Exploring household resilience in Teesside

Dan Vale

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The Young Foundation combines creativity and entrepreneurship to tackle major social needs. We work on many different levels to achieve positive social change – including advocacy, research, and policy influence as well as creating new organisations and running practical projects. The Young Foundation benefits from a long history of social research, innovation and practical action by the late Michael Young, once described as "the world's most successful social entrepreneur" who created more than 60 ventures which address social needs.

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Acknowledgements

1   Introduction

Teesside is the name commonly given to the major urban conurbation in North East England made up of the towns of Billingham, Eston and South Bank, Hartlepool, Ingleby Barwick, Middlesbrough, Redcar, Stockton-on-Tees and Thornaby. The area is one of the most economically deprived regions of the UK and has a population of over 388,000 people.

Despite its important history and its proud industrial heritage based around steel, heavy engineering, shipbuilding and more recently chemicals, the Teesside conurbation has had an extremely high concentration of deprivation for decades. Its industries struggled during the recessions of the interwar years, the 1970s and the 1980s – all of which caused mass redundancies, especially by larger employers such as British Steel and ICI. This was a time when manufacturing decreased dramatically, and social problems increased in line with the high levels of unemployment. And in the 1970s and 1980s business start-up rates were among the lowest in England. In the 1980s Teesside was home to the largest continuous area of de-industrialised land in the whole of Europe and met the deprivation levels of Objective 2 of the European Social Fund (ESF).

Some progress has been made in recent years to diversify the economy. The Tees Valley is the largest heavy industrial complex in the United Kingdom for petrochemicals, and Teesside University, based in Middlesbrough, with over 24,000 students, has the highest percentage increase in applications for degree courses of any university in the North East of England. By and large, Teesside is typical of other UK areas recovering from the loss of the traditional manufacturing industries and shares ACORN and Mosaic* classification types with areas on the Clyde, Liverpool, South Yorkshire and the West Midlands. Today, in the midst of another recession, Teesside is faced once again with rising unemployment and redundancies, particularly among young people.

This report draws upon the experiences of people living in the South Bank area of Teesside and community organisations in Middlesbrough – a town described by Gladstone in a speech in 1862 as a "remarkable place, the youngest child of England's enterprise … an infant – but it is infant Hercules." Today, the economic and social situation in the area is challenging and its industries are further under threat from the latest recession. Unemployment within Middlesbrough is double the national rate and the proportion of homes with children where no one is working remains one of the highest nationally at 30 per cent. Teesside still has high rates of young people 'dropping out' of education, employment or training opportunities after leaving full-time education. Some vulnerable groups, such as teenage mothers and disabled young people, have particularly low levels of continuing with education post-16 and poor levels of attainment. Incapacity benefits are also high, with twice as many people in Middlesbrough claiming Incapacity Benefits as there are claiming job seekers' allowances. Middlesbrough Council is providing publicly funded social care services to approximately 2,000 people of working age, most of whom are not in employment but want to work.

This short report aims to go beyond the statistics to understand how people meet their needs and how resilient they are. It also explores the attitudes, characteristics, behaviours and dispositions that contribute to this resilience. The study was based on interviews with 43 adults aged between 18 and 84. While not

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* ACORN and Mosaic are geodemographic segmentation techniques used to classify local areas according to the characteristics of the population who live there.

representative of the entire region, their stories paint a picture of resilience among people affected by disadvantage, lack of prospects, and lack of opportunities.

The report argues that, despite unemployment and a difficult recession, individuals are nonetheless resourceful and rely on family and friends for important necessities and for building resilience. Overall, the interviews uncovered stories that are not unique to Teesside, but echo the experiences of many in the UK: families, households and individuals that are struggling to make ends meet but are resilient no matter what life throws at them. In reporting some of their voices[*] and stories, and discussing the context in which resilience takes shape, the report reviews the history and current socio-economic challenges in Teesside, before exploring specifically how people find resilience in times of difficulty.

Study aims and methods

The study explored how men and women in low-income households in Teesside met their needs, at a time when the uk was sliding into economic recession. We were especially interested in understanding the role non-financial assets and strategies, such as networks of social support and resilience, played in meeting people's everyday needs.

Consultations with local community groups and voluntary sector organisations identified the South Bank area as an appropriate field site. South Bank is a ward in Redcar and Cleveland Unitary Authority, and part of the Middlesbrough urban conurbation. It experienced rapid de-industrialisation in the 1980s and early 1990s, resulting in widespread unemployment and its associated problems. South Bank remains one of the most disadvantaged areas in the country.

Twenty-three households in and around the South Bank area responded to posters and flyers advertising the opportunity to take part in the study. We spoke to a total of 41 adults (25 women and 16 men), ranging in age from 18 to 84 years old. Thirty-one participants were unemployed, five were retired and four were Black and Minority Ethnic backgrounds.

We undertook detailed semi-structured interviews with people in their own homes. Our questions explored themes of family make-up, employment histories and household finances. We also asked the participants to reflect on their understanding of their own needs and to outline how these are met or not met, whom they rely on for support and help, and the roles they play in supporting others.

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[*]   All names have been changed to maintain anonymity.

2   Teesside: yesterday and today

The Teesside towns grew and prospered as a result of the iron and steel industries and, after World War I, the petrochemical industry. The towns in the area were initially famed for their rapid growth, with new jobs and expanding industries. This did not last, and after the inter-war period unemployment in the region was twice the national average – in 1932 an average of 45 per cent of people were out of work.[1] Nevertheless, investment in the area in the 1950s and 1960s was rapid, stimulating growth and expanding employment opportunities.

Today the conurbation is a patchwork of distinct towns that are still dominated by the steel and chemical industries. Corus (formerly British Steel, now owned by Tata Steel) has a plant in Teesside, Huntsman Tioxide has a large plant making titanium dioxide and there is a huge oil refinery at Port Clarence. Nevertheless, these industries are a fraction of the size they once were. As far back as the early 1960s serious concerns were being expressed about unemployment in the working class neighbourhoods of Grangetown and South Bank (the area where this research was conducted), both of which lay close to major steel and chemical sites. In the early 1970s the unemployment rate soared, and this continued for well over a decade, through two major recessions. Teesside was as severely affected as any area of Britain. At the 1981 and 1991 national Census, a number of local government wards in Teesside had unemployment rates in excess of 30 per cent, largely due to the contraction of the steel and chemical industries and the disappearance of shipbuilding and repair on the River Tees. To an extent, the area has yet to recover.

One legacy of the job losses of the last two decades has been a weakening of the ties binding people to the main local sources of employment.[2] Up until the late 1970s, those who lived closest to the factories were more than likely to work in them. Today this is no longer the case. The predominantly working class neighbourhoods have always borne the burden of unemployment, but in the last decade or so they have also developed pockets of entrenched worklessness. Residents have much less personal investment in the companies on their doorstep, as the prospect of being employed in one of them has decreased dramatically.

Today, for many, life in parts of Teesside is difficult and there are increasingly fewer opportunities for change. According to one analysis, four of the ten postal areas that had the lowest average income in the country are in Teesside, including the three very poorest areas (see Figure 1).[3] Although more recent comparable data is not available, another study in 2006 indicated that Middlesbrough is one of the three poorest areas of the country.[4]

Figure 1: The ten poorest postal areas in the UK

Rank	Postal Area	Avg. Income
1	Newport Rd, Middlesbrough	£11,600
2	Portrack La, Stockton-on-Tees	£11,700
3=	Wilson St, Middlesbrough	£11,800
3=	Naylors Rd, Liverpool	£11,800
5	Parkhead, Glasgow	£11,900
6	St Matthews, Leicester	£12,000
6=	Borough Rd, Middlesbrough	£12,000
8	Canal Rd, Bradford	£12,200
9	Bridgeton, Glasgow	£12,300
10	Great Ancoats St, Manchester	£12,300

Source: CACI 2002

The current recession has affected jobs in the area, and it is causing significant anxiety about the prospect of more job losses, making this area vulnerable to further disadvantage. In the South Bank area, the households we visited as part of this study had very low incomes, few if any financial assets and net levels of indebtedness, in some cases unmanageable and chronic. Employment prospects are poor, particularly when a number of the remaining industrial jobs in the North East are gradually disappearing or under threat. And levels of educational qualification and formal skills remain significantly below the national average, especially in the poorer neighbourhoods.

Many of the participants in this study described their lives as 'hard'. The challenges face by people we spoke to were multiple. While economic concerns, fears and challenges were omnipresent, many fundamental issues in people's lives went far beyond that and covered difficulties of living with disability or health problems, childcare and getting around generally. And yet despite these challenges, many described their life as broadly content, with rich relationships (in most cases) and positive expectations for the future.

This picture is far from unique to the North East. It is now over 50 years since Young and Willmott's classic study of family and kinship in a working class part of East London challenged long-established views of the plight of the urban poor by revealing the crucial significance of having extended kinship networks in the day-to-day lives of families.[5] Young and Willmott demonstrated the key role that mothers in particular played in mediating and also maintaining three-generational family structures. These functional and adaptive structures were commonly characterised by a system of mutual aid and support. We observed some of this

happening among the households members interviewed in the course of this study. Broadly, it seemed that households with the least financial resource fared a little better than those that were attempting to navigate the complex pathway of part-time work and benefit tapers. For those individuals, and especially for single parents (mainly mothers), for example, we found a real perception of multiple pressures with little expectation of ever being able to escape.

For a number of households in the study the current economic downturn barely marked any difference from either previous recessions or the gradual erosion of heavy industry over the past four decades. For others the real change has been that the slow establishment of the service economy on Teesside (which had lagged behind other parts of the North East and the country as a whole) had proved brittle at various points over the last twenty years. And the service economy has also been badly affected, and the effect on the workforce has been significant. Today major issues facing Teesside are a declining population (30,000 fewer people now than 1961 and 750 less every year), a very low house-building rate, low levels of business formation, high levels of deprivation, high levels of non-decent homes, and a poor image in some national media outlets leading to low levels of inward migration or investment.

While there is no disputing the economic hardships experienced in neighbourhoods with high levels of state benefit receipt, what is more interesting to social researchers and to social policy makers is that in some senses a number of the households living in these neighbourhoods might be described as thriving in the way they are organised – they are ingenious, innovative and resilient. Social, psychological and even basic material needs such as food or shelter are often as well met in some of these households as they are in much wealthier areas.

The make-up of the household is an important variant. By and large, we found that couples tend to cope better with difficulty than single people, both in terms of physical and financial assets, and certainly in terms of measures of psychological wellbeing, including optimism and self-esteem. Where this was not the case, the relationships were often broken irredeemably and in the process of separation. This echoes the literature on wellbeing and happiness, showing that married couples are on average significantly happier than single people.[6] The more assets (and not just financial assets) households have, the more likely they will be resilient to shocks that might push others further into poverty. Take the example of Mel and Steve – together for 23 years and with three children. During that time Steve has been made redundant three times. Mel has had a variety of jobs, some of them part time. For long periods their only income has been from state benefits.

" **"We've been through some pretty tough times, especially when Steve was laid off for a couple of years … I had a bit of depression after the second baby and we had a few fights, but we got through that. I've never thought for a minute that we wouldn't be together … and anyway I'd rather be poor with Steve and my girls than rich without them … no contest. After all we've gone through I reckon we could deal with whatever life throws at us…"**

Mel and Steve were not alone in this. Most other households in this study (see the appendix for a full list) also appeared to have developed relatively robust coping strategies which seemed to centre around a communal set of behaviours which were either openly negotiated or embedded and habitual. These coping strategies were effectively used in different contexts from losing jobs, to meeting basic needs for companionship, mutual help and neighbourliness. The following section explores these in more detail.

3 Understanding resilience: how families cope

Originally, the study of resilience was prompted by the recurring empirical observation that there are enormous variations in people's responses to all types of environmental hazard and threat. One of the earliest attempts to empirically measure resilience was prompted by observation of the resilience, fortitude and bravery shown by Ernest Shackleton and his crew in the Antarctic one hundred years ago.[7] This variation in how people respond to difficulty was certainly evident throughout our fieldwork in Teesside, where social relations and the context in which an individual lived had a significant impact on that individual's ability to bounce back and be resilient.

Much has been learned about both physiological and psychological resilience in recent years. Research shows that physiological resilience is increased by having been born to a healthy mother after a normal gestation and brought up in a clean, safe, warm and dry home where income is adequate to needs,[8] but also that physiological resilience is influenced by mental factors, including optimism, and social factors, including strong social networks. Resilient people are able to find positive meaning within high stress situations and events and have greater access to stored positive information that enables them to avoid being overwhelmed by the negative experiences and emotions that inevitably follow trauma.

While traumas can often be debilitating, many people experience traumas but quickly bounce back. There is evidence of 'steeling' effects in which successfully surviving situations of stress or adversity can produce improved functioning and increased resistance to future stress and adversity.[9] For example, Mel and Steve, mentioned above, had experienced multiple economic setbacks, as well as health problems and family difficulties, and yet displayed an extremely resilient attitude towards the slings and arrows of misfortune and even describe themselves as resilient.

Positive attitude is a key component of resilience. The literature on optimism shows, for example, that teaching optimism can have positive results on health – for example by increasing the life expectancy of terminally ill cancer patients.[10] This was illustrated by a study of longevity that analysed the written statements of young nuns.[11] These statements were then compared with how long the nuns lived for. The study found that the happier young nuns lived, on average, longer than their less happy colleagues, despite living in the same environment with the same facilities. Our interviews showed that the families who tended to make light of, or play down the gravity of the difficulties, either by deploying humour, or by contextualising the problems and concluding that some others 'have it worse', were the families who displayed the most adaptive resilience.

In fact more than acceptance, there was a tendency to assign positive values and meaning to a situation to which another family might have considered a heavy blow. One mother looked on the bright side after her husband lost his job, "He didn't like that job anyway … besides, he's got a lot more time to spend with Joshua now and they're getting on like a house on fire."

Several families had a very strong sense of their own abilities to weather life's ups and downs. There was a certain pride, often verging on the self-indulgent, in having had to deal with taking on family members who were experiencing difficulties or taking on extra caring responsibilities due top unforeseen circumstances. One woman commented:

> *"Of course we had to take her in when he left her, and my mother had only just died, and I nursed her for twelve years. It's non-stop in this family … there's always someone needs looking after."*

In this research the households that reported the least unmet need demonstrated a significant amount of confidence and optimism, and seemed to be the most likely to use humour when describing their situations. One woman commented about her husband, "He's been made redundant six times since we got married, you'd think he smells or something, God bless him. He might be useless but I do love him."

These families also appeared to regard themselves as being less "needy". One couple considered themselves to be fortunate, comparing their situation to the "rich folk" living in the South East and London:

> "You talk about needs, well I don't reckon we are any different to most folk, even those in rich areas down south … We need a roof over our heads, food on the tables and to feel that our children are safe."

Even in the situations where people admitted that they had 'gone without' something that they might have needed or wanted (food, a holiday, new shoes), those with a positive outlook seemed overall to report fewer and less pressing needs and suffering than others. For example Gary and Michelle, who have four children and who are both economically inactive, reported regularly skipping meals, often taking their children to eat at relatives, while not eating full meals themselves:

> "You've just got to do what you've got to do … I remember it was the same in my day … me Mam never seemed to eat anything, she just lived off fags, but she made sure we all ate like kings."

There was also a large number of families who had gone through not only the economic shock of redundancy or over-indebtedness, but also health and mental health problems. Recent research has shown than two in five people who have lost their jobs since 1991 have suffered from mental health problems. A common feature of those who reported most positively on these seemingly intractable problems was the cheerful and upbeat way in which they were reported and the absence of negative descriptors, other than those who deployed a sense of humour that many would consider dark.

> "Yeah, Matt's been shuffling along like Quasimodo since the operation, the kids have a good old laugh at him … course he can't pick up Gemma any more and swing her around, but that's probably just as well, she almost puked all over him one time."

Remaining resilient in the face of adversity is one thing. When the number and severity of the problems stack up, the situation can be more problematic. A large proportion of children recover from short-lived childhood adversities with little detectable impact in adult life, for example. But resilience decreases in incidence with the severity and multiplicity of adverse events.[12] In other words where adversities are more frequent and severe, and protective factors are

absent, resilience is lower in children, which will then continue to affect them in adulthood. This is particularly the case for severe mental health problems. One study of people who suffered serious mental health problems in their adolescence measured levels of resilience at adolescence and again when they were in their thirties. There was a high association between the impact of early mental health problems and poor adult mental development and functioning.[13]

Resilience is also critical to our ability to cope with difficult or traumatic life transitions such as leaving prison, a death of a loved one, or children leaving care. This is discussed in detail our main report, Sinking and Swimming: Understanding Britain's Unmet Needs. Another study found that people who described themselves as resilient before their loved one died were less likely to have enduring grief symptoms at four and 18 months after the loved one's death.[14] They experienced symptoms consistent with grieving, but unlike non-resilient people they managed to continue functioning in their lives. Chronic and transitional events are the most common cause of anxiety among children. It appears that chronic problems will usually have more lasting effects than acute adversities. This has enormous implications for social policy and services, which often tackle severe and acute conditions presenting needs (such as a crisis) at the expense of severe and chronic needs (such as absence of good-quality parenting). A study of Dutch adolescents with parents with bipolar disorder found that negative life events significantly increased their liability to experience mood disorders, with the negative effects of the life events decaying steadily by 25 per cent per year after they occurred.[15]

Figure 2: Marital transitions and psychiatric health
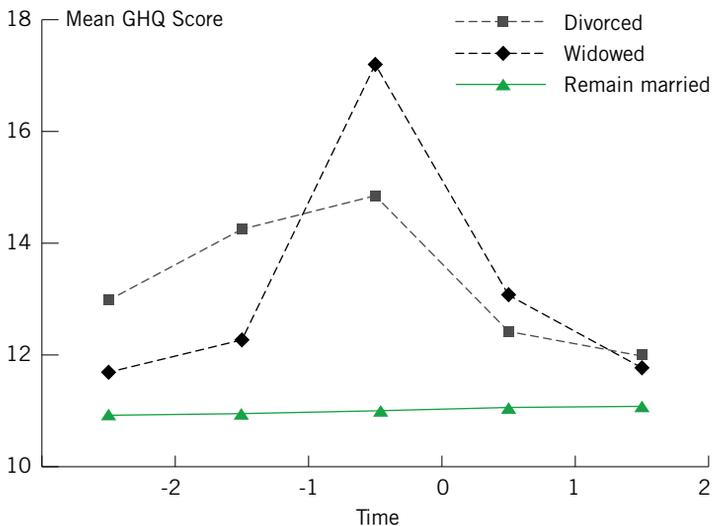
Data Source: BHPS

Adverse events, social problems and crises are common occurrences during the life course of most individuals.[16] Our work on transitions, which was part of our broader study, found that when people experience a crisis, one of the first things they do is attempt to regain a sense of equilibrium by processing the event internally. The evidence from Teesside also shows that people have protective or reactive resilience, in the coping strategies with which they cushion the adversities and shocks, and proactive resilience in the planning and active strategies they use to lift themselves out of adversity and prevent recurrence.

Throughout our interviews, we observed that although most people bounce back from adversities, how they bounce back can vary greatly. The diagram below provides a way to think about these dynamics.

Figure 3: Conceptual framework for resilience
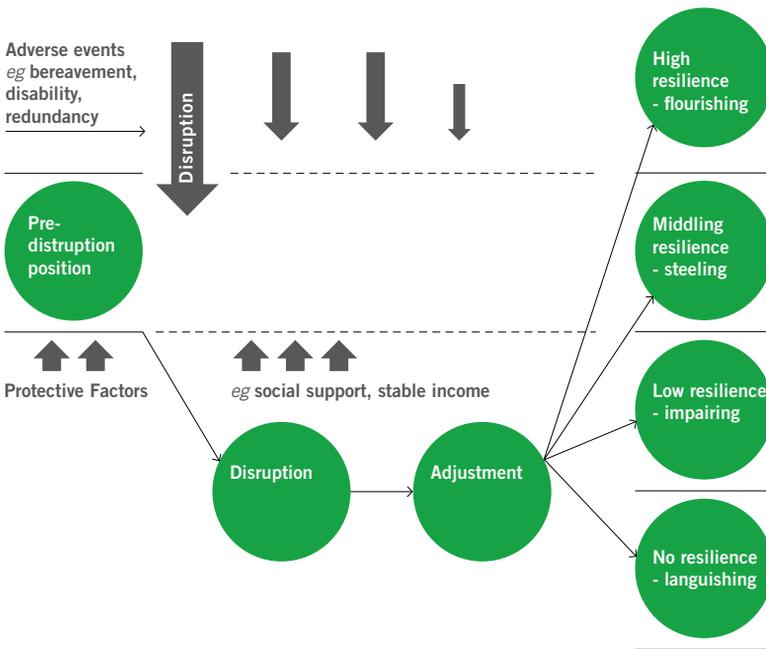
Both the internal and external aspects of resilience require a 'good enough' level of both self-regulation and self-esteem, rather than responses that exhibit either too much or too little. This echoes research that found that "high ego-resilient people are characterised by their ability to exert appropriate and dynamic self-regulation, whereas low ego-resilient people (i.e. ego-brittle) tend to rigidly under or over self-regulate".[17] Too much self-regulation in this context means trying too hard to exert control, or being too neurotic. In this case study, for example, people who best adapted to difficult circumstances relied on softer structures of support

– through stable families, routines and rituals, goals and strong support networks. These networks provide a buffer for difficulties, enabling people to partially meet their everyday needs.

Our understanding of resilience is that it is more than merely the ability to 'bounce back' after experiencing trauma or stress. It is also about having sharper antennae to avoid future threats, and being better able to experience stressful situations with greater calmness, from missing a bus, to breaking a leg, to losing a job. Another recurrent theme, well expressed by the more resilient families we spoke to in Teesside, is the ability and motivation to re-frame adversities so that the beneficial as well as the damaging effects are recognised, using the positive outlook discussed earlier.

More recent perspectives on resilience broadly coalesce around three views, all of which have in common the ability to withstand and respond positively to stress or change.

The first is the view of resilience as stability. In this view it is the buffering effect of assets, capabilities and characteristics that is paramount to preventing excessive adversity. The second sees resilience as recovery. In this case, bouncing back is the most important element, allowing for a short-term dip that is hopefully swiftly followed by the return to full functioning. The third view, which researchers around the world are increasingly backing, is one that sees resilience as a type of transformation in which creativity is the cornerstone. In understanding and accepting that change, adversity, transition, challenge and seemingly intractable problems are, by and large, ineluctable in life, it makes sense to start to move beyond what can be seen as 'deficit models' and deploy an approach that emphasises innovation, ingenuity and positive psychology. This certainly applies to the households taking part in this research, which relied on stable families, networks and routines to face adversity – illness, separations, redundancy. Their ways of coping and facing difficulties are reviewed in the following section.

4 Factors enabling resilience

Resilience seems to be fostered by protective factors and inhibited by risk factors.[18] But context is crucial; one mix of factors may prove beneficial in one situation but detrimental in another. And some people may be resilient to some things and not others, and at some times and not others.[19]

Resilience can be developed in a retrospective fashion, as people make sense of their lives and previous adversities in constructive ways. And many people experience 'turning point' events, such as marriage or parenthood, which promote recovery.

Our interviewees confirmed this, to an extent. Getting together with Irene was certainly the turning point for James. He talked freely about the transformation that had taken place in the eight years since they had got together, in stark comparison to the previous 40 years of a life in which he says he just "couldn't cope" with things and "made the wrong decisions … always." Being in a stable relationship (while not having a job) was key for James.

Figure 4: Resilience through the lense of agency
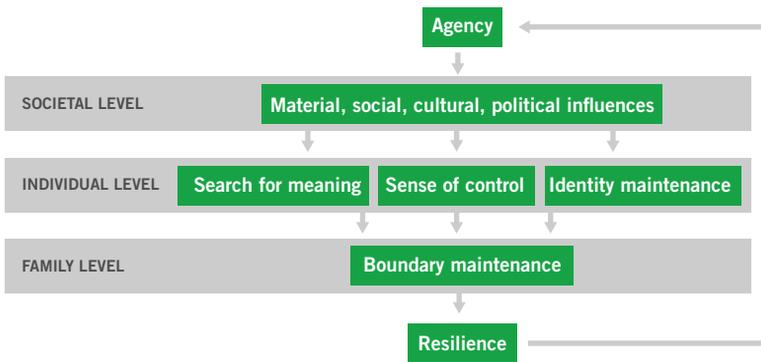
Research has also repeatedly identified a number of important caveats, which need to be taken into account in a more nuanced understanding of resilience. First, the ability to recover and bounce back after adversity does not always benefit others. Some of the individuals who have demonstrated the most resilience to adversity can do so by being 'hardened', selfish and overly self-centred.[20] Second, excessive preoccupation with the identification and elimination of risk factors may weaken the capacity of people, and especially children, to overcome adversities: too much fear is disabling, as is being too neurotic. Third, some actions that appear likely to support resilience can backfire. For example, giving teenagers too much responsibility too early, or providing a targeted intervention to children of drug users that, through labelling them, reinforces their sense of otherness.[21] Finally, while self-esteem is a crucial factor in the promotion of resilience, it is more likely to grow and be sustained through developing valued skills in real-life situations, rather than just through being praised and receiving positive affirmation.[22] This is, however, not always easy. Many respondents, for example, perceived themselves as not having the necessary skills, qualifications and experience to attract potential employers in the job market, despite evidence to the contrary in their accounts of other parts of their lives, where they clearly had transferable skills and experience. In the words of one of the interviewees:

"My son asked me to help him with a CV … I mean, what do I know? I couldn't put anything on mine … except babies … and he couldn't on his except school, and that were no good … anyway where have I got the time? I'm so busy with the house, the girls and running the toddlers club, especially now Doris has retired and I have to do the bookkeeping as well."

There are at least three levels at which protective and risk factors operate – the individual level, the family level and the community level. Protective factors that promote resilience across three distinct but interactive levels are listed in the table below:

Individual level	Family level	Community level
Emotional regulation	Stability of intimate relationship	Community involvement and cohesion
Effective coping skills		
Internal locus of control	Family structure	Peer and neighbour acceptance and support
Self-efficacy	Supportive vertical relationships	Strong mentors and community leaders
Belief systems	Family cohesion	
		Safe neighbourhoods
Increased education, skills and training	Social support	
		Access to quality schools and childcare
Previous physical and mental health	Stability of housing environment	
		Access to quality healthcare
	Stability of income	
Past social and cultural experiences		Sensitivity and availability of quality social services
	Humour and communication	
Exposure to and recovery from trauma		Infrastructure
	Well defined but malleable roles	
Temperament and personality		
	Equity of effort and responsibility	
Problem solving skills		
Social skills		
Sense of purpose and meaning		
Gender		

Techniques designed to enhance resilience can be targeted at each of these levels. For example, methods of increasing individual resilience include promoting good health, looking after relationships, and so on. Community resilience can be promoted by measures such as building community cohesion, increasing leadership capacity, and making the streets safer.

Our research revealed a common pattern, one that identified six key factors behind individuals' ability to bounce back and be resilient: constructive attitudes about themselves and others, habits and routines of communal behaviour, stable family roles and communication with family members, strong support networks and clear goals for the household. The intangible value of relying on others for mutual support and need played a significant role in meeting unmet needs – for basic needs like money or shelter, and for emotional support. The research also identified the need to use financial as well as skills and knowledge (human capital) assets efficiently to plan (to an extent) and better deal with possible shocks and changes.

4.1   Constructive attitudes

Most family members interviewed for this study appeared to be able to freely express both positive and negative feelings about themselves and the family unit. This expression of both positive and negative emotions, and being able to discuss emotions when possible, is vital to maintaining close relationships. Interviewees freely discussed fears, stressors, criticisms, complaints, and other feelings with each other, and seemed to pay attention to what others were thinking and feeling, and listened to what others had to say. This ability to communicate is a key element in building resilience. And this also included the ability to be truthful about how stress and crises affected the interviewees as individuals and the family as a unit, and their ability to talk openly to one another about the events that are causing stress. This would allow everyone in the family system to know what is going on.

While this was relatively easy in the context of everyday stress, or life changes, it was a lot harder when it came to mental health problems. Undefined mental health conditions or ongoing conditions such as depression or anxiety were the hardest to discuss and created real difficulties in the ability of individuals to share, and explain – and, as a result, to react to the challenge. On the other hand, when the condition was ascribable to either an understandable adaptive response to difficult situations (such as "the baby blues" or "being depressed after he lost his job") or where the condition was a clearly defined "medical condition" requiring a single drug (such as lithium carbonate for one woman with bipolar disorder) the general damping effect on general optimism seemed less severe.

4.2   Routines and habits

The second factor enabling resilience in times of crisis is routine and habit. There is nothing more destabilising than change and we found that resilient families have routines that they maintain during crises. These routines provide order and control in their life in the midst of stressful situations. They tend to celebrate significant moments in family members' lives, such as a job promotion, an outstanding report card, or accomplishment of a goal. They also share activities such as having meals together, watching a particular TV programme together, playing games with each other, and taking walks together.

Although there is a certain amount of predictability around some daily routines, a number of the families talked about the routine in an affectionate rather than exasperated way. This seemed to particularly be the case when rituals and routines were continuing even at a time of particular financial or health difficulty.

Most of the families that took part in the research observed reasonably set patterns of communal behaviour. This was particularly the case where there were pre-teen children in the house. However, the households that most often did things together, whether eating together, playing games, doing household chores or undertaking visits, were also the ones that broadly suffered from the least unmet needs.

The language used to describe daily activities was one of informed intimacy rather than otherness, "he likes his soaps, does Dennis ... I like to sit with him even though it's not really my thing". Family time was mentioned by a majority of the respondents as being particularly important to them.

Spending time together is vital for a family and promotes continuity and a stable family life. This finding echoes much evidence on wellbeing. Marriage, family and togetherness can provide intangible and tangible support in people's lives and create a buffer that 'insulates' individuals from difficulty. Sharing family time together has been shown to reduce the chances that children will get involved in substance abuse, smoking and early sexual activity that can put their mental and physical health at risk, particularly in adolescence. Amongst the households we spoke to, time spent together could range from having family meals, doing chores together, running errands, and having fun. Unfortunately, in Teesside, in common with many places around the UK, family time appears to be dwindling due to increased parental demands, responsibilities and time strain (a phenomenon that includes the lack of spontaneity to respond to children's needs, fatigue, and inability to stop thinking or worrying about work). Effective ways to reduce time strain and increase family time included: family housekeeping activities, utilising commute time to have meaningful communication, discussing future plans, or participating in fun learning activities.

4.3   Stable family roles

An important factor in building resilience was in fact clarity over family roles. For one interviewee, Pete, difficulty occurred when roles became unclear after he lost his job four years ago. He felt that he no longer provide for his family. The adults interviewed in most households, while displaying gender roles that might be described as traditional, seemed secure in what was expected of them and in what they could expect of others. The most successful households were by no means absent from stress, but seemed to have a longer-term perspective on the trials and tribulations of daily life. As one person commented about his wife,

> *"She's never really done the money stuff, which is ok, I suppose. I mean there isn't much and anyway the kids is her patch so I can't complain. I mean if we really need to sort something she'll listen … whether she understands I don't know … she can't count for toffee"*

One of the most notable aspects of role fulfilment was that family members were generally clear about who was in charge of what or who was responsible for responding to an outside threat, even if such a threat had not been encountered before. One family, for example, had to deal with one of their sons being bullied at school. On hearing about the bullying from the schoolteacher, there was apparently no doubt whatsoever that the mother would deal with the situation.

Gender roles were seemingly clear but not fixed. While gender roles with regards to domestic tasks were reasonably traditional, many of the family decision-making and leadership roles were shared between the sexes.

4.4   Functional family communication

Dennis and Frances had been together for over twenty years and have three children, two of whom are at university but come home in the holidays and one of whom is still at school. They are a tight-knit family and Frances especially misses her sons and fears the 'empty nest' when their daughter leaves home in two years time. They describe their family unit of five as being one of 'equals'.

> *"It's lovely when the boys are back too … We have a right old gas about things … the oldest one got a girl into trouble, if you know what I mean, and we were there for him. I'm just glad he told us."*

> *"I really worry about all the debt the boys are getting into, but that's just the way it is these days, everyone's the same … and I'm so proud of them for going to university … I mean Dennis and I didn't have the brains."*

Dennis and Frances are not alone in this. A notable aspect of the interviews was how open the married and cohabiting adults were with each other, during and around the interviews. This provided them with strength and ability to deal with problems together. There seemed to be a kind of clarity and openness of emotional expression, and an exceptionally collaborative approach to problem solving, as this man suggests:

> " **"So thank God Jill knows this woman in Eston who could help look after the kids two days a week … I was really tearing my hair out … I didn't feel I could turn down the cash but you can't leave Sammy and Jordan on their own."**

Decisions that were acknowledged as being difficult ones tended to be discussed and defused by being normalised. A number of households talked openly of having family chats or summits in order to get to the bottom of a particular problem. These were informal but had an element of structure about them. Finances, childcare and relationships were mentioned as the most common subjects for discussion. These families were characterised by clear roles but also a relatively 'flat structure' where all voices counted.

There also appeared to be very few inhibitions towards asking family members, even extended family, and neighbours for help. This was in stark contrast to views about asking formally for help from statutory agencies, something that tended to be viewed as for 'other people' or as a matter of last resort.

4.5   Strong support networks

There was plentiful evidence of extensive long-term and also more recent opportunistic individual, familial, and community networks (such as acquaintances) to share resources and responsibilities. This ranged from neighbour-provided childcare and car-pooling for work or study, to shopping on behalf of elderly relatives and, nearly universally, telephone and visits for emotional and social support.

"So I was telling Bryony ... I speak to her most days on the phone... even though she's only down the road ... drives Keith mad ... but I tell him it's on 'Friends and Family' ... anyway she's so good, I mean when we split up last year she really helped me hold the fort till he got his act together and stopped the boozing"

A number of families had needed to adjust to significant changes in living circumstances several times, such as accommodating a grown-up daughter and her children following the ending of a relationship, and, in a few cases, providing accommodation for an elderly frail relative. When these situations were described, it was never with language that showed any resentment or disappointment. There was the sense that 'what goes around comes around' and that family responsibilities are something to be rejoiced in and enjoyed, as this woman suggests:

"Of course she was in a terrible state, what with him running off, and the baby crying, but it was nice to have her back in her old room, my little girl."

Neighbours almost always played a role in the participants' lives, except where properties were unoccupied or derelict, and whilst some of the older participants bemoaned the demise of the days when "you would put the door on the latch" and "we'd be out playing until nightfall and nobody would raise an eyebrow", most of them thought that their community still had a number of good points, especially compared with others. As one man said, "The folks look after each other here, not like down South. If I've got a problem half the street will know about it by evening."

4.6   Goal focus and crisis prevention

James and Irene are both divorced and have been living together for eight years. They live with Irene's two teenage children from her first marriage. The children's father lives on the same estate with his girlfriend and takes the children every other weekend and during the holidays. James is in receipt of Incapacity Benefit for a long-term back condition. Irene augments their benefit income by helping out at a hairdressing salon.

"I get irritated when I feel that I have to do everything and we've had it out a few times, you know just because he can't work doesn't mean he can't help out around the place. I think it's really down to his last missus, who mollycoddled him. I mean he couldn't cook or anything when we got together. Now he's good as gold sorting the food out when I'm working or getting other things done what's needed to be done." (Irene)

"It was difficult at first what with her kids – I never had me own and they were a bit shy like, well suspicious you might say. But their Dad wanted to see them regularly and that has really helped. We can plan what we do all four of us or just me and Irene, we have this routine. We all really look forward to the kids coming back but also Irene and me get some time to ourselves, so everyone's happy."(James)

More than half of the adults interviewed talked openly about goals and targets for their household, usually in the form of income generation, improved housing status or development and success outcomes for their children or elderly parents. These goals seemed to represent for them shared household objectives and each adult had some role in taking concrete steps towards that end. As one interviewee said:

"What we'd really like is to get out of this flat and rent a house so me Mam can live with us and Jack can be nearer his friends in Grangemouth. When Paul gets more work we reckon we can afford it, fingers crossed."

5 The importance of using assets to meet need

Problems outside of a household's control can seriously affect the sustainability and livelihood of a family. To an extent their ability to rely on others and to plan financially can be significant sources of help. Assets can provide extremely effective ways of meeting needs. This research showed that those families that were most successful in meeting their needs cultivated and relied on financial assets, human capital assets and social capital assets. These resources are key to the ability to 'bounce back'.

Jim and Colleen have been together for 34 years. They have three children, all of adult age. One son has recently moved back to live with his parents. Colleen was diagnosed with manic depression (bipolar disorder) in 1991. This has been managed largely in the community with medication. She has been sectioned four times during that period and Jim eventually took early retirement from his job working for a large petro-chemical firm to spend more time with her.

> "It was hell when we didn't know what was wrong with Colleen and she was behaving really odd. She went out one night completely naked and started ranting about Jesus. The kids were really shocked. The police took her away and the doc told us she had manic depression. She were in a locked ward for two month and I was left with the three kids to worry about and me job. I was really lucky Colleen's sister, who's not married, moved in for a while and helped us get back on our feet … I dunno what we'd have done without Shirley."

5.1   Using financial assets to meet need

Family wellbeing is closely associated with how well finances are handled. In times of financial hardship, resilient families provide reciprocal high levels of warmth, affection, emotional support for each other, and a sense of promise for a brighter future. Financial pressures can lead to family tensions and stress and can affect emotional wellbeing and interpersonal relationships at all levels in the family (e.g., individual emotional lives, marital interactions between adults, and the caretaking environment of the children).

The combination of psychological, social and economic burden can put families at higher risk for multiple problems and crises beyond their control (for example, unemployment, substandard housing, lack of health care, crime, violence, and substance abuse).

Many of the families in this study who had a clear financial plan or a budget for balancing expenses with income appeared generally to report fewer unmet needs. By and large it was a female member of the family who took responsibility for money matters. As one interviewee explains, for example:

> "I wouldn't trust him to do it – he'd probably end up buying beer. One time he came back with dog food and we've only ever had cats … and they wouldn't exchange it."

Most of the households interviewed were experiencing some form of money worries, with many respondents reliant on state benefits and over half heavy users of short- and long-term finance. One of them was Trish, a single mother who went

back to work but earned little more than the minimum wage and had ended up hugely over-indebted.

> "You wouldn't believe it but they let me take out four credit cards... it was about 12 grand in total ... I didn't spend it on nothing special ... just clothes for the kids, trips, a telly and other stuff I couldn't afford on my wage. They promised me a managerial position but nothing's happened yet and that was near off three years ago."

Many people seemed to be extremely adept at finding bargains and making their finances stretch between payday or benefit payment day. Another interviewee said, "I went an extra mile just to get the two-for-one offer at Iceland. And I usually skip breakfast."

But there were still many who struggled with irregular expenditure patterns and one-off unforeseen expenses. There also seemed to be the widespread tendency to forsake quality of purchase for quantity. Multi-purchase offers and the stock found in discount 'pound shops' seemed to dictate the contents of many shopping baskets. One mother commented, "We don't really buy fresh, like in the old days. It's too far to go and too pricy. I love mushrooms though, you can get two cans for a pound."

Prioritisation in budgeting followed an interesting pattern; for instance, food was jointly prioritised with information and communication technology (top-ups for mobiles, and the ubiquitous TV and DVDs), and, in the households that smoked, with cigarettes. "I reckon after I've bought tabs [cigarettes] for the week there's about fifteen quid left for meat, bacon and cheese. We have to go to the supermarket for those."

The demands of non-priority creditors (that is, loans taken that are not secured on property or for which the default penalty is imprisonment) took up more emotional energy and attention than other financial commitments. One interviewee complained that several weeks ago he "only had a tenner left after paying the Provy* and getting the food in. And we had bills that week too."

5.2   Using human capital to meet need

The research highlighted the importance of shared skills and knowledge (human capital) in managing difficulties and building resilience. Many families, and especially those that appeared to be most successful at avoiding deep, severe and entrenched need, utilised the skills, knowledge and time of others close to them, whatever their age. For example, one family sent their two teenage daughters to spend a day with their grandparents most weeks, not for childcare, but to

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*   Provident Financial – a company that specialises in Home Collected Credit.

make sure that the frail and disabled elders had company and support for basic household tasks. Being family, the 15- and 12-year-old granddaughters were more trusted than the domiciliary care worker visiting three days per week.

While for most of our interviewee relying on human capital and relations was fairly common for meeting needs, mental health always constituted a challenge. Severe mental health problems seemed to present the greatest threat to individual and family wellbeing, regardless of the economic status of the household:

> " **"I used to be a workaholic, holding three jobs down, but it did my head in. Even though we needed the money, I just couldn't cope and the doc signed me off sick … the stress"**

Many households had one or more adults experiencing significant long-term disabling health conditions and this also had the effect of eroding both financial wellbeing and confidence. Again, the most successful households tended to be the ones where the sick or disabled members had clear and positive roles and were not merely viewed as victims or as a drain on the family resources. As an interviewee explained:

> *"I put me Mum first, after all she'd looked after me and my Gran when I was young and I wasn't going to let her rot … By the time she went (died) I'd been away from work since I was in me thirties … who's going to take me on?"*

5.3   Using social capital assets to meet need

The third way to meet need is through networks of friends and family members, social capital.

Maud and Constance are two sisters in their eighties. Both have spent all of their lives on the estate and both are widows: Constance lost her husband over 25 years ago, whereas Maud was only widowed three years ago, at which point she moved into Constance's house. Maud is quite deaf and has significant mobility problems. They receive no domiciliary care as Constance is still well able to cope with household chores. They regularly receive visits from their children and grandchildren and are on excellent terms with several families in the street. Their quality of life depends on help they receive from others – one of the male neighbours helps them with occasional manual tasks and gardening and his wife often takes them to the supermarket. They have very minimal pensions but

manage to afford to go to the bingo once a week by bus, "We couldn't survive without all these people looking out for us … Imagine being put into a home … there would be nobody to help."

This important form of support from social capital and networks was recurrent throughout the interviews – neighbours, friends, family, colleagues provided, in many cases, a very effective asset for meeting needs of all kinds, emotional as well as physical. Mutual support based on social capital is also important for social need as it goes 'two ways'. Having and relying on a very strong system of family and friendship support also enabled individuals and households to better identify not only their own needs but also those of others around them. We found in the research that those individuals were more comfortable talking about needs, less sceptical, damning and untrusting of public services and quicker to seek help in resolving problems:

> "Bill and Kath across the road were having real problems controlling their young lad. He was dealing and stole a load of money from his Mam. But they wouldn't call the police, just didn't trust them not to lock the boy up … anyway they're a very proud family, well we all are round here … Well, see we'd had the same problems with our Paul and he got some help, down in London and now he works as a drugs counsellor … came back and helped out … it's the least we could do – they were so good when Dawn lost her first baby."

We found that many common and everyday activities seemed to be routinely pooled in an exchange of human resource and time, which had clearly been operating for a long time. For example communal activities and routines such as sharing care for younger children with others was something that represented a norm amongst many of the families we spoke to. It was often regularised too:

> "I don't cook Fridays or Sundays because we go over the road, and we have the boys round here on Tuesdays after school, help them out "

And the use of community groups, religious organisations and community projects was higher in these families and seemed to provide not only practical and emotional support but also a healthy pressure valve to relieve the inward-facing tensions brought about by worklessness, depression and domestic problems:

> "Just helping out there on a Saturday morning takes me out of myself and I always feel a bit more relaxed afterwards, even when I know I've got to go back to the grind"

6   Conclusions

This study offers an insight into how different households in a disadvantaged area of Teesside cope with difficulties and meet their needs, and has helped us shape our understanding of resilience.

We found that despite poor financial resources or prospects, many households are extremely adept and innovative at finding solutions to social need, involving the exchange of both human and social capital and the sharing of problems and burdens. We also found that a number of key areas seem to play a role in predicting how resilient a family will be. These are: how they communicate within the household, what clear roles each individual plays, whether they stick to routines despite the difficulties, the presence of strong support networks, the ability to have clear goals and focus (see the diagram below). Each of these factors is then enabled by the ability of people to deal with difficulties with a positive outlook, and to rely on financial, human and social capital assets.

Figure 5: Factors that contribute to family resilience
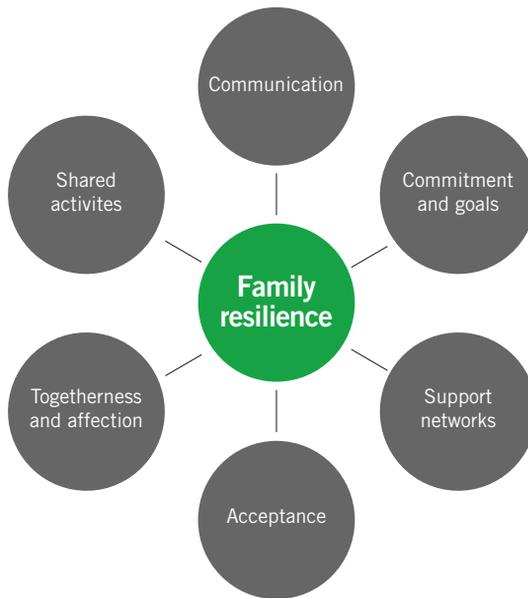
It is uncertain to what extent these characteristics are intrinsic to individuals, to what extent they are pre-programmed or whether they are learned behaviours that are brought into the family context, and to what extent they are fostered by the quality of the environment. From the research we conducted in Teesside, it appears that they are causally interrelated.

Support is likely to bring acceptance, which is more likely to foster a sense of togetherness, which in turn is bound to result in a greater number of shared activities and goals. It becomes a virtuous circle, and in fact one that can be deployed even, or especially, in the face of a crisis such as repeated redundancies and financial knock-backs which most of the families interviewed

experienced. Overall, however, adverse events that threaten or jeopardise one set of need satisfiers (such as the effect of redundancy on financial satisfiers or marital breakdown on human satisfiers) then often have a domino effect on other satisfiers, and on individuals' and families' abilities to acquire those satisfiers. These vicious circles seemed to be more likely to happen to those with smaller immediate family networks. Virtuous circles were also evident, and again seemed to be more likely to occur, where there was strong familial support. Insecurity, lack of stability and lack of confidence or trust in services, and a widespread feeling of social neglect, were commonplace themes.

It is clear that the way in which families understand and make meaning out of these stressful events is bound to affect their coping strategies and their levels of resilience. The research identified a seemingly direct relationship between the level of subjective stress that families experience in the face of such adversities and the difficulty or intractability they ascribe to the circumstances.

Assets represent an important dimension to all of this – financial assets, human capital and social capital assets. All types of assets are important in meeting need, but are not in isolation as important as the interaction and interdependencies between them. Assets also seemed to be reasonably contagious – from file-sharing of music downloads to play equipment bikes and even cars, there seemed to be an open culture of 'freecycling' which had evolved through necessity and ingenuity rather than negotiation and formalisation.

There can be a tendency for social policy and research to automatically expect individuals and communities that live in poverty and disadvantage to have poor health, employment and family outcomes. This has partly been a consequence of a large body of research that has focused primarily on risk factors and negative outcomes. The use of deficit models has been driven by a problem-solving approach to policy and interventions, especially those whose target is, for example, tackling health inequalities where there are clear incentives to undertaking area-based initiatives to improve the health of socio-economically disadvantaged communities.

What does this mean in practice? On the basis of this research, we can conclude that there is a pressing necessity for studies to be commissioned and undertaken that focus not only on an asset-based model of resilient and flourishing households and communities, but on the innovative solutions that people have adapted and evolved to help them and their nearest and dearest to make the best of the situations they face. This is what real resilience appears to be: the individual and collective process of achieving positive and unlikely outcomes in adversity.

In order to adequately study and devise policies that sustain and support family and household resilience, the stories, voices and perspectives of individuals in their milieu must be taken into account and the inter- and intra-household dynamics must be examined carefully. All too often, the solutions to meeting

previously unmet social needs lie within households themselves, in the way they organise themselves and meet their own everyday needs. Understanding how that can be encouraged, enabled and supported is key to the achievement of a good society. In many cases, what bolsters resilience are those factors that involve individuals 'doing' rather than being 'done' to. As the research showed, successful outcomes also usually involve a sense in which the interaction was a very personalised and human one, rather than one that was overly formal, distant or neutral. The most effective interventions will be those that work in concert with communities to help them respond more sensitively and supportively.

Appendix:
Details of sample

Key:

SWA	Single working age adult
SWAP	Single working age parent – children resident
WAC	Working age couple – no children resident
WACC	Working age couple – children resident
PC	Pensioner couple
SP	Single pensioner
MEF	Mixed extended family household
O	Other

Pseudonym	Sub-sample	Description
'Ann and Mike'	WAC	Ann and Mike have been married for 33 years. Ann worked in a shop and Mike used to be a fitter. He has had back problems and hasn't worked for eight years. They have two grown-up children who have left home. One daughter lives nearby. They often have their grandchildren to stay and help out with childcare.
'Jim and Colleen' **'Billy'**	MEF	Jim and Colleen have been together for 34 years. They have three children, all of adult age. One son has recently moved back to live with his parents. Colleen has manic depression (bipolar disorder). Jim, who took early retirement, looks after her and money is extremely problematic. Billy has been in prison twice and occasionally earns money from helping to paint and decorate with a friend. Other than that he receives benefits.
'James and Irene'	WACC	James and Irene have been living together for eight years. They live with Irene's two teenage children from her first marriage. James doesn't work and Irene augments their benefit income by helping out at a hairdressing salon.

'Mel and Steve'	WACC	Mel and Steve are in their early twenties and have two children under five. Both receive benefits. Steve left care when he was 16 and had a very difficult childhood. Mel is from Glasgow and has no family in the area. She feels quite isolated as she says that Steve "doesn't help out much" around the house.
'Gary and Michelle'	WACC	Gary and Michelle are both in their late twenties and have four children between the ages of 1 and 7. Gary works for a financial services company and Michelle is a stay at home mum. Gary's mother lives nearby and provides a lot of support with the children and daily routines.
'Rob and Dawn'	WACC	Rob and Dawn are not married but have been together for 28 years. They have four adult children, one of whom, Paul, lives with them. Rob works as a minicab driver although he has been getting a lot less work lately. Dawn does some occasional childminding and helps out with the local play group. Paul, who had a serious substance dependency as a teenager, has recently returned back to Teesside from London having become a drugs counsellor.
'Keith and Jean' **'Charlene'**	WACC	Keith and Jean have been married for 40 years and have five children, two of whom have emigrated, one to Australia and the other to South Africa. Their daughter Charlene has been living with them since she was left by her boyfriend following the birth of her second child. Keith still works ("to support the family") as a builder. Jean helps Charlene with the children.
'Paul and Karen'	WACC	Paul and Karen are in their early forties and live with their four children who are aged between 9 and 15. They have a very busy family life, and are very involved in a number of community activities, including helping to run a youth club. Paul was the manager of a small wholesalers until he was made redundant last year. There was a small redundancy package, which is now running out. They are worried about money and the future but still positive about their family life.

'Matt and Lorna'	WACC	Matt is a bus driver. Lorna doesn't work. They have an 8-year-old son who has Downs Syndrome. Lorna spends all of her time looking after their son and doesn't feel that there are enough 'special' services for him. She feels annoyed that they have not been offered a 'respite break' for two years. However, her sister lives nearby with her four children and they spend quite a lot of time together, which broadly spreads the load and provides variety.
'Stella and Dave'	WAC	Stella and Dave have nearly split up a number of times, according to Stella. They have been together for six years but do not have children. Stella wants children, bit Dave is not sure and is reluctant to become a parent when he has no real income. He asked Stella to stop her job as a hostess at a lap-dancing club in Middlesbrough town centre.
'Pete and Jane' with 'Doris'	MEF	Pete and Jane have two children in their late teens. Pete was laid off four years ago from a job in retail and Jane had never worked, but is very active. Pete's mother, Doris, who is in her late seventies, has lived with them for five years since her husband died of pneumonia.
'Jill and Bobby'	WAC	Jill is studying to be a nurse and Bobby has finished a diploma in information technology. He is hoping to set up his own IT business but is finding it difficult to obtain the right help and backing. They are both local to the area and live in a house owned by Bobby's family.
'Dennis and Frances'	WACC	Dennis and Frances have been together for over twenty years and have three children, two of whom are at university (but come home in the holidays) and one of whom is still at school. They are a tight-knit family and Frances especially misses her sons and fears the "empty" nest when their daughter leaves home in two years.
'Samit and Ameera'	WACC	Samit and Ameera have six children. Ameera is pregnant with her seventh. Samit is a businessman and he came from Pakistan as a young man to "make his way in the world".

'Charlie and Lil'	PC	Charlie and Lil have been married for over fifty years. They were both born in Middlesbrough and were childhood sweethearts. They have three children and seven grandchildren.
'Hynek, Basia and Ana'	SWA	Hynek is from Slovakia and Basia and Ana are Polish. Hynek (who was not interviewed) works in a hotel in Middlesbrough and Ana and Basia do cleaning jobs while studying. Ana's boyfriend had originally been in the house but they have split up and now they are looking for someone else to take a room so that they can pay less rent. They say that they do not feel part of the local community.
'Maureen'	SWAP	Maureen is in her thirties and lives with her two sons. She divorced their father when they were pre-school. Both sons have been in trouble with the authorities, with the younger one having been excluded from school at one stage.
'Stan'	PC	Stan is a keen gardener and grows many of his own vegetables.. He relies on a state pension and feels he needs to economise wherever he can. He has a lot of family in the area and keeps busy.
'Florence'	SP	Florence has recently retired. She has a lodger, who was not interviewed, and appears to enjoy a reasonably quiet life. She is very religious and spends much of her spare time doing church activity.
'Maud and Constance'	O	Maud and Constance are sisters in their 80s. Both have lived on the estate all of their lives and both are widows, although Constance lost her husband over 25 years ago, whereas Maud was only widowed three years ago, when she moved into Constance's house. Maud is quite deaf and has significant mobility problems. They receive no domiciliary care as Constance is still well able to cope with household chores.
'June'	WAC	June lives with Bert, who did not want to be interviewed. He left his wife for June. June is in her fifties and used to work in one of the local shops, which closed down in 2002. She relies on Bert financially.

'Marie'	SWAP	Marie is a single mother receiving welfare benefits. She has three children. They all have different fathers although only one has regular contact with their dad. She receives child maintenance payments for the oldest two and is getting help from the Child Support Agency to pursue the third father for maintenance payments. He has moved away and nobody knows where he is.
'Candy'	SWAP	Candy has an eighteen-month-old son. She separated from the baby's father around a year ago and has recently begun another relationship. Her new boyfriend sometimes stays for periods of time with Candy and is not in work. He was previously involved in selling drugs and Candy is not sure whether he still is.

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northern rock
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This report looks at the lives of families living on low incomes in Teesside, exploring how people are meeting their needs in a time of economic recession. It paints a picture of people getting by in challenging circumstances. Despite the difficulties associated with financial pressures, high levels of debt, poor employment prospects and low levels of education, there are few signs that material poverty necessarily means a low quality of life. It shows the importance of informal mutual support to surviving on low incomes and the continued importance, and strength, of families. Those households who can draw on extended families and wider networks of friends are more likely to be resilient to shocks that might push others further into difficulty.

This work is part of the Young Foundation's Mapping Unmet and Emerging Needs programme. The programme brought together a coalition of more than a dozen independent foundations and funding bodies to develop new insights into how social needs in Britain can be prioritised and met. Through an innovative research methodology, combining qualitative, quantitative and secondary research, the two-year project provided an independent overview of changing needs, as a complement to existing research and to guide the policies and actions of foundations, government and civil society. The findings of the overall programme are presented in the larger publication, Sinking and swimming: understanding Britain's unmet needs.

Dan Vale managed the Unmet Needs programme at the Young Foundation.

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