Adolescent (11–19 years)

Joint Strategic Needs Assessment (JSNA) Profile

September 2026

Profile Information	
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Nottingham City Council

Contents

Contents 2
Why is this topic important? 3
Scope of this profile 3
Health and wellbeing – overview 4
Nottingham picture and how we compare 5
Emotional wellbeing and mental health 7
Demand for support, and who is accessing it 9
Transitions between childhood and adulthood 11
Safeguarding, exploitation and youth violence 14
Education, participation and NEET 15
Policy and guidance 21
Evidence summary: what works 23
Community and service user views 24
What we are doing: services, assets, system pathways 26
Opportunities for improvement and future development 29
Acknowledgements and references 34
Glossary 35
Appendix A: Data tables 37

Why is this topic important?

To reduce inequality and inequity

Adolescence is a critical period that shapes lifelong health, wellbeing and future opportunities. Around 50% of lifetime mental health conditions emerge by age 14 and 75% by age 24, highlighting the importance of prevention and early intervention.

In Nottingham, deprivation, poverty, care experience, SEND and neurodivergence disproportionately affect the same young people and communities, contributing to poorer outcomes across health, education and employment. Reducing these inequalities through targeted, equitable support is essential to improving life chances and ensuring every young person can thrive.

Policy, guidance and evidence

National policy recognises adolescence as a critical period for prevention, early intervention and improving lifelong outcomes. The Healthy Child Programme, NHS Long Term Plan, SEND reforms and contextual safeguarding guidance all emphasise promoting emotional wellbeing, reducing inequalities, supporting successful transitions and providing joined-up, person-centred care.

Locally, Nottingham's Joint Health and Wellbeing Strategy, Children and Young People's Plan, SEND Strategy and Violence Reduction Partnership share these priorities, with a focus on improving emotional wellbeing, strengthening transitions, tackling inequalities and ensuring young people receive the right support at the right time.

Key services and assets/ identified pressure points or gaps

Nottingham has a broad range of services supporting adolescents, including School Nursing, Mental Health Support Teams (MHSTs), CAMHS, Early Help, Youth Services, SEND and Safeguarding Partnerships.

However, provision is not always well integrated across health, education and social care, particularly during the transition to adult services. Young people also report low awareness of available support, highlighting the need for clearer pathways and more joined-up services

Preparing for the future

Demand for emotional wellbeing, mental health, SEND and safeguarding support continues to increase, with many young people experiencing multiple and increasingly complex needs. At the same time, rising levels of poverty, school absence, neurodivergence and care experience are placing additional pressure on services.

Future priorities include strengthening integration across health, education and social care; improving transitions into adult services; sustaining investment in prevention and early intervention; and targeting support towards the most disadvantaged communities to reduce inequalities. There is also a need to make better use of data, evidence and young people's voices to inform commissioning, evaluate impact and ensure services remain responsive to changing needs.

Scope of this profile

This profile was scoped and agreed by the Adolescent JSNA Steering Group in February 2026 (project plan version 3). It assesses the health and wellbeing of young people aged 11 to 19 in Nottingham, extended to 25 for young people with special educational needs and disabilities (SEND). Rather than covering every adolescent health topic, the profile concentrates on three spotlight areas agreed at scoping, each with agreed inquiry questions. The sections of this document are organised around them.

Spotlight 1. Emotional wellbeing and access to support pathways

Early adolescence to post-16. The causes of poor adolescent mental health and the factors that protect it; screen time beyond social media and its links to symptoms resembling learning or mental health difficulties; and how accessible and effective early help, MHST, CAMHS and post-18 adult mental health pathways are at key transition points.

Spotlight 2. Transition experiences between childhood and adulthood

16 to 19 and 19 to 25. How coordinated education, health and social care transitions are, particularly for young people with SEND and care experience; and the lived experience and barriers at transition points such as school to college and children's to adult services.

Spotlight 3. Safeguarding, exploitation, youth justice and youth violence

Mid to late adolescence. The main safeguarding and exploitation risks facing adolescents and how they link to deprivation and exclusion; the patterns and health impacts of youth violence and offending; and the early intervention approaches that work.

Deliberately outside this profile

Three topics were formally excluded at scoping: service implementation; age groups outside 11 to 19 other than young people with SEND; and teenage pregnancy. A further set of topics falls outside the three spotlight areas and is signposted, where a product exists, to linked work: substance use services (Substance Misuse JSNA, 2022); suicide (Suicide Prevention JSNA, 2023) and mortality (Child Death Overview Panel annual report); homelessness and rough sleeping, which is not one of the three spotlight areas; and wider physical health topics such as obesity (0 to 19 Health Needs Assessment, 2024). None of these is a gap in this profile. Stakeholder feedback also informed the scope of this profile.

Limitations and data gaps in this edition

The following are within scope but could not be evidenced at the time of writing. They are recorded here as known limitations rather than omissions: activity data for Be U Notts and Kooth, both of which are described in the Demand section.

Specialist (Tier 3) and inpatient CAMHS activity, waiting times and neurodevelopmental demand. These data are held by the Community CAMHS systems data team at Nottinghamshire Healthcare NHS Foundation Trust rather than by the Council and obtaining a Nottingham City-only extract can present challenges; expected-need benchmarks against which local service activity can be assessed, which are not currently available; NEET prevalence by type of SEND; and input from Economic Development on NEET pathways. Where data become available, these gaps should be addressed in future updates to the JSNA.

Health and wellbeing overview

Why this matters

Adolescence is a period of significant physical, emotional, social and cognitive development during which young people establish behaviours, relationships and experiences that influence lifelong health and wellbeing (Sawyer et al., 2018). Timely support during these years can improve educational attainment, strengthen resilience, promote healthy relationships and reduce the risk of poorer health and social outcomes in adulthood (DHSC and OHID, 2023).

Adolescent health and wellbeing is also shaped by experiences earlier in the life course, including early relationships, childhood adversity and the wider family and social environment, reinforcing the importance of prevention and early intervention before and throughout adolescence.

The diagram below illustrates the broad range of interconnected factors that influence adolescent health and wellbeing in Nottingham. Young people's outcomes are shaped not by a single issue, but by the interaction between their emotional wellbeing, family and peer relationships, education, housing, poverty, community safety, digital experiences, neurodiversity, access to services and the quality of support they receive during key life transitions. These influences can either increase vulnerability or act as protective factors that enable young people to thrive.

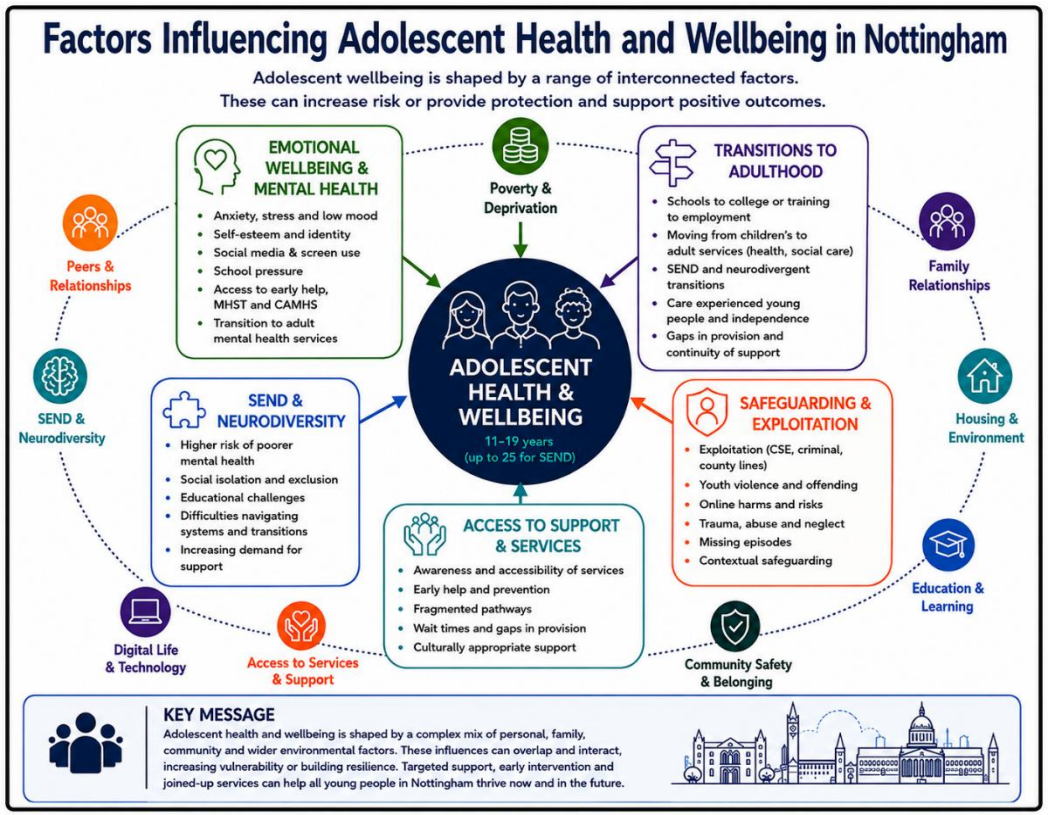


Figure 1. Factors influencing adolescent health and wellbeing in Nottingham.
Source: Nottingham Adolescent JSNA (2026), synthesis of local evidence, needs assessments and stakeholder engagement.

Nottingham picture and how we compare

Population and diversity

Nottingham is home to approximately 45,585 young people aged 11–19, representing around 14% of the city's population (ONS, 2024; Nottingham City Council, 2026). Nottingham has an ethnically diverse adolescent population: 57.6% are White, 16.3% Asian, 12.5% Black, 9.9% Mixed and 3.7% from other ethnic groups (Census 2021). This diversity is important when considering inequalities, access to services and the need for culturally responsive support.

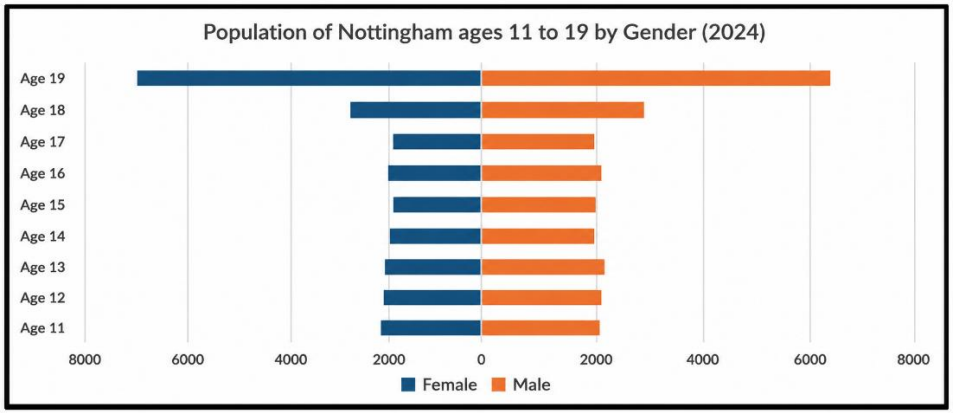


Figure 2. Population aged 11–19 by age band and sex (2024). Source: ONS / Nottingham City Council.

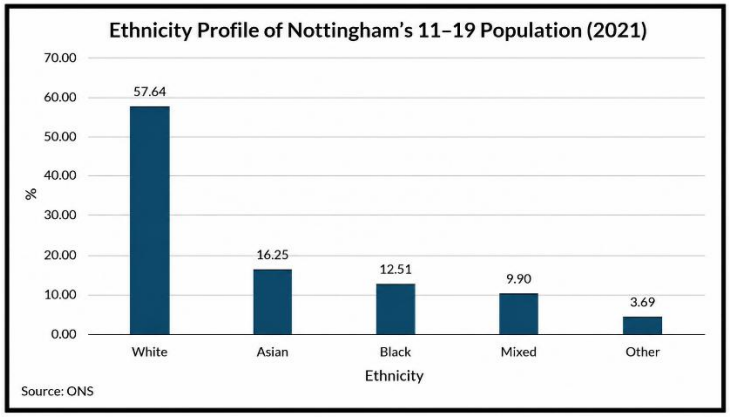


Figure 3. Ethnicity profile of the 11–19 population (2021). Source: ONS Census 2021.

Deprivation and poverty

~50%	38.0%	38.8%	36%
of Nottingham's 11–19s live in the two most deprived IMD deciles	Free School Meal eligibility (England 25.7%)	of children in poverty (England ~22%)	More than a third of 11-19yr olds live in the most health-deprived national decile

Almost half of Nottingham's 11–19-year-olds live in neighbourhoods within the two most deprived national IMD deciles, highlighting the substantial concentration of deprivation experienced by adolescents across the city. More than a third (36%) live in the most health-deprived neighbourhoods, and this pattern is consistent across multiple deprivation domains. Nearly half also live in areas with the highest levels of crime-related deprivation, while young people are disproportionately concentrated in neighbourhoods affected by employment deprivation and poorer educational outcomes (MHCLG, 2019; OHID, 2025).

Free School Meal eligibility stands at 38.0%, compared with 25.7% nationally, a gap of 12.3 percentage points and Nottingham ranks fourth highest of its sixteen statistical neighbours (DfE, 2025). Similarly, 38.8% of children live in poverty, compared with around 22% nationally. The same communities consistently experience poorer emotional wellbeing, higher levels of SEND, greater safeguarding vulnerability, exploitation and youth justice involvement, making place-based inequality the strongest recurring theme throughout this profile.

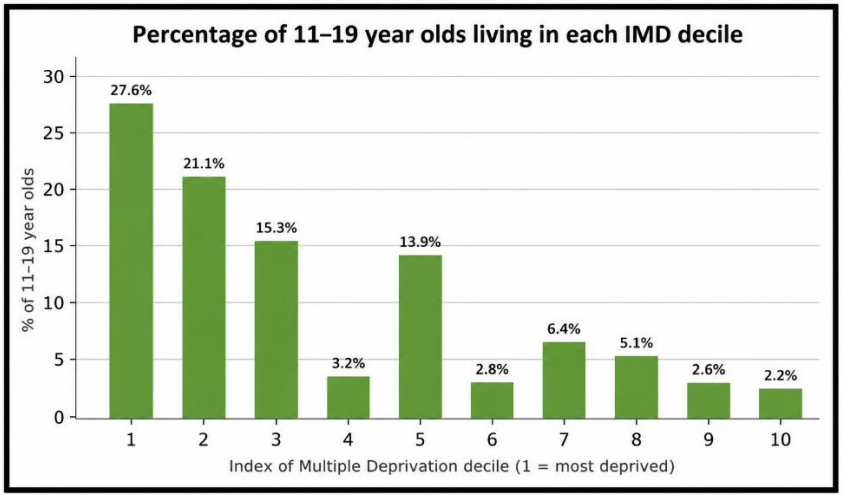


Figure 4. Distribution of 11–19 year olds across deprivation deciles. Source: MHCLG English Indices of Deprivation (2019); OHID (2025).



Figure 5. Free School Meal eligibility (2024/25); Nottingham ranks 4th of 16 statistical neighbours. Source: DfE (2025).

Emotional wellbeing and mental health

Emotional wellbeing and mental health emerged as a prominent theme across the local data, existing needs assessments and engagement undertaken for this profile. National evidence indicates substantial levels of mental health need during adolescence. In 2023, 22.6% of 11–16-year-olds and 23.3% of 17–19-year-olds in England had a probable mental disorder (NHS England, 2023). Mental health need is closely associated with wider inequalities and can intersect with poverty, educational pressure, trauma, isolation and discrimination, with greater vulnerability among some young people with SEND, neurodevelopmental needs and care experience.

22.6%
of 11–16-year-olds in England had a probable mental disorder in 2023

23.3%
of 17–19-year-olds in England had a probable mental disorder in 2023

16%
of secondary pupils reported high wellbeing, measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

155
self-harm hospital admissions among 10–24-year-olds, 2023/24 161.3 per 100,000 (England: 266.6)

53%
of children in care had a Strengths and Difficulties Questionnaire (SDQ) score indicating cause for concern (England: ~39–40%)

Exams, tests and school performance are the most common sources of stress, with 44% of secondary pupils worrying “quite a lot” or “a lot” about exams. Girls consistently report higher worry, loneliness and emotional distress than boys, particularly around body image, friendships and family. Young people living in the most deprived communities are more than twice as likely to be admitted to hospital following self-harm than those in the least deprived areas. The Autism JSNA shows autistic young people experience

markedly higher rates of anxiety, depression, social isolation and emotional distress, and an increased risk of suicide and crisis. Protective factors are consistent: trusted relationships with family, peers, teachers and youth workers; positive school experiences; stable housing; youth provision; physical activity; and opportunities to build confidence and identity.

Prevention and early intervention

Mental Health Support Teams (MHSTs) form an important part of Nottingham's early intervention and prevention offer, providing support for children and young people with mild-to-moderate mental health and emotional wellbeing needs in and around education settings. They also support whole-school and college approaches to mental health and emotional wellbeing and help education staff connect young people with appropriate support.

A 2025 Nottingham Trent University evaluation found evidence of positive impact from the local model. In Nottingham City, children and young people receiving MHST interventions showed statistically significant improvements in mental health and emotional wellbeing as measured through RCADS. At the time of the evaluation, approximately 76% of Nottingham City education settings were engaged with an MHST, although this coverage measure did not include alternative provision, independent schools or home-schooling networks. (Brady, Mutale and Foster, 2025)

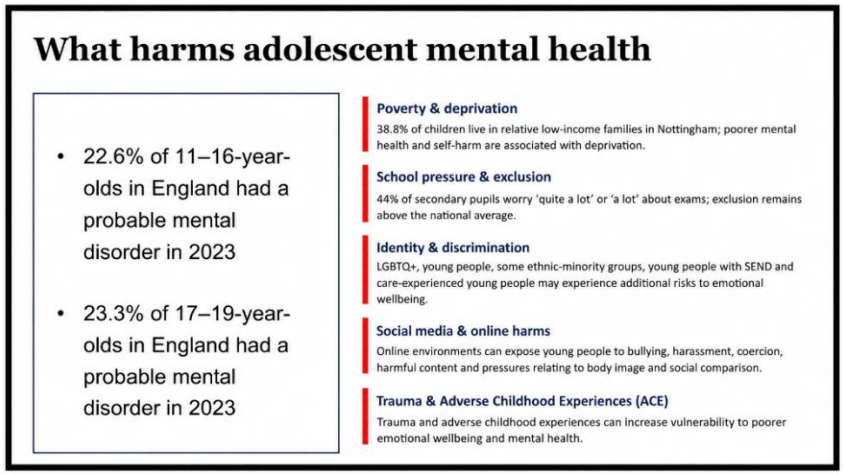


Figure 6. What harms adolescent mental health Sources: NHS England (2023); Nottingham Children and Young People's Mental Health JSNA (2022); Nottingham City Health and Wellbeing Survey (2025); OHID (2025).

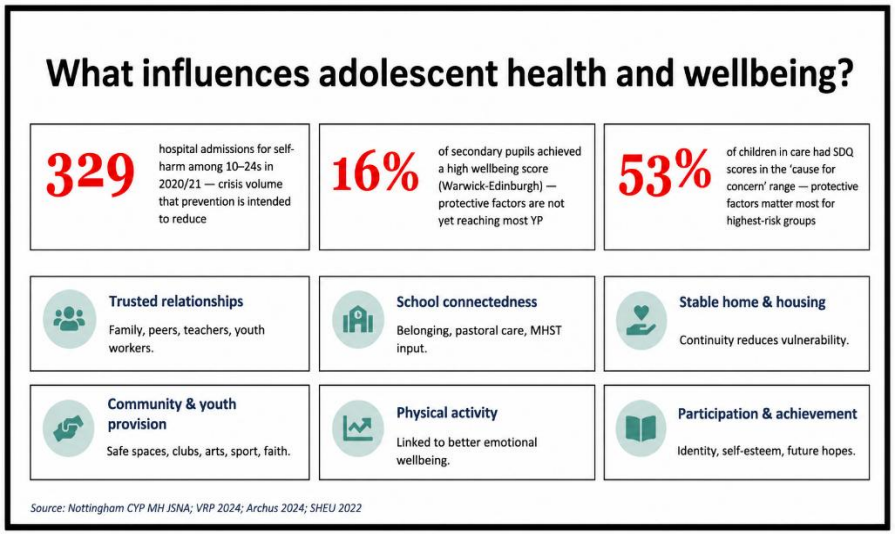


Figure 7. What supports good adolescent mental health? Sources: City Health and Wellbeing Survey (2025); OHID (2025).

Digital life, screen use and online harms

Digital technology can provide opportunities for learning, social connection and access to information and support. However, problematic or excessive use and exposure to harmful online content may be associated with poorer sleep, anxiety, social comparison and reduced wellbeing. The relationship is complex, and current evidence does not establish a straightforward causal relationship between time spent online and poorer mental health.

Online environments can also expose young people to bullying, harassment, harmful content, coercion and exploitation. Local research with girls and young women affected by violence in Nottingham and Nottinghamshire identified how social media can be used to cause or maintain harm within abusive relationships, including through emotional abuse, coercion, threats, pressure relating to sexual images, monitoring and continued contact and control (Equation and Nottinghamshire Violence Reduction Unit, 2022). Figure 8 summarises these locally identified forms of digital harm and highlights their intersection with emotional wellbeing, healthy relationships, exploitation and safeguarding.

Online safety is also recognised as a local prevention priority. The Nottingham and Nottinghamshire Self Harm and Suicide Prevention Strategy 2024–2029 identifies online environments as an important setting for prevention activity. The strategy includes an ambition to promote online safety by reducing exposure to harmful content and directing people to appropriate support. This sits alongside wider priorities to improve mental wellbeing, reduce stigma and provide timely support for groups at greater risk of self-harm, including young people. Self Harm and Suicide Prevention Strategy 2024–2029

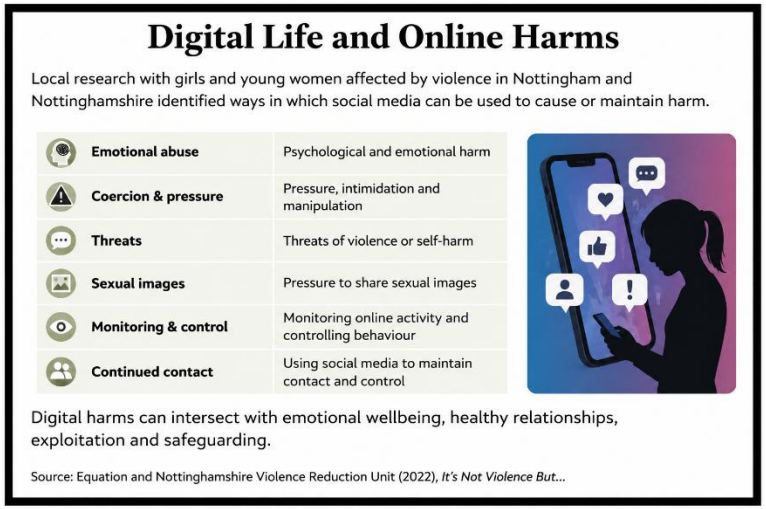


Figure 8. Digital life and online harms identified through local research with girls and young women affected by violence. Source: Equation and Nottinghamshire Violence Reduction Unit (2022),

Demand for support, and who is accessing it

Local Nottingham City service intelligence indicates increasing demand for emotional wellbeing and mental health support, alongside complex and overlapping needs. Young people accessing support may present with anxiety and emotional regulation difficulties alongside neurodevelopmental needs, including autism and ADHD, attendance difficulties, trauma and safeguarding concerns. These needs can interact with wider social and economic pressures and may require coordinated support across health, education, social care and community services.

Service activity provides an important indication of demand but does not represent total population need. Some young people may experience barriers to accessing support, wait for assessment or intervention, receive support through universal or community provision, or have needs that do not meet thresholds for specialist services.

Nottingham City service data for April 2025 to March 2026 show substantial activity across specialist children and young people's mental health services. Specialist/community services recorded 916 referrals, 6,100 service users and 7,034 activities. Crisis and Liaison recorded 1,119 referrals, 1,178 service users and 1,619 activities, while neurodevelopmental services recorded 39 referrals, 144 service users and 194 activities. There were also 14 inpatient admissions during the reporting period. These figures relate to Nottingham City patients only.

1,480
young people supported by Targeted CAMHS, Apr 2024–Sep 2025

1,022
11–19-year-olds accessed Mental Health Support Team (MHST) / Mental Health Improving Attendance Team (MIAT) services over the reporting period

3,823
referrals to 18–25 Talking Therapies, Apr 2025–Feb 2026

+82% / +85%
Increase in Early Help Assessments among 11–13s / 14–16s 2023/24–2025/26

Rising demand for early help

Early Help Assessments are used to identify a child or young person's needs across health, education and family circumstances and to coordinate appropriate multi-agency support. Brief Assessments provide a shorter initial assessment where needs can be understood and responded to without a full Early Help Assessment.

Early Help Assessments rose by 82% among 11–13-year-olds and 85% among 14–16-year-olds between 2023/24 and 2025/26, while assessments among 17–19-year-olds nearly tripled. Brief Assessments fell over the same period (from 695 to 56 among 11–13-year-olds and from 617 to 63 among 14–16-year-olds), suggesting that changes in thresholds or recording may have contributed to the pattern rather than indicating falling need.

Early Help and Brief Assessments are undertaken within Nottingham's Family Help/Early Help arrangements to identify needs and coordinate appropriate support. Where emotional wellbeing or mental health needs are identified, Early Help sits alongside wider sources of support, including MHSTs in education settings and Be U Notts for low-level or emerging mental health need

Early intervention and prevention: MHST and Be U Notts

Early intervention and prevention services play an important role in supporting the mental health and emotional wellbeing of adolescents in Nottingham City. Mental Health Support Teams (MHSTs) are a key part of this offer, providing evidence-based support for children and young people experiencing mild to moderate mental health difficulties within education settings. Teams also work with schools and colleges to strengthen whole-school approaches to mental health and wellbeing and provide advice and consultation to education staff.

In Nottingham City, MHSTs currently work with over 70 schools and colleges, providing an important route to early mental health and wellbeing support through education settings.

Be U Notts complements the school-based offer by providing early mental health and emotional wellbeing support for children and young people aged 0–25 years with low-level or emerging needs. Operating within the THRIVE framework, the service provides a range of support according to need and preference, including face-to-face one-to-one counselling, group interventions and peer support, alongside digital support through Kooth and Lumi Nova. Be U Notts also provides advice and support for parents, carers and professionals, with links to more specialist services where required.

Who is accessing MHST support

Available MHST activity data provides insight into the characteristics of young people accessing support, although it does not provide a complete picture of emotional wellbeing and mental health need or service use across Nottingham.

- 62% of young people accessing MHST support were female.
- 77% of those with deprivation information recorded lived in the two most deprived national deciles.
- 63% were White British. Access across different ethnic groups should continue to be monitored to understand whether provision is reaching Nottingham's diverse communities equitably.
- 16% had a recorded disability or neurodevelopmental condition, with autism accounting for more than half of this group.

MHSTs form part of a wider emotional wellbeing and mental health offer. Young people may also access support through Be U Notts, CAMHS, Early Help, School Nursing, primary care, voluntary and community services and digital support such as Kooth and NottAlone. MHST activity should therefore not be interpreted as representing all young people accessing mental health support in Nottingham.

Source: Nottingham MHST service activity data (2026).

Together, MHSTs and Be U Notts form important components of Nottingham City's early intervention mental health offer, providing routes to support across education, community and digital settings.

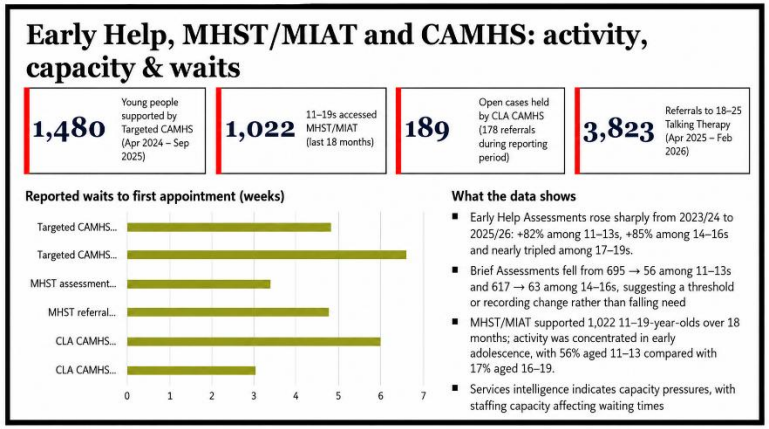


Figure 9 Early Help, MHST/MIAT and CAMHS: activity, capacity & waits: Source: Source: Nottingham local service activity data (2025–2026).

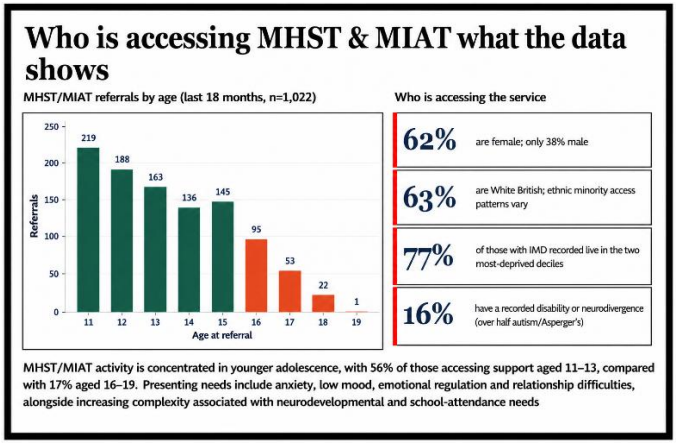


Figure 10. Who is accessing MHST support, and what the data shows. Source: Nottingham City Council (2026) MHST/MIAT service activity data. Unpublished local service data.

Transitions between childhood and adulthood

The transition "cliff edge"

Transition from children to adult mental health services is consistently identified in local evidence as a challenging stage of the pathway. During the reporting period, 31 young people transitioned from Targeted CAMHS into adult mental health pathways. However, routine quantitative information on transition outcomes, including disengagement, waiting times and post-transition experiences, remains limited. Local evidence highlights variable transition arrangements, differing eligibility thresholds and gaps between children's and adult services, which can leave some young people without appropriate ongoing support.

Evidence from Children Looked After (CLA) CAMHS reinforces these concerns. Practitioners report that some young people approaching adulthood have significant emotional and psychological needs but do not meet eligibility thresholds for adult mental health services. Transitions were described as inconsistent and sometimes poorly coordinated, with some young people experiencing uncertainty about who will provide ongoing support. In response, CLA CAMHS may extend involvement beyond a young person's 18th birthday where additional support is needed.

Groups at greatest risk

Care leavers, young people with trauma histories, neurodevelopmental conditions, learning disabilities and SEND are most likely to experience overlapping vulnerabilities, including poorer mental health, social isolation, educational disruption, exploitation, exclusion and difficulties accessing appropriate support. Young people with co-occurring mental health and substance use needs may also require particularly coordinated transition planning, where support spans both children's and adult services and multiple service pathways.

Children in Care placed outside Nottingham may face additional barriers to accessing mental health support. CLA CAMHS practitioners report variation in the availability of services between areas and challenges in navigating local pathways and escalation arrangements. Placement moves can therefore create additional

For care-experienced young people specifically, practitioners identified a gap in emotional wellbeing and therapeutic support after 18. Post-18 provision was described as sometimes short-term or non-specialist and not always appropriate for young people with complex trauma or neurodevelopmental needs. Young people may also disengage where adult service thresholds are not met or support is time-limited.

As a result, some young people with ongoing mental health needs may experience gaps in support as they move into adulthood. Across several local reviews, transition has been described as a potential “cliff edge”, particularly for young people with SEND, neurodevelopmental conditions, care experience and complex needs.

Evidence consistently describes transition as a process rather than a single event. Outcomes are more positive when planning begins early, support is coordinated across agencies, information is shared effectively, and young people have access to trusted adults, named workers or keyworkers throughout the transition journey (NICE, 2023).

Local evidence echoes these findings, with the Learning Disability JSNA, Autism JSNA and the Nottingham and Nottinghamshire Integrated Care System Transition from Children’s to Adult Health Services Framework (2026) highlighting the importance of coordinated transition planning and reducing gaps between children’s and adult services.

risks to continuity of emotional wellbeing and mental health support for this group.

Recent engagement with Children in Care and care leavers reinforces these concerns. Young people described support ending at 18 as a particular challenge, alongside high thresholds for accessing Adult Mental Health Services, and highlighted the importance of greater continuity and flexibility in emotional wellbeing support as they move into adulthood.

Local evidence consistently identifies transition as a significant point of risk, with autistic young people, those with learning disabilities, care-experienced young people and young people with ongoing mental health needs particularly vulnerable to falling through gaps between children's and adult services.

Several local reviews describe transition as a "cliff edge", with concerns relating to differing service thresholds, fragmented pathways, poor coordination and limited continuity of care. While there are examples of good practice across individual services, there is currently no clearly commissioned pathway linking CAMHS, adult mental health, social care, SEND and wider transition support, representing a significant opportunity to improve continuity, outcomes and reduce inequalities.

Sources**:** *Nottingham CLA CAMHS practitioner evidence and local Children in Care and care leaver engagement (2026); Nottingham Learning Disability JSNA (2025); Nottingham Autism JSNA (2025); NICE (2023).*

<3%

of 15–19s with asthma, epilepsy or Type 1 diabetes had a coded transition plan (75 of 2,940)

93–96%

of eligible young people within Nottinghamshire Healthcare's Children and Young People's Specialist Services had an identified transition or discharge plan.

859

care leavers (Feb 2026), including 113 aged 21+ still eligible for support

48% / 37%

of care leavers aged 17–18 / 19–21 were NEET (March 2025)

Only 75 of 2,940 young people aged 15–19 with asthma, epilepsy or Type 1 diabetes had a coded transition plan recorded (under 3%). In comparison, data from Nottinghamshire Healthcare's Children and Young People's Specialist Services indicates that 93–96% of eligible young people had an identified transition or discharge plan. This includes young people discharged from children's services who do not require transfer to an equivalent adult service. The figures reflect different service populations and recording arrangements and are therefore not directly comparable

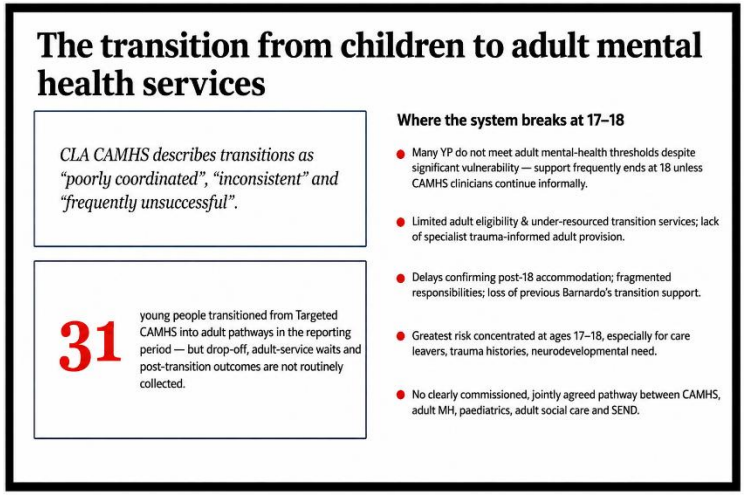


Figure 11. The transition cliff into adult mental health services. Source: local service data; Nottingham City Council (2026).

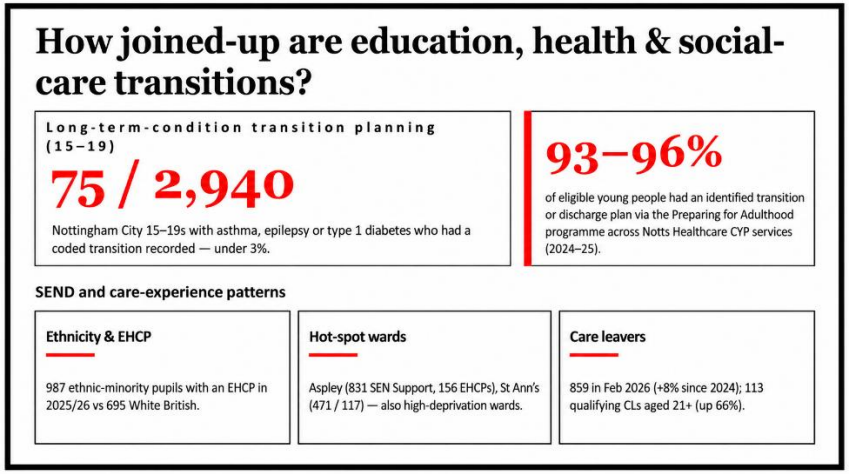


Figure 12. How joined-up are education, health and social care transitions? Sources: DfE (2025); Nottinghamshire Healthcare; NCC (2026).

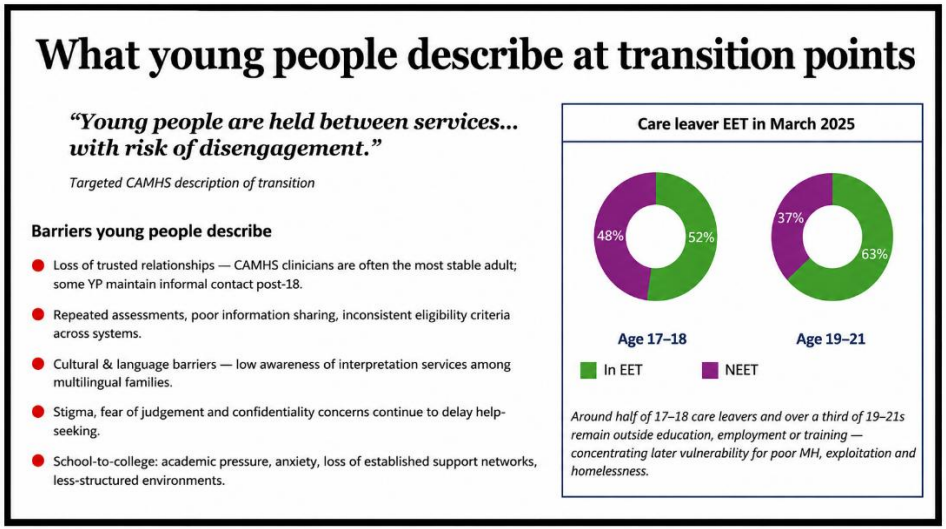


Figure 13. What young people describe at transition points. Source: Preparing for Adulthood and Transitional Safeguarding engagement (2025–26).

Safeguarding, exploitation and youth violence

Safeguarding need concentrates among older children and young people. Around 68% of all children in care are adolescents. Emotional wellbeing, safeguarding vulnerability and deprivation are closely interlinked, and many adolescents experience multiple, overlapping needs.

251 / 82	132 / 23	221 / 172	68%
Children in Need aged 10–15 / 16–17 (Feb 2026)	on Child Protection Plans aged 10–15 / 16–17	children in care aged 10–15 / 16–17	of all children in care are adolescents (393 of 581)

In February 2026 there were 251 Children in Need aged 10–15 and 82 aged 16–17, with 132 and 23 respectively on Child Protection Plans, and 221 and 172 in care. Around 68% of all children in care are adolescents (393 of 581). During 2025, 85 children in care went missing on 596 occasions – roughly seven incidents per child. More than half (53%) of children in care score "cause for concern" on the SDQ against ~39–40% nationally, underlining how closely safeguarding vulnerability, emotional wellbeing and deprivation are interlinked.

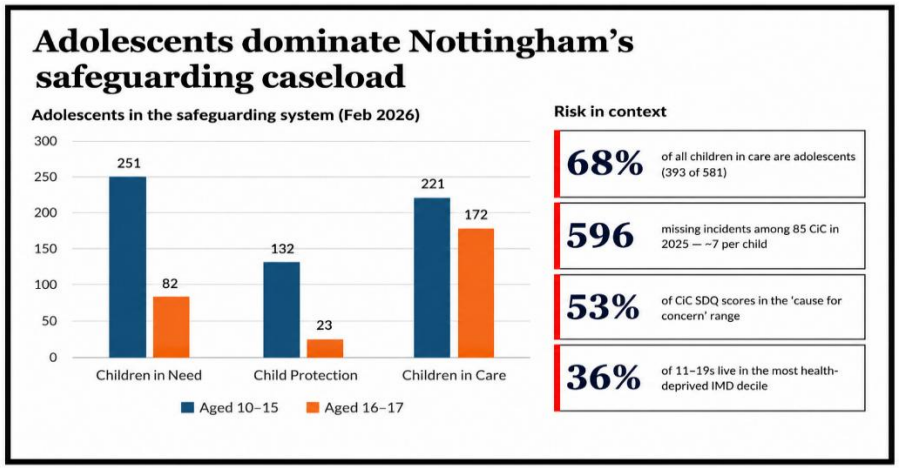


Figure 14. Adolescents dominate Nottingham's safeguarding caseload. Source: Nottingham City Council Children's Services (2026).

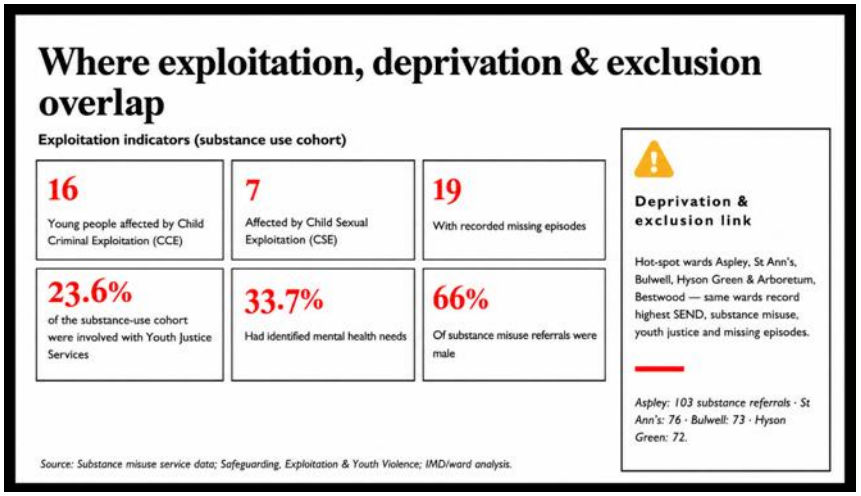


Figure 15. Where exploitation, deprivation and exclusion overlap. Sources: VRP (2025); Youth Endowment Fund (2024).

16 / 7 / 19	33.7%	23.6%	66%
In the substance-use cohort there were: 16 Child Criminal cases, 7 Sexual Exploitation cases and 19 recorded as missing	of the cohort had identified mental health needs	were involved with Youth Justice Services	of substance-misuse referrals were male

Need clusters geographically. Hot-spot wards – Aspley, St Ann's, Bulwell, Hyson Green & Arboretum and Bestwood – record high levels of SEND, substance-use referrals, youth justice involvement, missing episodes and safeguarding concern, alongside higher deprivation and child poverty. Aspley recorded the most substance-use referrals

(103), followed by St Ann's (76), Bulwell (73) and Hyson Green & Arboretum (72). Peak substance-use referrals occur among 15–17 year olds, with cannabis accounting for around 70–75% of primary substance presentations.

First-Time Entrants to the youth justice system fell by about 60% (477 to 183 per 100,000) between Oct 2022–Sep 2023 and Oct 2024–Sep 2025, attributed to diversion, early intervention and partnership working. Challenges remain for a smaller cohort, with reoffending between 25% and 36% and around 11 custodial sentences a year. A reported 69% reduction in youth provision is significant, as positive activities and trusted adults are established protective factors.

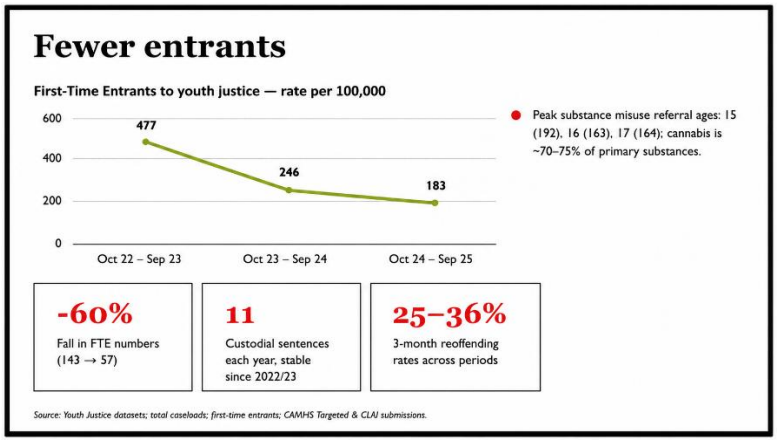


Figure 16. First-Time Entrants to the youth justice system, per 100,000. Source: Nottingham City Council (2026).

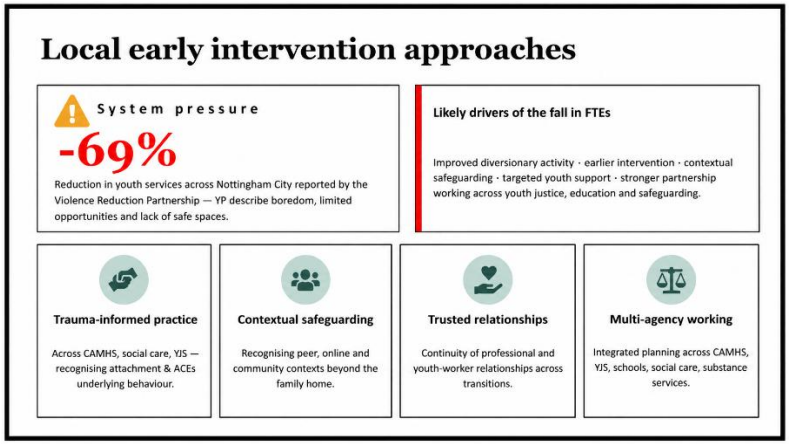


Figure 17. Locally promising early-intervention approaches. Source: Nottingham City Violence Reduction Partnership (2025).

Education, participation and NEET

Educational inclusion, participation and successful transition into adulthood are closely linked to the wider inequalities described throughout this profile. Data in this section are drawn from Department for Education Explore Education Statistics, the DfE NEET and participation datasets, and Nottingham City Council education and participation datasets (2025 to 2026) unless otherwise stated.

Educational inclusion

Educational inclusion extends beyond attendance to how far young people remain engaged and supported throughout their education. Permanent exclusions have fallen from 204 in 2023/24 to 178 in 2024/25, with 82 recorded so far in 2025/26. This is encouraging progress, but exclusion continues to affect the same vulnerable groups seen across this JSNA. Across the reporting period, 297 permanent exclusions involved boys, 135 involved girls and 171 involved young people with SEND. Exclusion rates were highest in Bulwell, Aspley, Bestwood, Basford and St Ann's, mirroring the geographical concentration of deprivation and vulnerability seen in mental health, safeguarding and youth justice.

204 → 82	297	135	171
permanent exclusions, 2023/24 to 2025/26 (178 in 2024/25)	permanent exclusions involving boys	permanent exclusions involving girls	permanent exclusions involving young people with SEND

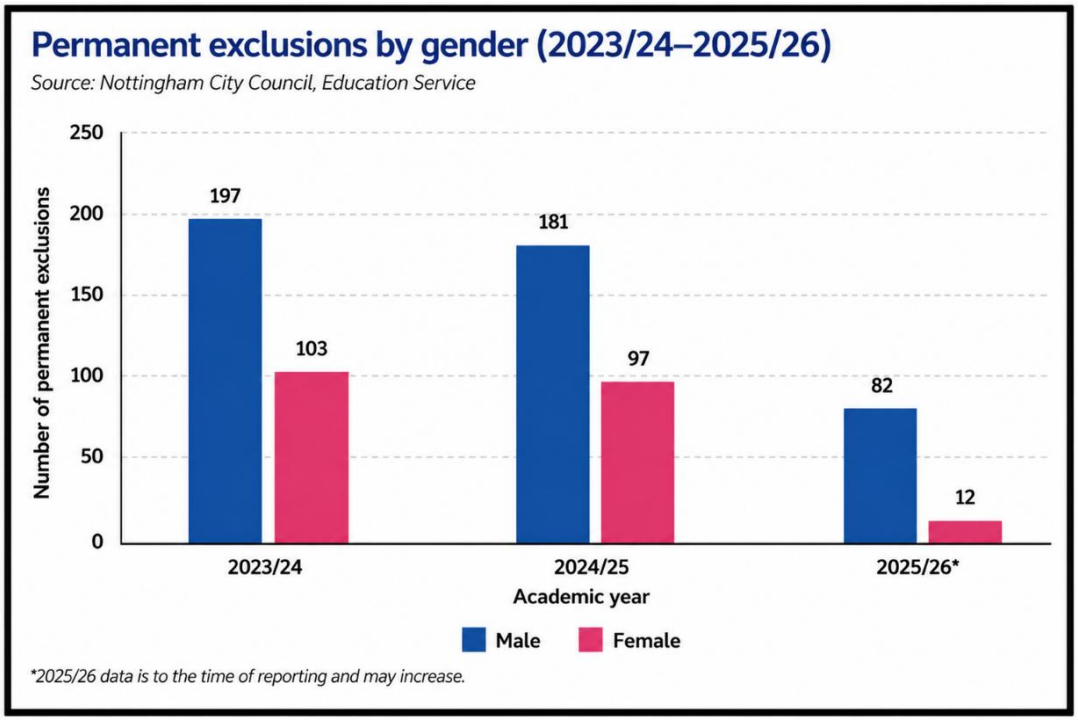


Figure 18. Permanent exclusions by gender (2023/24 to 2025/26).
Source: DfE (2025); Nottingham City Council (2026).

Key message

School exclusion remains strongly associated with deprivation, SEND and gender. These patterns closely mirror the wider inequalities in health, wellbeing and safeguarding described elsewhere in this profile.

Participation, transition and NEET

Remaining engaged in education, employment or training beyond compulsory education supports better health, emotional wellbeing, financial security and life chances, while becoming NEET (not in education, employment or training) is associated with poorer health, greater vulnerability and reduced employment prospects.

The statutory NEET data presented in this section primarily relates to 16–17-year-olds, for whom the local authority has a statutory responsibility to track participation. It therefore provides a strong picture of participation at this stage of transition but does not capture the full extent of disengagement among young adults aged 18–24 beyond compulsory participation age. Within the statutory cohort, Nottingham has made considerable progress. From a peak NEET rate of 5.47% in 2021, the proportion fell steadily to 3.43% by 2026, a reduction of 37.3% over four years, converging with the England average by 2025 and 2026

3.43%	−37.3%	13.0%	9.9%
NEET in 2026, down from a 5.47% peak in 2021	reduction in NEET over four years	NEET among young people on SEND Support (2.8% with no SEN)	highest NEET, Other ethnic backgrounds (White 8.6%, Black 5.5%)

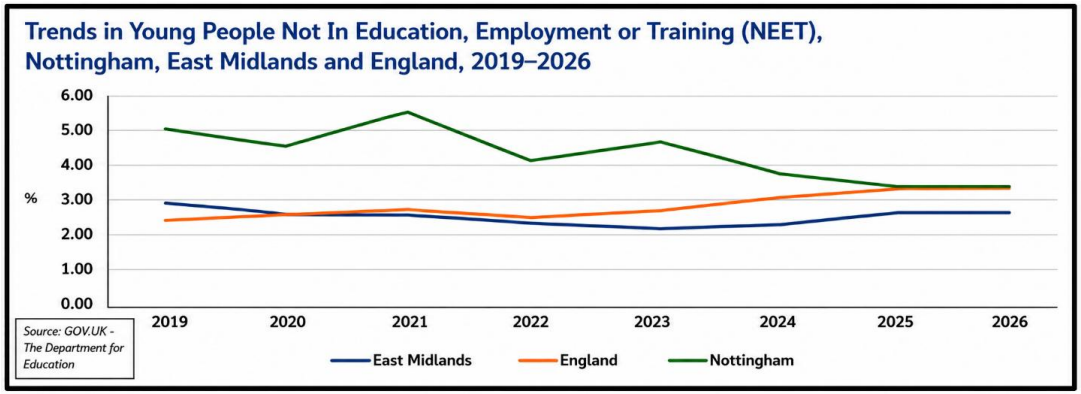


Figure 19. Young people not in education, employment or training (NEET): trend, 2019 to 2026. Source: DfE; Nottingham City Council (2026).

This overall improvement has not been shared equally. The strongest inequality relates to SEND: young people on SEND Support had the highest NEET prevalence at 13.0%, against 2.8% among those with no identified SEND, making them more than four times as likely to become NEET; those with an Education, Health and Care Plan (EHCP) also had substantially higher rates. Inequalities were also evident by ethnicity and sex. NEET prevalence was highest among young people from Other ethnic backgrounds (9.9%), followed by White (8.6%) and Black (5.5%) young people, all above regional and national comparators, while boys were more likely to be NEET than girls (4.89% against 3.08%).

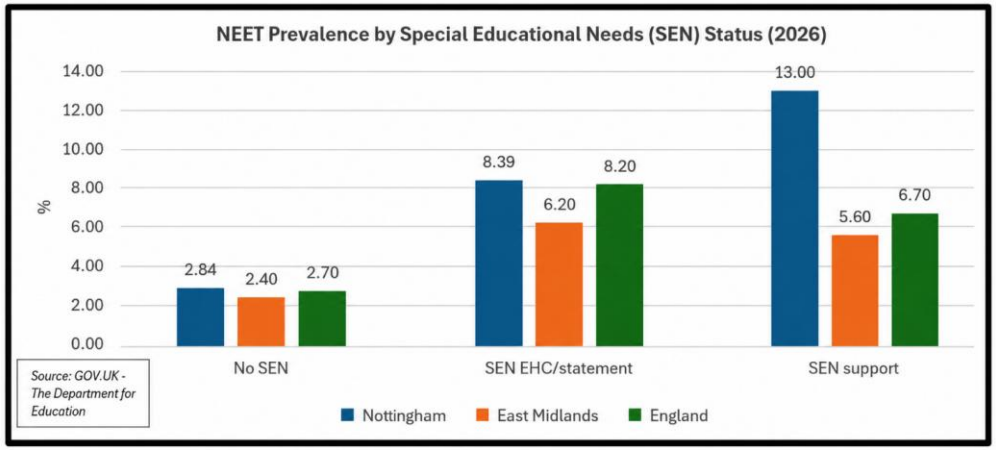


Figure 20. NEET prevalence by SEND status (2026). Source: DfE (2026).

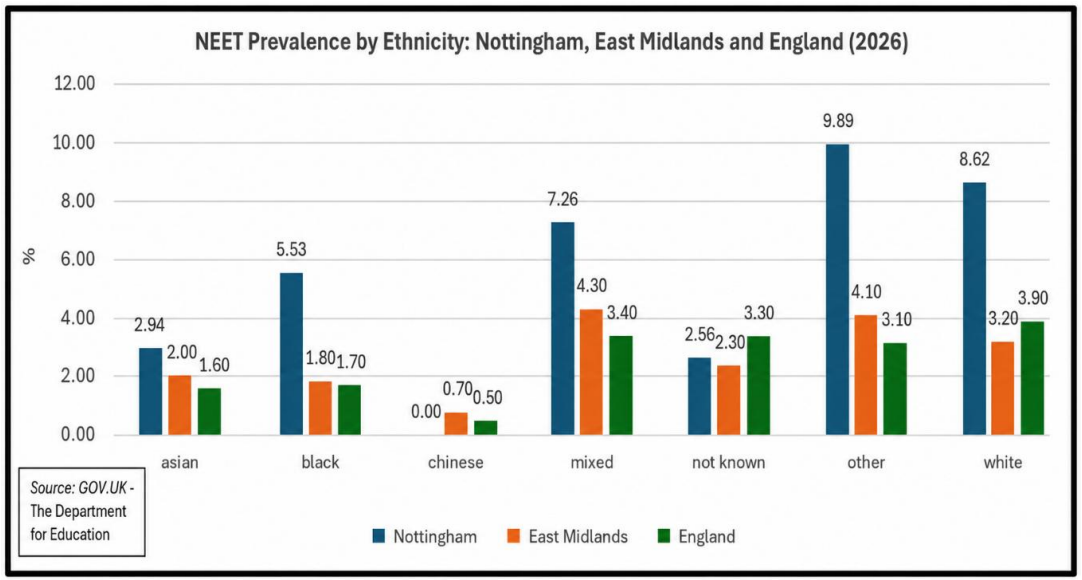


Figure 21. NEET prevalence by ethnicity: Nottingham, East Midlands and England (2026). Source: DfE (2026).

These SEND findings reinforce patterns identified throughout this JSNA: young people with SEND experience poorer attendance and are over-represented in permanent exclusions. Educational disadvantage accumulates across adolescence and continues to shape participation beyond compulsory education, underlining the importance of coordinated transition planning, early intervention and integrated support across education, health and wider partners, acting earlier in the pathway rather than only at post-16.

Changing participation pathways

While fewer young people are NEET, the routes into education, employment and training have changed. Apprenticeship participation fell sharply, from 3.82% in 2019 to 0.95% in 2026, and employment combined with study also declined, while work-based learning and part-time education remained low. The proportion of young people whose activity is recorded as ‘not known’ rose markedly after 2023 and had become the largest participation category by 2026.

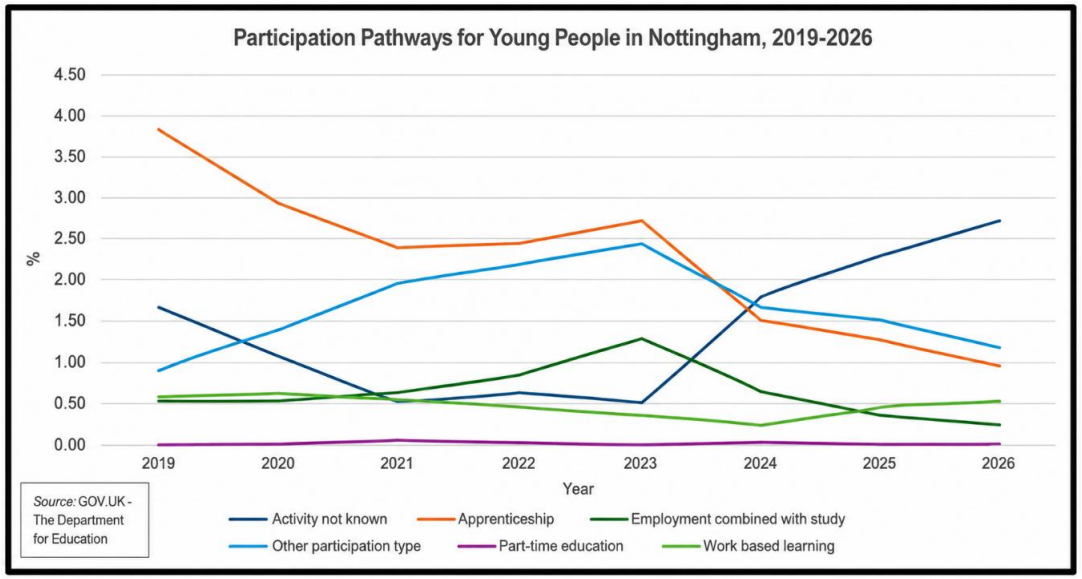


Figure 22. Participation pathways for young people in Nottingham, 2019 to 2026.
Source: DfE; Nottingham City Council (2026).

Nottingham has substantially lower apprenticeship participation (0.95%) than the East Midlands (3.0%) and England (3.6%), with employment combined with study, work-based learning and part-time education also comparatively low. The proportion whose activity is recorded as 'not known' is higher than the England average (2.73% against 1.9%), suggesting more young people may not be fully connected with education, employment or support services during transition into adulthood.

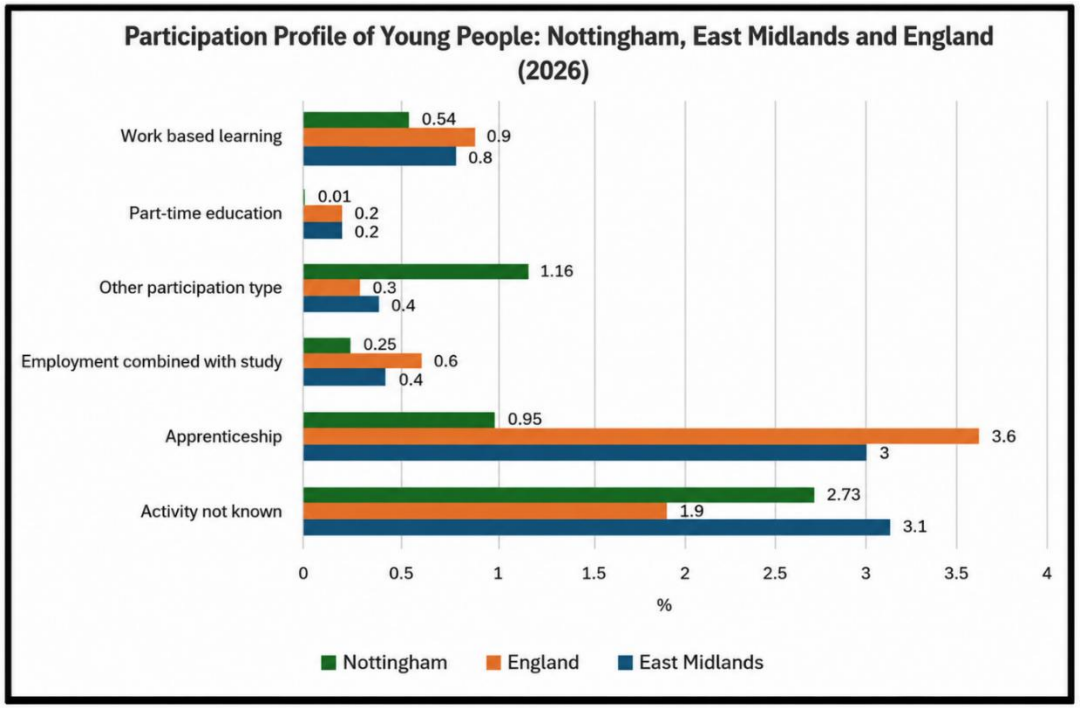


Figure 23. Participation profile of young people: Nottingham, East Midlands and England (2026). Source: DfE (2026).

Participation beyond the statutory NEET measure

The improving position among 16–17-year-olds tells only part of the participation story. Nationally, NEET becomes considerably more common among 18–24-year-olds, while local authority responsibilities for tracking participation reduce beyond compulsory participation age and data, accountability and support pathways become less consistent. This is particularly relevant to the wider findings of this JSNA. Local evidence identifies transition into adulthood as a period of increased vulnerability, with demand for support among 17–19-year-olds rising substantially. Care leavers and young people with SEND also experience poorer education, employment and transition outcomes, suggesting that some of the young people experiencing the greatest health and social inequalities may also face the greatest barriers to successful progression.

Local intelligence suggests that the period around leaving post-16 education and training may represent an important point of risk for disengagement. However, local data for the wider 18–24 population is currently less developed than for the statutory 16–17 cohort. A stronger understanding of participation, economic inactivity, health-related barriers and progression pathways among 18–24-year-olds would provide a more complete picture of young people's transition into adulthood and help identify where earlier or more coordinated support across education, employment, skills, health and adult services is required. The overlap between rising demand for support among 17–19-year-olds and increased risk of disengagement during transition into adulthood also warrants further exploration, particularly in relation to mental health, SEND, care experience and progression from education into employment or training

Key message

Nottingham has made significant progress in reducing NEET among 16–17-year-olds. However, NEET and Not Known should be considered together when assessing the overall statutory participation picture, and persistent inequalities remain, particularly for young people with SEND, care experience and other forms of disadvantage.

The statutory measure does not provide a complete picture of disengagement during the transition into adulthood. Wider evidence indicates that NEET becomes substantially more common among 18–24-year-olds, while local findings identify the transition into adulthood as a period of increased vulnerability for some young people.

Strengthening local intelligence on participation and economic inactivity among 18–24-year-olds, alongside continued development of inclusive education, employment, skills, health and transition pathways, would provide a more complete understanding of young people's life chances and support earlier, more coordinated intervention.

Policy and guidance

Improving adolescent outcomes requires coordinated action across national policy, local strategy and delivery programmes, which together support a whole-system approach to health, wellbeing, safety and life chances. The diagram below shows the relationship between national policy, local strategy and delivery programmes. Together, these layers provide a clear line of sight from national priorities through to local implementation and improved outcomes for children and young people.

National policy

The NHS Long Term Plan, Healthy Child Programme, SEND Code of Practice, Working Together to Safeguard Children, Stable Homes Built on Love, Children's Social Care National Framework, SEND & Alternative Provision Improvement Plan and NICE Transition Guidance (NG43) set the national direction for improving outcomes for children and young people. Together they emphasise prevention, early intervention, safeguarding, person-centred care, emotional wellbeing, inclusive education, effective transitions to adulthood and reducing health inequalities through joined-up services.

Local strategy

Nottingham's Joint Health and Wellbeing Strategy, Children and Young People's Plan, Nottingham and Nottinghamshire Children and Young People's Mental Health and Wellbeing Plan 2025–2028, SEND and Alternative Provision Strategy, Child Friendly Nottingham, Community Safety Strategy, Family Help Transformation Programme and Violence Reduction Partnership translate national priorities into local action. Together, these provide a shared strategic framework for improving emotional wellbeing, reducing inequalities, strengthening safeguarding, supporting successful transitions and ensuring children and young people receive coordinated support across health, education, social care and the voluntary and community sector.

Delivery programmes

These priorities are delivered through a range of local programmes, including the 0–19 Healthy Child Programme, Youth Sufficiency Strategy, Young Futures Hub, Preparing for Adulthood Programme, Transitional Safeguarding Programme, and the transformation of CAMHS and Mental Health Support Teams (MHSTs). Collectively, these programmes strengthen prevention, improve access to support, promote successful transitions and deliver targeted interventions for young people with the greatest need

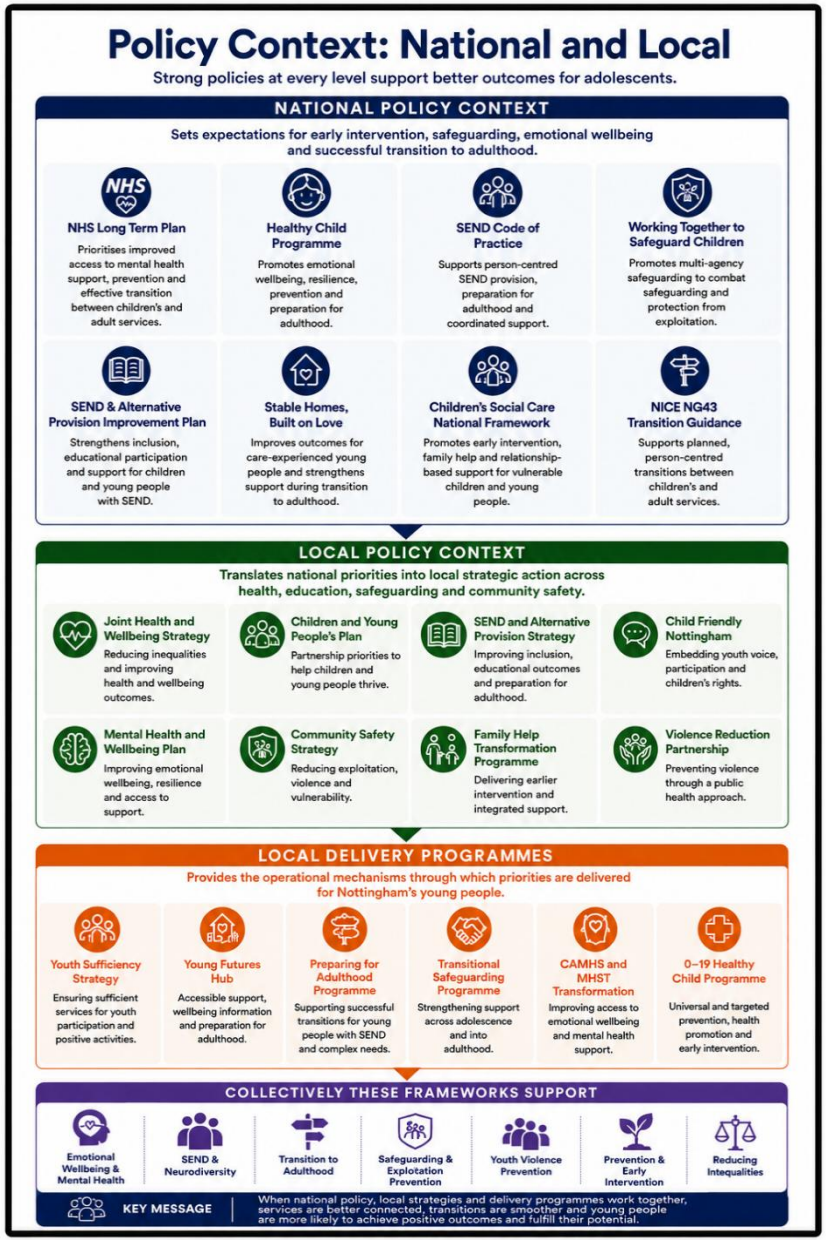


Figure 24. National and local policy framework.
Nottingham City Council (2026).

Evidence summary: what works

This profile builds on the findings of the 2022 Emotional and Mental Health of Children and Young People JSNA. While the evidence base has been updated, the key drivers of poor outcomes remain consistent, including deprivation, adverse childhood experiences, social isolation, discrimination and barriers to support. Evidence continues to show that early intervention, trusted relationships, whole-system working and effective transitions are among the most important factors in improving outcomes for young people. Across adolescence, the evidence suggests that successful transitions are not the responsibility of a single service. The strongest outcomes are achieved through coordinated action across health, education, social care, communities and families, with continuity of support and relationships throughout adolescence and into adulthood.

Figure 25 summarises the evidence on approaches that are most effective in improving outcomes for adolescents and young adults. The evidence highlights that no single intervention is sufficient. Rather, positive outcomes are achieved through a whole-system approach that combines prevention and early intervention, inclusive school environments, trauma-informed practice, trusted relationships and well-planned transitions. Together, these approaches help to build resilience, improve emotional wellbeing and support young people as they move into adulthood

Experiences across the life course

Early adolescence	Mid adolescence	Transition to adulthood
Half of lifetime mental health conditions emerge by age 14. Prevention, early help, school connectedness and access to trusted adults are among the strongest protective factors. Evidence shows that inclusive support is particularly important for neurodivergent young people, who experience higher levels of exclusion and unmet need.	Demand related to anxiety, emotional regulation, autism and ADHD often increases during this period. Whole-school approaches, timely mental health support, trauma-informed practice and coordinated safeguarding responses are associated with better outcomes. This is also the period when risks linked to exploitation, vulnerability and going missing are highest.	Outcomes are improved when planning starts early, support is person-centred, and relationships continue across service boundaries. Young people with SEND, care experience and complex needs are most vulnerable to cliff-edge transitions and benefit from coordinated 0-25 approaches

Evidence-based approaches for improving adolescent outcomes

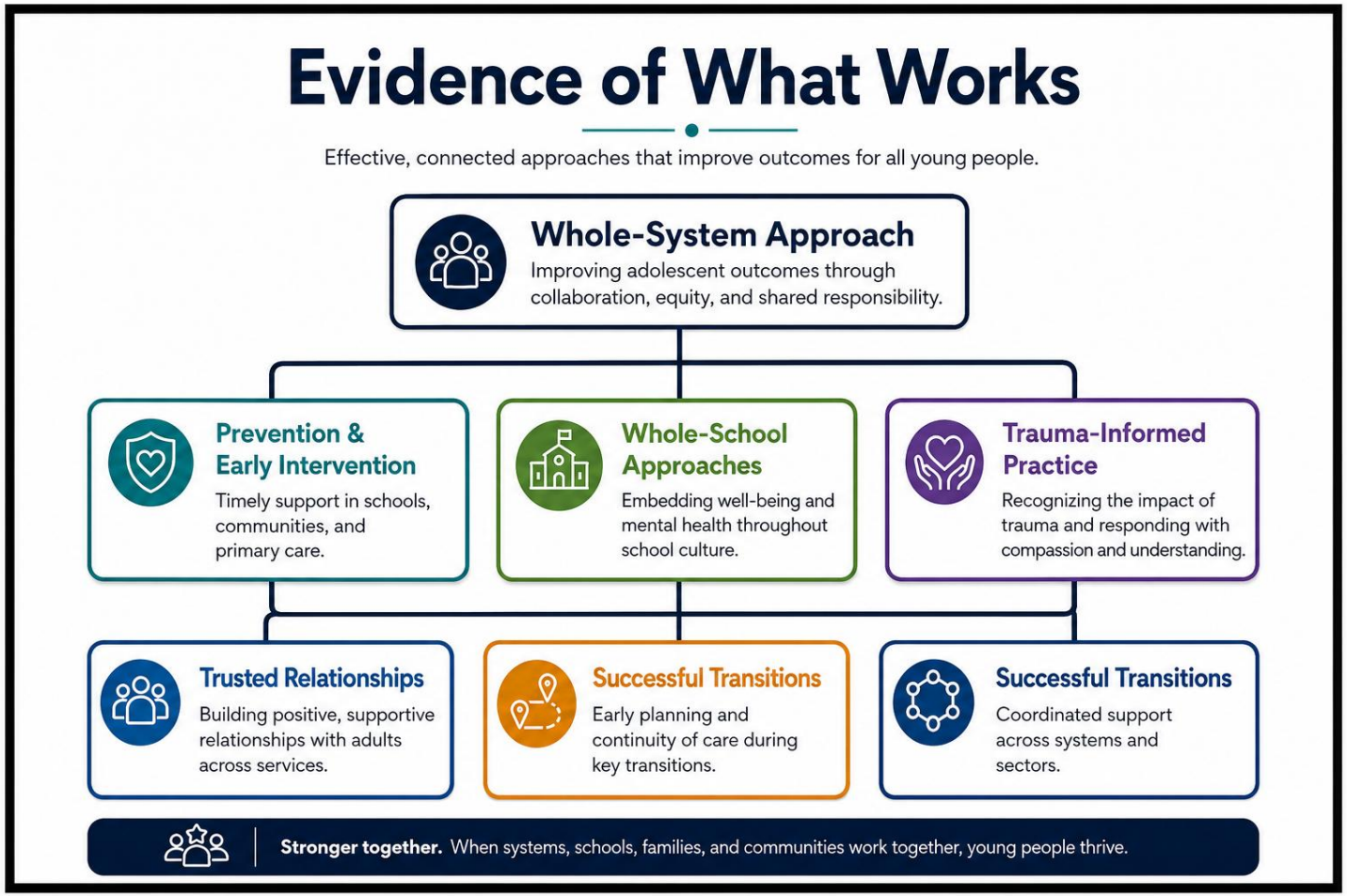


Figure 25. Evidence-based approaches for improving adolescent outcomes.
Synthesis of national evidence and the Sherwood Forest Hospitals evidence review (2025).

Community and service user views

This profile draws on a wide range of engagement and participation activity undertaken between 2025 and 2026. This includes the Adolescent JSNA stakeholder survey (n=33) and workforce survey (n=22); School Nursing consultation with young people (n=88), parents and carers (n=227) and education professionals (n=109); the City Health and Wellbeing Survey; Child Friendly Nottingham engagement; Youth Sufficiency Strategy and Young Futures Hub engagement; Preparing for Adulthood and Transitional Safeguarding participation work; Violence Reduction Partnership research, including *It's Not Violence But...* exploring the experiences of girls and young

women affected by violence; care leaver participation activity; and the Neurodevelopmental Pathway Review (248 participants). Together, these engagement activities provide insight into the experiences, priorities and concerns of young people, families, professionals and communities across Nottingham.

Young people

Young people consistently identified emotional wellbeing, mental health, educational pressure and transition as key concerns. Through the School Nursing consultation with young people (n=88), City Health and Wellbeing Survey, Child Friendly Nottingham engagement, Youth Sufficiency Strategy engagement, Young Futures Hub engagement, and care leaver participation activity, young people highlighted the importance of trusted adults, safe spaces and accessible support.

They described transition between children's and adult services as confusing, with worries about losing trusted professionals and repeating their story. Young people also highlighted the impact of poverty and inequality, concerns about online harms, and the importance of positive activities, belonging and opportunities to influence decisions affecting their lives.

Care-experienced young people described additional challenges navigating services, accessing support and preparing for adulthood. Recent engagement with Children in Care and care leavers highlighted the importance of having greater choice and involvement in referrals, accessible routes into support, continuity of trusted relationships and avoiding the need to repeatedly retell their story. Young people also identified gaps in therapeutic life story work and support to understand and process their care records.

Consistent themes

- Emotional wellbeing, anxiety and mental health.
- Educational pressure and uncertainty about the future.
- Trusted adults, relationships and safe spaces.
- Transition into adulthood and concerns about losing support.
- The impact of poverty, inequality and exclusion.
- Online harms and wider safeguarding concerns.
- Experiences of care-experienced young people and young people with SEND.
- The importance of being listened to and involved in decisions.

Girls and young women

Through It's Not Violence But... research and wider Violence Reduction Partnership engagement, girls and young women highlighted the significant impact of violence, abuse, exploitation and unhealthy relationships on their wellbeing. Participants described experiences of harassment, coercive control, emotional abuse and sexual violence, alongside feelings of anxiety, fear, isolation, self-blame and loss of confidence. Many reported that these experiences affected their emotional wellbeing, relationships, education and sense of safety. Concerns were also raised about online harms, image-sharing, social media pressures and the normalisation of some harmful behaviours within relationships. Participants emphasised the importance of trusted adults, safe spaces, healthy relationship education, early intervention and being listened to when seeking support.

Consistent themes

- Anxiety, fear, isolation and loss of confidence.
- Healthy relationships and relationship education.
- Online harms, coercion and social media pressures.
- The normalisation of harmful behaviours and experiences.
- The importance of trusted adults and safe spaces.
- Early intervention and access to support.
- Trauma-informed and gender-responsive approaches.
- The emotional wellbeing impact of the violence, abuse and exploitation

Parents and carers

Through the School Nursing parent and carer consultation (n=227) and Neurodevelopmental Pathway Review (n=248), parents and carers raised increasing concerns about emotional wellbeing, mental health and neurodevelopmental need. Many described difficulties navigating services and referral pathways, alongside concerns about waiting times for assessment and

Consistent themes

- Rising emotional wellbeing and mental health need.
- Growing SEND and neurodevelopmental demand.
- The impact of waiting for assessment and support.

support. Parents consistently highlighted the importance of clear communication, coordinated support and joined up working between services, particularly during key points of transition. Parents of children and young people with SEND reported additional challenges accessing support, waiting for assessment and obtaining appropriate help whilst needs continued to escalate.	• Difficulty navigating services and pathways. • The need for joined up, coordinated support. • Transition planning and continuity of support. • The impact of poverty and wider family pressures. • • Early intervention and support before needs escalate.

Professionals	Consistent themes
Through the School Nursing consultation with education professionals (n=109), Adolescent JSNA stakeholder survey (n=33), Adolescent JSNA workforce survey (n=22), Preparing for Adulthood engagement, Transitional Safeguarding engagement, Violence Reduction Partnership research, and wider partnership engagement activity, professionals reported rising levels of emotional wellbeing need, anxiety, emotionally based school avoidance, attendance concerns and SEND-related challenges. Many described supporting young people with increasingly complex and overlapping needs spanning mental health, neurodevelopmental conditions, safeguarding concerns and wider social disadvantage. Professionals highlighted the disproportionate impact of inequalities on care-experienced young people, young people with SEND and those experiencing multiple vulnerabilities. There was strong support for earlier intervention, trauma-informed practice, improved multi-agency working and a more coordinated approach to transition into adulthood.	• Rising emotional wellbeing need and increasing complexity. • The impact of poverty, deprivation and inequality. • Growing SEND and neurodevelopmental demand. • Safeguarding vulnerability, including online harms, exploitation and violence. • Poor attendance and emotionally based school avoidance. • Challenges facing care-experienced young people. • Transition to adulthood as a process that should start early and be need-led. • The importance of integrated, multi-agency support.

Across all engagement activity, similar themes emerged. Participants described rising emotional wellbeing and mental health need, growing SEND and neurodevelopmental demand, the impact of poverty and inequality, safeguarding concerns and challenges associated with transition into adulthood. Young people with SEND, care-experienced young people and those experiencing multiple disadvantages were consistently identified as facing additional barriers and poorer outcomes.

Trusted relationships, early intervention, accessible support, positive activities and coordinated services were repeatedly identified as the factors most likely to improve outcomes. These findings reinforce the wider evidence presented within this profile and support the opportunities for improvement identified, particularly around prevention, reducing inequalities, improving transitions, strengthening emotional wellbeing support and ensuring services are shaped by the voices of young people and families

What we are doing: services, assets, system pathways

Nottingham benefits from a broad range of services, partnerships and community assets that support adolescent health and wellbeing. There is a strong commitment across health, education, social care and community services to prevention, early intervention, reducing inequalities and improving life chances for children and young people. Increasingly, services are working together to improve coordination, strengthen transitions and provide more holistic support for young people experiencing multiple and overlapping needs. Recent developments have strengthened the local focus on adolescence as a distinct stage of development, with growing emphasis on integration, participation and co-production. Young people's voices are increasingly shaping service design, commissioning and future development through engagement activity, participation programmes and partnership working across the system

0–19 Healthy Child Programme

School Nursing and specialist teenage pregnancy support, including the Family Nurse Partnership, provide the foundation for prevention and early intervention. Together they promote health and wellbeing, support emotional health, safeguarding and sexual health, identify emerging needs early, and strengthen engagement with young people with SEND, those in alternative provision and other vulnerable groups, while supporting key educational transitions.

As a universal service, the 0-19 Healthy Child Programme plays an important role in reducing inequalities, promoting healthy behaviours and identifying need before problems escalate. School Nursing also provides an important bridge between health, education and wider support services, helping young people access the right support at the right time.

Emotional wellbeing and mental health

MHSTs, CAMHS, Talking Therapies, Early Help, School Nursing and primary care provide a continuum of support from prevention and early intervention through to specialist care. NottAlone offers a digital resource, while specialist pathways support young people experiencing eating disorders, self-harm and severe mental illness, alongside wider suicide-prevention activity.

Within this continuum, CLA CAMHS works within the THRIVE framework across Getting Help, Getting More Help and Risk Support, with links to specialist services including Forensic CAMHS (FCAMHS) and Head2Head. This supports coordination of care for young people with more complex needs.

Together, these services support earlier identification of need, improve access to support and help ensure young people can access appropriate care based on their level of need. Increasing partnership working between schools, health services and community organisations is strengthening opportunities for prevention, early intervention and coordinated support, reflecting the growing complexity of emotional wellbeing and mental health need identified throughout this profile.

Adolescence Service, Family Help and Family Hubs

An integrated Adolescence Service (within Family Help) brings together youth justice, exploitation and missing services, youth development, family support and evidence-based interventions such as Multisystemic Therapy within a trauma-informed model. Family Hubs provide community-based access to support and services, including specialist support for refugees and unaccompanied asylum-seeking children.

These developments reflect a growing recognition that adolescence is a distinct stage of development requiring coordinated and developmentally appropriate support. Family Help and Family Hubs provide opportunities to strengthen

Youth provision and positive activities

Youth provision is delivered through local authority, voluntary sector and community organisations, framed by the Youth Sufficiency Strategy (2026-31) and the developing Young Futures Hub.

Youth services provide opportunities for young people to build confidence, develop skills, access trusted adults and engage in positive activities within their communities. The Youth Sufficiency Strategy and Young Futures Hub aim to strengthen access to support, improve participation, reduce inequalities and ensure all young people can access opportunities that support wellbeing, resilience and preparation for adulthood. These developments respond directly to engagement findings highlighting the importance of belonging, safe spaces and positive activities.

Preparing for adulthood and transition

SEND services, EHCP pathways, specialist education, care leaver services and health transition pathways support young people as they prepare for adulthood. This work is strengthened through the Preparing for Adulthood Programme for young people with SEND, learning disabilities and complex needs.

The programme is helping to strengthen person-centred transition planning and improve coordination across education, health and social care. Together with wider transition and care leaver support, it provides an important opportunity to address many of the challenges identified throughout this profile relating to continuity of support, preparation for adulthood and reducing the transition "cliff edge" experienced by some young people

Safeguarding, exploitation and youth justice

Youth Justice Services, exploitation and missing services, safeguarding partnerships, Violence Reduction Partnership initiatives and Transitional Safeguarding work support young people experiencing vulnerability and harm.

Increasing use of trauma-informed and contextual safeguarding approaches is helping services respond more effectively to the complex and overlapping risks experienced by many adolescents. This work recognises that risks often occur beyond the family home and seeks to improve coordination across organisations to support vulnerable young people at earlier stages and through transition into adulthood

Education inclusion, healthy lifestyles and the voluntary sector

A wide range of education, health and community services support young people's wellbeing. This includes services promoting inclusion, school attendance, alternative provision and SEND, alongside the Achieve Well programme, Nottingham's whole-school health and wellbeing programme, which supports schools to adopt a whole-school approach to health and wellbeing.

prevention, improve partnership working and offer more joined-up support for young people experiencing multiple and overlapping needs

Young People's Jobs Fund and inclusive employment support

Nottingham's Young People's Jobs Fund is being developed as a joined-up pathway to support young people into sustainable education, employment or training. The programme combines practical barrier removal, community-based engagement, mental health support, skills development, work experience and employer-focused activity.

The programme includes targeted support for 16–17-year-olds who are NEET or Not Known, alongside community-based employment support for disengaged 18–24-year-olds, including young adults who may not be accessing mainstream employment support. Wider interventions include Mental Health to EET support, green skills opportunities, work tasters and employer incentives designed to create more inclusive progression routes

The programme provides an important opportunity to strengthen support across the transition into adulthood and respond to the participation, inequality and wellbeing challenges identified within this JSNA.

Additional support is provided through physical activity, sexual health and substance use services, together with a strong voluntary and community sector offering mentoring, advocacy, youth activities and safe spaces, particularly within communities experiencing greater disadvantage. Collectively, these services help strengthen resilience, reduce isolation, improve educational inclusion and provide important opportunities for prevention and early intervention

Substance Use Services

Substance use services provide specialist assessment, treatment and support for children and young people affected by alcohol and drug use. This includes support for young people who are using substances themselves, as well as those impacted by the substance use of parents, carers, siblings or other significant individuals in their lives.

Services also play a key role in supporting young people involved in the criminal justice system, including those subject to youth justice or court orders where substance use is identified as a contributing factor. Interventions focus on reducing harm, improving health and wellbeing, addressing underlying risk factors, and supporting positive behavioural change. Support may include one-to-one interventions, family support, education, prevention activities, harm reduction advice, and multi-agency working with health, social care, education and youth justice partners.

The overall aim is to reduce the impact of substance use on young people's health, safety and life opportunities, while promoting resilience, recovery and positive outcomes.

Collectively, these services, programmes and community assets provide a strong foundation for improving adolescent outcomes across Nottingham. They reflect a growing focus on prevention, early intervention, participation and partnership working, while supporting many of the needs and priorities identified throughout this profile. However, increasing demand, growing complexity of need and persistent inequalities reinforce the need to continue strengthening integration, improving transitions and ensuring support remains accessible, coordinated and responsive to the needs of young people and their families.

Opportunities for improvement and future development

The findings identify a number of areas where the evidence provides a particularly strong case for action. These include improving transition planning for young people approaching adulthood; strengthening early intervention for young people at risk of persistent absence, exclusion and NEET; improving access and navigation across emotional wellbeing and mental health pathways; strengthening responses to overlapping safeguarding risks, including exploitation, substance use and online harms; and addressing inequalities experienced by young people with SEND and care experience. These areas provide opportunities for focused action through commissioning, service development and existing partnership programmes.

Theme	Findings	Recommendations / areas for development
1. Strengthening partnership and integration between services	Demand related to health, SEND, safeguarding and wider determinants is rising, with many young people presenting with complex, overlapping needs. Support can feel fragmented, particularly at transition. Family Help, the Youth Sufficiency Strategy, Young Futures Hub and Transitional Safeguarding provide opportunities to strengthen coordination.	• Formalise referral pathways across health, education, social care and community services, adopting a 'no wrong door' approach so that young people are supported to access the right help regardless of where they first present. • Strengthen partnership working between services commissioned to provide early intervention and support for 5–19-year-olds, aligned with the Children and Young People's Mental Health Transformation Plan. • Improve information sharing and coordinated planning for young people with complex and overlapping needs. • Develop clearer pathways between universal, targeted and specialist support, including coordinated pathways for young people with co-occurring mental health and substance use needs. • Strengthen whole-system working through Family Help, the Young Futures Hub and Transitional Safeguarding, so that services identify needs earlier, share information appropriately and coordinate support around the young person rather than working in isolation. • Implement Children's Social Care and Family Help reforms to strengthen integrated working across health, education, social care and community services.
2. Promoting inclusive environments and reducing inequalities	Outcomes remain strongly shaped by deprivation, educational disadvantage and wider determinants. Poverty, care experience, SEND, discrimination and safeguarding vulnerability concentrate poorer outcomes across multiple indicators.	• Target resources and interventions to communities of greatest need. • Strengthen support for care-experienced young people, young carers, young people with SEND and other vulnerable groups. • Improve accessibility, inclusivity and cultural responsiveness of services. • Increase opportunities for youth participation and co-production.

Theme	Findings	Recommendations / areas for development
3. Strengthening emotional wellbeing and mental health support	Demand is rising and more complex across Early Help, MHSTs, CAMHS and adult services, with barriers including waiting times and low awareness. The Autism JSNA shows autistic young people experience markedly poorer outcomes; neurodevelopmental need is an increasing driver.	• Deliver the Nottingham and Nottinghamshire Children and Young People's Mental Health and Wellbeing Plan 2025–2028, strengthening prevention, early intervention, access and pathways. • Embed trauma-informed and psychologically informed practice across adolescent services. • Provide needs-led support, including while young people are awaiting assessment, rather than relying on diagnosis alone. • Strengthen workforce capacity and specialist skills to respond to increasing complexity and co-occurring needs. • Improve awareness and navigation of support through NottAlone as a trusted digital front door. • Strengthen recovery and step-down pathways to sustain progress, build resilience and reduce avoidable re-referrals.
4. Strengthening transition and preparation for adulthood	A persistent 'cliff edge', particularly for young people with SEND, care experience, neurodevelopmental conditions and long-term needs, with variation in transition planning, eligibility thresholds and continuity of support across the system.	• Develop a coordinated and consistent approach to transition planning across children's and adult services, with clear pathways, roles and responsibilities and improved continuity of support, particularly for young people who do not meet adult service thresholds. • Begin transition planning early and align approaches with Preparing for Adulthood principles, building on and scaling existing good practice. • Improve continuity of support across the transition to adulthood, including effective handovers and continuity of trusted relationships, with particular consideration of flexible, needs-led support for care-experienced young people beyond age 18. • Strengthen the role of universal and community services, including School Nursing, in supporting transition and preparation for adulthood, particularly for neurodivergent young people and those with additional needs. • Ensure transition planning considers young people with co-occurring needs, including mental health and substance use, where coordination across multiple children's and adult service pathways may be required.
5. Strengthening safeguarding and responding to vulnerability	Adolescents experience overlapping safeguarding risks including exploitation, youth violence, missing episodes, contextual risks and online harms, with vulnerability often compounded by poor mental health, substance use, educational exclusion and wider inequalities	• Strengthen contextual and transitional safeguarding approaches, recognising that risk can occur across home, school, community and online environments.

Theme	Findings	Recommendations / areas for development
		• Strengthen early identification of exploitation, youth violence, online harms and wider vulnerability. • Embed trauma-informed and relationship-based approaches across services working with adolescents at risk of harm. • Strengthen multi-agency responses for young people experiencing overlapping vulnerabilities, including mental health needs, substance use, missing episodes, exploitation, educational exclusion and involvement with Youth Justice Services..
6. Strengthening youth provision and positive activities	Young people consistently value trusted adults, safe spaces and positive activities. Access varies across the city, particularly in deprived communities, and reduced provision may increase vulnerability to exploitation, poor mental health and offending.	• Strengthen access to safe, inclusive and accessible youth provision, particularly in communities experiencing the greatest levels of need and inequality. • Increase opportunities for young people to develop sustained and trusted relationships with professionals and community-based practitioners. • Strengthen links between youth provision, schools, Family Help, health services, safeguarding services and wider community support. • Ensure young people are meaningfully involved in the design, delivery and evaluation of youth provision and services that affect them
7. Improving inclusion within education and reducing exclusion	School exclusion and persistent absence are associated with poorer educational, health and safeguarding outcomes, including exploitation and youth justice involvement. Young people with SEND are disproportionately affected.	• Strengthen early identification and support for young people at risk of persistent absence, suspension or permanent exclusion. • Develop joined-up responses across education, health, SEND, Family Help and safeguarding services to address the underlying needs contributing to disengagement from education. • Strengthen support for young people with SEND who are at greater risk of poor attendance, exclusion and disengagement from education. • Ensure young people who are excluded, accessing Alternative Provision or otherwise disengaged from mainstream education continue to have access to appropriate health, wellbeing and wider support. • Strengthen early intervention at key transition points to reduce the risk of educational disengagement leading to NEET, particularly for young people with SEND and other identified risk factors.

Theme	Findings	Recommendations / areas for development
8. Improving support for SEND and neurodiversity	Demand associated with SEND and neurodevelopmental conditions continues to rise. Young people with SEND experience poorer outcomes across education, health, employment and transition, and are over-represented in youth justice and safeguarding systems (Autism JSNA; 248-participant pathway review).	• Strengthen early identification of additional needs and ensure timely access to appropriate support for young people with SEND. • Improve coordination between education, health, social care and wider services supporting young people with SEND, particularly where needs are complex or overlapping. • Strengthen support at key transition points, including the transition from primary to secondary education and preparation for adulthood. • Reduce inequalities in attendance, exclusion, participation and NEET outcomes for young people with SEND through targeted and coordinated support. • Ensure support is needs-led and does not rely solely on a formal diagnosis or Education, Health and Care Plan (EHCP), including appropriate support while young people are awaiting assessment.
9. Improving data, insight and evaluation	Intelligence exists but outcome monitoring, evaluation and understanding of vulnerable groups can be strengthened, and awareness of services is low. Further work is needed on neurodevelopmental demand, waiting times and transition outcomes.	• Strengthen the use of trend data and local, regional and national comparators to support interpretation of adolescent health and wellbeing outcomes. • Improve data sharing and linkage across health, education, social care, safeguarding and community services to better understand pathways, inequalities and outcomes. • Strengthen local intelligence on identified data gaps, including specialist and inpatient CAMHS activity, transition outcomes and participation, NEET and economic inactivity among 18–24-year-olds. • Develop more detailed analysis of inequalities where data allow, including NEET outcomes by SEND status and primary type of need, care experience, ethnicity, sex and deprivation. • Develop consistent outcome measures and evaluation frameworks, including a small set of system-level indicators to monitor progress against the priority areas identified in this JSNA.
10. Prevention and early intervention	Consistent themes recur across needs assessments and engagement: mental health, poverty, isolation, safeguarding, educational disadvantage and transition. Early intervention, trusted relationships and accessible community provision are the most effective approaches.	• Prioritise and sustain investment in prevention and early intervention across adolescent health and wellbeing services.

Theme	Findings	Recommendations / areas for development
		• Strengthen universal and targeted approaches that identify emerging needs early and provide support before needs escalate or reach specialist service thresholds. • Target preventative activity towards young people and communities experiencing the greatest inequalities and risk of poorer outcomes. • Strengthen prevention across key areas of adolescent need, including emotional wellbeing, substance use, healthy relationships, online harms, exploitation, healthy lifestyles and educational engagement. • Use schools, Family Hubs, youth provision, School Nursing and community settings to provide accessible opportunities for early help, health promotion and preventative support.

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Glossary

Term	Definition
CAMHS	Child and Adolescent Mental Health Services.
CCE / CSE	Child Criminal Exploitation / Child Sexual Exploitation.
Children in Need / Children in Care	Children assessed as needing support under the Children Act 1989 / children looked after by the local authority.
CLA CAMHS	Children Looked After Child and Adolescent Mental Health Services – specialist mental health support for children and young people in care.
Contextual safeguarding	An approach recognising that risks to young people occur beyond the family home, including peer groups, schools, neighbourhoods and online.
EHCP	Education, Health and Care Plan, setting out support for a child or young person with SEND.
First-Time Entrant (FTE)	A young person receiving their first formal youth justice outcome.
IMD	Index of Multiple Deprivation, the national measure of relative deprivation by small area.
FCAMHS	Forensic Child and Adolescent Mental Health Services, specialist mental health support for children and young people presenting with complex needs and behaviours that may place themselves or others at risk.
MHST/MIAT	Mental Health Support Team, providing school-based emotional wellbeing support. - Mental Health Integrated Access Team
NEET	Not in education, employment or training.
Neurodivergence	Natural variation in how brains process information; includes autism, ADHD, dyslexia and dyspraxia.
SDQ	Strengths and Difficulties Questionnaire, a measure of emotional and behavioural wellbeing.
RCADS	Revised Children's Anxiety and Depression Scale – a questionnaire used to assess symptoms of anxiety and depression in children and young people.
SDQ	Strengths and Difficulties Questionnaire, a measure of emotional and behavioural wellbeing.
SEND	Special Educational Needs and Disabilities.
Transitional safeguarding	A developmentally informed approach to safeguarding older adolescents and young adults beyond age 18.

Term	Definition
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	A validated questionnaire used to measure positive mental wellbeing, including emotional wellbeing, resilience, and ability to function effectively in daily life

Appendix A: Data tables

This annex holds the full underlying data referenced in the profile, including breakdowns not shown on the charts. Values are as supplied by the named sources; education, inclusion and NEET indicators are included below (tables A10 and A11).

A1. Population and diversity

Indicator	Value	Period / source
Young people aged 11–19	**45,585 (~14% of city population)**	ONS mid-2024; NCC (2026)
Ethnicity – White	**57.6%**	Census 2021
Ethnicity – Asian	**16.3%**	Census 2021
Ethnicity – Black	**12.5%**	Census 2021
Ethnicity – Mixed	**9.9%**	Census 2021
Ethnicity – Other	**3.7%**	Census 2021

A2. Deprivation and poverty

Indicator	Value	Period / source
11–19s in two most deprived IMD deciles	**~50%**	MHCLG (2019)
11–19s in most health-deprived national decile	**36%**	OHID (2025)
11–19s in highest crime-deprivation areas	**~50%**	MHCLG (2019)
IMD decile distribution (1=most deprived to 10)	**27.6 / 21.1 / 15.3 / 3.2 / 13.9 / 2.8 / 6.4 / 5.1 / 2.6 / 2.2 (%)**	MHCLG (2019)
Free School Meal eligibility – Nottingham	**38.0%**	DfE (2024/25)
Free School Meal eligibility – England	**25.7% (gap 12.3 pp)**	DfE (2024/25)
FSM rank among 16 statistical neighbours	**4th highest**	DfE (2024/25)
Children in poverty – Nottingham vs England	**38.8% vs ~22%**	ONS (2024)

A3. Emotional wellbeing and mental health

Indicator	Value	Period / source
CYP aged 5–19 with a diagnosable condition	**8,718 at any one time**	NCC & Nottinghamshire ICS (2026)
Lifetime conditions emerging by age 14 / 24	**~50% / ~75%**	NHS England (2019)
Secondary pupils with high wellbeing (WEMWBS)	**16%**	City H&WB Survey (2025)
Secondary pupils worrying a lot about exams	**44%**	City H&WB Survey (2025)
Self-harm hospital admissions, 10–24s	**329**	2020/21; OHID
Self-harm admission inequality	**most deprived >2x least deprived**	OHID (2025)

Indicator	Value	Period / source
Children in care “cause for concern” on SDQ	**53% (England ~39–40%)**	NCC (2026)
Talking Therapies users: memory/concentration difficulty	**30%**	Nottinghamshire Healthcare (2026)
Talking Therapies users: behavioural/emotional difficulty	**14.5%**	Nottinghamshire Healthcare (2026)

A4. Service demand and activity

Indicator	Value	Period / source
Early Help Assessments, 11–13 (change)	**+82%**	2023/24 to 2025/26
Early Help Assessments, 14–16 (change)	**+85%**	2023/24 to 2025/26
Early Help Assessments, 17–19 (change)	**nearly tripled**	2023/24 to 2025/26
Brief Assessments, 11–13 / 14–16	**695→56 / 617→63**	threshold/recording change
Targeted CAMHS supported	**1,480**	Apr 2024–Sep 2025
MHST/MIAT accessed (11–19s)	**1,022**	last 18 months
CLA CAMHS open cases (referrals)	**189 (178 referrals)**	reporting period
18–25 Talking Therapies referrals	**3,823**	Apr 2025–Feb 2026
Transitioned Targeted CAMHS → adult pathways	**31**	reporting period

A5. MHST service-user profile (n=1,022)

Indicator	Value	Period / source
Referrals by age (11,12,13,14,15,16,17,18,19)	**219, 188, 163, 136, 145, 95, 53, 22, 1**	last 18 months
Demand skew	**56% aged 11–13; 17% aged 16–19**	Nottinghamshire Healthcare (2026)
Female / male	**62% / 38%**	Nottinghamshire Healthcare (2026)
White British	**63%**	Nottinghamshire Healthcare (2026)
In two most deprived deciles (where IMD recorded)	**77%**	Nottinghamshire Healthcare (2026)
Recorded disability or neurodivergence	**16% (over half autism)**	Nottinghamshire Healthcare (2026)

A6. Transitions

Indicator	Value	Period / source
15–19s (asthma/epilepsy/T1 diabetes) with coded transition plan	**75 of 2,940 (<3%)**	NCC (2026)
Eligible YP with a plan, Preparing for Adulthood Programme	**93–96%**	Nottinghamshire Healthcare (2024/25)
Ethnic-minority pupils with an EHCP	**987**	2025/26; DfE
Care leavers (incl. aged 21+)	**859 (113 aged 21+)**	Feb 2026; NCC

Indicator	Value	Period / source
Care leavers NEET – aged 17–18 / 19–21	**48% / 37% (EET 52% / 63%)**	March 2025

A7. Safeguarding caseload (February 2026)

Indicator	Value	Period / source
Children in Need – aged 10–15 / 16–17	**251 / 82**	NCC Children's Services (2026)
Child Protection Plans – aged 10–15 / 16–17	**132 / 23**	NCC Children's Services (2026)
Children in care – aged 10–15 / 16–17	**221 / 172**	NCC Children's Services (2026)
Adolescents as a share of all children in care	**68% (393 of 581)**	NCC Children's Services (2026)
Children in care missing (children / occasions, 2025)	**85 / 596 (~7 each)**	NCC Children's Services (2026)

A8. Exploitation and youth justice

Indicator	Value	Period / source
Substance-misuse cohort: CCE / CSE / missing	**16 / 7 / 19**	VRP (2025)
Cohort with identified mental health needs	**33.7%**	VRP (2025)
Cohort involved with Youth Justice Services	**23.6%**	VRP (2025)
Cohort male	**66%**	VRP (2025)
Substance-misuse referrals – hot-spot wards	**Aspley 103; St Ann's 76; Bulwell 73; Hyson Green & Arboretum 72**	VRP (2025)
Cannabis share of primary substance presentations	**70–75%**	VRP (2025)
First-Time Entrants per 100,000 (change)	**477 → 183 (−60%)**	Oct 2022–Sep 2023 to Oct 2024–Sep 2025
Reoffending rate (range)	**25–36%**	reporting periods
Custodial sentences per year	**~11**	reporting period
Reduction in youth service provision	**69%**	reported

A9. Engagement (participant numbers)

Indicator	Value	Period / source
Adolescent JSNA stakeholder survey	**n=33**	2025–26
Adolescent JSNA workforce survey	**n=22**	2025–26
School Nursing – young people	**n=88**	2025
School Nursing – parents and carers	**n=227**	2025
School Nursing – education professionals	**n=109**	2025

Indicator	Value	Period / source
Neurodevelopmental pathway review	**n=248**	Autism JSNA

A10. Educational inclusion

Indicator	Value	Period / source
Permanent exclusions: 2023/24 / 2024/25 / 2025/26 (to date)	**204 / 178 / 82**	DfE (2025); NCC (2026)
Permanent exclusions involving boys	**297**	reporting period
Permanent exclusions involving girls	**135**	reporting period
Permanent exclusions involving young people with SEND	**171**	reporting period
Highest-exclusion wards	**Bulwell, Aspley, Bestwood, Basford, St Ann's**	NCC (2026)

A11. Participation and NEET

Indicator	Value	Period / source
NEET rate: 2021 peak / 2026	**5.47% / 3.43% (−37.3%)**	DfE; NCC (2026)
NEET by SEND: SEND Support / no SEN	**13.0% / 2.8%**	DfE (2026)
NEET by ethnicity: Other / White / Black	**9.9% / 8.6% / 5.5%**	DfE (2026)
NEET by sex: male / female	**4.89% / 3.08%**	DfE (2026)
Apprenticeship participation: 2019 / 2026	**3.82% / 0.95%**	DfE; NCC (2026)
Apprenticeships: Nottingham / East Midlands / England	**0.95% / 3.0% / 3.6%**	DfE (2026)
Activity 'not known': Nottingham / England	**2.73% / 1.9%**	DfE (2026)