

POLICY PAPER

October 2025

REIMAGINING CARE AND EDUCATION FOR NEURODIVERGENT CHILDREN AND YOUNG PEOPLE



An introduction to:

The M.I.N.D.S Authority

Mental Health, Inclusive of Neurodiversity & Delivery Standards



Contents Summary

- Page 1 - Foreword
- Page 4 - Executive summary
- Page 3 - Case for change & Legislative Recommendations
 - 1. Expanding Regulatory Pathways for Specialised Children's Care
 - 2. Modernising Regulatory Frameworks (Ofsted & CQC)
 - Establishing The M.I.N.D.S. Authority: Ensuring Unprecedented Accountability
- Page 4 - Case for change & Legislative Recommendations
 - 2 Continued
 - 2.2. Strengthening Safeguarding in Children's Social Care
 - 3. Protecting Rights via Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS)
 - 4. The Need for Systemic Change: Our Legislative Imperatives
- Page 5 - Case for change & Legislative Recommendations
 - 4.1 Reforming Children's Residential Care
 - 5. The Unacceptable Crisis in Care and Education for Neurodiversity
- Page 6 - Case for change & Legislative Recommendations
 - 6. Our Foundational Approach: Blending Expertise with Lived Experience
 - 7. Transforming Education for Neurodiversity (SEND/SEMH)
- Page 7 - Case for change & Legislative Recommendations
 - 8. Reform of Procurement processes and procedures
- Page 8 - Case for change & Legislative Recommendations
 - 9. Mandating Comprehensive Training for Professionals: A Foundation for Effective Care
- Page 9 - Case for change & Legislative Recommendations
 - 10. Optimising Neurodiversity Neurodiversity (SEND/SEMH) Funding Allocation and Accountability
- Page 10 - Case for change & Legislative Recommendations
 - 11. Establishing a Robust Data & Research Framework for Neurodiversity (SEND/SEMH)
- Page 11 - Case for change & Legislative Recommendations
 - 12. Prioritising Prevention: Building Resilience and Reducing Trauma
- Page 12 - Case for change & Legislative Recommendations
 - 13. Streamlining Transitions: Mitigating Risk and Fostering Continuity
- Page 13/14 - OUR VISION: The M.I.N.D.S. Authority
 - A Mandate for Transformative Change
- Page 15 - Conclusion
- Page 16/17 - Solution focussed suggestions - delivering the M.I.N.D.S Authority model
- Page 18/19 - Cost Benefit Analysis



Foreword

This Policy Paper has been meticulously crafted to be accessible and impactful for both families navigating complex systems and professionals across the health, social care, and education sectors.

- The landscape of support for neurodivergent children, young people, and care leavers with complex mental health needs is in a state of critical distress. Fragmented systems, rigid processes, and a profound lack of understanding too often lead to devastating outcomes for those who need our support the most. This Policy Paper outlines a transformative vision for a new era of accountability and care, anchored by the proposed M.I.N.D.S. Authority: Mental Health, Inclusive of Neurodiversity, and Delivery Standards.
- Our current system is failing. Delays in autism diagnosis can exceed two years for children, leaving needs unmet and children unsupported. Within the care system, neurodivergent children are disproportionately represented, and tragically, over 60% of their placements experience breakdown within 12-18 months, driven by unsuitable provision and commission-led decisions that inflict severe trauma. This instability perpetuates a cycle where autistic care leavers face significantly elevated risks: a higher likelihood of homelessness, disproportionate criminalisation due to unmet needs, and the persistent tragedy of wrongful and prolonged inpatient hospitalisation in inappropriate settings. These failures are not merely operational; they represent systemic breaches of fundamental human rights.
- To counter these deeply damaging trends, this paper introduces The Great Minds Model, a proven framework for a flexible, trauma-informed, and needs-led approach to care. We are seeking unique statutory powers for The M.I.N.D.S. Authority to act as an independent, mandatory oversight body. This Authority will assess, evaluate, and implement The Great Minds Model across education, residential, and social care, ensuring consistent, high-quality, and integrated support that genuinely puts the child first. This is not merely about adjusting policy; it is about building a foundation for a future where every neurodivergent individual can thrive.

Emma Mander.

Emma Mander



Executive Summary

The current landscape of care and education for neurodivergent children and young people in England is in crisis.

Characterised by rigid systems, insufficient training, and a lack of accountability, it frequently leads to tragic outcomes: placement breakdowns, wrongf ul hospitalisation, criminalisation, and significant unmet needs.

GMT Statutory Reform presents this policy paper to outline a series of urgent, evidence-based legislative reforms rooted in our extensive experience, robust data, and profound respect for lived experience.

Our core recommendations span residential care, social care, regulatory frameworks, mental capacity legislation, and education.

We advocate for a system that is less punitive, more therapeutic, fostering environments where all can thrive, and is genuinely inclusive. Ensuring that providers are empowered, professionals are adequately trained, and most importantly, that every child's rights are upheld, preventing unsafe judicial decisions.

These proposals are crucial to transforming the "Every Child Matters More" vision from aspiration to reality.

- (1) **Expanding Regulatory Pathways for Specialised Children's Care:** Legislation must be enacted to formally permit and recognise CQC registration for all residential and specialist care providers catering to children and young adults under the age of 25
- (2) **Modernising Regulatory Frameworks (Ofsted & CQC) - Establishing The M.I.N.D.S. Authority: Ensuring Unprecedented Accountability:** Integrate a Specialised Regulatory Body for Neurodiversity and Complex Mental Health based on the evidenced 'Great Minds Model' - 'The M.I.N.D.S Authority (*Mental Health Inclusive of Neurodiversity Delivery Standards*)'
- (2.2) **Strengthening Safeguarding in Children's Social Care:** Establish a New Effective National Safeguarding Process under The M.I.N.D.S Authority: Implement a national process with statutory duty to ensure children's safety within Local Authority care
- (3) **Protecting Rights via Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS):** Amend the Mental Health Act 2005 (MHA): Modify the MHA 2005 to ensure providers are automatically made party to Deprivation of Liberty hearings.
- (4) **The Need for Systemic Change: Our Legislative Imperatives:** Dismantle the rigid frameworks that currently impede effective support and to establish a robust, responsive, and humane alternative.
- (5) **The Unacceptable Crisis in Care and Education for Neurodiversity (SEND/SEMH):** Mandate the independent oversight and transformative statutory rights of The M.I.N.D.S. Authority to dismantle cycles of harm and build a future where every child matters, and every neurodivergent individual can thrive
- (7) **Transforming Education for Neurodiversity (SEND/SEMH):**
 - Mandate an Educational Psychologist for Every School
 - Enforce Therapeutic Behaviour Policies
 - Mandate a 20% increase in SEND and SEMH needs training at teaching degree level, equipping future educators with the knowledge and skills necessary to support diverse learners.
 - Implement mandatory, annual, CPD-certified training on SEND and SEMH needs for all professionals working with children and young people.
- (8) **Reform of Procurement processes and procedures:** Empower The M.I.N.D.S. Authority to Oversee and Mandate Reformed Procurement Laws
- (9) **Mandating Comprehensive Training for Professionals: A Foundation for Effective Care:** The M.I.N.D.S. Authority, through its statutory power to mandate and quality-assure this essential training, will establish a new baseline of professional competence
- (10) **Optimising Neurodiversity Neurodiversity (SEND/SEMH) Funding Allocation and Accountability:** The M.I.N.D.S. Authority's statutory powers over funding will consolidate resources, enforce transparency, and ensure that every pound spent on Neurodiversity (SEND/SEMH) delivers maximum impact
- (11) **Establishing a Robust Data & Research Framework for Neurodiversity (SEND/SEMH):** Empower The M.I.N.D.S. Authority with Statutory Powers for Data Collection and Research
- (12) **Prioritising Prevention: Building Resilience and Reducing Trauma:** Empower The M.I.N.D.S. Authority to Mandate and Oversee National Prevention Programmes
- (13) **Empower The M.I.N.D.S. Authority to Mandate and Oversee National Transition Standards:** Empower The M.I.N.D.S. Authority to Mandate and Oversee National Transition Standards



Case for change & Legislative Recommendations

1. Expanding Regulatory Pathways for Specialised Children's Care

The current regulatory landscape for children's care, particularly within residential settings, severely constrains the provision of specialist, needs-led placements for neurodivergent children and young people with complex mental health needs. Under existing legislation, providers caring for children under 18 are exclusively mandated to register with Ofsted. Our extensive experience, however, unequivocally demonstrates that Ofsted's Social Care Inspection Framework (SCIF) is often ill-equipped to recognise or effectively assess the nuanced, blended clinical and social models of care that are essential and proven to meet the needs of this highly vulnerable cohort. Its inherent rigidity frequently drives providers away, or forces them into models that do not align with best practice, inadvertently contributing to the very placement breakdowns and profound trauma we observe, as commissioning decisions are then made from a limited pool of suboptimal options.

Conversely, the Care Quality Commission (CQC) has shown a far greater capacity for flexibility, understanding, and responsiveness to the complex challenges associated with neurodiversity and mental health. They are demonstrably more open to innovative, blended models of care, acknowledging the unique requirements of this cohort, as evidenced by their ongoing support for our own Great Minds Model.

To address this critical regulatory disconnect and urgently expand the availability of appropriate care, we propose a fundamental legislative change:

Legislative Recommendation:

Allow Providers for Children Under 18 to Register with the Care Quality Commission (CQC): Legislation must be enacted to formally permit and recognise CQC registration for all residential and specialist care providers catering to children and young adults under the age of 25. This change would legally empower Local Authorities to commission placements from CQC-registered providers, immediately opening up a wider and more appropriate range of options that possess the specialist understanding and flexible frameworks necessary to meet complex needs effectively.

This reform is more critical now than ever. The recent, well-intentioned criminalisation of unregistered placements, while necessary to safeguard children from exploitation and abuse, has inadvertently exacerbated the crisis. By closing down all existing avenues without simultaneously creating suitable, regulated alternatives, the legislation has significantly worsened the bottleneck in specialist provision. Children with the most acute needs are left with nowhere to go, risking prolonged stays in inappropriate settings, repeated placement failures, or even wrongful hospitalisation, precisely because the regulatory framework fails to sanction the models of care they desperately require. Recognising CQC as a valid regulatory body for under-18s is not merely an administrative adjustment; it is an urgent strategic imperative to prevent further harm and ensure that the most vulnerable children can access the safe, therapeutic, and neurodiversity-affirming care they deserve.

2. Modernising Regulatory Frameworks (Ofsted & CQC) - Establishing The M.I.N.D.S. Authority: Ensuring Unprecedented Accountability

The current regulatory landscape, particularly Ofsted's rigid framework, often fails to adequately assess the unique needs of neurodivergent children and impedes the delivery of flexible, holistic support.

Local Authorities are rightly entrusted with the immense statutory power to intervene and safeguard children when their safety and well-being are compromised within their birth families. However, a glaring and deeply concerning anomaly exists within the current system: once a child is in the care of a Local Authority, there is currently no truly independent body, court, or process with the ultimate authority to unilaterally intervene and direct change when that child is unsafe or experiencing harm within the care system itself. This fundamental lack of external oversight allows children to remain in unsuitable or failing placements, perpetuating cycles of harm, trauma, and institutional neglect, as evidenced by our data on placement breakdowns and the disproportionate criminalisation and hospitalisation of neurodivergent children in care. The establishment of The M.I.N.D.S. Authority (Mental Health Inclusive of Neurodiversity Delivery Standards) is designed to unequivocally close this critical accountability gap, providing the necessary statutory power for independent assessment, intervention, and enforcement. This ensures that the very entities entrusted with safeguarding our most vulnerable children are themselves held to the highest, independently verified standards of safety and care, preventing the trauma and long-term negative outcomes that currently result from an unchecked system.



Case for change & Legislative Recommendations

(2. Cont'd)

Legislative Recommendations:

- Integrate a Specialised Regulatory Body for Neurodiversity and Complex Mental Health based on the evidenced 'Great Minds Model' - 'The M.I.N.D.S Authority': Establish a new, dedicated Regulatory Body specifically for neurodivergent children and young people with Mental Health difficulties, operating as a specialism and working collaboratively with Ofsted and CQC to ensure effective oversight in this complex area (The M.I.N.D.S Authority).
- Integrate The M.I.N.D.S Authority 'Quality Standard': The M.I.N.D.S Authority 'Quality' rating for Schools, Residential Homes and Local Authorities (demonstrating best use of spend, inclusion, collaboration, and early prevention) should be a prerequisite for achieving an Ofsted 'Outstanding' / 'Green' rating. This would incentivise genuine, needs-led provision.

2.2 Strengthening Safeguarding in Children's Social Care

Systemic failures in social care often result in children being placed miles from home, mislabelled, and pushed into justice pathways. A lack of effective national processes and accountability leaves children vulnerable and families disempowered.

Legislative Recommendations:

- Establish a New Effective National Safeguarding Process: Establish a New Effective National Safeguarding Process under The M.I.N.D.S Authority: Implement a national process with statutory duty to ensure children's safety within Local Authority care, explicitly designed to keep children safe and supported within their communities.
- Enhanced accountability: Where individual local authorities are found to be making dangerous decisions over care placements for children and young people, this should trigger an immediate independent review and decision makers should be held to account.
- Empower The M.I.N.D.S Authority with Statutory Powers: Establish The M.I.N.D.S Authority as a mandatory, independent, not-for-profit organisation with unique statutory powers, including data gathering and powers of entry. This service would assess, evaluate, and implement resolutions for Neurodivergent children and young people across education and social care, acting as a central oversight body

3. Protecting Rights via Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS)

Current legislation often excludes care providers from Deprivation of Liberty Safeguards (DoLS) proceedings, despite their direct involvement in delivering care plans. This creates an information vacuum, leading to potentially unsafe and uninformed judicial decisions that can violate fundamental human rights.

Legislative Recommendations:

- Amend the Mental Capacity Act 2005 (MCA): Amend the MCA 2005 to make care providers automatic respondents to all Section 21A applications challenging DoLS authorisations. This ensures providers are properly notified, can participate effectively, and raise critical safeguarding considerations during proceedings.
- Amend the Mental Health Act 2005 (MHA): Modify the MHA 2005 to ensure providers are automatically made party to Deprivation of Liberty hearings.
- Upholding Human Rights: These amendments are essential to uphold the European Convention on Human Rights (ECHR) Article 6 (Right to a Fair Trial), ensuring all relevant parties contribute to safe, proportionate, and informed judicial decisions, thereby preventing state-sanctioned failures that breach human rights.

4. The Need for Systemic Change: Our Legislative Imperatives

To move beyond crisis management and build a truly equitable system, GMT identifies critical legislative reforms required across multiple sectors. Our aim is to dismantle the rigid frameworks that currently impede effective support and to establish a robust, responsive, and humane alternative.



Case for change & Legislative Recommendations

4.1 Reforming Children's Residential Care

The escalating number of placement breakdowns highlights a critical flaw in current residential provision. Many children's homes are failing to meet complex needs due to profit-driven models, underpaid staff, and a lack of experienced, expertly recruited personnel.

Legislative Recommendations:

- Mandate Not-for-Profit Status or Significant Profit Re-investment percentage: All children's residential homes must operate on a not-for-profit basis, or be legally required to re-invest a significant percentage of their profits directly back into the system that supports vulnerable children. This fosters an ethos driven by need, not profit, and ensures resources are directed to where they are most effective.

5. The Unacceptable Crisis in Care and Education for Neurodiversity (SEND/SEMH)

The current landscape of care and education for children and young people with Neurodiversity (SEND/SEMH) is not merely struggling; it is in a state of profound and unacceptable crisis. Rigid, bureaucratic systems and a pervasive lack of understanding across education, residential, and social care consistently exacerbate challenges, leading to a generation systematically denied appropriate support, education, and the stability of family life. These failures are not abstract; they manifest in devastating human and financial costs.

Our "Every Child Matters More" campaign underscores that these systemic failings routinely breach fundamental human rights. Children are being removed from families or placements without statutory processes being duly followed, denied timely and accurate diagnoses, and disproportionately pushed into the youth justice system due to institutional neglect.

The scale of this crisis is stark:

- Delays in autism diagnosis can exceed two years for children, leaving needs unaddressed during critical developmental windows.
- Within the care system, neurodivergent children are disproportionately represented, with over 60% of their placements experiencing breakdown within 12-18 months. This instability is often driven by inappropriate, commission-led moves that inflict severe trauma on over 75% of affected children.
- This cycle of neglect and trauma extends into adulthood, where autistic care leavers face significantly elevated risks: a higher likelihood of homelessness, disproportionate criminalisation, and the persistent tragedy of wrongful and prolonged inpatient hospitalisation in inappropriate settings.

GMT's direct service delivery, encompassing our 5th Avenue Project, Intensive Support Team, and Thriving Futures (Tier 3.5) Programme, provides crucial, trauma-informed, neurodiversity-affirming, and needs-led interventions. Our on-the-ground experience, corroborated by extensive data from our psychology team, consistently demonstrates the profound positive impact of these approaches. However, this direct service alone, no matter how effective, cannot address the deep-seated, systemic issues that necessitate fundamental legislative and regulatory change. The ingrained failures of the current system demand a complete paradigm shift, mandating the independent oversight and transformative statutory rights of The M.I.N.D.S. Authority to dismantle these cycles of harm and build a future where every child matters, and every neurodivergent individual can thrive.



Case for change & Legislative Recommendations

Legislative Recommendations stemming from the Crisis in Care and Education:

The profound and unacceptable crisis outlined above mandates urgent and comprehensive legislative reform. To address the systemic failings that perpetuate trauma and neglect for neurodivergent children, young people, and care leavers, The M.I.N.D.S. Authority must be empowered with the following statutory mandates:

- Mandate Maximum Diagnostic Waiting Times for Neurodiversity: Legislation must establish strict, legally enforceable maximum waiting times for neurodevelopmental assessments, particularly for autism, which currently sees delays exceeding two years. The M.I.N.D.S. Authority will be empowered to monitor and enforce compliance, ensuring timely diagnoses and early intervention.
- Enforce Statutory Processes for All Removals and Placement Changes: The M.I.N.D.S. Authority must be granted statutory powers to ensure rigorous adherence to due process in all child removals from families or placements, and subsequent placement changes. This will prevent unlawful and non-statutory removals and mitigate the trauma inflicted on over 75% of affected children by abrupt, unaccountable actions.
- Prohibit Commission-Led Placement Decisions: Legislation must be introduced to prohibit placement decisions in residential and social care from being primarily driven by cost or immediate availability. The M.I.N.D.S. Authority will have the power to audit and challenge commissioning practices, ensuring that suitability, trauma-informed care, and individual needs are the sole determinants of placement, thereby reducing placement breakdowns (currently over 60% for neurodivergent children in care within 12-18 months).
- Mandate Integrated Post-Care Support for Neurodivergent Care Leavers: Legislation must establish a statutory duty for Local Authorities to provide comprehensive, integrated, and neurodiversity-informed post-care support pathways for all care leavers up to the age of 25. The M.I.N.D.S. Authority will oversee the implementation of these pathways, explicitly designed to significantly reduce the elevated risks of homelessness, criminalisation, and wrongful inpatient hospitalisation currently faced by this vulnerable cohort.
- Broaden Regulatory Choice for Under-18s Specialist Care: (Reiterating from earlier) Legislation must permit residential and specialist care providers for children under 18 to register with the Care Quality Commission (CQC) as an alternative to Ofsted. The M.I.N.D.S. Authority will advocate for and oversee this dual regulatory pathway, recognising the CQC's proven flexibility and understanding of specialist, blended clinical models, and ensuring that Local Authorities have legal access to a wider pool of appropriate, regulated placements crucial for preventing further trauma caused by the current lack of suitable provision.

6. Our Foundational Approach: Blending Expertise with Lived Experience

At GMT, our approach is built on a "blended clinical and social model" that adopts "Trauma Informed Practice" and "Psychosocial understanding," designed to "Empower," "Upskill," and "Look at All Factors." This comprehensive model, developed in partnership with children, young people, parents, carers, and professionals, has undergone independent evaluation and is successful in preventing wrongful hospitalisation and improving educational outcomes for Neurodivergent individuals. We champion co-creation with those who have lived experience, ensuring our solutions are responsive, relevant, and truly impactful. This foundation informs our Statutory Reform Programme, driving a shift from symptom management to root cause resolution.

7. Transforming Education for Neurodiversity (SEND/SEMH)

The lack of preparedness among educators and the prevalence of punitive behaviour policies are key drivers of educational exclusion and unmet needs for neurodivergent pupils.

Legislative Recommendations:

- Mandate an Educational Psychologist for Every School: Secure Government agreement to allocate a dedicated Educational Psychologist to every mainstream school, ensuring proactive support and early intervention for pupils.
- Enforce Therapeutic Behaviour Policies: Require mainstream schools to adopt and implement therapeutic behaviour policies, moving away from punitive, disciplinarian, and consequential approaches. This aligns with our "Transformation of Isolation" campaign, recognising behaviour as communication of unmet need.
- Increase SEND and SEMH Training for Teachers: Mandate a 20% increase in SEND and SEMH needs training at teaching degree level, equipping future educators with the knowledge and skills necessary to support diverse learners.
- Compulsory, Annual CPD for All Professionals: Implement mandatory, annual, CPD-certified training on SEND and SEMH needs for all professionals working with children and young people. This ensures continuous learning and a consistent, high standard of support.
- Upholding the Right to Education: These reforms are crucial to upholding ECHR Article 2 of Protocol 1 (Right to Education), preventing children from being excluded, misdiagnosed, or denied proper SEN provision due to red tape or lack of understanding.



Case for change & Legislative Recommendations

8. Reform of Procurement processes and procedures

Reforming Public Procurement for Ethical and Effective Care.

The public procurement landscape, particularly for specialist provision in education, residential, and social care, remains fundamentally flawed. Despite past calls for reform, current bureaucratic and archaic systems persist, creating significant barriers that directly harm vulnerable children and families. This inconsistency leads to severe consequences: fragmented support, increased poverty, pervasive trauma, and an unacceptable bottleneck in accessing high-quality, needs-led care.

Legislative Recommendation:

- Empower The M.I.N.D.S. Authority to Oversee and Mandate Reformed Procurement Laws: Legislation must grant The M.I.N.D.S. Authority (Mental Health, Inclusive Neurodiversity & Delivery Standards) the statutory power to oversee, amend, and enforce public procurement laws. This will enable Local Authorities and schools to procure high-quality, affordable support services from a broad spectrum of community groups, charities, and local organisations, fostering innovation and ensuring resources are allocated based on individual need, not purely on cost.
- For decades, the procurement system has favoured a limited list of 'approved providers,' often neglecting the vast, high-quality support offered by local community organisations. This restriction has severe implications, particularly in the care system:
- Placement Breakdowns & Trauma: The inability to commission from a diverse and appropriate range of providers often forces Local Authorities into commission-driven moves. These decisions, prioritising immediate cost or availability over complex needs, are inherently unsafe, leading to significant and lasting trauma for children. For neurodivergent children in care, over 60% of placements experience breakdown within 12-18 months, a rate directly exacerbated by unsuitable, procurement-led placements. Each breakdown represents not just profound emotional damage to a child, but also a substantial financial burden, costing Local Authorities in excess of £25,000-£50,000 per instance.
- Worsening Crisis from Legislative Gaps: The recent, necessary legislative change to criminalise unregistered placements, while intended to safeguard, has inadvertently worsened the crisis. By closing existing options without simultaneously empowering Local Authorities to commission suitable regulated alternatives, the system has effectively closed doors without opening any new ones. This leaves children with the most complex needs in an even more precarious position, trapped without appropriate placements.
- Onerous Burden on Families: Parents frequently face an arduous and often impossible task of sourcing specialist short break providers or suitable educational settings themselves. Existing contracted support for schools is costly and restrictive, placing increased responsibility on parents, even when managing personal budgets. This accountability for public funds, without adequate support, is both onerous and daunting.

Local organisations possess an unparalleled understanding of local needs and can leverage community resources to deliver cost-effective, targeted, and highly effective support. With continued budget cuts to statutory services and the persistent economic aftershocks of COVID-19, it is imperative that schools, Local Authorities, and care providers are granted the freedom to access these high-quality, local resources.

The M.I.N.D.S. Authority, driven by The Great Minds Model framework, will introduce a centralised, transparent, and independently monitored procurement system. This system will ensure:

- Fair Access: A level playing field for all high-quality providers, regardless of size or registration history (e.g., CQC vs. Ofsted).
- Needs-Led Commissioning: A shift from cost-driven commissioning to commissioning based on the individual needs of the child or young person.
- Quality Assurance: Independent evaluation of provider quality, ensuring adherence to Delivery Standards.
- Value for Money: Optimised public spending that delivers real outcomes, preventing the costly cycle of unsuitable placements and system failures.
- Reduced Trauma: By ensuring suitable provision is available and accessible, the M.I.N.D.S. Authority will directly contribute to reducing the pervasive trauma inflicted by current commission-driven, unsuitable moves and placement breakdowns.

This reform is pivotal to building trust from families in the system and ensuring truly better outcomes for all children and young people.



Case for change & Legislative Recommendations

9. Mandating Comprehensive Training for Professionals: A Foundation for Effective Care

The foundational failure of the current system is starkly evident in the inadequate training provided to professionals across all sectors, particularly in understanding and responding to Neurodiversity (SEND/SEMH). The profound impact of this deficit reverberates through education, social care, and residential settings, directly contributing to unmet needs, escalating crises, and pervasive trauma.

Legislative Recommendations:

- Mandate Enhanced Training at Degree Level: Require a minimum 20% increase in mandatory Neurodiversity (SEND/SEMH) awareness and practical training within all relevant professional degree courses (e.g., teaching, social work, nursing, psychology). This ensures future professionals are equipped from the outset with the knowledge to identify and respond to diverse needs.
- Implement Compulsory, Annual, CQC-Accredited CPD: The M.I.N.D.S. Authority must be granted statutory power to mandate and oversee annual, CQC-accredited Continuing Professional Development (CPD) on Neurodiversity (SEND/SEMH) for all professionals working with children, young people, and care leavers. This training must be as rigorous and frequently attended as safeguarding training, ensuring consistent, high-quality, and up-to-date practice.
- Empower The M.I.N.D.S. Authority to Develop and Deliver Training Standards: The M.I.N.D.S. Authority will set the curriculum and standards for this mandatory training, drawing upon The Great Minds Model's expertise in neurodiversity-affirming, trauma-informed approaches and insights from lived experience.

The statistics reveal a systemic knowledge gap:

- On average, only 5% of teacher training courses cover Neurodiversity (SEND/SEMH), with many educators reporting just a single lecture during their entire degree. Crucially, areas related to SEMH were historically almost entirely omitted, leaving teachers critically unprepared for the increasing complexities they face. This translates directly to 85% of students at risk of exclusion having an unidentified underlying need.
- This lack of foundational understanding means professionals are ill-equipped to identify complex needs, leading to delayed diagnoses, inappropriate interventions, and ultimately, a system that fails to cope with the rising prevalence of neurodevelopmental and mental health challenges.

The consequences of this pervasive training gap are severe and far-reaching:

- Exacerbated Trauma & Placement Breakdowns: Unidentified and misunderstood behaviours, particularly in neurodivergent children within the care system, directly lead to professionals implementing inappropriate responses. This fuels placement breakdowns (over 60% for neurodivergent children in care within 12-18 months), further traumatising children and driving them towards more restrictive, and often wrongful, institutional settings.
- Disproportionate Criminalisation & Hospitalisation: A lack of neurodiversity-informed practice means that challenging behaviours are often misinterpreted and criminalised, pushing vulnerable young people into the youth justice system. Similarly, without proper understanding and de-escalation skills, professionals resort to less effective or even harmful interventions, contributing to the wrongful and prolonged hospitalisation of neurodivergent individuals.
- Ineffective Use of Resources: Inadequate training renders even well-intentioned resources ineffective. Decisions on care, placement, and education are made from an uninformed position, perpetuating a cycle of crisis management rather than proactive, preventative support.

The M.I.N.D.S. Authority, through its statutory power to mandate and quality-assure this essential training, will establish a new baseline of professional competence. This will ensure that all individuals working with vulnerable children and young people possess the knowledge and skills to identify needs accurately, respond appropriately, and foster environments that genuinely support growth and well-being, thus dismantling the current pathways to trauma and system failure.



Case for change & Legislative Recommendations

10. Optimising Neurodiversity Neurodiversity (SEND/SEMH) Funding Allocation and Accountability

The allocation and oversight of funding for Neurodiversity (SEND/SEMH) across education, residential, and social care are profoundly dysfunctional, contributing directly to the systemic failures that traumatised vulnerable children and their families. Despite decades of calls for improved resource management, our current system is characterised by fragmented funding streams, a lack of transparent accountability, and spending that demonstrably fails to reach its intended recipients.

Legislative Recommendation:

- Empower The M.I.N.D.S. Authority with Statutory Powers over Neurodiversity (SEND/SEMH) Funding: Legislation must establish The M.I.N.D.S. Authority (Mental Health, Inclusive Neurodiversity & Delivery Standards) with comprehensive statutory powers to centralise, assess, evaluate, and mandate accountability for all Neurodiversity (SEND/SEMH) funding across all Local Authorities and relevant services. This includes unique data-gathering capabilities and powers to enforce effective and ethical spend.

The current system creates a cycle of disadvantage:

- Ineffective Spend & Spiralling Costs: There is a severe lack of independent accountability for how Neurodiversity (SEND/SEMH) funds are spent. Rather than reaching the children and young people they are intended for, funds are often diverted or absorbed by system failures. Our data indicates that a significant proportion of budgets are consumed by spiralling legal costs, with tribunal appeals becoming a primary mechanism for families to secure their child's rights. These costs could instead be invested directly into early intervention and support.
- Deterrents to EHC Plan Provision: Many schools are actively dissuaded from initiating or supporting assessments for Education, Health and Care (EHC) Plans due to the extensive costs involved and the onerous process of demonstrating "significant school-funded support." Even when successful, the funding returned often fails to match the actual provision required to maintain the child's place. This leads to a systematic resistance to naming appropriate special schools within EHC plans, compounded by a critical lack of capacity.
- Fragmented Provision & Costly Stop-Gaps: The current approach perpetuates an over-reliance on limited, often inappropriate, or prohibitively expensive provision in over-subscribed special schools, costly out-of-area placements, and AP that may not meet individual needs. This leaves large numbers of students without education for extended periods, exacerbating trauma and developmental delays.
- Unintended Trauma from Financial Pressures: The pressures of funding shortfalls and commissioning decisions often lead to commission-driven moves in residential care, directly contributing to over 60% of placement breakdowns for neurodivergent children within 12-18 months. These breakdowns, born from financial rather than needs-led considerations, inflict profound trauma and contribute to the over two-year delays in autism diagnoses that leave children in limbo. For autistic care leavers, this fractured system increases vulnerability to homelessness, criminalisation, and wrongful hospitalisation.

The M.I.N.D.S. Authority, operating through The Great Minds Model framework, will provide the urgently needed independent accountability and oversight. It will:

- Centralise and Audit Funding: Systematically assess and collate comprehensive data on all Neurodiversity (SEND/SEMH) expenditure, ensuring transparency and identifying where funds are not effectively reaching children, young people, and families.
- Implement Outcome-Driven Allocation: Shift funding allocation from a reactive, process-driven model to an outcome-driven one, ensuring resources directly translate into improved engagement, learning, and attainment.
- Promote Efficient, High-Quality Provision: Support schools and Local Authorities in accessing high-quality, cost-effective interventions through multidisciplinary teams, professional volunteer initiatives, and work-based learning graduate schemes. This flexible model will ensure that space in AP and specialist provision is appropriately reserved for those who need it most.
- Enforce Standards and Best Practice: Utilise a rigorous rating system (Bronze, Silver, Gold, Platinum) for schools and Local Authorities. Platinum status will demand demonstrable evidence of best use of spend, true inclusivity, proactive collaboration with parents and carers, and the effective implementation of prevention and early intervention programmes.

The current approach, driven by inconsistent procurement processes and a lack of central oversight, is financially unsustainable and ethically indefensible. The M.I.N.D.S. Authority's statutory powers over funding will consolidate resources, enforce transparency, and ensure that every pound spent on Neurodiversity (SEND/SEMH) delivers maximum impact, thereby dismantling the pervasive trauma caused by financial inefficiency and neglect.



Case for change & Legislative Recommendations

11. Establishing a Robust Data & Research Framework for Neurodiversity (SEND/SEMH)

A fundamental impediment to effective, accountable, and needs-led support across education, residential, and social care is the glaring absence of comprehensive, accurate, and consistent data. This systemic void prevents true understanding of local needs, hinders evidence-based decision-making, and obscures the true impact of interventions, perpetuating a cycle of ineffective spending and poor outcomes.

Legislative Recommendation:

- Empower The M.I.N.D.S. Authority with Statutory Powers for Data Collection and Research: Legislation must grant The M.I.N.D.S. Authority (Mental Health, Inclusive Neurodiversity & Delivery Standards) the statutory power to design, implement, and enforce a national data collection and research framework. This framework will accurately record data in crucial areas where it is currently unavailable or fragmented, ensuring a holistic understanding of Neurodiversity (SEND/SEMH) across all Local Authorities.

The current data landscape is a significant barrier to progress:

- Invisible Needs, Untracked Impact: There is no national, consistent mechanism for recording vital data, particularly relating to the emotional well-being and developmental progress of children and young people with Neurodiversity (SEND/SEMH). This invisibility means that crucial needs go unaddressed, and the effectiveness of interventions cannot be accurately measured or improved.
- Lack of Local Authority Understanding: Without precise, localised data, Local Authorities operate in the dark, unable to fully comprehend the specific needs within their communities or to effectively allocate resources. This leads to generic, "one-size-fits-all" solutions that fail to address complex individual challenges.
- Perpetuation of Harm: This data deficit directly contributes to the severe issues identified throughout this paper:
 - Placement breakdowns for neurodivergent children in care are often poorly tracked or attributed without deep analysis of underlying factors, hindering preventative strategies.
 - The link between unmet Neurodiversity (SEND/SEMH) needs and the criminalisation of young people or the wrongful hospitalisation of vulnerable adults remains insufficiently evidenced at a systemic level, making it difficult to drive policy change.
 - The effectiveness of Deprivation of Liberty Safeguards (DoLS) proceedings and the impact of the regulatory environment (Ofsted vs. CQC) are not being rigorously measured through consistent outcome data.

The M.I.N.D.S. Authority, leveraging The Great Minds Model framework, will be uniquely positioned to rectify this data crisis. It will:

- Assess and Collate Relevant Data: Rigorously assess all existing data points and establish protocols to collect new, essential information from families, schools, residential settings, social care, and health services.
- Develop a Holistic Data Model: Create a national, standardised system to record and analyse data specifically relating to emotional well-being, developmental progress, educational attainment (measured individually), and long-term outcomes for individuals with Neurodiversity (SEND/SEMH).
- Inform Bespoke, Reflective Support: Utilise this comprehensive data to inform the delivery of a reflective, bespoke, and holistic model of support tailored to the specific needs of each Local Authority and individual child. This will enable the M.I.N.D.S. Authority to provide targeted training for professionals and ensure the best possible provision for families.
- Drive Research & Innovation: Support further research in key areas affecting life chances, fostering a truly evidence-based approach to policy and practice.

By empowering The M.I.N.D.S. Authority with these statutory data powers, we will transform a system currently defined by assumptions and anecdotes into one driven by accurate understanding, measurable impact, and unwavering accountability, ultimately securing better futures for all.



Case for change & Legislative Recommendations

12. Prioritising Prevention: Building Resilience and Reducing Trauma

The escalating mental health crisis among young people underscores the urgent need for a national, systemic shift towards prevention and early intervention. Without proactive strategies, the profound impact of unmet needs on Neurodiversity (SEND/SEMH) continues to drive children and young people towards crisis points, resulting in severe individual trauma and immense societal cost.

Legislative Recommendation:

- **Empower The M.I.N.D.S. Authority to Mandate and Oversee National Prevention Programmes:** Legislation must grant The M.I.N.D.S. Authority (Mental Health, Inclusive Neurodiversity & Delivery Standards) the statutory power to mandate, develop, and ensure the consistent delivery of evidence-based prevention programmes across all Local Authorities, schools, residential, and social care settings.

The current statistics paint a stark picture of a system that is failing to prevent suffering:

- A staggering **nearly half of 17-19 year olds with a diagnosable mental health disorder have self-harmed or attempted suicide** at some point (YoungMinds, 2020).
- **One in eight children** have a diagnosable mental health condition, and **one in six young people aged 16-24 experience depression or anxiety**.

These alarming figures are a direct consequence of a reactive system. The absence of comprehensive prevention programmes exacerbates existing vulnerabilities and contributes directly to the crisis points we frequently encounter:

- **Escalation of Trauma:** Without early intervention focusing on life skills, emotional regulation, and mental health literacy, children and young people with Neurodiversity (SEND/SEMH) are significantly more likely to experience escalating difficulties. This can lead to the very aggressive behaviours that necessitate intensive support or, tragically, contribute to **placement breakdowns (over 60% for neurodivergent children in care within 12-18 months)**, which are often triggered by a lack of preventative strategies and understanding.
- **Unnecessary Police Intervention and Criminalisation:** When mental health needs are not understood or supported early, challenging behaviours are frequently misinterpreted, leading to punitive responses rather than therapeutic ones. This often results in **unnecessary police intervention** and the **criminalisation of young people** whose behaviours stem from unmet Neurodiversity (SEND/SEMH) needs.
- **Wrongful Hospitalisation:** A lack of preventative education and support at a community level means that individuals reach crisis points with greater frequency, often necessitating **wrongful or prolonged hospitalisation** that could have been avoided with timely, accessible prevention programmes.
- **Fueling Commission-Driven Failures:** The current reactive approach is expensive and inefficient. When children are not supported early, they reach a crisis, which then triggers expensive, commission-driven placements or interventions. These decisions, driven by a lack of preventative capacity, often result in unsuitable, traumatic moves and contribute to the system's failings.

The M.I.N.D.S. Authority, operating through The Great Minds Model framework, will address this by:

- **Mandating Access to Prevention Programmes:** Ensuring all schools and Local Authorities have access to a wealth of high-quality prevention programmes.
- **Focussing on Core Life Skills:** Delivering curricula that build essential life skills, foster social and emotional well-being, and enhance mental health literacy from primary school age onwards.
- **Leveraging Community Assets:** Actively supporting small businesses and charities in the delivery of these crucial programmes, promoting local expertise, raising awareness of need, and facilitating fundraising to support low-income schools.

By embedding a robust, national prevention strategy, The M.I.N.D.S. Authority will proactively build resilience, reduce the incidence of diagnosable mental health conditions, and dismantle the pathways to trauma, criminalisation, and institutionalisation that currently blight the lives of neurodivergent children, young people, and care leavers.



Case for change & Legislative Recommendations

13. Streamlining Transitions: Mitigating Risk and Fostering Continuity

Transition periods represent significant trigger points for all children and young people, but they are particularly fraught with risk for those with Neurodiversity (SEND/SEMH), and for children navigating the care system. A lack of effective, person-centred transition planning consistently exacerbates existing vulnerabilities, leading directly to unmet needs, exclusion, and a heightened risk of escalating crises.

Legislative Recommendation:

- Empower The M.I.N.D.S. Authority to Mandate and Oversee National Transition Standards: Legislation must grant The M.I.N.D.S. Authority (Mental Health, Inclusive Neurodiversity & Delivery Standards) the statutory power to develop, mandate, and oversee national standards for transition processes across all Local Authorities, schools, residential, and social care settings. These standards will cover all key transition points, including Year 6 to secondary school, entry and exit from Pupil Referral Units (PRUs), specialist provision, managed moves, and re-entry to education after periods of absence.

The current system's failures in managing transitions have profound and damaging consequences:

- Fragmented Information & Relationship Breakdown: The increasing number of "feeder" primary schools to secondary settings (now often exceeding 40 for a single secondary school, compared to 3-4 historically) means mainstream secondary schools struggle to gather effective data and build crucial relationships. This breakdown in continuity is devastating for children with Neurodiversity (SEND/SEMH), who thrive on predictability and strong relationships, making them significantly more vulnerable to disengagement and exclusion.
- Pathway to Exclusion and Trauma: Unsuccessful transitions are a direct pipeline to exclusion from mainstream education. This exclusion often precedes entry into the care system or leads to placement in unsuitable AP. For neurodivergent children in care, these failed transitions directly contribute to over 60% of placements breaking down within 12-18 months, inflicting severe trauma and destabilising their lives. The absence of effective transition data also means we cannot ascertain where referrals to AP are inappropriate or ineffective, further wasting resources and compounding harm.
- Amplifying Commission-Driven Moves: In the care system, poorly managed transitions contribute to the desperation that drives commission-driven moves. When a child cannot settle due to inadequate transition support, they are often moved to the next available placement, regardless of suitability, perpetuating the cycle of trauma and system failure.

The M.I.N.D.S. Authority, operating through The Great Minds Model framework, will address these critical failings by:

- Establishing Integrated Transition Standards: Mandating clear, national standards for information sharing and relationship building across all transition points, ensuring a cohesive and person-centred approach.
- Leveraging Data for Accountability: Utilising its statutory data-gathering powers to accurately track outcomes of transitions, particularly for PRUs and AP. This will identify effective practices, highlight inappropriate referrals, and ensure that interventions are truly beneficial in both the short- and long-term.
- Promoting Bespoke Support & Early Planning: Supporting Local Authorities and schools in implementing proactive, individualised transition plans that recognise the unique needs of children with Neurodiversity (SEND/SEMH), building on the principles of the Great Minds Model (trauma-informed, needs-led, collaborative).
- Reducing Placement Breakdowns & Exclusion: By ensuring smoother, better-informed transitions, the M.I.N.D.S. Authority will directly contribute to reducing school exclusions, mitigating the risk of placement breakdowns in residential care, and safeguarding children from the trauma and negative life chances associated with disjointed, reactive support.

By prioritising and standardising transitions, The M.I.N.D.S. Authority will build a robust safety net, ensuring continuity of care and education that allows every child, regardless of their neurotype or circumstances, to navigate change with the support and stability they deserve.



Our vision

OUR VISION: The M.I.N.D.S. Authority – A Mandate for Transformative Change

The current landscape of support for neurodivergent children, young people, and care leavers with complex mental health needs is in a state of critical dysfunction. Fragmented systems, rigid processes, and a profound lack of understanding too often lead to devastating outcomes for those who need our support the most. This Policy Paper outlines a transformative vision for a new era of accountability and care, anchored by the proposed M.I.N.D.S. Authority – Mental Health, Inclusive Neurodiversity, and Delivery Standards.

The M.I.N.D.S. Authority will be a mandatory, independent, not-for-profit organisation, assessed and evaluated by independent bodies, ensuring unparalleled oversight and accountability across education, residential, and social care. This Authority will operate as the central 'go-to' supervisory body for all stakeholders, filling the critical void where no external body can currently overrule a Local Authority when a child is unsafe in its care.

Our current system is failing. Delays in autism diagnosis can exceed two years for children, leaving needs unmet and children unsupported. Within the care system, neurodivergent children are disproportionately represented, and tragically, over 60% of their placements experience breakdown within 12-18 months. This instability is often driven by unsuitable, commission-led moves which inflict severe trauma on over 75% of affected children. This cycle continues into adulthood, where autistic care leavers face significantly elevated risks: a higher likelihood of homelessness, disproportionate criminalisation, and the persistent tragedy of wrongful and prolonged inpatient hospitalisation in inappropriate settings.

The M.I.N.D.S. Authority will implement The Great Minds Model framework, providing the missing link to unite families, statutory services, the private, and third sectors. Its core aims are:

1. Independent Oversight & Accountability:

The Authority will possess unique statutory powers to assess, evaluate, and direct Local Authorities, schools, and providers. This will include the power to ensure children's residential homes meet ethical and expert-led standards, shifting from profit-driven models. It will also empower providers of care for under-18s to register with the CQC, acknowledging the CQC's flexibility and understanding of specialist, blended clinical models, in stark contrast to Ofsted's rigid frameworks that often drive placement breakdowns. This is particularly urgent given that the recent criminalisation of unregistered placements has closed doors without creating viable, regulated alternatives. The Authority will provide a rigorous rating system (Bronze, Silver, Gold, Platinum) for schools and Local Authorities, with Platinum status demanding demonstrable best practice.

2. Data-Driven Resolution & Transparent Funding:

The M.I.N.D.S. Authority will be granted statutory powers for comprehensive data gathering, including critical areas like emotional well-being, developmental progress, EHC Plan efficacy, and placement outcomes, where data is currently fragmented or non-existent. This data will inform bespoke, evidence-based support and will drive a complete overhaul of Neurodiversity (SEND/SEMH) funding allocation. The Authority will centralise, assess, and enforce transparent, outcome-driven spending, directly tackling the over-reliance on tribunal costs and ensuring funds reach their intended recipients, preventing the trauma caused by financial inefficiency and commission-driven failures.

3. Holistic Support & Professional Development: The Authority will mandate and quality-assure comprehensive, CQC-accredited training for all professionals. This will include a 20% increase in mandatory Neurodiversity (SEND/SEMH) awareness and practical training within degree courses (e.g., teaching, social work), and annual, compulsory CPD for all professionals, matching the rigour of safeguarding training. This addresses the current deficiency where only 5% of teacher training covers Neurodiversity (SEND/SEMH), leaving professionals unprepared and contributing to 85% of at-risk students having unidentified needs. It will foster multidisciplinary teams at ground level, leveraging community links and promoting professional volunteer initiatives and graduate schemes to build system capacity.



Our vision

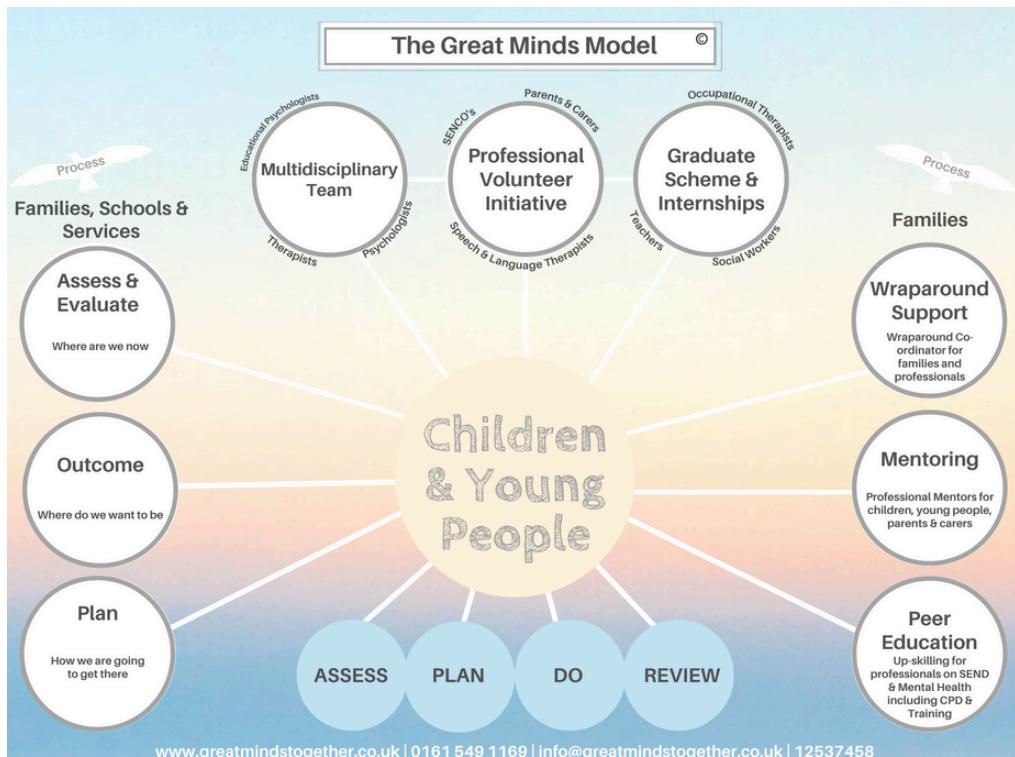
4. Proactive Prevention & Seamless Transitions:

Recognising that **nearly half of 17-19 year olds with a diagnosable mental health disorder have self-harmed or attempted suicide**, the Authority will mandate and oversee national prevention programmes. These will focus on life skills, emotional well-being, and mental health literacy from primary school onwards, supported by community organisations. It will also develop and enforce national standards for transitions (e.g., Year 6 to secondary, AP moves), ensuring effective information sharing and strong relationship building to mitigate risk, especially given the increased fragmentation of feeder schools. This aims to prevent school exclusions, reduce the likelihood of placement breakdowns, and safeguard children from the trauma and negative life chances associated with disjointed support.

Key Outcomes of The M.I.N.D.S. Authority:

- **Reduced Trauma & Placement Breakdowns:** Significantly decrease the 60%+ placement breakdown rate for neurodivergent children in care and mitigate the associated profound trauma.
- **Enhanced Safety & Well-being:** Ensure every child in care is safe, nurtured, and in an appropriate placement, with robust independent oversight.
- **Effective Resource Allocation:** Transform Neurodiversity (SEND/SEMH) funding from inefficient, fragmented spend to transparent, outcome-driven investment.
- **Professional Competence:** Elevate professional understanding and practice, ensuring all working with children are equipped to identify and respond to Neurodiversity (SEND/SEMH) needs.
- **Improved Life Chances:** Dramatically reduce the rates of criminalisation, homelessness, and wrongful hospitalisation for neurodivergent young people and care leavers.
- **Integrated & Accountable System:** Create a child-centred system where all stakeholders collaborate effectively, driven by data, best practice, and an unwavering commitment to individual potential.

The M.I.N.D.S. Authority is the critical step to dismantling the current failing system and building a responsive, humane, and effective framework where every child can truly thrive.





Conclusion

Conclusion

Great Minds Together is committed to collaborating with all stakeholders – public, private, and third sectors – to implement these vital reforms. By adopting these legislative changes, we can move towards a more flexible, humane, and effective system that truly values and supports neurodivergent children and young people across England. The time for change is now.

The Urgency of Now

The "Every Child Matters More" campaign is a rallying cry against a system that is failing our most vulnerable. The continued reliance on outdated models incurs significant human and financial costs. As our psychology team's data consistently demonstrates, early, needs-led intervention prevents escalation, reduces crisis, and dramatically improves long-term outcomes.

GMT Statutory Reform is not merely highlighting problems; we are offering proven, experience-informed solutions. Our policy paper outlines a strategic pathway for legislative reform that is both achievable and essential. We urge policymakers to recognise the profound impact of these systemic failures and to embrace the opportunity for radical, evidence-based change.



Solution-Focused Suggestions: Delivering the M.I.N.D.S. Authority Model

To ensure the M.I.N.D.S. Authority is robust, independent, and effectively implements The Great Minds Model, the following key areas require detailed planning and execution:

Establishing Robustness:

1. Legal & Governance Framework:

- **Draft Comprehensive Legislation:** Develop detailed statutory instruments that clearly define the M.I.N.D.S. Authority's powers, responsibilities, reporting lines, and the specific duties of other agencies (e.g., Local Authorities, CQC, Ofsted) in relation to the Authority. This legislation must mandate compliance.
- **Independent Board of Directors:** Establish a multi-disciplinary Board comprising experts in neurodiversity, child mental health, social care, education, law, finance, and most critically, individuals with lived experience. The Board's appointment process must be transparent and designed to prevent conflicts of interest. (*Already in development*)
- **Quality Assurance & Audit Protocol:** Implement an internal quality assurance framework that regularly audits the Authority's own operations, decision-making processes, and data integrity. This should be distinct from external CQC/Ofsted oversight.
- **Technology & Data Infrastructure:** Invest in a secure, scalable, and interoperable national data system capable of collecting, analysing, and disseminating information across all relevant sectors (education, health, social care). This system must be designed with robust data protection and privacy protocols from inception.

2. Staffing & Expertise:

- **Specialised Recruitment:** Attract and retain highly skilled professionals with direct experience in neurodiversity, trauma-informed care, and complex child mental health. Emphasise recruitment from diverse backgrounds, including those with lived experience.
- **Mandated Training & CPD:** Beyond external professionals, ensure all M.I.N.D.S. Authority staff undergo rigorous, CQC-accredited, ongoing training in The Great Minds Model principles, trauma-informed practice, neurodiversity-affirmative approaches, and legal duties.
- **Internal Clinical Supervision & Support:** Mirroring the GMT model, establish robust internal support systems for Authority staff, including clinical supervision, debriefing, wellbeing initiatives, and flexible working to prevent burnout and ensure sustained high-quality performance.

3. Operational Mechanisms:

- **Standardised Assessment & Intervention Protocols:** Develop and mandate the use of neurodiversity-affirmative, trauma-informed assessment tools and intervention protocols aligned with The Great Minds Model, to be used consistently across all Local Authorities, schools, and care providers.
- **Proactive Engagement & Outreach:** The Authority must actively engage with Local Authorities, schools, and care providers, offering support, guidance, and training before issues escalate, rather than acting solely as a reactive enforcement body.
- **Strategic Partnerships:** Formalise agreements with research institutions, universities, and advocacy groups to ensure the Authority's practices remain evidence-based and responsive to evolving needs and best practices.



Solution-Focused Suggestions: Delivering the M.I.N.D.S. Authority Model

Ensuring Independence:

- **Funding Model:**

- **Ring-Fenced Statutory Funding:** Secure dedicated, ring-fenced funding from central government, independent of local commissioning cycles or political shifts. This prevents financial pressures from influencing the Authority's decisions or priorities.
- **Grant Funding & Philanthropy:** Supplement statutory funding with transparently managed grants and philanthropic contributions, ensuring that these sources do not create conflicts of interest or undue influence.

- **Reporting & Accountability Lines:**

- **Direct Ministerial Accountability:** The M.I.N.D.S. Authority should report directly to Parliament (or a designated Secretary of State) with transparent, publicly accessible annual reports on its findings, recommendations, and the compliance of other bodies.
- **Public Complaint & Whistleblowing Channels:** Establish accessible and independent channels for families, professionals, and the public to raise concerns directly to the Authority, ensuring these are investigated impartially.

- **Conflict of Interest Safeguards:**

- **Strict Conflict of Interest Policies:** Implement stringent policies for Board members and senior staff regarding personal, professional, and financial interests, with mandatory declarations and recusals.
- **Arms-Length Relationship with Commissioning Bodies:** While collaborating, the Authority must maintain an arms-length relationship with ICBs and Local Authorities to avoid being influenced by commissioning pressures or cost-saving agendas. Its role is to oversee and mandate, not to be a commissioner.



Cost-Benefit Analysis: The M.I.N.D.S. Authority (Based on GMT Model)

Current and immeasurable costs to the system

The proposed M.I.N.D.S. Authority, leveraging The Great Minds Model, represents a significant upfront investment but promises substantial long-term benefits, both financial and societal, by shifting from a reactive, crisis-driven system to a proactive, preventative one.

Costs of the Current System (Baseline - without M.I.N.D.S. Authority):

- **Financial Costs:**

- **Placement Breakdowns:** The paper highlights over 60% of neurodivergent children's placements breaking down within 12-18 months, with each instance costing Local Authorities £25,000-£50,000. Given the volume, this represents a colossal annual expenditure.
- **Wrongful/Prolonged Hospitalisation:** Significant costs associated with inappropriate inpatient settings, often for extended periods, and the subsequent high-intensity support required post-discharge.
- **Legal & Tribunal Costs:** Families often resort to tribunals to secure appropriate support, leading to escalating legal fees for Local Authorities. The document states tribunals become a "primary mechanism for families to secure their child's rights," indicating substantial system-wide legal costs.
- **Crisis Management & Emergency Services:** High burden on emergency services due to lack of out-of-hours support and escalating crises.
- **Inefficient Funding Allocation:** "Fragmented funding streams," "lack of transparent accountability," and funds not reaching "intended recipients" lead to wasted resources.
- **Lost Productivity & Societal Burden:** Long-term costs associated with homelessness, criminalisation, and unemployment for neurodivergent care leavers due to unmet needs.
- **Teacher/Social Worker/Professional Turnover:** High stress and lack of training contribute to burnout and turnover, incurring recruitment and training costs.

- **Non-Financial Costs (Human & Societal):**

- **Profound Trauma:** Inflicted on children and families due to placement breakdowns, inappropriate settings, and systemic failures.
- **Delayed Diagnoses:** Over two years for autism diagnoses, leading to "needs unmet during critical developmental windows" and exacerbating challenges.
- **Educational Exclusion:** "Systematically denied appropriate support, education, and the stability of family life."
- **Human Rights Breaches:** Systemic failings represent "systemic breaches of fundamental human rights."
- **Criminalisation:** Disproportionate rates for neurodivergent care leavers due to unmet needs.
- **Erosion of Trust:** Families lose faith in the system.



Cost-Benefit Analysis: The M.I.N.D.S. Authority (Based on GMT Model)

Benefits of the M.I.N.D.S. Authority (GMT Model Approach):

• Financial Benefits (Cost Savings & Economic Value):

- **Reduced Placement Breakdowns:** Proactive, needs-led, trauma-informed placements will significantly reduce the 60%+ breakdown rate, saving millions annually. Each prevented breakdown saves £25,000-£50,000.
- **Reduced Hospital Admissions:** Evidence-based intensive support (Tier 3.5 model) prevents "wrongful hospital admission," leading to direct savings on acute care and long-term support.
- **Optimised Funding Allocation:** The Authority's statutory powers over funding will consolidate resources, enforce transparency, and ensure that every pound spent delivers maximum impact, leading to better value for money and redirection of funds from reactive to preventative services.
- **Decreased Legal Costs:** Needs-led commissioning and appropriate provision from the outset will reduce the need for tribunal appeals, saving substantial legal fees for Local Authorities.
- **Reduced Burden on Emergency Services:** A planned out-of-hours team and proactive crisis support will alleviate pressure and costs from emergency services.
- **Long-Term Societal Savings:** Preventing homelessness, criminalisation, and improving educational and employment outcomes for neurodivergent individuals reduces dependency on public services and increases their economic contribution.
- **Improved Professional Retention:** Better training, support, and defined roles for professionals reduce burnout and associated recruitment/training costs.

• Non-Financial Benefits (Improved Outcomes & Societal Impact):

- **Enhanced Child Welfare & Safety:** Ensuring every child in care is safe, nurtured, and in an appropriate placement, with robust independent oversight.
- **Timely & Accurate Diagnoses:** Mandating maximum diagnostic waiting times and increased professional competence ensures early intervention.
- **Trauma Reduction:** Proactive prevention, needs-led care, and flexible models mitigate trauma experienced by children and families.
- **Improved Educational Attainment:** Mandated comprehensive training for educators, therapeutic behaviour policies, and tailored support leads to better academic and social outcomes.
- **Greater Independence & Life Chances:** Reduced criminalisation, homelessness, and wrongful hospitalisation, fostering greater independence and quality of life for neurodivergent individuals.
- **Increased Professional Competence:** Elevating professional understanding and practice ensures staff are equipped to identify and respond to Neurodiversity (SEND/SEMH) needs.
- **Rebuilt Trust & Accountability:** Transparent processes, independent oversight, and demonstrable positive outcomes will restore public and family trust in the system.
- **Human Rights Upholding:** Ensuring children's rights to safety, education, and appropriate care are consistently met.

Conclusion on Cost-Benefit:

While establishing the M.I.N.D.S. Authority and reforming systemic structures will incur initial setup and operational costs, the long-term financial and human savings are projected to far outweigh these investments. The current system's hidden costs in placement breakdowns, legal battles, crisis management, and human suffering are unsustainable.

The M.I.N.D.S. Authority, by embedding The Great Minds Model of proactive, needs-led, trauma-informed, and neurodiversity-affirming support, offers a strategic pathway to not only prevent devastating individual outcomes but also to achieve significant fiscal prudence through reduced reliance on expensive reactive interventions. This represents a critical shift from costly crisis management to effective, compassionate, and ultimately more economical preventative care.