

Invisible in Plain Sight

Local Authority & Education perspective

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| RCPsych Dean's Grand Rounds | 26 Feb 2026



Use of slides and data



Data is for education and awareness of trends; please don't share slides/recording publicly.



If screenshots or social sharing is planned, please ask first.



We will keep examples anonymised and focus on system learning, not individual cases.

Section 19 Education Act

- Section 19 of the Education Act 1996 places a duty on the local authority to arrange suitable education for pupils who cannot attend school due to illness, exclusion, or other reasons.
- Suitable education means efficient, full-time education (unless full-time is not in the child's best interests due to health), matched to age, ability, aptitude and any special educational needs.
- Schools remain responsible for using the graduated response and making reasonable adjustments; the local authority becomes involved where education is, or is likely to become, unsuitable.
- Our multi-agency Section 19 Panel provides oversight and consistency in decision-making on referrals, ensuring the right provision and support is identified, monitored and reviewed. It has been in operation for 12 months now and the rest of our findings are shared from the referrals we have received into this panel

Why this matters (what we are seeing in Birmingham)



The s.19 panel has increased visibility and accountability for vulnerable CYP with health-related absence.



Poor to negligible attendance often starts long before a referral is made.



Neurodiversity and mental health are the predominant factor in 98% of referrals .



Multiple referral pathways to specialist services offer support, but can mask a child's attendance, where there are lengthy waiting times and the status of a referral is unknown

What the panel data tells us (Oct 2025 report)

- 190+ children and young people referred in 6 months and 75 schools involved.
- Referrals peak in ages 13–16
Predominant themes: neurodiversity, anxiety, disrupted education
- The smaller size and nature of primary schools enables many to make adjustments and meet individual needs before those needs escalate or increase in severity
- Covid & Hybrid school – Although this is five years ago for those that missed Key Stage 2 (7 to 11 years) and the first two years of secondary (years 7 and 8) many ‘needs’ were missed or not assessed. These young people are now non attending or highly anxious in secondary schools and FE & assessment are coming late and at the transition between child and adult services
- Many referrals follow years of unmet need, not sudden crisis

Presenting needs: anxiety + neurodiversity (co-occurrence)

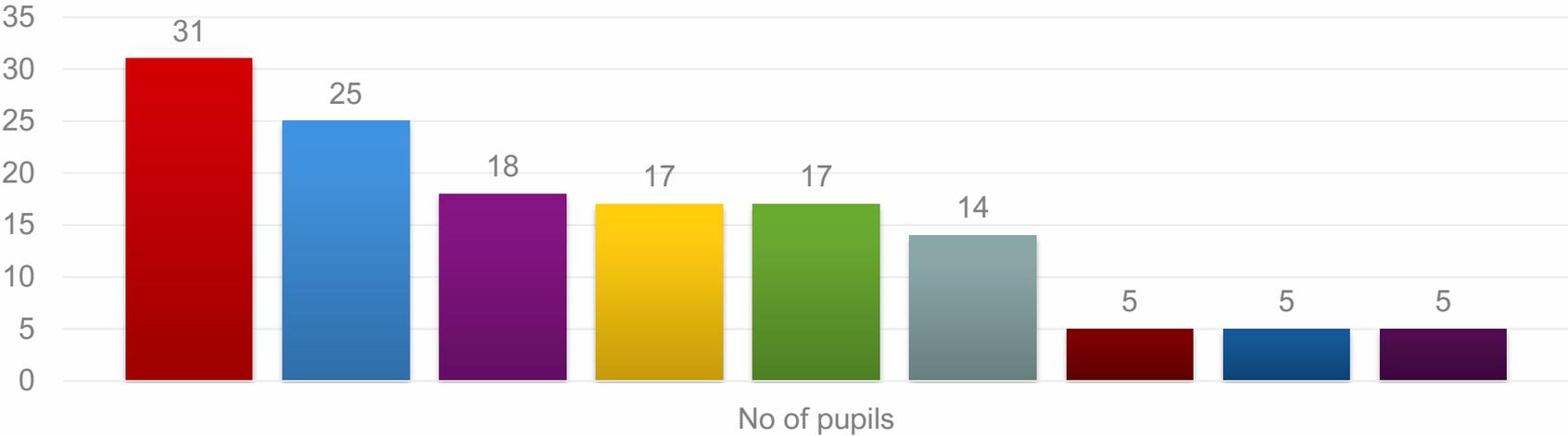
Most prevalent condition in referrals: anxiety disorder amongst neurodiverse young people.

Autistic Spectrum Condition and other neurodiverse needs are prominent; many are awaiting assessment (sometimes up to 2 years for ASC assessment).

Different pathways are needed for neurotypical vs neurodiverse young people, recognizing the impact of neurodiversity on health and engagement.

Children known to social care or who have experienced trauma can often be missed in needs assessment and the presentations for trauma can be similar to those of young people that are neurodiverse

Presenting Needs Keyword Frequency data since Feb '25

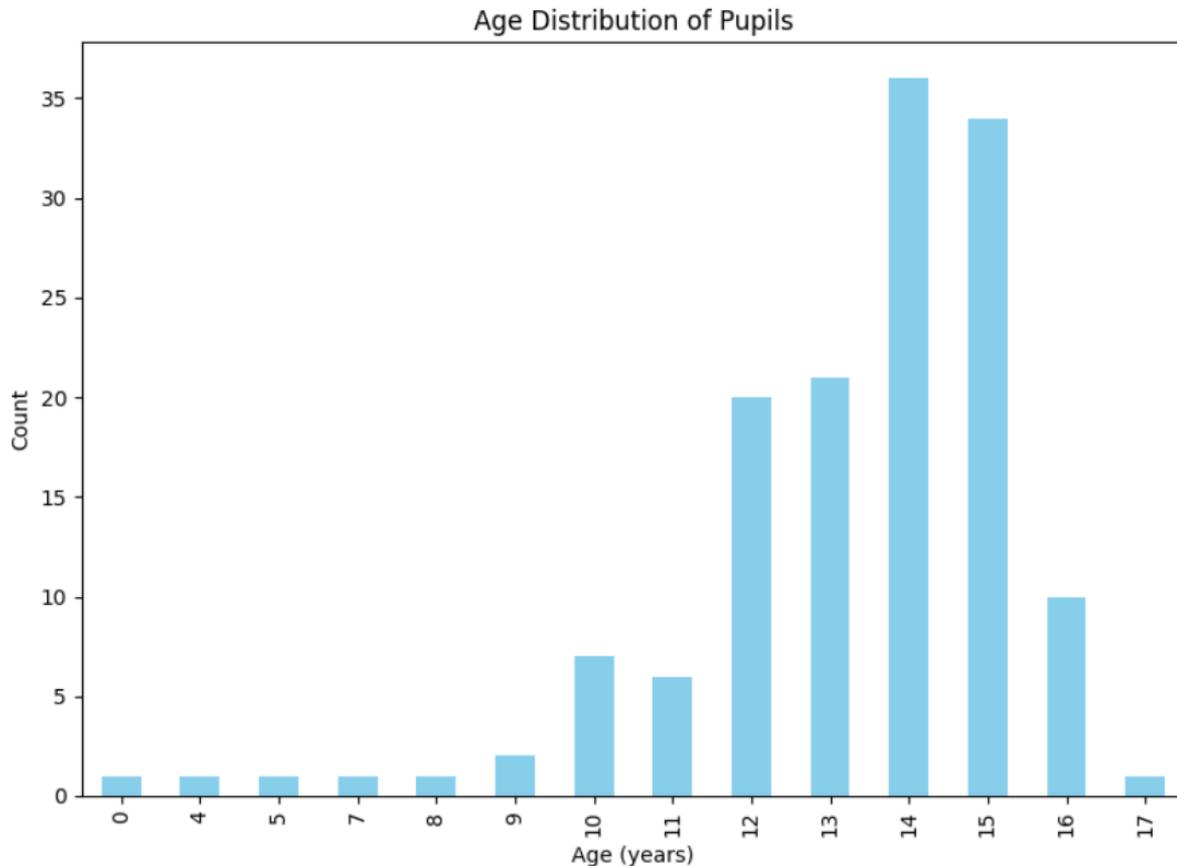


- Anxiety & awaiting ASC assessment
- Emotional Based School Non Attendance
- Autism
- ADHD
- Low Mood or Depression
- Mental Health
- Obsessive Compulsive Disorder
- Trauma
- Phobias

Age profile: a KS3/KS4 pressure point

- Referrals cluster in adolescence; 13–16 year olds feature highly.
- For many, disruption/low attendance is protracted prior to referral.
- Transitions (Y7, Y9 options, Y10/GCSE) often amplify anxiety/EBSA and unmet neurodevelopmental needs.

Source: Birmingham City Council s.19 Duty Panel Referrals (Feb - Oct 2025)



'The spiral'

Source: Birmingham City Council s.19 Duty Panel Referrals & Outcomes (Oct 2025)



Significant non-attendance in months/years leading up to referral is common.



EBSA is frequently referenced (not a formal diagnosis but linked to neurodiversity/ anxiety/depression/separation anxiety).



CYP with SEMH, Neurodiversity and Communication & Interaction needs are over-represented in the lowest attendance bands.



GPs are writing sick notes for young people with anxiety who are neurodiverse.



Forecast: **325–350** referrals over 12 months; predicted shortfall **175** alternative education placements

School adjustments: what's happening (and what to shift)

- The most common adjustment recorded is reduced or part-time timetables, often generic rather than personalised
- For many neurodivergent CYP, reduced timetables increase isolation and vulnerability and can worsen anxiety and disengagement
- DfE medical conditions guidance: schools should not wait for diagnosis before support and should aim for full access to education.
- Strongest practice: personalised entry/exit, low-arousal spaces, reduced transitions, planned absence packs, flexible start/finish—without losing curriculum time.
- Some young people experience prolonged extremely low attendance, including cases of 0% attendance for over two years, often before referral. Many have had previous support from BCC CAT team
- Forecasts suggest 325–350 CYP may be referred over a 12-month period; we need more diverse provision

DfE SEND Reform – White paper (Feb 2026)

[SEND - Putting children and young people first - version for children and young people](#)

The SEND reforms respond to a system described by government and Parliament as **inconsistent, adversarial, late-intervening and financially unsustainable, with too much support only accessible via EHCPs and a “postcode lottery” in mainstream provision.**

2 Key Proposals:

1. National SEND / Inclusion Standards This will define what all mainstream schools must ordinarily provide for common needs (including autism, ADHD and SLCN), reducing variability between schools and areas.
2. Schools will be expected to meet more needs without requiring an EHCP, supported by clearer guidance, practice manuals and funding reform. **How?**
3. Assessment Primary - Early identification (EYFS & KS1 emphasis), designed to be early, developmental and preventative, particularly in communication, interaction, cognition and SEMH –**Neurodivergent masking?**
4. Assessment Secondary - Most SEND assessment will sit within ISPs, not EHCPs – **When masking becomes harder ?**

Proposed outcomes of White Paper for neurodivergent pupils

More consistent access to reasonable adjustments (sensory, communication, processing) structured classroom strategies small-group and targeted interventions

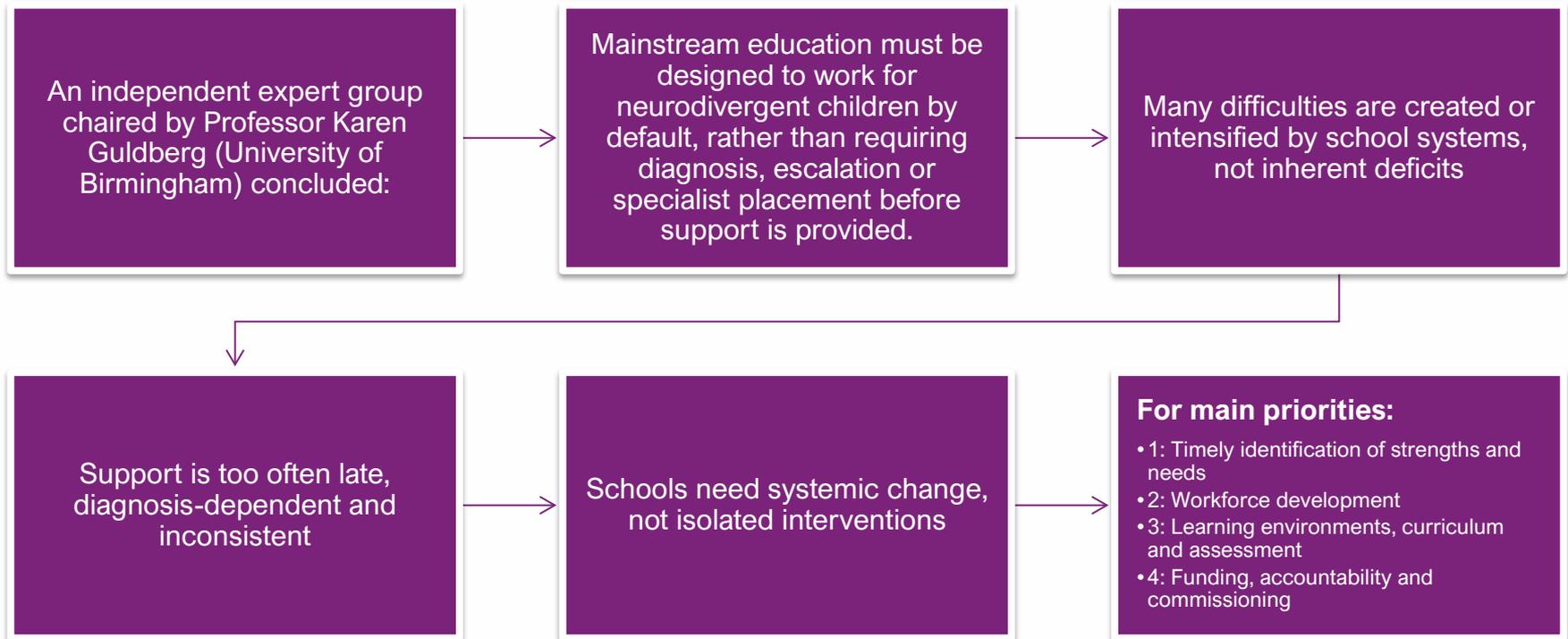
Less escalation to crisis or exclusion before support is offered

Reduced reliance on diagnosis as the “gateway” to help

Neurodivergent pupils gain clearer rights and accountability without needing an EHCP Earlier, planned support rather than long waits for assessment

Tension - Many parents feel their young people need specialist placements and alternative provisions

Neurodivergence Task and Finish Group: report DFE (Feb 2026) [Neurodivergence Task and Finish Group: report - GOV.UK](#)



We want schools in Birmingham to become ‘Autism Friendly’ – Three Year Plan

With backing from the **Education Endowment Foundation** during Spring and Summer 2025, Birmingham partnered with **Derby Research School** to co-create a long-term plan for change.

Using the **Theory of Change** model, professionals, parents, and carers worked together to explore:

The challenges faced by autistic young people, families, schools, and services

The support needed to overcome these challenges

The behaviours and actions required to make inclusion real

The shared aims for the next three years

What Does the Three-Year Plan Include?

- **Autism Champions** across sectors
- A **Birmingham Autism Statement** and **Reflective Framework**
- Shared **Directories** for easy navigation
- **Training Pathways** and CPD for practitioners
- Strong **transition support** for young people
- Strategic engagement with **employers, HEIs, FE, and training providers**
- **Cross-sector collaboration**
- And at its heart: the **Birmingham Co-Production Charter**

Autism & Me Ambassadors

Autism & Me Ambassadors

- Birmingham secondary schools are working collaboratively with CAT as part of the national Autism in Schools Project funded by the NHS.
- CAT and Birmingham Parent Carer Forum worked together to develop 'Autism & Me' a programme delivered to autistic pupils to support developing a positive autistic identity.
- 11 Secondary Schools joined the programme with a member of staff from each school has received training.
- Birmingham Parent Carer Forum are co-delivering Parent Workshops with the Ambassadors.
- The Ambassadors are working together to form a community of practice.

Autism doesn't make you weird, it makes you special.

Autism isn't a bad thing and doesn't need to be a bad thing... I can understand my strengths more, my brain.

It's not a disability it's a superpower...

Pupil Voice 2025



Communication and Autism Team (CAT)

Tier 1 (strategic work)

School Partnership Plan The Autism Standards, Competencies and Good Autism Practice Principles form the basis of strategic elements and ensure good working practices and continuous development of autism provision.

Training is a key component in providing staff with knowledge support and systems to deliver appropriate support and provision. The Communication and Autism Team is a Strategic Partner with the **Autism Education Trust**

- Early Years
- School Age
- Post 16



CAT Additional Training modules and CAT Training offer [Access to Education](#)

- Early Years
- School Age

Parent / Carers – workshops / drop ins

Communication and Autism Team - CAT

The Communication and Autism Team (CAT) supports settings to build inclusive and enabling practices around autism, social communication and interaction needs

- Allocated CAT professional
- Referrals (consent and background info) [Who are the Communication and Autism Team - Local Offer Birmingham](#)

Tier 2 (working with CYP)

We work with c/yp in a variety of ways to inform and shape planning and modelling practical approaches that settings can adopt to support the young person e.g. – work trays, symbol use, now/next, intensive interaction, principles of SCERTS and Attention Skills,

- CAT Tools – Gaining pupil voice, All about Me, Autism and Me, Executive Functioning Tool, Anxiety Tool, Sensory Profile , C SENSE
- Statutory Work / SSPP's

What we're asking the system to do next

- Earlier, neurodiversity-informed support in mainstream: intervene at first signals of low attendance/EBSA.
- Health professionals contributing to EBSA toolkits and support strategies
- MSHT wrapped around schools for early advice and support before patterns are established
- We want schools in Birmingham to become 'Autism Friendly'
- Replace 'one-size' part-time timetables with personalised adjustments that protect belonging and learning.
- Build a broader AP + family support offer (including flexible outreach/home learning options) and a transport strategy so placements are usable.
- Continuum of offer from our Send Advisory Inclusion Services – CAT and EP's and SSOS
- AV1s to build back belonging and psychological safety

Cont...

- Embed structured meetings that includes school, family, and a health/psych practitioner to map (i) anxiety triggers, (ii) sensory/social/learning stressors, (iii) protective factors, (iv) what “success” looks like for the next 2–4 weeks.
- Implement adjustments that increase predictability, sensory safety, and agency, and monitor impact on distress + attendance weekly
- Treat unmet neurodevelopmental needs supportively—even while awaiting diagnosis
- Mental health services do not arbitrarily stop based on DOB at 18 rather than when the young person is ready to transition to other services or step back.