



Career
Connect

Research
and Impact



Lost in transition: the impact of social, emotional and mental health (SEMH) needs on educational continuity

January 2026

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Glossary

CAMHS: Child and Adolescent Mental Health Service

CIAG: Careers Information, Advice and Guidance

EET: Employment, education or training

EHCP: Education, Health and Care Plan

IAG: Information, Advice and Guidance

NEET: Not in employment, education or training between the ages of 16–24

SEN: Special Educational Needs

SEMH: Social Emotional and Mental Health (SEMH)

Executive Summary

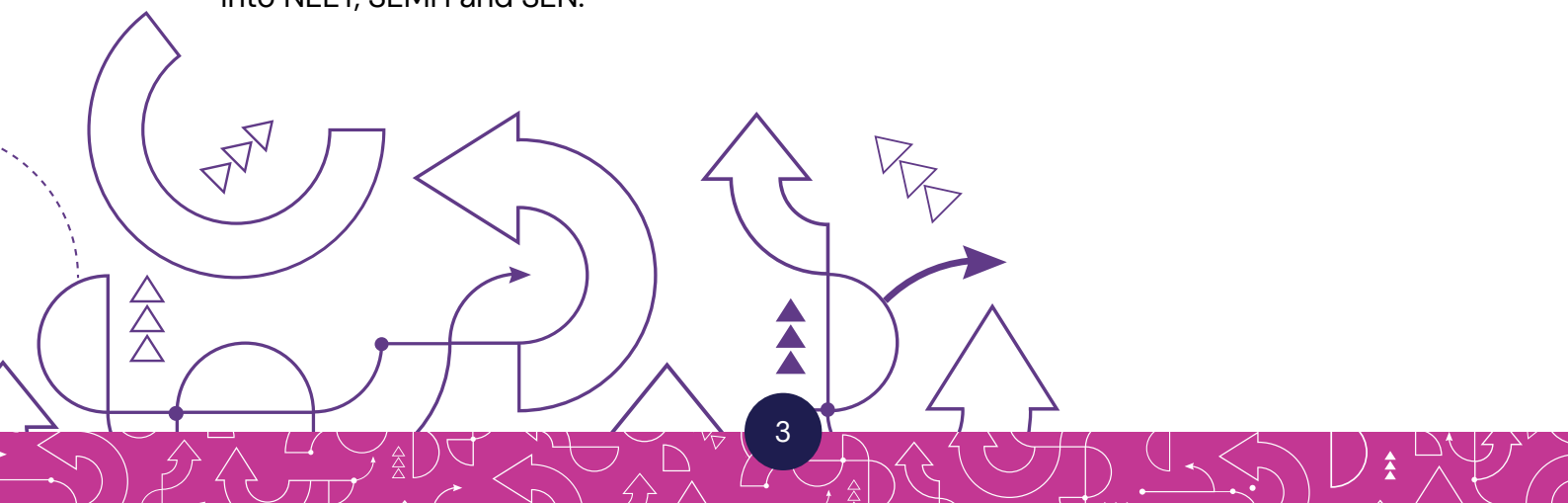
This report presents findings from research conducted by Career Connect into the challenges faced by young people who have Social Emotional and Mental Health (SEMH) needs, during their transition from school to post-16 education, employment and training. It focuses on young people in the Northwest of England, but we believe that the findings are universal.

Our research attempted to answer the following questions regarding young people with SEMH needs:

- 1) To what extent have the numbers of young people with SEMH support needs changed over time?
- 2) What is the relative risk of NEET (not in employment education or training) at age 16 of young people with SEMH support needs compared with other young people?
- 3) What are the systemic barriers faced by young people with SEMH support needs during their transition from school to post-16 provision?
- 4) What are some of the ways in which post-16 education and training provision is being successfully met for young people with SEMH support needs?
- 5) What steps can be taken to improve post-16 education and training outcomes for young people with SEMH support needs?

We used several sources of information to answer these questions:

- 1) Data from cohorts of young people in Years 12 and 13, across a sample of local authorities. Tracking their movements in and out of education, training and employment over the year 2022/23.
- 2) Participation sessions and interviews with young people with SEMH support needs.
- 3) Workshops with our careers advisers.
- 4) Interviews with Further Education (FE) colleges, providers of specialist education and training, SEN coordinators and other local authority staff.
- 5) National Department for Education (DfE) data, and findings from related studies into NEET, SEMH and SEN.



Our key findings are as follows:

Key Finding 1: Young people with SEMH needs and an Education, Health and Care Plan (EHCP) are at a substantially higher risk of becoming NEET in Year 12 than their peers — including those with EHCPs for other needs.

- 38.1% of young people with an EHCP and SEMH needs spent time NEET in Year 12, compared to 20.1% of all young people with an EHCP, and 7.9% of those without an EHCP.
- For those with SEMH needs and receiving SEN Support (but no EHCP), 25% spent time NEET — over three times the rate of young people without SEN.
- Given the rising number of SEMH cases, any effective NEET reduction strategies must include targeted support for young people with SEMH.

Key finding 2: The rise in SEMH need has outpaced resources, potentially overwhelming existing support systems and reducing per-person funding.

- In some areas reviewed in this research, EHCPs for SEMH needs rose from 990 in 2015/16 to 3,899 in 2023/24. The proportion of EHCPs with SEMH as the primary need grew from 10% to 17%.^[1]
- Nationally, only 50% of EHCPs are completed within the 20-week statutory deadline — with large regional variation.
- Child and Adolescent Mental Health Service (CAMHS) access is increasingly targeted to the most severe cases, leaving potentially significant numbers with unmet needs and long waits.
- EHCP delays or outdated information can result in misaligned support decisions by post-16 providers.
- The Institute for Fiscal Studies (IFS) reports that real-terms per-EHCP funding has dropped by around one-third. Local authority high-needs deficits were estimated to reach £3.3 billion by 2024-25.^[2]
- Resource pressures were cited by nearly every stakeholder we spoke with.

1. DfE data: Statistics: Special Educational Needs (SEN) GOV.UK:

<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>.

2. Spending on special educational needs in England: something has to change:

<https://ifs.org.uk/publications/spending-special-educational-needs-england-Something-Has-Change>

Key Finding 3: Diminished school funding and real-terms erosion of the £6,000 SEND threshold contribute to increased EHCP applications — not always due to intensifying needs but due to budget necessity.

- The £6,000 SEND notional funding cap (unchanged since 2014) is now worth only £4,445 in real terms. To maintain 2014's purchasing power, it would need to be £8,104 today.
- Schools may pursue EHCPs to unlock funding they can no longer cover through SEN Support.
- SEMH young people receiving SEN Support rose by 64% (2015–2023), while SEMH EHCP cases rose by 293% — suggesting systemic, not just diagnostic, drivers.
- Growing awareness and better recognition of mental health needs are also increasing identification rates.

Key finding 4: There is a shortage of tailored post-16 education and training for young people with SEMH — particularly for those without an EHCP.

- Whilst excellent examples of inclusive provision exist, they are often limited in scale, reliant on short-term funding, and lack the permanence to support system-wide change. SEMH-responsive provision includes:
 - Part-time learning
 - Blended (virtual and in-person) options
 - Flexible start dates and learning pace
 - Initial intensive transition support
 - Small-group instruction
 - SEMH-aware teaching staff
 - One-to-one coaching
 - Supported internships
- Provision is often limited to EHCP holders; delays in identification may result in many falling through the cracks.
- Among young people with SEMH who became NEET, 36.8% had previously been in FE — the most common prior activity.

Key Finding 5: Early and sustained identification and support — ideally by Year 9 — improves outcomes, but practices can be inconsistent and often exclude disengaged learners.

- Career Connect’s analysis shows early intervention can reduce NEET time by an average of 78 days in Year 12.^[3]
- Transition outcomes vary significantly across local authorities due to different approaches and resource levels.
- The number of home-educated young people increased by 62% since 2022, 4,950 young people were missing from education during 2023/24, and Autumn 2023/24 saw 16,100 suspensions and 280 permanent exclusions.^[4]
- These groups are not exclusively young people with SEMH needs, but many of the stakeholders that participated in this research highlighted the likelihood that young people with SEMH needs are disproportionately represented among them.

Key Finding 6: Responsibility for transition support is fragmented across agencies, leading to inconsistencies and gaps.

- Frameworks like the Gov.uk report ‘Preparation For Adulthood (PFA) arrangements in local areas: a thematic review’^[5] (December 2024) outline intended outcomes but don’t specify how support should be delivered or coordinated.
- No single agency holds responsibility for ensuring smooth transitions for young people with SEMH needs. While local authorities have a key role in developing and implementing the PFA framework (including providing a local offer for children and young people and co-ordinating services) the Gov.uk report above also acknowledged some issues are beyond the control of a single agency or provider.
- There are no shared benchmarks or accountability structures to compare approaches or track success across settings.

3. Investing in the Future: Evaluating the Effectiveness of an Early Intervention Programme for Young People at Risk of Becoming NEET (Career Connect, February 2024). This report featured learnings and recommendations from the Sefton NEET Reduction and Early Intervention Service. Link: [Learnings and recommendations from the Sefton NEET Reduction and Early Intervention Service – Career Connect](#)

4. Figures from data across eight local authorities in the Northwest, but these trends are national.

5. [Preparation For Adulthood arrangements in local areas: a thematic review – GOV.UK](#)

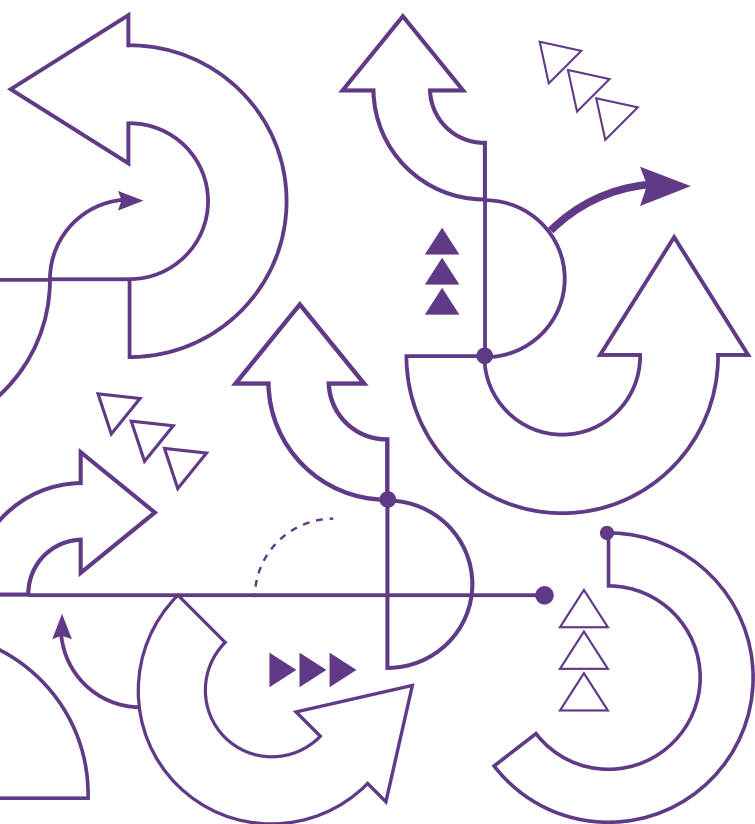
Key Finding 7: There is significant potential to strengthen data-driven support — but current systems lack standardisation, integration, and capacity.

- Data sharing is inconsistent across schools, local authorities, and third-sector partners — hindering early identification and tailored support.
- Service tracking and delivery can happen across siloed teams or systems.
- Advanced data analytics and predictive tools could improve resource planning, but many local authorities lack the infrastructure, resources and staffing to implement them.

Key Finding 8: Young people with SEMH needs want greater involvement in shaping services — and outcomes improve when they are genuinely engaged.

- Local authorities are increasingly embracing youth voice strategies, but young people with SEMH needs remain among the hardest to reach.
- Many services — including those explicitly for young people with SEMH needs — are designed with limited input from the intended users.

As a result, engagement suffers, and young people feel services are less relevant or responsive to their needs.



Recommendations

1) Establish national benchmarks for NEET support services

All agencies involved in supporting young people at high risk of becoming NEET, including those with SEMH needs, should adopt a shared set of best practice benchmarks. These benchmarks should guide the design, delivery, and evaluation of transition services and support, and be used to assess progress both within and across local authorities over time.

The Gatsby Benchmarks have proven effective in improving the consistency and quality of careers provision. A similar benchmark framework for NEET-related services would bring comparable benefits, particularly for young people with SEMH needs — a group with a significantly elevated risk of becoming NEET.

2) Reform funding structures to support SEMH needs

Reducing NEET rates among young people with SEMH needs requires both increased funding and a re-evaluation of how funding is allocated. The current system often delays support until needs become acute.

The December 2024 report by the Institute for Fiscal Studies, *Spending on Special Educational Needs in England: Something Has to Change*,^[6] identifies serious systemic issues. Our research, conducted independently and prior to the IFS report, reaches similar conclusions. Without structural reform, young people with SEMH needs will continue to face delayed or inadequate support, limited access to post-16 opportunities, and poor outcomes — making it difficult for local authorities to reverse NEET trends.

3) Scale and sustain proven FE provision for learners with SEMH needs

Approaches to education and training shown to be effective in engaging learners with SEMH needs within mainstream and specialist Further Education settings should be scaled up and provided with longer-term funding.

While large-scale reform is needed, existing good practice should be shared more widely and supported in the interim. A national mechanism for collecting and disseminating successful models would help more providers adopt evidence-based approaches within current funding constraints.

6. <https://ifs.org.uk/publications/spending-special-educational-needs-england-Something-Has-Change>

4) Make early and sustained support the default model

Early identification and intervention — by Year 9 at the latest — with continued, consistent support throughout the transition to post-16 education or training, should become standard practice for young people with SEMH needs.

This model must include those with low or no engagement with school, who can be missed by existing systems. Early and sustained support allows trust to develop, enables proactive planning, and increases the likelihood of both engagement and retention in post-16 pathways.

Local authorities should adopt an "invest to save" approach — focusing resources on prevention and early intervention.

5) Prioritise dedicated SEMH transition support in every local authority

Designated SEMH Transition support should be resourced by every local authority to:

- Oversee cross-agency partnerships
- Monitor outcomes for learners with SEMH needs, and
- Advocate on behalf of young people during the transition period.

Current statutory frameworks do not ensure consistent outcomes. Coordinated leadership is essential to close the gap in NEET risk between young people with SEMH needs and their peers.

Additionally, updated, practical guidance — possibly as an expansion of the Preparation for Adulthood framework — should include step-by-step protocols for SEMH transitions. These should be co-designed with practitioners, young people, and mental health professionals, and include obligations for schools, colleges, and local authorities to collaborate on personalised transition plans with measurable outcomes.

6) Strengthen the voice of young people with SEMH needs in service design

Young people with SEMH needs should have greater agency in shaping their learning environments and the support they receive.

EHCPs have the young person's voice as a key component of the plan, including aspirations and preferences — what is important to them and their goals for the future. This should be strengthened, with young people actively encouraged to express their aspirations, challenges, and preferred methods of support.

Beyond individual input, there should be mechanisms for collective representation to ensure services reflect the real needs and preferences of those they are intended to serve. Engagement post-16 depends heavily on the relevance and responsiveness of these services.

7) Improve data sharing with national standards and support

To support more effective transitions, the education and care sectors need better tools and confidence to share data in a GDPR-compliant way.

A national, centralised data-sharing hub should be created to:

- Host anonymised case studies, templates, and tools
- Promote consistent standards for anonymisation, encryption, and privacy notices, and
- Facilitate lawful data exchange between agencies.

Local pilot projects should be implemented and best practice documented, highlighting success stories where improved data sharing enhances service delivery and outcomes.

8) Disaggregate education, employment, and training (EET) outcome data by primary support need

Current national data on the education, employment, and training (EET) outcomes of SEND learners masks major differences between types of need.

To target support more effectively, outcomes must be disaggregated by primary support category — including SEMH — to better understand where the risk of NEET is greatest and to design interventions accordingly.

Introduction: background to the research and approach taken

Career Connect delivers Information, Advice and Guidance (IAG), employability and NEET prevention services to young people in partnership with eight local authorities in the Northwest. We also provide career management and IAG services to more than 270 schools across England, supporting their achievement of Gatsby Benchmarks for good careers provision. In delivering this work, our teams of advisers have identified a growing number of young people with SEMH support needs in their caseloads and increasing challenges in supporting these young people into education, employment and training at 16 years of age.

Furthermore, findings from studies published in the past five to six years have served to strengthen the sense that there was an emerging crisis with young people who have SEMH needs, and that crisis is in large part responsible for the growing number of young people who are NEET in years 12 and 13. These studies highlighted a number of issues, including:

- SEMH needs being under-identified and an over-reliance on school-level identification of SEND rather than standardised multi-agency frameworks (Education Policy Institute, 2021)^[7]
- SEMH young people being at substantially higher risk than other students of school exclusions, unexplained school transfers and school moves (EPI 2024 & 2019)^[8]
- Lack of capacity in child mental health services (EPI 2019)^[9].
- Inconsistent implementation of the 2014 SEND reforms (The 2016–2021 Ofsted/CQC SEND reviews)^[10]
- Low levels of teacher confidence and training to support SEMH needs (National Audit Office, 2024)^[11]
- A decline in per-pupil funding for young people with EHCPs, despite a 60% real-terms increase in high-needs funding since 2015 (IFS, 2024)^[12]

We conducted this research to look specifically at the experiences of young people with SEMH support needs during the transition process from school to post-16 education and training. Our aim was to identify the scope and scale of the challenges faced, highlight positive practice and initiatives, but also to propose solutions.

7. Education Policy Institute (EPI), 2025: Identifying SEND. <https://epi.org.uk/publications-and-research/identifying-send>

8. Education Policy Institute (EPI) 2024 Outcomes for young people who experience multiple suspensions. <https://epi.org.uk/publications-and-research/outcomes-for-young-people-who-experience-multiple-suspen/>

Education Policy Institute (2019) Access to child and adolescent mental health services in 2019. <https://epi.org.uk/publications-and-research/access-to-child-and-adolescent-mental-health-services-in-2019/>

9. Education Policy Institute (2019) Access to child and adolescent mental health services in 2019

<https://epi.org.uk/publications-and-research/access-to-child-and-adolescent-mental-health-services-in-2019/>

10. Ofsted 2021 SEND: old issues, new issues, next steps. <https://www.gov.uk/government/publications/send-old-issues-new-issues-next-steps/send-old-issues-new-issues-next-steps>

11. National Audit Office (NAO), (2024) Support for children and young people with special educational needs

<https://www.nao.org.uk/reports/support-for-children-and-young-people-with-special-educational-needs/>

12. Institute for Fiscal Studies (IFS), (2024) Spending on special educational needs in England: something has to change.

<https://ifs.org.uk/publications/spending-special-educational-needs-england-something-has-change>

Research questions

We designed the research to answer the following questions:

- 1) To what extent have the numbers of young people with SEMH support needs changed over time?
- 2) What are the relative risks of NEET at age 16 of young people with SEMH support needs compared to other young people?
- 3) What are the systemic barriers faced by young people during their transition from school to post-16 provision?
- 4) What are some of the ways in which post-16 education and training provision is being successfully met for young people with SEMH support needs?
- 5) What steps can be taken to improve post-16 education and training outcomes for young people with SEMH support needs?

Research approach and methods

Our research used the following data and analysis:

- **DfE data from local authorities:** ^[13]
 - cohorts of school aged young people with SEMH support needs
 - elective home educating young people
 - young people missing education
 - school absenteeism
 - school exclusions
- **Data on cohorts of young people in Years 12 and 13, across a sample of local authorities for the year 2022/23.** Tracking their movements in and out of education and training over a 12-month period. Our analysis looks at the proportion of young people with SEMH support needs that experienced time NEET in that year, compared with other young people.
- **Interviews with young people with SEMH support needs.** We interviewed 12 young people aged 16–18 who were at the time participating in specialist education and training programmes.

13. Data on SEND can be accessed at: [Statistics: special educational needs \(SEN\) – GOV.UK](#).

Data on elective home education can be accessed at: [Elective home education, Autumn term 2024/25 – Explore education statistics – GOV.UK](#)

Data on school exclusions can be accessed at: [Suspensions and permanent exclusions in England, Autumn term 2023/24 – Explore education statistics – GOV.UK](#)

Data on school absenteeism can be accessed at: [Pupil attendance in schools, Week 6 2025 – Explore education statistics – GOV.UK](#)

- **Group participation sessions with young people with SEMH support needs.** We ran three participation sessions with groups of between four to six young people, all of whom were enrolled in a targeted education programme.
- **Interviews with SEN support professionals:**
 - SEN coordinators (two)
 - SEN specialists in FE colleges (three)
 - Local authority SEN leads (two)
- **Workshop sessions with Career Connect Advisers who work with young people with SEMH needs.** We ran two workshop sessions with 26 staff from across areas where Career Connect deliver services to young people who are NEET or at risk of NEET.

The majority of the research was conducted between May–November 2024.

Policy context in England

Schools

Schools in England have a statutory duty to provide careers guidance from Year 7 to Year 13, aligned with the Gatsby Benchmarks—a framework ensuring impartial advice, employer engagement, and exposure to post-16 pathways like apprenticeships and higher education. For students with SEND, schools must integrate career preparation into EHCPs, focusing on employment and independent living under the Children and Families Act 2014. This requires collaboration with families, SEN coordinators, and local authorities to deliver tailored support, accessible resources, and specialist guidance, ensuring equitable access to opportunities and successful transitions to adulthood. The Careers and Enterprise Company (CEC) enhances SEND careers education through dedicated resources, training, and a community of practice for schools. Their initiatives include reports evaluating the impact of tailored careers programmes and guidance on applying the Gatsby Benchmarks in special schools, promoting inclusive, high-quality careers education. By providing tools to address barriers and foster employer engagement, the CEC helps schools equip students with SEND with the skills and confidence to navigate post-education pathways effectively.

Statutory responsibilities for local authorities

In England, local authorities have statutory duties under the Education and Skills Act 2008 to ensure that all young people aged 16–17 participate in education or training. This requirement aligns with the "raising the participation age" policy, which mandates that young people continue in education, apprenticeships, traineeships, or work-based learning until at least their 18th birthday. Local authorities must track the participation of young people and ensure that appropriate provisions are available to meet their needs.

Statutory Duties for Young People Aged 16–17:

1. **Monitoring participation:** Local authorities are required to track the education, training, or employment status of young people aged 16–18 (including up to 25 for those with learning difficulties and disabilities) using tools like the National Client Caseload Information System (NCCIS). They must identify those not in education, employment, or training (NEET) and offer targeted support.
2. **Supporting NEETs:** They must ensure that young people identified as NEET have access to advice, guidance, and support to re-engage them in education or training.
3. **Provision of support services:** Under the Education Act 1996, local authorities must ensure the availability of impartial information, advice, and guidance (IAG) services, tailored to young people's needs.

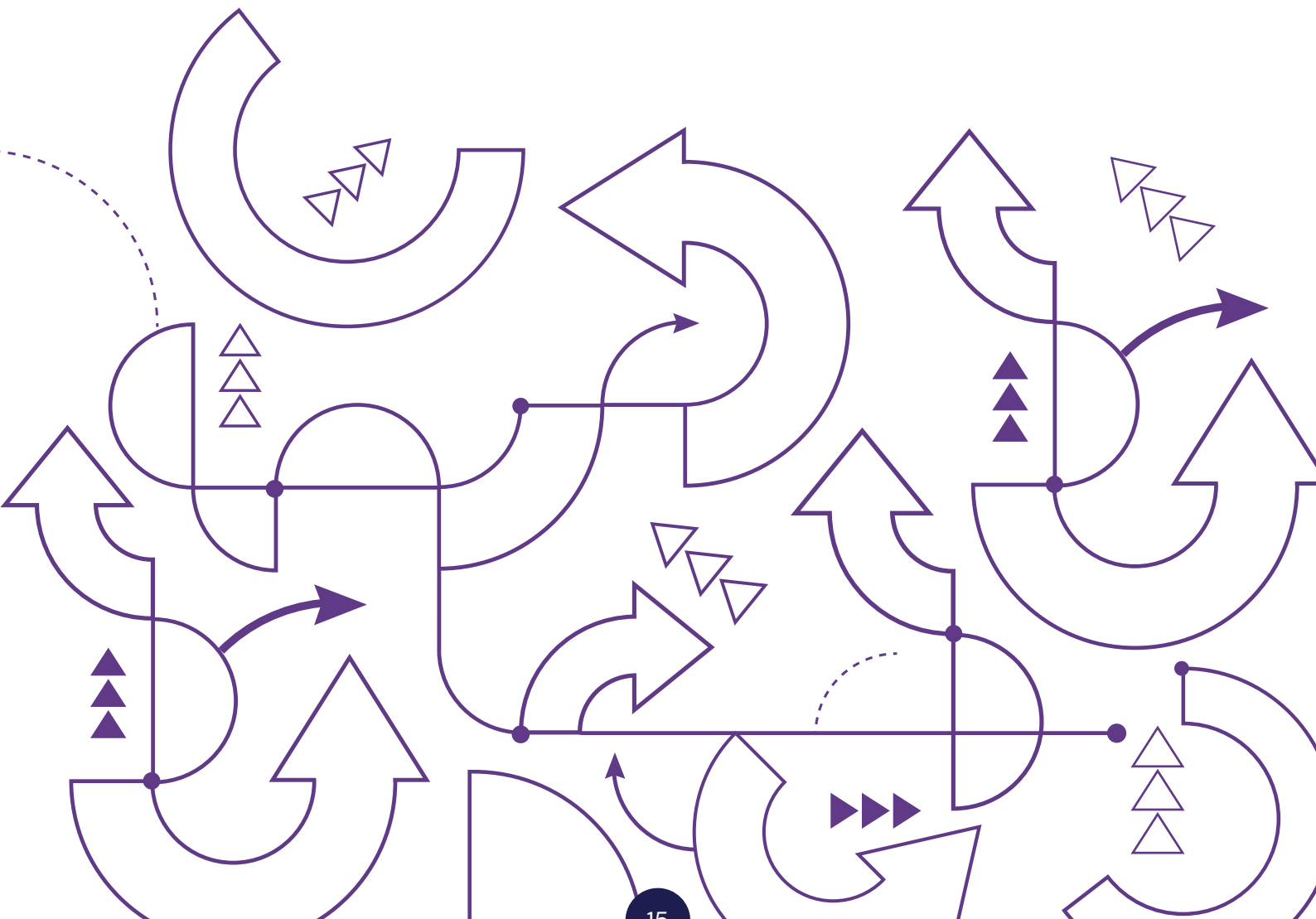
Specific Duties for Young People with SEN:

For young people with Special Educational Needs (SEN) or disabilities, local authorities have additional statutory responsibilities under the **Children and Families Act 2014**:

1. **Education, Health, and Care Plans (EHCPs):** Authorities must ensure that EHCPs include specific outcomes related to preparation for adulthood, including education, training, and employment. These plans must be reviewed annually and adapted to the individual's changing needs and aspirations.
2. **Securing suitable provision:** Local authorities must ensure that appropriate educational placements or training opportunities are available for young people with SEN. This includes making reasonable adjustments or providing specialised programmes to meet their needs.
3. **Transition planning:** They are required to support smooth transitions from school to post-16 education or training, involving the young person and their families in planning.

4. **Specialist support services:** Local authorities must ensure that SEND young people have access to additional services, such as careers advisers who specialise in SEN, and that resources are in place to overcome barriers to participation.
2. **Duty to promote participation:** Local authorities must work with schools, colleges, and training providers to promote participation among SEN learners and ensure they receive appropriate support to remain engaged in their chosen pathway.

These duties are designed to ensure that all young people, including those with SEN, have equal opportunities to develop their skills, access training, and transition successfully into adulthood.

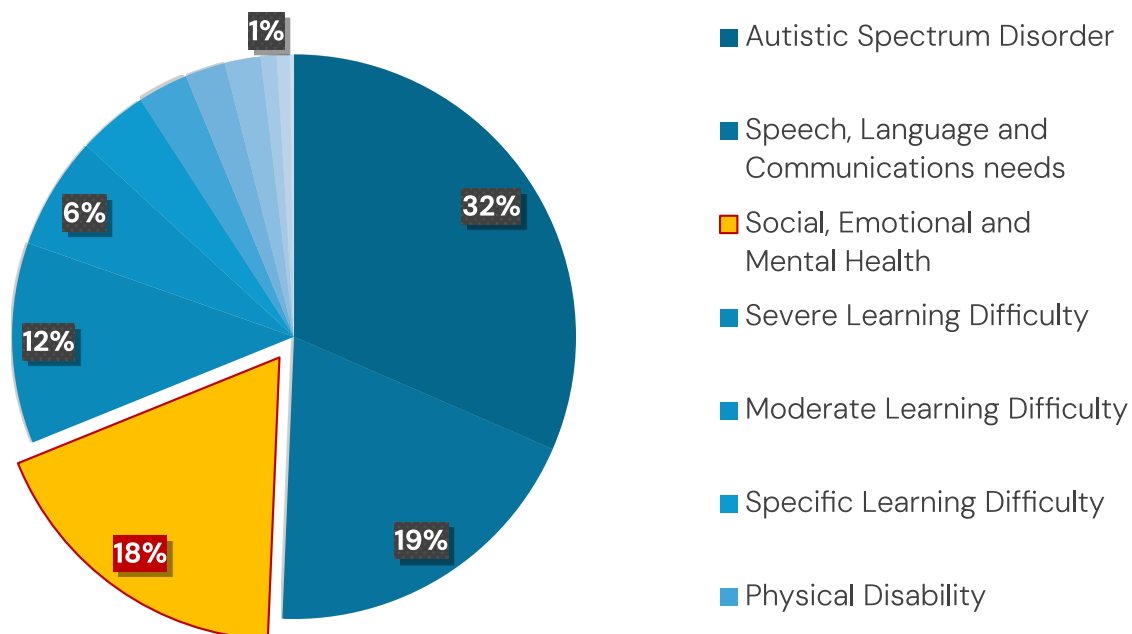


Part 1: The challenge – trends, drivers and risk of NEET

How has the number of young people with SEMH changed over the past 10 years?

In the available data used at the time of writing (January 2025), SEMH was the third most common primary need identified among young people with an EHCP, at 18%. Autistic Spectrum Disorder is, by some distance, the most common need identified, among 32% of those with an EHCP. Speech, Language and Communication needs is the second most frequent primary need identified at 19% (**Figure 1**).

Figure 1: Primary need identified among young people with an EHCP, sample local authorities, 2023/24



In the sample local authorities that we focused on in the Northwest, the number of young people with an EHCP has increased from **9,571** in 2016/17 to **22,474** in 2023/24 – an increase of 135% (**Figure 2**). In the same areas, over the same period, the number of young people with an EHCP who have SEMH as their primary support need increased from **1,346** to **3,899** – an increase of 190% (**Figure 3**). Over the same period, among young people with an EHCP, the proportion with SEMH as their primary support need has grown from around **10%** to **17%**.

The number of young people with SEN Support (i.e. requiring support with their schooling, but not the more intensive support of an EHCP), with SEMH as their primary support need, over the same period increased from 19,100 to 25,560 – an increase of 34% (Figure 4).

There is some variance in these increases between areas, but the overall upward trend is the same across all sample areas.

Figure 2: Number of school aged young people with an EHCP: data from DfE

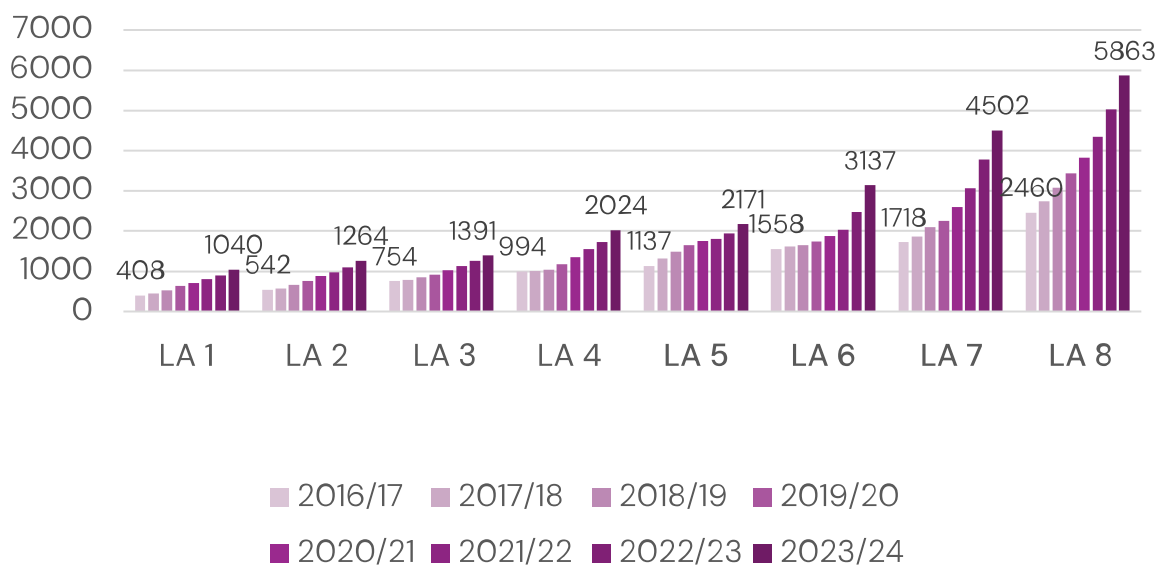


Figure 3: Number of school aged young people with an EHCP with SEMH as primary need identified.

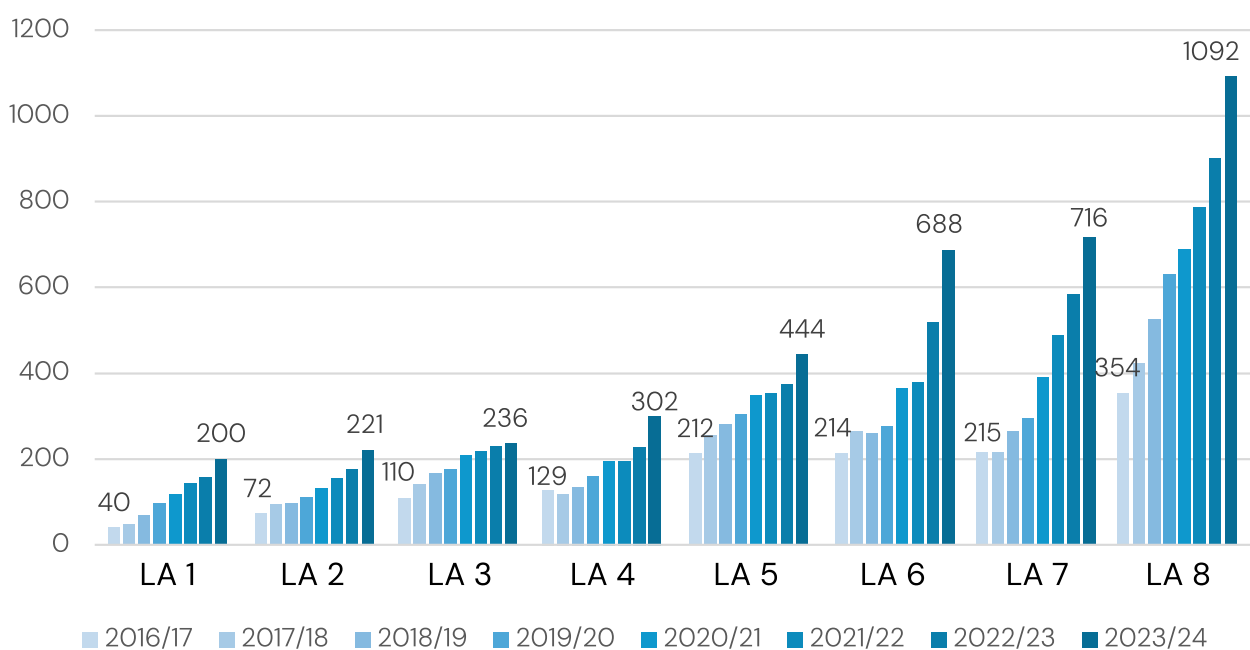
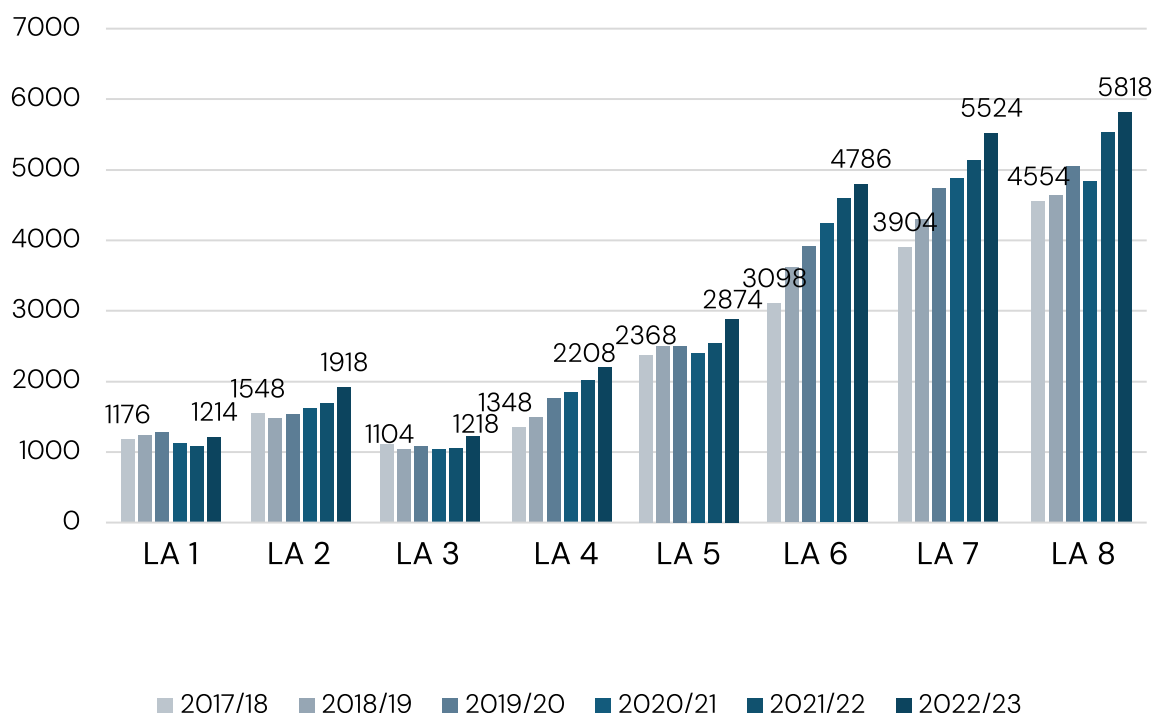


Figure 4: Number of school-aged young people with SEN Support for who SEMH is primary need identified.



Why are numbers rising?

The simple reason for the rapid and substantial increases over the past nine years is a rise in incidence of young people with SEND and, specifically, a rise in those with SEMH as their primary support need. In our view, however, although there is evidence of an increase in incidence of mental ill health among young people^[14], we think that there are other contributing factors.

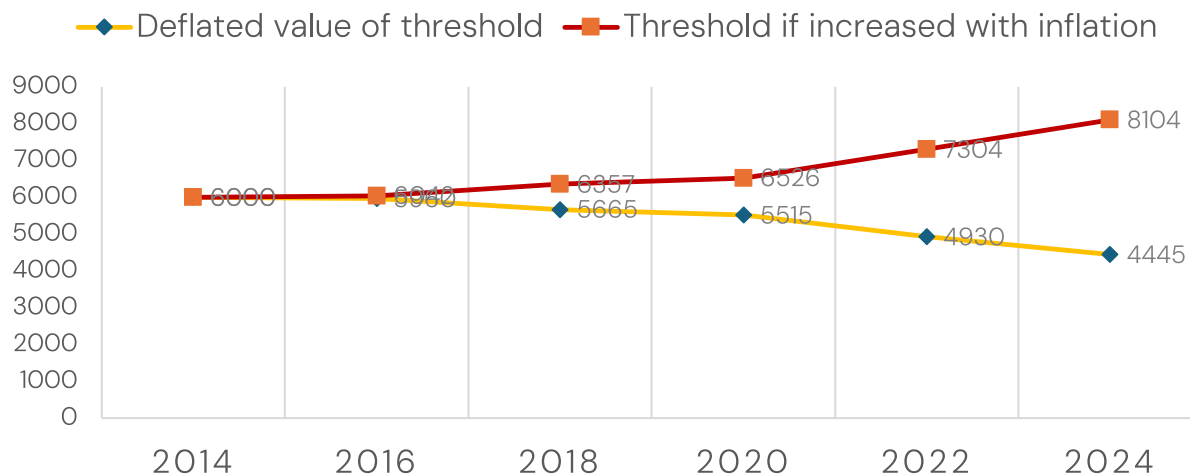
A recent report^[15] by the Institute for Fiscal Studies (IFS) makes a compelling case for the declining funding for schools to provide support for SEND young people being a significant factor in driving up the numbers of young people with an EHCP. Currently, there is £6000 threshold of support that schools are required to meet themselves, with funding needs beyond this requiring an EHCP to fund via local authorities.

The £6,000 funding threshold for schools has remained unchanged since 2014. Taking account of inflation since 2014, we estimate that £6,000 in 2014 has now declined in value to what would have been £4,445 in 2014. If the £6,000 threshold had kept track of inflation since 2014, it would now stand at £8,104 – a gap of £3659 per young person between this and the current value discounting inflation (**Figure 5**).

14. Research published last year by the Resolution Foundation highlights an increase in young people aged 18-24 reporting symptoms indicating they were experiencing a common mental health disorder (CMD). Between 2000 and 2022, this had grown from 24% to 34%. <https://www.resolutionfoundation.org/publications/weve-only-just-begun/>

15. Spending on Special Educational Needs in England: Something Has to Change, Institute for Fiscal Studies. <https://ifs.org.uk/publications/spending-special-educational-needs-england-something-has-change>

Figure 5: Threshold for schools funding of SEND support and inflation changes, 2014–2024.



A factor that we also think is playing a role, is raising awareness of mental ill-health among young people by young people themselves, by parents and by support services. This was mentioned at several points during interviews and focus groups, and has led to greater sensitivity to mental ill-health, increasing the likelihood of identification, assessment and service access. Evolving attitudes and policies around inclusion will continue to play a role in the number of young people that are recorded as having SEMH support needs. This means that, whatever the shortcomings within the system that act as a barrier to support being provided, it is possible that a greater proportion of young people with mental ill-health are being identified and receiving support than in earlier years.

In our view, it is necessary to consider all of these factors in order to formulate effective responses to the rapid and substantial rise in the number of young people with SEMH support needs. We need to better understand the complexity of issues that sit behind the rise in mental health incidence and any preventative actions that can be taken to address these. There is a need to continue to support the identification of mental ill-health among young people, and there is a very pressing need to look at how the funding of special needs support in schools can be reformed such that a greater number of young people are being supported when they need it.

As of June 2024, only 50% of EHCPs nationally are issued within the 20-week target set by DfE^[16]. This means that there are delays in many young people receiving the support that they need. There are substantial differences in the percentage meeting the 20-week target, both between different authorities, and within the same authority each year.

16. See DfE statistics at: [Education, health and care plans, reporting year 2024 – Explore education statistics – GOV.UK](https://explore-education-statistics.gov.uk/)

What is the relative risk of young people with SEMH support needs being NEET during year 12?

Various analyses conducted on available data have highlighted young people with SEND as being at higher risk of NEET, and the Youth Futures Foundation data dashboard^[17] identifies SEND as one of the key risk factors that increase likelihood of being NEET between the ages of 18–24. Guidance issued by DfE in 2025^[18] points to SEND as being one of the common factors that local authorities use (and should use) in assessing risk of NEET (RONI) for the purpose of targeting additional support.

We looked at data on young people during their transition from Year 11 to Year 12 for the year 2022/23. We looked at their experiences with education and training in Year 12 and, specifically, whether they had spent any time outside of education and training, i.e. NEET. We looked at this data for five groups:

- i) Young people aged 16–17 without an EHCP and who were not receiving SEN Support (n=14,025)
- ii) Young people aged 16–17 who were receiving SEN Support (n=675)
- iii) Young people aged 16–17 who have an EHCP for any reason (n=1600)
- iv) Young people aged 16–17 receiving SEN Support for who SEMH is identified as a support need (n=675)
- v) Young people aged 16–17 with an EHCP for who SEMH is identified as a support need (n=441)

We found that the proportion of young people who experienced any time NEET during Year 12 increases in accordance with each of those factors (Figure 6). Just under 8% of young people without an EHCP or SEN Support had spent any time NEET in Year 12. This increases to 12.9% for those young people who had received SEN Support. It increases further to 19.2% for young people who had an EHCP for any reason. The addition of SEMH as a support need for those receiving SEN support increased the % NEET in Year 12 to 25%. The addition of SEMH as a support need for those with an EHCP increased the % spending time NEET in Year 12 to 39%.

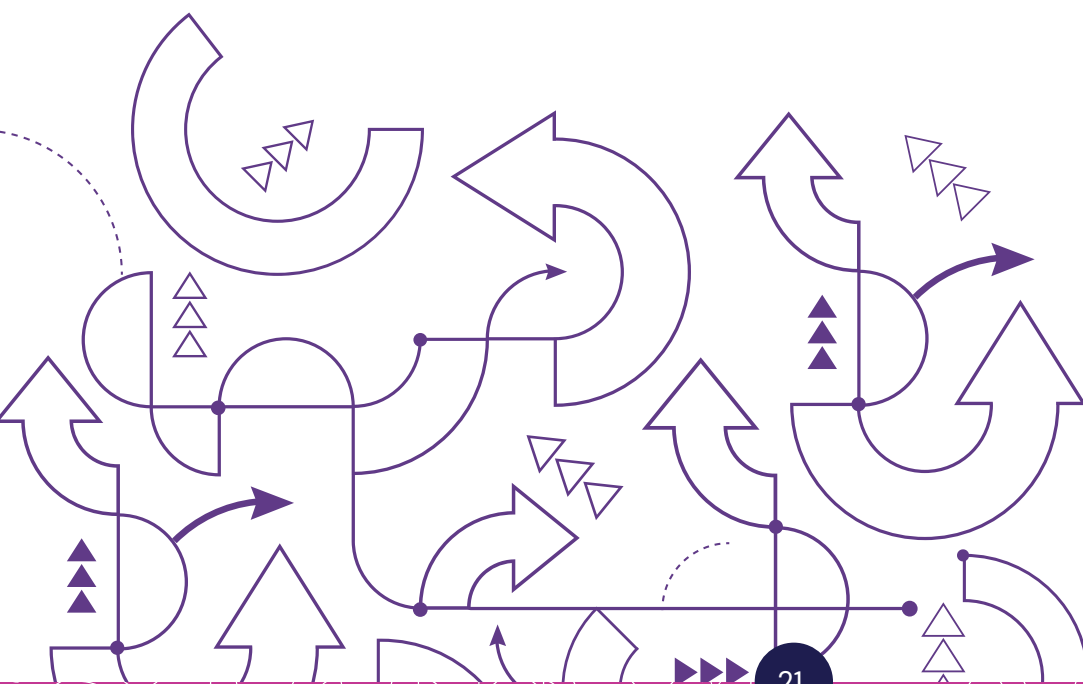
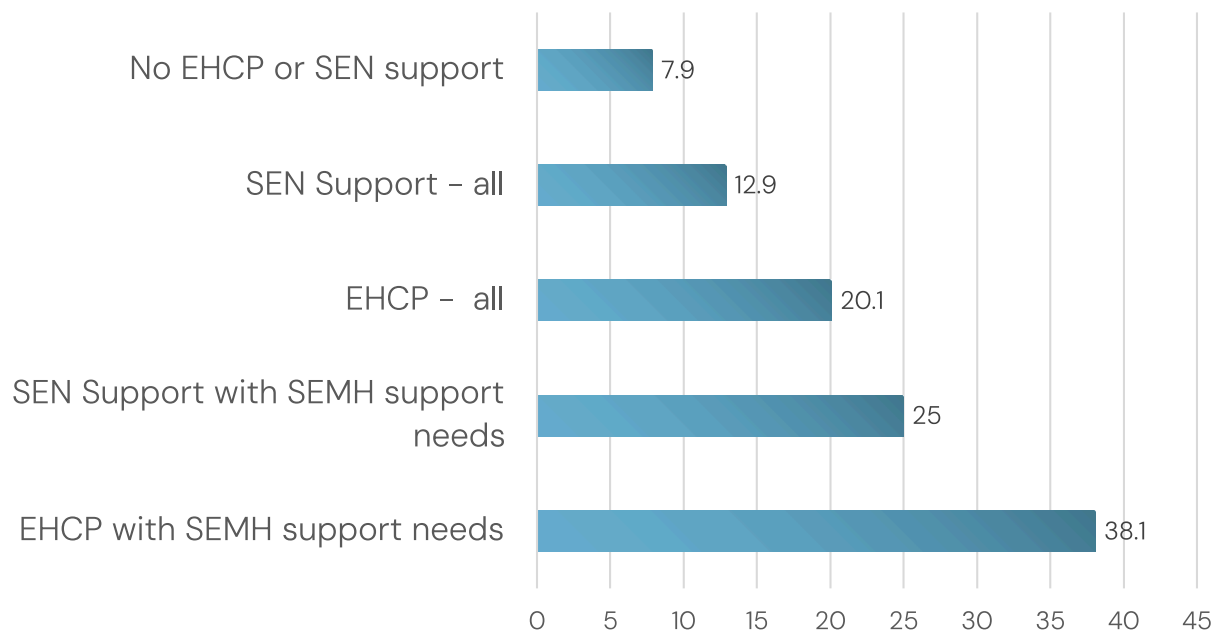
In simple terms, young people with an EHCP and an SEMH support need are five times more likely to experience time spent NEET in Year 12 compared with young people with no EHCP or SEN Support.

This is a concern in itself, but more so when one considers the rapid expansion in the size of this group over the past five to ten years and the likely continued expansion of this group.

17. See <https://data.youthfuturesfoundation.org/>

18. See DfE 'Identifying and supporting young people at risk of NEET' (2025). [Identifying and supporting young people at risk of NEET - GOV.UK](#)

Figure 6: % of young people spending any time NEET in the past 12 months



Part 2: Understanding the reasons why risk of NEET is so high for young people with SEMH support needs

In this section we identify and report on the factors that are perceived to be contributing to this very high number of young people with SEMH support needs who are spending time NEET. This comes from interviews with young people, careers advisers, local authority staff with a responsibility for SEN services, FE colleges, and specialist training and education providers for young people with SEMH support needs. We identify four main themes from these conversations, and these are detailed below. Each theme has a number of specific issues, and some issues are multi-dimensional. We have broken these down and presented them separately for ease of understanding. The underpinning issue is that for all of the themes and issues is that the rapid and substantial increase in the number of young people with SEMH needs requiring support is overwhelming all parts of the system: from identification, to transition support, to the availability of education and training provision that meets needs. Any solutions that do not address this fundamental underlying issue are unlikely, in our view, to be successful in reducing NEET and improving outcomes over the longer term.

Theme 1: Inequitable access to tailored IAG support during transition periods for young people with SEMH needs

Issue A: Systemic fragmentation and geographic disparities in IAG (Information, Advice, and Guidance) provision create a "postcode lottery" of support for young people with social, emotional, and mental health (SEMH) conditions during critical transition phases. The timing, quality, and continuity of services vary significantly across schools and local authorities, disproportionately impacting vulnerable or high-risk individuals.

This issue has several dimensions:

- i) **Fragmented Service Delivery:**
 - IAG support lacks a cohesive, nationally consistent framework, leading to disjointed pathways between education, employment, and adult services. Schools and local authorities operate under differing priorities, resourcing levels, and interpretations of statutory guidance.
 - Vulnerable young people can fall through gaps when transitioning between systems (e.g., school to college, education to work), exacerbating their anxiety and disengagement.

ii) Geographic Inequality:

- Access to specialised SEMH support can often depend on school funding or local authority policies. Two young people with identical SEMH needs may receive very different levels and type of support.

iii) Variable Quality and Timing:

- Proactive, early-intervention models are not the norm. Many schools lack capacity to provide sustained, one-to-one IAG tailored to SEMH needs, while others rely on overstretched external agencies with long waitlists.
- High-risk youth (e.g., those excluded from school, in care, or with overlapping needs like neurodiversity) are least likely to receive timely, culturally competent support.

Issue B: The current model, which channels professional Careers IAG (Information, Advice, and Guidance) exclusively through schools, fails to reach a growing population of young people outside traditional schooling — many of whom have unidentified or unmet social, emotional, and mental health (SEMH) needs. This structural gap perpetuates inequity, leaving marginalised groups without critical transition support.

i) Exclusion of elective home-educated youth:

- Rising numbers of families opt for home education, a decision often taken due to feeling that the school does not have the ability to meet SEMH needs (see Figure 7 for DfE data). These young people face a “double disadvantage”: they lose access to SEN Support and cannot obtain EHCPs unless linked to a school. Even pre-existing EHCPs are rarely updated, limiting post-16 opportunities.
- Despite evidence linking elective home education to SEMH risks, there is **no statutory duty** for schools or local authorities (LAs) to provide Careers IAG to this group. While some LAs include them in NEET prevention strategies, approaches are ad hoc and unevaluated.

ii) Fragmented support for specialist education settings:

Young people in a dual placement — splitting time between mainstream “parent schools” and specialist providers (e.g., for SEMH needs) often miss Careers IAG. The lead school retains the statutory responsibility but can often struggle to deliver consistent support, particularly when students spend significant hours off-site (e.g., 18+ hours weekly).

iii) Invisible crisis of disengaged learners:

- Persistent absenteeism and temporary exclusions disproportionately affect young people with SEMH needs, severing their access to Careers IAG during pivotal transitions (see Figure 8 for DfE data). These learners are often “off the radar,” with no formal mechanism to reconnect them to support.

Figure 7: Number of electively home educating young people, Autumn 2022–Autumn 2024, eight local authorities

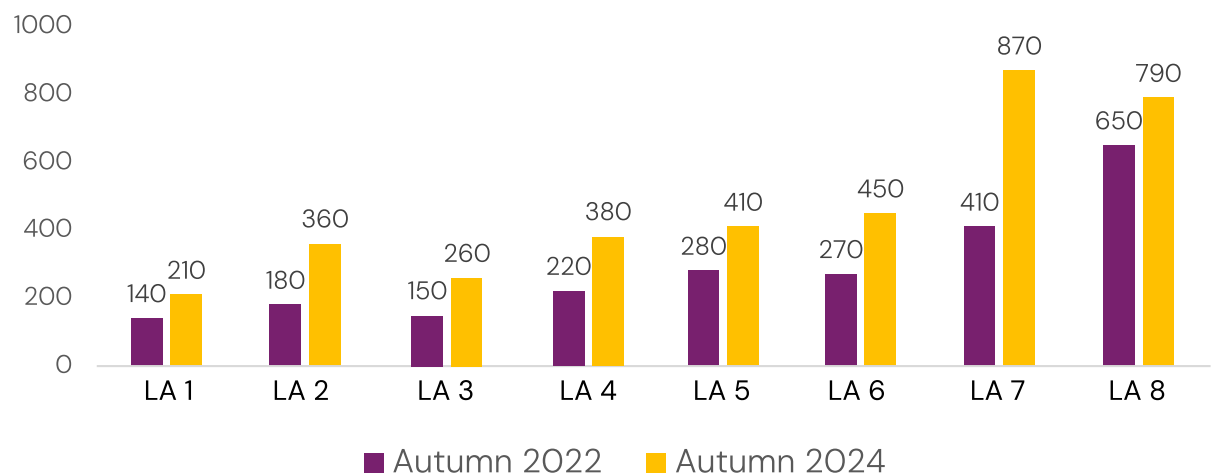
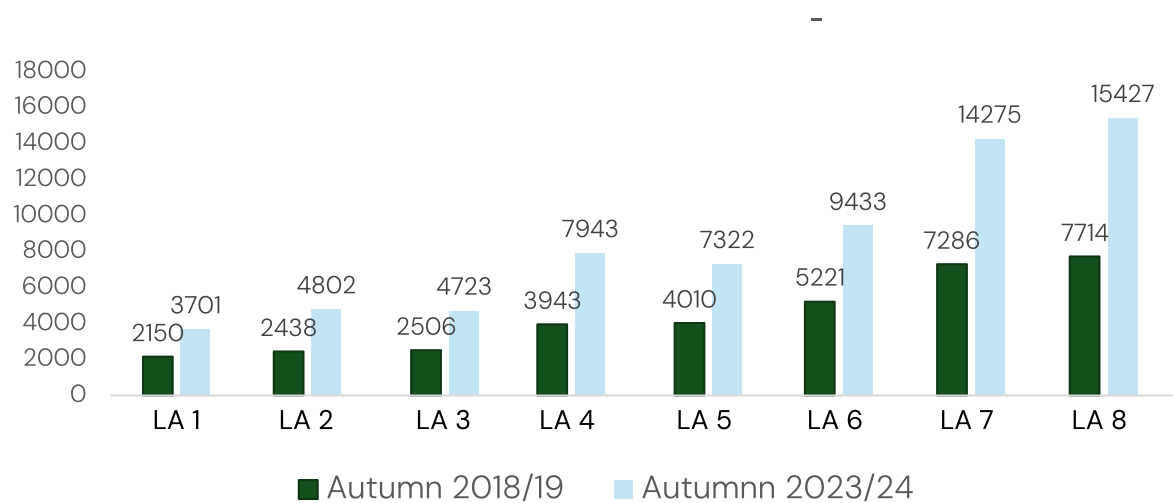


Figure 8: Persistent absenteeism, 2018/19 and 2023/24, eight local authorities.



Issue C: Access to vital support for young people with SEMH needs is contingent on obtaining an EHCP. However, the likelihood of securing an EHCP—and the timeliness of support—varies dramatically across schools, local authorities, and even year groups, creating a postcode and time-bound lottery for vulnerable learners.

i) Inconsistent EHCP approval rates:

- Schools and local authorities apply inconsistent thresholds for EHCP eligibility, with approval rates potentially influenced by fluctuating budgets, staff capacity, and regional policy interpretations. This inequity leaves many SEMH young people without legally mandated support, even when needs are severe.

ii) Outdated funding frameworks:

- Schools must cover the first £6,000 of SEMH support from their budgets—a threshold unchanged since 2014. Inflation has eroded its real-term value by approximately 30%, forcing schools to ration support or delay EHCP applications to access additional funding.

iii) Chronic delays in EHCP provision:

- Despite a statutory 20-week target for EHCP issuance, delays are widespread. Prolonged waiting times exacerbate SEMH needs, leaving young people potentially in crisis without timely interventions.
- Delays disproportionately impact marginalised groups, including those in alternative provision or from low-income families, who lack resources to navigate bureaucratic hurdles.

Theme 2: Access to post-16 provision that is aligned with need

Issue A: A critical mismatch exists between the growing population of young people with SEMH needs and the shrinking availability of post-16 education and training pathways tailored to their aspirations and learning requirements. This gap denies learners with SEMH needs equitable access to meaningful progression opportunities, trapping many in cycles of disengagement.

i). Decline in flexible, supportive pathways:

- Traineeships, apprenticeships, and pre-employment "taster" programmes have declined substantially over the past decade. Mainstream Further Education (FE) colleges, already oversubscribed, frequently withdraw offers to learners with SEMH needs due to capacity limits or an inability to meet EHCP-mandated support.
- Supported internships, a lifeline for young people with SEND, are scarce for students with SEMH needs. Providers often prioritise physical or cognitive disabilities, viewing SEMH needs as "too complex," despite evidence of untapped potential.

ii) Gatekeeping via EHCPs:

- Specialist SEMH provision (e.g., therapeutic colleges, vocational programmes) is contingent on EHCP access, which is inconsistently granted. This creates a "two-tier system": those with EHCPs access tailored support, while others—often with equally severe needs—are excluded due to bureaucratic inequities.
- Post-16 opportunities become path-dependent, determined by a young person's school or local authority rather than their needs or ambitions.

iii) Fragmented accountability:

- No statutory duty ensures continuity of support for learners with SEMH needs post-16. Colleges, employers, and training providers lack incentives (or resources) to adapt provision for SEMH needs, perpetuating a "cliff edge" at age 16.

Issue B: While mainstream FE colleges offer examples of excellence in supporting young people with SEMH needs, systemic barriers—including rigid structures, under-resourced staffing, and outdated enrolment practices—prevent consistent, scalable provision for this growing cohort. Many learners disengage due to environments ill-suited to SEMH needs, perpetuating cycles of exclusion.

i) Unsupportive learning environments:

- FE settings can often replicate the stressors young people with SEMH needs found overwhelming in schools: overcrowded classes, inflexible attendance policies, and staff untrained in trauma-informed practices. This "school-like" rigidity fails to accommodate fluctuating mental health needs, leading to disengagement.

ii) Staff not trained to work with learners with SEMH needs:

- Colleges can struggle to maintain an adequate number of specialist trained staff, leaving learners with SEMH needs short of tailored support. Generic pastoral care often replaces skilled interventions.

iii) Outdated enrolment systems:

- Fixed September entry deadlines disadvantage learners who access IAG support late or require extended assessments. Rolling admissions, staggered starts, or mid-year transitions are rarely available, excluding vulnerable youth from timely opportunities.
- Very few virtual learning options exist for students with social anxiety or agoraphobia, despite increasing demand.

iv) Exclusionary academic barriers:

- Reliance on formal qualifications for course entry disproportionately excludes SEMH learners, many of whom lack exams due to disrupted schooling. Foundational courses, designed as alternatives, often misalign with their academic potential.

i) Innovation deficit:

- Developing flexible, SEMH-friendly pathways (e.g., hybrid learning, modular courses) is hindered by bureaucratic complexity, funding uncertainty, and risk aversion.

ii) Data-driven crisis:

- Local authority data reveals 36.8% of young people with SEMH transition from FE to NEET status.

Issue C: Education and training provision for young people with SEMH needs frequently disregards their lived experiences and insights. Despite possessing clear, actionable ideas for improving services, young people with SEMH needs are rarely consulted in the design or evaluation of programmes—a failure that fuels disengagement and perpetuates cycles of dropout and exclusion.

i) Tokenistic or absent consultation:

- Young people with SEMH report being "invisible stakeholders" in systems meant to serve them. Few have ever been asked for feedback, and fewer still participate in co-designing provision. This exclusion persists despite their unique expertise in navigating SEMH-related challenges.

ii) Missed opportunity for relevance:

- Young people's input could address critical flaws in provision, such as inflexible timetables, inappropriate pastoral support, or mismatched vocational pathways. Without their perspectives, services risk reinforcing the same stressors that drive disengagement (e.g., rigid attendance policies, untrained staff).

iii) Structural barriers to participation:

- Existing feedback mechanisms (e.g., surveys, focus groups) are often inaccessible to SEMH learners. Anxiety, distrust of institutions, or communication differences (e.g., neurodiversity) are rarely accommodated, silencing those most impacted by design flaws.

Thematic area 3: Systemic barriers to holistic health and wellbeing support.

Core Issue: Young people with social, emotional, and mental health (SEMH) needs face profound, systemic obstacles in accessing timely, tailored health and wellbeing services. Chronic underfunding, fragmented systems, and a "crisis-only" approach leave many without critical support, undermining their capacity to engage with education, training, and future opportunities.

i) Crisis-driven, exclusionary access:

- Many can wait **up to two years** for initial mental health assessments, with treatment delays stretching far beyond. Early intervention—proven to mitigate long-term harm—is often impossible, worsening conditions like anxiety, depression, or trauma.
- Services can frequently reject young people with "moderate" or emerging needs, operating on a "severe or nothing" threshold. This forces young people to deteriorate before receiving help, increasing risks of self-harm, school exclusion, or disengagement.

ii) Mismatched, adult-centric services:

- Provision is rarely designed for adolescents' developmental, social, or emotional needs. Adult-oriented therapies, clinical environments, and communication styles alienate young people with SEMH needs, reducing engagement and efficacy.
- Conditions like complex trauma, attachment disorders, or neurodiverse-affirming care can be overlooked, leaving gaps in culturally competent support.

iii) Fragmented systems, siloed responsibility:

- Poor coordination between, GPs, CAMHS (Child and Adolescent Mental Health Services), schools, and social care can create a "postcode lottery" of care. Families report repeating traumatic histories to multiple professionals, with no single agency accountable for holistic support.
- Schools often act as de facto mental health responders despite lacking training or resources, further straining education providers.

iv) Stigma and Accessibility Barriers:

- Fear of judgment, confusion about navigating services, and distrust in "formal" systems deter help-seeking. Rural areas and marginalised groups (e.g., LGBTQ+ or care-experienced youth) face compounded barriers due to limited local provision.

Summary of key points on reasons why SEMH young people face higher rates of NEET.

Young people with SEMH needs are disproportionately affected by structural failures across education, health, and employment systems, leaving them particularly vulnerable to becoming NEET. A major factor is the inequitable access to tailored transition support, including careers guidance. Fragmented and geographically inconsistent provision creates a "postcode lottery" in the availability and quality of Information, Advice, and Guidance (IAG). Many SEMH learners—especially those outside mainstream schooling or with irregular attendance—are entirely excluded from careers support, with no statutory mechanism to reach them.

A second key issue is the mismatch between available post-16 pathways and the actual needs of SEMH learners. Flexible, supportive routes such as pre-apprenticeships, supported internships, and vocational programmes have declined sharply or ceased completely. Access to what remains is often contingent on having an EHCP (Education, Health and Care Plan), which many SEMH learners either struggle to obtain or wait too long to receive. FE colleges can lack the capacity, training, or incentives to provide appropriate support, resulting in disengagement, dropout, or rejection from mainstream pathways. Fixed enrolment systems, lack of virtual options, and exclusionary entry criteria further compound the problem.

Third, learners with SEMH needs are frequently excluded from having a say in the design and delivery of education and training services. Their lived experiences are rarely sought, and when feedback mechanisms exist, they are often inaccessible due to anxiety, neurodiversity, or systemic distrust. As a result, provision often feels alienating or irrelevant, reinforcing the very barriers that lead young people to disengage from education or employment.

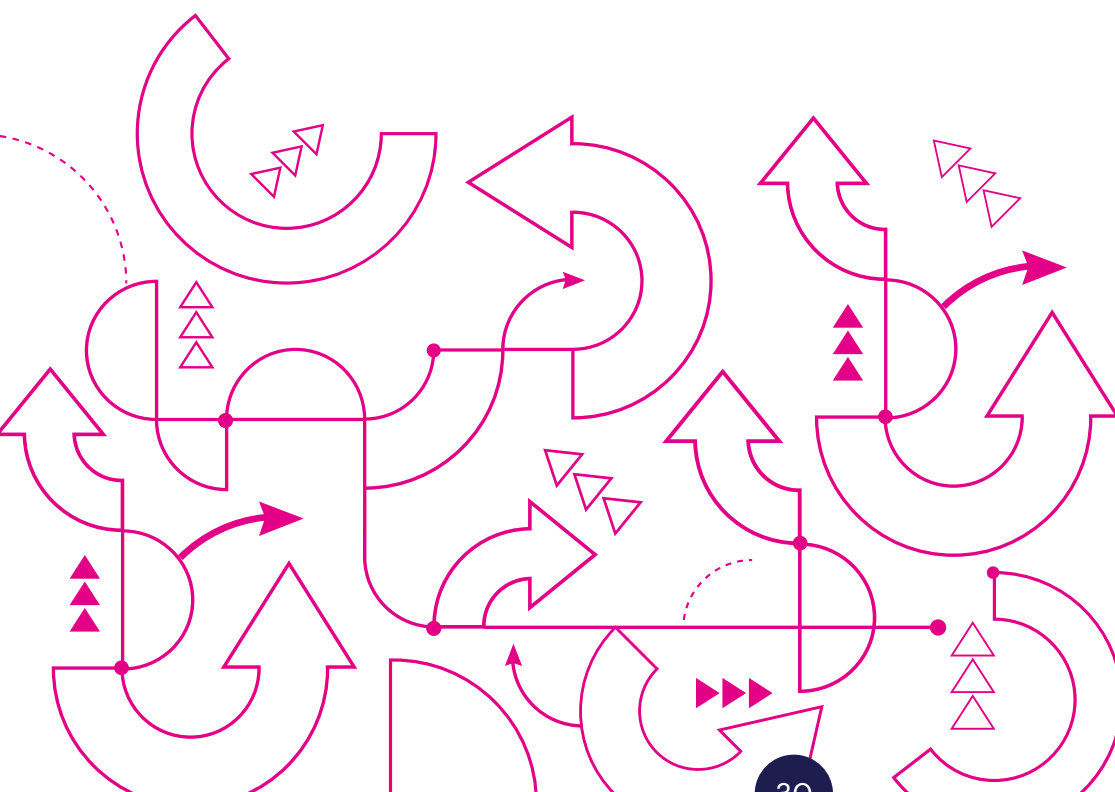
Underlying all of these challenges is a critically overstretched and crisis-driven mental health system. Young people face long waits for assessments and are frequently denied support unless their condition is deemed severe. Services are often adult-oriented and disconnected from schools or youth settings, creating further fragmentation. This lack of holistic, early support undermines the ability of learners with SEMH to sustain engagement with education and training and exacerbates their risk of becoming NEET.

Ultimately, unless systemic capacity is expanded to meet the growing SEMH population—with joined-up approaches informed by young people across education, careers, and health—interventions will continue to fall short. The current system fails to identify and support SEMH needs early enough, leaving too many young people isolated, underserved, and excluded from meaningful post-16 progression.

Part 3: What does good practice and good provision look like?

Here we look at what is currently working in terms of providing young people with SEMH support needs with the guidance and opportunities that they need for a pathway to employment.

We have approached this through creating two personas; composites of young people taken from our conversations with young research participants with SEMH conditions. We then pull out the key themes relating to what is it that makes for effective support and practice.



Amy

I'm Amy and I'm 16 years old. School was not good for me. I would feel overwhelmed when I was in a classroom. It was noisy and there were so many people around so I found it hard to concentrate and my mind would just start thinking of loads of other different things at once and this would make me feel really anxious, I couldn't concentrate. I would try and use some techniques to help with my anxiety, you know like taking five minutes on my own, but this was seen as disruptive and the teachers would end up just sending me to isolation. This was for the teachers not me. It didn't help. I was left alone struggling with regulating my emotions and felt like I was falling further behind with my learning. I just needed a quiet space, and someone to take the time to get to know me, listen to me and understand me so I can reach my goals like any young person would want.

I am at a specialist college now, and I really like it here, I haven't missed a day! The staff are amazing, I feel like people actually get me, this makes it so much easier for me to engage with the activities and learning here and I feel more confident. I don't have to try and explain myself and what I mean. The staff take the time to listen and help, also it's not about strict rules here there is leeway not like in my old school, it feels like everyone is equal here which means I feel comfortable to have a say and actually feel a part of something with everyone else. We all respect and appreciate that we have different needs, and that's what makes it here, we understand each other and can help each other.

So now I am doing an accredited course, and I have been supported with work experience! I really am enjoying my course, the staff here really helped me to find something I am really interested in, I get to learn at my own pace in my own way that is right for me, and I am now getting closer to achieving my goals and I am proud of myself.

Charlie

I'm Charlie, I'm 17 years old. When I was at school it was okay for me, don't get me wrong, some days would be hard, but you know what, the teachers were there for me and because they had been able to take the time to get to know me and understand me they would adjust their teaching or even just how they spoke to me in a way that worked so I could learn. But I know this wasn't the same for everyone at school. Some of my friends didn't have the kind of support I did.

When I finished school, I enrolled in a BTEC course at my local college because I've always been into Science and really wanted to learn more about it, I thought this was something I could do even after college! When I got there though, everything felt off, the college was huge and there was so much stuff going on I just didn't know which way to turn, I missed the one-to-one support I used to get in school. I would feel overwhelmed and anxious and just felt lost and unsupported. I just couldn't see how I could succeed here how I knew I could, so I had to leave because despite me trying it just wasn't working for me.

I'm at another education provider now, and honestly the support here isn't just about the academics it's about understanding how I feel too. They get me, and this has even helped boost my social skills. The important thing I have learned is that just because I learn in a different way and need some extra support and guidance, and having a EHCP it doesn't mean I'm not aiming for a challenging academic pathway, and I know that I can tackle these goals. What's best for me is an environment that fits my learning style and supports my ambition., Needing extra help doesn't mean I want a different future – it just means, I need the right kind of support to thrive.

Theme 1: Personalised coaching for transition support

A dedicated coach or mentor is crucial in guiding SEMH young people through educational transitions, offering tailored support to navigate academic and emotional challenges. This consistent, one-on-one relationship helps prevent overwhelm, builds resilience, and fosters confidence by setting realistic goals and proactively addressing barriers. Regular check-ins accommodate non-linear journeys, allowing adjustments and celebrating progress, which sustains engagement and accountability. Such personalised guidance is vital for young people with SEMH needs, who often require intensive support to develop long-term skills and self-belief.

Theme 2: Small group learning environments

Small-group settings reduce intimidation and sensory overload, creating a collaborative space where young people with SEMH needs feel comfortable participating. Educators can tailor activities to individual paces, ensuring inclusivity, while peer interactions foster community and mutual support. Optimal group size (neither too large nor too small) balances dynamic collaboration with individual attention, enhancing both academic outcomes and emotional well-being. This environment is particularly beneficial for those averse to noisy classrooms, promoting accessibility and confidence.

Theme 3: Hybrid learning flexibility

Hybrid models blend virtual and in-person learning, offering flexibility for young people with SEMH needs, managing health issues, anxiety, or care responsibilities. Online platforms enable self-paced study, accommodating part-time work or family duties, while face-to-face sessions enrich learning through hands-on activities and social interaction. Successful implementation requires reliable technology and digital literacy support to ensure equity. This balance empowers students to take ownership of their education while maintaining vital peer and tutor connections.

Theme 4: Adaptive break systems

Flexible break policies counteract rigid schedules, preventing burnout and enhancing focus. Self-directed breaks allow learners with SEMH to recharge, fostering self-regulation and independence. Structured pauses, such as mindfulness or movement, can be integrated into lessons to reset concentration and reduce tension. Trusting students to manage their time demonstrates respect, modelling healthy coping strategies and improving academic performance without over-policing.

Theme 5: Specialised teacher training

Educators trained in SEMH strategies—trauma-informed practices, de-escalation, and personalised accommodations—create safer, inclusive classrooms. Understanding individual triggers and strengths reduces stigma, framing behaviours as communication rather than defiance. Regular collaboration between staff, students, and support services ensures consistent adjustments (e.g., quiet spaces, modified deadlines). Skilled teaching transforms classrooms into environments where young people with SEMH needs thrive academically and emotionally, empowered by trust and active listening.

The following are providers and initiatives that we came across during this research that embody one or more of the principles of good practice identified by young people with SEMH support needs:

- O161 Project, Manchester
- Navigators, Manchester
- SWRAC, Sefton
- Hugh Baird College (Engage project), Sefton

This is not an exhaustive list, and we heard of many others that had promising components, but these were the ones that we looked at in detail.

Conclusions

This research synthesizes multiple data sources to explore five critical questions concerning the transition from school to post-16 education and training for young people with SEMH needs.

The findings reveal a stark and urgent reality: young people with SEMH needs face disproportionately high risks of becoming NEET, driven by systemic issues in funding, provision, and coordination of services.

Nearly twice the proportion of SEMH students with EHCPs spend time NEET in Year 12 compared to peers with other EHCP categories, and five times more than those without EHCPs, underscoring the scale of the crisis.

Rising demand and fragmented support

The number of EHCPs issued for SEMH needs has increased by 293% since 2015/16, placing immense pressure on a system already weakened by real-terms funding reductions. Schools must cover the first £6,000 of SEND support, a threshold unchanged since 2014 and now equivalent to just £4,445 in inflation-adjusted terms. As a result, they increasingly rely on EHCPs to access necessary funding, compounding delays in the process. These challenges align with findings from the Education Policy Institute (2021), which highlights inconsistent identification and prolonged EHCP timelines, with nationally only 50% of plans issued within statutory deadlines.^[19] The National Audit Office (2021) estimates a £3.3 billion deficit in high-needs funding,^[20] contributing to widespread service rationing and unmet needs.

Barriers to mental health and education access

Fragmented access to mental health services compounds these difficulties. According to the Children's Commissioner (2022), 60% of young people with diagnosable mental health conditions do not meet CAMHS thresholds^[21]. In the absence of clinical support, schools are left to manage complex SEMH needs—often without appropriate training or resources. The University of Oxford (2020) reports that only 30% of teachers feel confident in supporting learners with SEMH needs, citing barriers such as workload and lack of specialist knowledge.^[22] This skills gap is critical, given that young people with SEMH account for 44% of all permanent exclusions.^[23]

19. Education Policy Institute (2021), SEND in England: Identifying, Assessing and Supporting Children with Special Educational Needs and Disabilities.

20. National Audit Office (2021), Support for Pupils with Special Educational Needs and Disabilities in England.

21. Children's Commissioner for England (2022), A Head Start: Early Support for Children's Mental Health.

22. University of Oxford (2020), Supporting Children with SEMH needs: Teacher Confidence and Barriers.

23. Education Policy Institute (2019), Unexplained Pupil Exits from Schools.

Inequities in provision and outcomes

The lack of bespoke suitable post-16 education and training options further entrenches disadvantage. While effective models—including part-time learning, virtual classrooms, small-group instruction, and supported internships — do exist, their availability is highly limited, especially for young people without EHCPs.

Transition planning is hampered by fragmented collaboration between schools, FE colleges, and local authorities, with no single agency accountable for long-term outcomes. Ofsted and CQC SEND area reviews (2018) describe a "postcode lottery" in the quality of SEMH support, with students in disadvantaged regions facing the most significant inequities.^[24]

Disengagement and systemic failures

A growing trend of disengagement — evidenced by rising levels of persistent absenteeism, elective home education, and exclusions — reflects a systemic failure to provide tailored outreach. The Education Policy Institute (2024) notes that 6% of Year 11 students experienced unexplained school transfers, with young people with SEMH needs and pupils from Black ethnic backgrounds disproportionately affected.^[25]

These vulnerabilities are compounded by the "cliff edge" of support after age 18, when structured services often vanish, leaving young adults exposed to economic and emotional instability (Children's Commissioner, 2022).^[26]

24. Ofsted and Care Quality Commission (2018), Local Area SEND Inspections: One Year On

25. Education Policy Institute (2024), Transitions and Trajectories: Vulnerable Youth Post-16.

26. Beyond the labels: A SEND System Which Works For Every Child, Every Time:

<https://assets.childrenscommissioner.gov.uk/wpuploads/2022/11/cc-beyond-the-labels-a-send-system-which-works-for-every-child-every-time.pdf>



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