Helping or Hindering

Meeting Young People's Needs in Bedford

Dan Vale

About the Young Foundation

The Young Foundation brings together insight, innovation and entrepreneurship to meet social needs. We have a 55 year track record of success with ventures such as the Open University, Which?, the School for Social Entrepreneurs and Healthline (the precursor of NHS Direct).

We work across the UK and internationally – carrying out research, influencing policy, creating new organisations and supporting others to do the same, often with imaginative uses of new technology. We now have over 60 staff, working on over 40 ventures at any one time, with staff in New York and Paris as well as London and Birmingham in the UK.

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1   Introduction

What can the experiences of young people in Bedford tell us about the nature of unmet and emerging needs in the United Kingdom?

Our answer is quite a lot. Bedford, while distinctive in many ways, could fairly claim to be 'Everytown'. If deprivation, disadvantage or diversity are considered, Bedford would sit right in the middle of a line ranking all British local authorities. Bedford is 183rd of 354 British local authorities' Index of Multiple Deprivation. The proportion of residents who are economically active is almost exactly the same as the national average (78.2 per cent, compared to 78.6 per cent in England and Wales[1]). The number of people claiming Job Seeker's allowance is also close to the national average (4.1 per cent, compared to 4.0 per cent in England and Wales[2]). As with most areas, it has pockets of social problems. The town has many of the cohesion and socio-economic challenges that are typical of an urban environment, and the borough has many of the connectivity and isolation challenges typical of rural areas.

For the most part, policy makers and researchers tend to focus on the areas which are at the extreme end of spectrums of deprivation, unemployment or social cohesion. Such work is vitally important, indeed much of our own research has concentrated on those who are most vulnerable. However, we considered it equally important to look at needs in an area which was far closer to the national norm. For this reason, we chose Bedford.

Our review of needs in Bedford showed that while it is close to average on many variables, it does somewhat worse in the rankings when it comes to children and young people. Pupil attainment is below the regional and national average, with fewer pupils leaving school with 5 or more GCSEs at C grade or above than the East of England as a whole. Just over half of pupils (51 per cent) leave school each year without 5 or more good GCSEs – this group are at most risk of not being in education, employment or training (NEET). In Bedfordshire, 6.5 per cent of 16-18 year olds were NEET in 2007, compared to an East of England figure of 5.8 per cent.[3] In general, those aged between 16 to 25 are more likely to have significant unmet needs, particularly those who are NEET, single parents, homeless, with mental health issues, substance dependence or learning disabilities.

Our research identified lack of skills, opportunities, and qualifications as being common barriers for young people entering the labour market. But it also showed the importance of emotional factors such as confidence, persistence and motivation: in a difficult economic climate there will be an even greater imperative for these young people to be resilient, able to cope with shocks and rebuffs.

The discussions we had with the young people who had significant unmet needs also revealed the complexity of the help-seeking process. It is not simply a process of identifying need, deciding to seek help and carrying out that decision. At each of these decision points, factors can get in the way: need may not be identified; if identified, need may not be translated into intention; and intention does not always lead to action. We found that many of the young people were reluctant to approach professional sources of support, whether provided by the

state or voluntary sector organisations. They tended to turn first to friends for support with emotional and sensitive personal problems, before seeking the counsel of parents. The young women we interviewed were significantly more likely to seek help than young men, particularly for help with mental health problems. Rather, the young men tended to be more likely to rely on themselves and also not to recognise that there was a significant problem that needed to be solved. This report summarises the results of this research – and shows that whilst everyone may face shocks and setbacks in their lives, the way people seek help and try to cope with difficult times can make a significant difference to their ability to bounce back.

2   Research approach

At some point in their lives, most people may feel that they need a new car or a holiday. These are not needs; they are, rather, desires or wishes. The focus of this research programme is with socially recognised needs that can make a legitimate claim on others, whether through charitable giving or public support; these tend to be needs for things which help people avoid unnecessary harm and suffering. These can be material needs such as shelter for homeless people, nutrition, transportation when one needs to access services or help, heating when cold, or psychological needs, which are harder to identify and satisfy and are more likely to remain unmet.

Psychological needs are ones which must be met for people to flourish in ways that go beyond physical health and embrace the social, emotional, mental and psychological aspects of life. Meeting these needs underpins both subjective wellbeing (self-esteem, relatedness etc) and objective measures of wellbeing (educational attainment, social engagement, fulfilling work). Our research shows that the public think of needs in this way and that they see psychological wellbeing and material prosperity as equally important.

This specific case study on Bedford helped our understanding of the needs of disadvantaged young people. In particular, it focused on how mental health and help-seeking behaviour affect young people's material needs, for a decent income, housing, food and clothing, but also how they impact of young people's need for friendship and personal relationships, self-esteem and autonomy.

2.1   Methodology

We undertook extensive desk based research, using journals, datasets and other reports to map needs in Bedford, concentrating on the following areas:

- social needs in Bedfordshire, focusing particularly on Bedford Borough
- experiences and characteristics of young people (16–25 year olds), especially those not in education employment or training (NEET)
- help-seeking behaviour among young people – by which we mean the process of actively seeking out and using social relationships, whether they be formal or informal, to help with personal problems.

On the basis of this review, we concentrated on understanding and mapping the specific needs and experiences of young people in Bedford. We spoke to 85 young people and professionals working with young people in and around Bedford between January and March 2009. We employed a range of different methods to facilitate discussions, including:

- one-to-one in-depth interviews with young people
- focus groups with young people, including a group from the Bedfordshire Youth Cabinet in Leighton Buzzard and a group of young people participating in education to employment (E2E) training with a voluntary sector provider in Bedford
- one-to-one in-depth interviews with practitioners working in statutory and voluntary organisations providing advice, information, support and advocacy to young people in and around Bedford
- focus groups and public meetings with practitioners, including Connexions Personal Advisors and staff from a consortium of Bedfordshire third sector organisations who work with young people.

Figure 1: Participants and research methodologies used in the study

Rank	Age range	1:1 Interviews	Focus groups	Public meeting	Total
Teenage E2E	16-19	5	7	-	12
Teenage young men	16-19	4	-	-	4
Teenage young women	16-19	7	-	-	7
Young single mothers	19–20	2	-	-	2
Young men signing on	20–24	5	-	-	5
LDD teenagers	16–19	3	-	-	3
Homeless young women	20-24	4	-	-	4
Youth cabinet members	11-16	-	15	-	15
Connexions advisers	n/a	-	5	-	5
Youth practitioners	n/a	8	-	20	28
Total		**38**	**27**	**20**	**85**

All the names of the young people interviewed as part of this research have been changed. The young people participants covered a good geographic spread of areas within Bedford and the Bedford area, a spread of age, gender and ethnicity and also drew from those who were receiving tailored services (e.g. from Connexions) and those who were not receiving any service. The majority were not in education, employment or training (NEET) with a significant minority undergoing training or engaged with the formal, informal and intermediate labour markets.

It is important to note that this study is not an evaluation of services for young people in Bedford, nor a comparison of Bedford's performance and authorities elsewhere. Rather, we have sought to gain valuable insights from looking at the subject of help-seeking behaviour of young people in and around Bedford from a different point of view – placing the young person's experiences at the centre of our understanding. In particular we were interested in:

• the young people's experiences and understanding of unmet need and not being in education, employment and training
• their awareness of the services that are designed to be of help to them
• their experiences of engaging with such services in the past
• any barriers they feel they have to taking up help to meet needs.

3 Mapping needs in Bedford

According to many socio-economic and demographic measures, Bedford lies in the middle of national extremes. However, while Bedford is close to average on many variables, it does somewhat worse in the rankings relating to children and young people.

Until the end of the 19th century the Bedford economy was dominated by agricultural production, with Bedford as the market town. Other important local industries included brewing, the manufacturing of farm implements and other machinery and brick production. Bedford town grew rapidly in the 20th century, doubling its population to about 75,000. Today, Bedford's central location has promoted the growth of industries such as distribution and transport. Many professionals in the area commute into work in London.

Bedford Borough comprises both urban and rural areas, with Kempston and Bedford the main urban areas where the majority of the population reside and 43 rural parishes in North Bedfordshire. Some features that distinguish Bedford from other areas are its large size (Bedford Borough Council is the 14th largest in England, in terms of population) and its river, which divides the more affluent North of the town from the more deprived South. The Bedford Unitary Authority has a slightly more ethnically diverse population compared to the rest of the East of England (12 per cent non white British, compared with the regional average of 9 per cent). The significant ethnic minority groups are white others (5 per cent – there is a large Italian community in the area), Asian or Asian British of Indian background (4.2 per cent). In Bedford town, 15 per cent of the population is black or Asian and 10 per cent Italian.[5]

According to many socio-economic and demographic measures, Bedford lies in the middle of national extremes. It is the 183rd most deprived local authority, out of the 354 local authority areas.[6] Levels of unemployment, low pay and receipt of benefits in the area are all close to the national average.[7] However, while Bedford is close to average on many variables, it does somewhat worse in the rankings relating to children and young people. The area has lower birth weights than average, a higher proportion of pupils failing to reach level 4 at Key Stage 2 and a higher proportion of 16-year-olds failing to get 5+ GCSEs.[8] Furthermore, several wards within the Bedford area have significant levels of deprivation, with child poverty in parts of the Castle, Kingsbrook, Cauldwell and Goldington wards in Bedford, and in Kempston North ward, ranking amongst the top 10 per cent nationally.[9]

3.1   Unmet economic need

Although Bedford is a relatively affluent area, there are significant inequalities in terms of income, life expectancy and educational attainment. These inequalities are related to specific and small geographic areas. The areas with the highest levels of deprivation are parts of Cauldwell, Castle, Kingsbrook, and Harpur wards in Bedford, which rank in the top 10 per cent most deprived areas nationally. Twenty one areas in Bedfordshire are among the 10 per cent most deprived in the region: 18 in Bedford Borough (including parts of Queens Park, Goldington, Eastcotts, Putnoe, and Kempston – in addition to the four wards above) and

three in South Bedfordshire (two parts of Parkside, and the Downside area of Manshead).

Statistics show that those who live in deprived areas are more likely to live in overcrowded, poor quality housing. For example, the incidence of overcrowding in the Queens Park and Castle wards is three times higher than in Bedfordshire as a whole. An analysis of local data also shows that there is a high level of correlation between income deprivation and other manifestations of deprivation such as health, employment, education and crime.

3.2   Unmet health needs

Bedford, in common with other parts of Britain demonstrates significant differences in health experience and health outcomes between different population groups (according to socio-economic status, age, disability, gender, ethnic group or geographical area).

Average life expectancy in Bedfordshire is 79.5 years. This is above the national average of 76.6 years but lower than the regional average of 79.9. Life expectancy varies between 84 years in the most prosperous area and 75 in Harpur ward, one of the poorer areas discussed above.[10] The most deprived fifth of the population have a lower life expectancy. In addition to long term conditions, a higher proportion of people in Cauldwell, Castle, Goldington and Kingsbrook wards – all poorer areas – described their health as 'not good'.[11]

Data on low birth weights demonstrates a link with deprived areas, with Cauldwell ward, which includes areas in the 10-20 per cent most deprived nationally, having a much higher proportion of low birth weights than other wards in Bedford. Low birth weights in this area may well be related to the higher number of second generation South Asian mothers living here, who, studies show, on average have babies of lower birth weight than the general population.[12] Deprived areas also have far higher rates of emergency hospital admissions for long term conditions.

The Black and Minority Ethnic (BME) populations in general exhibit poorer health than the White British population, with 7.8 per cent of BME residents reporting 'not good health' compared to 6.6 per cent of the White British residents. This is especially evident among older people (65+). In the 2001 census, 19.7 per cent of Bedfordshire's older residents reported that their health was 'not good'. However, the rate amongst some older BME communities was much higher, particularly for Pakistani and Bangladeshi residents.[13] Across all the age groups, the White Irish population has the highest self-reported rates of long term illness (21.6 per cent). As a consequence of this, wards with high proportions of non-'White British' residents such as Queens Park (57.6 per cent BME) and Cauldwell (43.9 per cent BME) report much higher than average rates of poor health; 16.8

per cent of Cauldwell household residents and 15.1 per cent in Queens Park reported a limiting long-term illness or disability, contrasting with just 11.3 per cent and 11.7 per cent in the more affluent Oakley and Bromham wards.[14]

Recent improvements in the quality and depth of epidemiological research have provided expected prevalences in various population groups including age, sex and ethnicity. These can then be applied to local populations, where the age, sex and ethnicity are known, to produce estimates of the expected prevalences locally. These can then be compared with the prevalences as recorded on GP practice registers as in the table below.

Figure 2: Expected number of people and recorded number of people on GP registers for a range of conditions

Rank	Number of people predicted in Bedfordshire PCT's population	Actual number of people recorded on GP practice registers within Bedfordshire PCT
Coronary heart disease	15,000	13,000
Diabetes	17,000	15,000
Obesity	83,000	32,000
Overweight and obesity	211,000	Not available
Hypertension	99,000	46,000
Smoking	84,000	46,000
Cardiovascular disease risk >20%	9,000 women, 28,000 men	Not available

3.3   Unmet mental health needs

There is now a consensus that the prevalence of mental health problems is high in the UK. Surveys indicate that between one in six and one in four people in the UK experience mental health problems at some point in their lives[15] and on many measures we compare badly with other countries. The UK, for example, has one of the highest rates of self-harm in Europe.[16]

Bedfordshire fares better than the national average on most mental health indicators. Bedfordshire PCT in the 12th percentile nationally (where 0 is the lowest and 100 is the highest prevalence).[17] The exceptions where Bedfordshire fares worse than the national averages are the number of people on enhanced

and standard care and the levels of hospital admissions due to self harm, with suicide is the main cause of premature death in people with mental health problems, particularly in men under 35 years.[18]

Children from poor households are three times more likely to have mental health problems.

The most common mental health problems are anxiety and depression.[19] Across the Bedfordshire PCT area there were 4,110 claimants of incapacity benefits due to mental health conditions in 2006.[20] In general particular groups are more likely to suffer from mental health issues. There are strong links between social deprivation and mental ill health. People who are unemployed are twice as likely to have depression as people in work. Children from poor households are three times more likely to have mental health problems. People who have been abused or who have been victims of domestic violence are more likely to suffer from mental health problems. People with drug and alcohol problems are more likely to have mental health problems. Between one quarter and one half of homeless people may have a serious mental disorder, as well as be alcohol dependent. Black and minority ethnic groups are diagnosed as having higher rates of mental health problems than the general population. It is therefore unsurprising that the Central Bedford wards, with higher levels of deprivation and a larger ethnic minority population, have the highest rates of mental ill health in the area.

3.4 Unmet need for shelter – homelessness and rough sleeping

The rate of homelessness in Bedfordshire is the same as the national average (0.8 per 1,000 households). The table below indicates that is some variation across the county, with Bedford borough having 76 homeless households (a rate of 1.2).

Figure 3: Households accepted as homeless in Quarter 2, 2007

	Q2 2007	
	Total households accepted as homeless	Rate per 1,000 households
Bedford	76	1.2
Mid-Beds	20	0.4
South-Beds	34	0.7
Bedfordshire	130	0.8
East of England	1,520	0.7
England	15,960	0.8

Source: DCLG (from quarterly return made by districts 2007)

The most extreme form of homelessness is rough sleeping. There are a small number of rough sleepers in Bedfordshire. There are an estimated 20 rough sleepers in Bedfordshire, 10 in Bedford (actual, based on a count, Q1 07/08), two in Mid Beds (estimate for 06/07) and eight in South Beds (estimate, November 06).[21] Although rates of homelessness in Bedfordshire are in line with national averages, it is perhaps more alarming that young people aged 16–24 years old are the group which is most vulnerable to homelessness. The table below shows for example that in South Bedfordshire, the majority of accepted homeless applications are from the 16–24 age group, with the highest percentage across the three districts.

Figure 4: Homelessness among young people in Bedfordshire

	Bedford	Mid Beds	South Beds
Total eligible, unintentionally homeless and in priority need	82	33	32
Applicants aged 16-24 accepted for assistance	40	11	19
16-24 year olds as a percentage of all homelessness applicants accepted for assistance	49%	33%	59%
Households accepted for assistance for whom their age as 16 or 17 years old is their main priority need	3	-	-

Source: P1E return, data, supplied by Hertsmere District Council (leading on the Youth Homelessness in the Eastern Region)

According to the Borough's Homelessness Strategy, homelessness acceptances of 16–17 year olds in Bedford are lower than average due mainly to the provision of a 25 bed YMCA direct access hostel for 16–19 year olds.[22]

3.5 Unmet need for help with addictions

Problematic drug use affects the lives of individuals, their families and members of the local community. Individuals who are using Class A drugs may commit crime in order to fund their drug taking. This has an effect on local communities both on levels of crime and on the fear of crime which in turn affects how safe individuals feel in their local communities. Bedford has slightly higher than average rates of burglary (14.2 per 1000 households, compared with the national figure of 12.6) and slightly fewer violent crimes than the national average (13.4 per 1000 people, compared with a national figure of 17.5).[23] At both Bedford and Dunstable police stations nearly three quarters of offenders were identified as hazardous drinkers, and over half identified alcohol as a factor in their arrest.

Figure 5: Number of people treatment as a proportion of the estimated problem drug user population (PDU), 2006/7

Age Group	PDU	No. in Treatment	Penetration	No. Unmet	% Unmet
15–24	296	89	30.1%	207	69.9%
25–34	657	291	44.3%	366	55.7%
35–64	445	249	56.0%	196	44.0%
All	1,398	629	45.0%	769	55.0%

Bedfordshire's problematic drug population is estimated at 2,500. Though reported drug use is more prevalent in urban areas, some rural areas also experience relatively high levels of substance abuse.[24] Between 35 per cent and 60 per cent of people tested each month following a 'trigger offence' (offences most likely to be committed by drug offenders, such as shoplifting) at the Bedford and Luton Custody suites tested positive for drugs.[25]

Alcohol is an even bigger issue than drugs with regard to the night-time economy, public order and binge drinking, domestic violence and drink driving. Local data for Bedfordshire shows there are over 10,000 adults who are dependent drinkers and nearly 60,000 drinking at hazardous or harmful levels.[26] There are also nearly 1,900 young people (aged under 19) who are dependent drinkers and over 7,700 drinking at hazardous or harmful levels. In 2004/05 only 509 individuals were receiving treatment for alcohol misuse.

Much of the evidence for how drugs and alcohol are misused by young people in the area comes from the Young People's Survey undertaken by the Bedfordshire Drug and Alcohol Team (B:DAT).[27] The main findings and key themes from the survey highlighted:

- 50 per cent of 16–18 year olds, 30 per cent of 13–15 year olds, and 9 per cent of 9–12 year olds had tried illicit drugs
- 25 per cent of young people had tried cannabis, with 7 per cent using daily or weekly
- the average age of initiation to cannabis was 13 years of age
- 60 per cent of young people aged 9–12 had tried an alcoholic drink, increasing to 100 per cent for young people aged 16–18.
- the average age of initiation to alcohol was 10 years of age
- 10 per cent of 16–18 year olds and 5 per cent of 13–15 year olds had tried class A and B drugs but less than 1 per cent of the sample used any drug daily or weekly.

3.6   Unmet social care need

Britain, in common with all developed countries, has an aging population. Bedfordshire's population of those over 65 is projected to rise at a higher rate than the rest of the country. Projections suggest that between 2008 and 2028 the percentage of the county's population over 65 will increase by 61 per cent, compared to a national average of 49 per cent. The population over 85 years old is projected to grow significantly faster, increasing by 99 per cent, again well above national growth (88 per cent). This aging population is likely to place increasing demand on social care services in the region.

Based on data from 2007, an estimated 7,800 people (32 per cent of those over 65) currently have some form of social care need, with 1,800 (7 per cent) having 'very high' needs.[28] Of those with social care needs, 6,400 are potentially in need of formal care, and 1,400 are estimated to be well supported by informal care. 1,300 of those with moderate to very high need are likely to be receiving care funded by the local authority, 800 of these have 'very high' needs. 5,100 of those with moderate to very high need are potentially funding their own care. 750 have 'severe cognitive impairment and functional disability'.

An estimated 9,700 home care hours are provided each week by the local authority. It is estimated that 32,400 home care hours each week are required to meet the social care needs of all people aged 65+ requiring formal care, including those who are either unsupported or funding their own care. Thus, publicly funded home care sessions comprise around one-third of the whole population's home care needs.

3.7   Summary

The following groups are most likely to experience multiple deprivation and unmet needs:

- young people, poorly skilled and unemployed
- Bangladeshi and Pakistani
- Black African and Black Caribbean groups
- incapacity benefit claimants
- lone parents
- older people on a state pension.

For the purposes of this report, we concentrate on the experiences, unmet needs and challenges facing young people between 16 and 25. These are presented in the next chapter.

4 The needs of young people in Bedford

We have noted that Bedford falls close to the national average of many social need indicators, including deprivation, unemployment and health. However, it does worse in the rankings relating to the needs of young people and children. In this section, we specifically look at the needs of those young people aged 16–25 who are not in education, employment or training (NEET). We provide an overview of their needs and have used qualitative research to explore how the young people themselves see their situations, their needs and the different support services with which they engage.

4.1   NEETs and unmet need

Nationally, the proportion of young people not in education, employment or training (NEET) has remained stable at around 9–11 per cent since 1994.[29] Due to the current recession it is likely that unemployment will remain high for several years and the younger generation are likely to be disproportionately affected by this. The long-term impact of the 1980s recession was so great that people talked about a 'lost generation' who never made a successful transition into the labour market and have suffered irregular employment prospects ever since. There are clear dangers of a similar pattern repeating itself. With unemployment growing so much, there will inevitably be an increase in workless households and in young people becoming NEETs. The number of NEETs is likely to rise significantly, as they have in previous recessions. There were already three quarters of a million 16–24 year old NEETs at the end of 2008, up by 76,000 from the previous year. Given that these numbers did not decline during the boom, the prospects for young people, especially those aged between 16 and 18 years old, entering the labour market at a time of high unemployment look particularly bleak.

> The lives of young people who are NEET can be complex and chaotic. They can lack confidence and the resilience necessary to independently access a support programme.

It is important not to characterise young people who are not in education, employment or training as a homogenous group. While it is likely that they will have complex lives and multiple needs, the types of need vary and the factors that contribute to their NEET status will be diverse. These will include the likelihood of having learning difficulties or disabilities, to be supervised by the Youth Offending Service or be ex-offenders, to be teenage parents and/or have mental health problems. It is also more likely that young people who are NEET will have grown up in a household where there is no-one who is working. Many will not have attended school consistently, especially in the latter years of statutory education, and many will not be currently engaged with other services. These factors, coupled with the likelihood that the lives of young people who are NEET will be complex and chaotic, mean that they can lack confidence and the resilience necessary to independently access and maintain a place on an intervention or support programme.

Particular groups of the population are statistically more likely be part of the NEET group. These include:

- boys: 16 year old boys are now more than twice as likely to be NEET as 16 year old girls
- young people from Pakistani and Bangladeshi backgrounds: in comparison to White students, Pakistani and Bangladeshi young people aged 19 were more likely to be NEET whereas young people of Indian background were least likely to be NEET
- young people with a disability or health problem were three times more likely to be NEET
- young people with special educational needs or mental illness are twice as likely to be NEET as those without
- young people who have a history of school exclusion or truanting: persistent school truants are seven times more likely to be NEET at age 16 which probably correlates with low attainment
- an estimated 20,000 teenage mothers or two in three teenage mothers are NEET (though the degree to which this is due to teenage motherhood being a barrier to employment, education or training or as a consequence of limited skills and job opportunities is likely to vary from individual to individual)
- young people from deprived areas and brought up in social housing: this may in part reflect the fact that there are less jobs in these areas, but also due to transportation issues and the fact that some employers might exercise 'post code discrimination' or applications from people known to live in 'difficult areas'.

4.2   NEETs in Bedford

Many young people not in education, employment or training (NEET) live in deprived areas in urban Bedford. They also have far greater basic skills needs than the region as a whole. Data at county level shows that more than half of the population are lacking basic ICT skills (52.6 per cent), more than 45 per cent lacking basic numeracy skills and around one in ten lacking basic literacy skills. On average, throughout the year, there are approximately 450 young people aged 16, 17 or 18 who live in Bedford, have reached their statutory school leaving age and who are not in education, employment or training (NEET).

Just over half of pupils (51 per cent) leave school each year without five or more good GCSEs – this group are at most risk of becoming NEET. In Bedfordshire, 6.5 per cent of 16–18 year olds were NEET in 2007, compared to an East of England figure of 5.8 per cent.[30] Pupil attainment is below the regional and national average, with fewer pupils leaving school with five or more GCSEs at C grade or above than the East of England as a whole.

Certain areas in Bedford, including Goldington and Kingsbrook show both extremely low levels of pupil attainment (with under 40 per cent of pupils

gaining five or more GCSEs at grades A–C) and high levels of child poverty, with between 35 per cent and 40 per cent of children under five living in low income households (OCSI, 2005). Furthermore, Cauldwell ranks in the top 1 per cent most deprived areas across England in the sub-domain of 'Children and young people education', with Kingsbrook and Goldington not far behind.[31]

Deprivation in different areas of Bedford can also be considered through the lens of out-of-work sickness benefits: claimant levels are highest in Bedford's most deprived wards as shown in table 1, with all of these wards exceeding the Bedfordshire and Luton figure of 4.8 per cent by a significant degree. This data also shows that a relatively high proportion of claimants are aged under 30, in particular in Queens Park and Goldington.[32]

Figure 6: Incapacity Benefit / Severe Disablement Allowance claimants by age

	IB / SDA Claimants		IB / SDA Claimants aged under 30	
	No.	%	N	% of IB / SDA
Cauldwell	420	7.6%	40	9.5%
Harpur	430	7.4%	50	11.6%
Goldington	390	7.3%	50	12.8%
Kingsbrook	420	7.3%	35	8.3%
Castle	415	7.2%	50	12.0%
Queens Park	305	6.4%	45	14.8%
Kempston South	315	6.3%	40	12.7%

Data shows 7 wards across Bedfordshire with highest IB / SDA rates

Source: OCSI 2005

Complementing these findings, local work and consultation by the Bedford Charity (Harpur Trust) has picked up on the high incidence of mental health problems amongst the young people and some significant barriers to help-seeking from statutory and other services. Findings from the wider Mapping Needs programme have also uncovered a perception among service providers that children making the transition to adulthood are a particularly hard group to access, as staff from a counselling service in the Bedfordshire area explained:

I think they're the most difficult to catch hold of. They're not proactive in looking for themselves more often that not … it's very hard to connect with those children if they don't want to… if the child or young person doesn't want to attend, doesn't want to engage then that's ok as far as we're concerned you can't force them.

From the perspective of service providers, young people often fail to engage in help seeking behaviour and do not take action to alleviate and tackle their needs. The age range that seems particularly vulnerable in the Bedford context is from 18 to 25. Those aged between 16 and 18 years old who are not in education employment or training (NEET) have become a central agenda for both national and local government in recent years. Here we have broadened the age range because recent work we have conducted has identified a gap in research and intervention for 18-25 year olds making the transition to adulthood.[33] This group often no longer qualifies for youth services and are formally adults, although they are in a vulnerable and transitional period of their lives.

4.3   Young people's perceptions of their needs

The young people that we talked to did not naturally couch things in the language of need. Concepts which might have been understood by the researchers as representing needs were more likely to be expressed in language such as 'I want', 'I should' and 'it would be good or nice to have' and 'I've got a right to'.

BEN'S STORY

Ben is 21 and out of work.

He lives in Bedford with his parents and has mild learning difficulties. When asked about his needs, Ben told us, "I don't need much, you know, my Mum gets me what I need. I'd like to have my own place nearby, but that isn't going to happen. I need money really, and a job."

We found it helpful to talk to young people about their short to medium terms aims and then discuss this in more detail. One young man said that all he wanted to do was to "get a job … so I can get some decent clothes and a car". When we discussed this further, he began to talk about these material items allowing him to more independence and hopefully help him find a girlfriend. It became clear that what initially could be considered superficial material wants, reflected deep needs for self-esteem, identity, independence and meaningful relationships.

A second common way young people talked about need was in terms of solving a problem, this was particularly common when talking about their lack of financial resources and their need for a job.

The need for a job

Almost all of the young people interviewed who were not in employment said that they wanted jobs and generally recognised that they needed qualifications to get a job. They saw the lack of qualifications as the principal barrier to getting 'any job'. However, very few had any concrete plans or ideas on how they might address their lack of qualifications. When asked what sort of qualifications would be most useful for them, few were able to mention specific courses or qualifications; these 'few' included three young women who volunteered a vocational childcare qualification they wanted.

Most young people aspired to work in the retail sector as shop assistants. This partially reflected low levels of aspiration, but also a widespread perception amongst participants that there were limited employment opportunities in the Bedford area, especially in the current economic recession.

The need for money

Most of the participants were not in work and all of them mentioned a 'lack of money' as being a significant issue in their lives. A number of the younger participants still lived with family members, although as often as not this was with grandparents, siblings and other extended family members as with parents. This reflected the high incidence of reported family breakdown.

MAC'S STORY

Mac is 17 and lives with his grandmother in Bedford.

"Gran's getting on and she needs lots of stuff doing… she's only on a pension and that… I try to help her out… if I had the money I'd take her on holiday or something… she needs a break"

Those who lived with family members had extremely varied regimes of financial relationships with their families. Almost all participants identified the need for money to buy clothes and for mobile phones. Some reported that they had help from family members some not. Those who lived in sheltered accommodation such as the Foyer and YMCA reported finding it extremely hard to make ends meet.

The need for things to meaningfully do

The majority of young people who participated in this research, specifically those not in work or young parents, identified the lack of activities and things to do as being a major blight on their lives and a cause of the anti-social behaviour and street violence that so many of them described in some of the more deprived parts of Bedford. "The kids have got nowhere to go and nothing to do so of course

they hang out there," said one young man aged 18. "But then the police moved us along even when we weren't doing nothing wrong."

> **"** The kids have got nowhere to go and nothing to do so of course they hang out there.

While a number of participants could list several youth centres, leisure centres and other venues they perception was most commonly that "you have to go to Milton Keynes, or Luton to do good stuff". Alternatively a number of the younger end of the cohort said that the youth venues were "no good to us" either because they were "boring", "naff", "full of 12 year olds" or "there's always trouble there."

It was clear from our research that there was a common need for options, choices and positive aspirations for the future among 16–25 year olds in Bedford, particularly among the more disadvantaged.

Practical needs	Psycho-social needs
Skills and training	Things to do – activities and leisure
Help finding more suitable accommodation	Someone to talk to about a problem
Advice on housing and legal issues	To be near to family and friends
Help with literacy and numeracy	Control over domestic situations
Help with applying for things and budgeting	A place to stay of their own – independence
Life skills training	To feel safe, secure and stable
Financial inclusion	Support to cope with impact of abuse, violence and crime
Help with childcare and relative care	A sense of belonging

4.4 Young people's perceptions of services and solutions

Most of the participants in the study had encountered one or more professionals working for either Connexions or another of the many statutory and voluntary services working with young people in the Bedford areas, particularly providing Education to Employment (E2E) training. The young people told us that they were

extremely bored by E2E training provision, and that the content did not match their long-term aspirations.

This provides some evidence to suggest that lack of aspiration was not, of itself, a problem; instead, routes to achieving those aspirations should be identified in order for young people to succeed. Some even took active steps to avoid certain E2E training providers because they said it might make their problems worse. There was a perception amongst both young people and practitioners that certain providers took on young people who had been involved in drugs or other criminal activities or worse, had bullied them at school. This acted as a disincentive for some young people; one 19 year old said that he would not attend a course because he knew that some of the others who would be attending "were trouble" and had bullied him in the past.

The approach taken by the service providers was often criticised. One young person we spoke to thought that the Personal Advisors at Connexions were not firm enough and did not "push her enough." She continued by saying, "the only people who pushed me were the teachers at school. I feel like people at Connexions would just let me go on and leave. Maybe that's why I haven't gone back. I know they'll just say 'ok then'."

Another young woman we spoke to said:

> Sometimes you want to talk to people, but you can't. I don't really know how to explain it. Some of the services around Bedfordshire don't really make you feel welcome. The staff are not the greatest of people to talk to. They try their best, but they can't really adapt to young people, because they don't know what we've been through. I mean with some services, like the counselling services, you tend to feel that you're being judged. They don't really talk to you, or with you, they talk at you. They're not really helpful. There are some members of staff who are quite patronising or sarcastic. They just don't make you feel very good about yourself. I think there needs to be something put together for our age group, where they do make us feel welcome, and may be run group sessions for other people going through the same situations, rather than just one-on-one sessions.

The practitioners' views of services for young people

A number of the practitioners thought that Connexions, as an agency, is overly concerned with tackling NEET numbers, at the expense of engaging with the real needs of young people. Their responsibility to track and monitor NEET young people was widely perceived as an inefficient use of time given that resources are generally overstretched. A number of Connexions Personal Advisors (PAs) we spoke to estimated that their caseload was at least twice as high as that which would allow them to give an optimal service to their clients and amount of time spent chasing phantom appointments, waiting for people and following 'dead-end' leads was seen as overly high and rarely compensated for by the ability to replace that lost time with other face-to-face work.

As we have seen in Section 3.3. above, young people were particularly vulnerable to becoming homeless. Our discussions with service practitioners highlighted the problems with young people falling between the variety of different age criteria which dictate eligibility for the different benefits associated with unemployment and housing. Similarly, age cut off points result in some young people's needs not being met. For example, two service providers who provide mental health services explained that support for young people with attention deficit hyperactivity disorder (ADHD) is cut off when the young person turns 18. The condition does not go away at this point, but it is no longer considered to be a condition, which can be treated or at least managed. Instead, it is suddenly regarded as problem behaviour, and therefore ineligible for support, at the very point when a young person's responsibilities increase. One practitioner, who was part of the Anti-Social Behaviour (ASB) Enforcement Group, said that 50 per cent of her time was spend dealing with ADHD (particularly in adults):

> Post-18 there is no longer any medical help available, and it becomes very hard for services to deal with this kind of behaviour, because it's not viewed as a mental health problem, so service users are pushed from pillar to post, and the problem itself is never really addressed or dealt with.

Often it is older siblings with mental health or drugs problems who find themselves in difficulties, making life hard for the rest of the family. Hence it is the person with the problem, who is pushed to leave the family home. This may be exacerbated, or brought to a head when they start to represent a problem for the rest of the family in terms of threats and/or risk to other members of the family (e.g. to other children – concerns of social services), but particularly in terms of housing, where an older sibling's behaviour may for example threaten the family with eviction by their landlord.

Large amounts of anti-social behaviour stem from complex needs, often in a relatively small number of individuals. However, accessing the services required is not always straightforward and when the young people have had poor experiences

in the past, it is difficult to rebuild trust. As one service provider working with young people said,

> *The criteria for accessing services is not always that easy: i.e. getting help with drug problems may work out in one setting, but getting help for mental health problems, leading on from that is tricky – i.e. linking up between services can be difficult. In this respect, it is individual relationships which make all the difference – and make it very hard to build further relationships with young people when previous experiences they've had don't work.*

Fear of the consequences of seeking help is an important barrier which stops young people accessing services. There are high levels of suspicion that engaging with statutory services might result in social services removing siblings from a household or splitting up the family. Children can be very protective of their parents when there are problems within the household. Young people reported being scared of leaving parents with mental health or alcohol problems alone in the house, resulting in the children failing to attend school.

Service providers we spoke to recognised that some issues were relevant across the Bedford area, but others were more locally specific. Cauldwell was, for example, identified as a 'teenage pregnancy hotspot'. It is perceived that there is tremendous sexual pressure on young people – but particularly girls. There is an ongoing problem of self-esteem, and lack of self confidence, particularly among teenage girls.

The lack of sustained street-level outreach work by youth workers from various agencies was identified by several of the service providers we spoke to as being a problem and an area that has been underfunded for some time.

The following is a list of common barriers identified by young people during the focus groups:

- lack of jobs or professional courses available in their area
- being undecided about the sort of job or course they want to do
- a perceived lack of suitable opportunities or a lack of qualifications/experience
- an inability to travel to college/workplace due to lack of funds and/or adequate public transport
- lack of affordable child care
- criminal record
- emotional barriers – lack of confidence, fear of the unknown, lack of motivation
- poor health
- unstable housing arrangements.

4.5   Barriers to seeking help

Surveys and service data have constantly revealed particularly low rates of help-seeking for mental distress amongst young adults. As few as 17 per cent of young adults with mental distress[34] and fewer than a third of those with a clinically defined disorder may seek healthcare.[35] These estimates for young adults are much lower than comparable figures for all adults. In fact, large-scale surveys of all adults reveal an association between help-seeking and age, whereby help-seeking is least likely to occur in those aged 16–24.[36]

The lack of awareness or knowledge about the type of services that are available, or how to access them, was a problem for some of the young people who participated in the research. One young person contrasted the institutional support that was available to her while at school with how poorly equipped she was after she had left, a time when she felt alone and isolated.

> " I was at a school where the teachers were always nice and would always do things to help me. But now I'm just on my own, what is there? I don't know where to start, (and how) to get started.

Not wanting to make a fuss or 'be any trouble' was also a significant barrier for young people seeking help. This was commonly associated with not wanting to draw attention to themselves or not feeling their problems were any worse than those of others around them. Young people were often reluctant to share problems with service providers and with their friends and peers, as one young person told us:

> " I've always been really good at not showing that I'm upset. I never ever spoke to friends about what was going on, about what I had to do.

And when young people did feel able to share problem or access sources of help or advice, the quality of the service was the most important factor in whether young people would continue to seek help from a particular source, or indeed seek help from other organisations. As one young person said, "If they're not

helpful to me the first time, then in my head I think they won't be helpful the second time. So that's why I have to do things for myself."

Expectations of how useful a practitioner was being or would be were very often made very quickly, and there was a tendency with a number of the younger or less engaged young people to have a relatively low threshold of patience with being told what they already knew.

> " I'd go there, but if it wasn't helpful I just wouldn't go back. I don't know why I do it, I do it with other things as well. I have a dietician, I went there and she just told me something that I already knew. So what's the point in going back? You know, I just leave it, and then I get stuck with the problem again.

SUSIE'S STORY

Susie has lived in a supported hostel in Bedford since August (about eight months at the time of the interview), when she was moved out of her parental home by social services in another town in Bedfordshire. She is 18 years old and is studying for an Animal Management BTEC as well as doing a range of work experience placements and jobs ahead of applying to do veterinary medicine at university.

Susie suffered sexual abuse at the hands of her father from before she can remember, until she was 13, when he stopped. It was only through treatment for an eating disorder that the abuse came to light. As she came to address her experiences and the eating disorder through psychotherapy, she found it increasingly difficult to deal with continuing to live at home with her parents and brothers (older and younger), and engage with treatment. At the suggestion of her psychotherapist, the Housing Office was approached to help her move out. As she was under 18 at the time, they insisted on the involvement of Social Services. Social Services insisted on visiting her parents, and terrified of her father's reaction on discovering that she had told people about the abuse, she ran away from home to stay with friends. With friends unable to sustain this, she ran away again, was found by police, briefly hospitalised, and sent by her parents to stay briefly with her grandmother, before the hostel placement was finalised.

She has tried to maintain relations with her parents since she moved into the hostel, but subsequent to the social services case with her family being closed, she has been attacked by her father again, who has also been seen waiting outside the hostel. There is now no other option than to take the case to the police. She is currently not allowed outside the hostel unaccompanied, and security arrangements have been made with her college to allow her to continue attending.
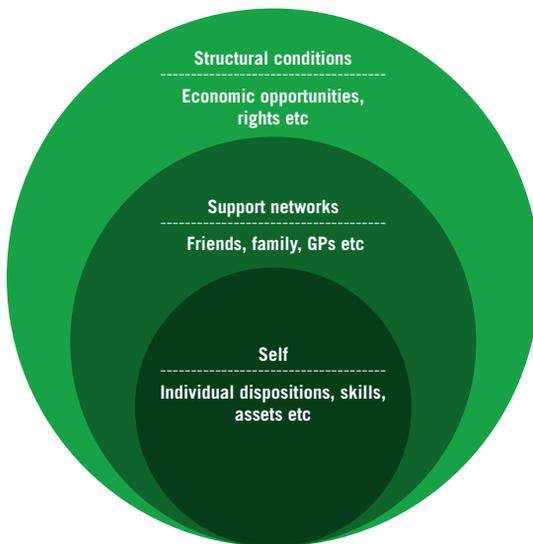
Despite all this, she was remarkably positive, describes herself now as having a service provider 'support network', and it was noticeable that she had absorbed some of the language of service providers through intensive interaction with them since August.

4.6   Impact of major life events and social problems

The young people interviewed shared similar life experiences. These included, being in and out of state care, being bullied by peers, bereavement, substance abuse, involvement in crime and in the case of girls teenage pregnancy was also an issue. These challenges often began during statutory school years. The exact impact of these experiences depended on individual circumstances and did not follow any particular pattern. Nevertheless, in general, the most corrosive family breakdown, bereavement and abuse experiences had a tendency to result in a significant lowering of personal esteem and motivation.[37]

In *Sinking and swimming: Understanding Britain's unmet needs*, we argue that people's ability to meet their needs is influenced by factors at three different levels: the level of the individual, the level of day-to-day support and the systems and structures (see diagram below).

Figure 7: Three levels influencing whether need can be met

Structural conditions
Economic opportunities, rights etc

Support networks
Friends, family, GPs etc

Self
Individual dispositions, skills, assets etc

The problems reported by the young people in Bedfordshire who
participated in this study do reflect these three levels:

Self
- Low income and dependency on welfare
- Mental health problems
- Teenage pregnancy
- Feeling worried or stressed
- Isolation
- Lack of confidence and self-esteem
- Drug-related problems
- Lack of self-determination and basic choices

Support
- Problematic contact with the police or Social
  Services
- Having been in formal core
- Poor availability of services
- Needs not met by services (eg social/
  interpersonal, education, employment,
  literacy, repairs/ substandard housing,
  parenting problems, community facilities,
  health care)
- Exclusion from school
- Chronic illness within family

Structural
- Neighbourhood deprivation
- Crime and antisocial behaviour
- Conflict and tension in the community
- Housing problems
- Lack of local facilities and shops
- Poor employment prospects

Young people's responses to major life events are diverse and not easily
predictable. Some of the most positive and confident participants in the study, for
example, were also those with the greatest number of severely adverse life events,
such as those who had been bereaved, subject to violence and displacement.

Young people were asked whether they felt that certain events had made it
more likely that they would have problems or unmet need in the future. These
depleting or corrosive events were identified as being ones which appeared to the
young people to "mess up" their life and make dealing with troublesome issues
"a complete nightmare" as one young girl put it. Examples of such events and
situations included the intervention of police or social services following incidents
of abuse and violence, bereavement and the breakdown of relationships,
particularly when there was a child involved.

We also asked people to speculate as to what it is about individual young people
that means they will be more or less severely affected by such events and
situations. More replied that it was something to do with the individual's personal
"strength" or "bottle" than focused on external factors such as whether or not

there was a high level of social support. One young woman, aged 17, saw it as a simple choice – "either I can just lie down and go 'Yeah I'm screwed' or I can get on with it." In her opinion some people's personalities were quite simply stronger than others. In her eyes they were the people who "didn't need help" or wouldn't want "a fuss made". However, she took a slightly different view of the amount of time and emotional energy that it took her to "get over" an adverse event which she felt had not been unavoidable and "nobody's fault".

4.7   Attitudes towards the future

When asked questions about the future the first and most striking feature about the young people's responses is that virtually none of them saw their future in Bedford. As one 16 year old told us, "Whatever I do, I definitely won't be in Bedford." Even those with families in Bedford expressed the same feelings.

These negative views were largely attributed to a lack of vitality in Bedford – "nothing changes here" – and to very favourable views of other places – "why would you stay in Bedford when you could go to London?". This was also frequently coupled with pessimism about the local economic opportunities:"If I want a decent job I'll have to move".

As part of the research, we asked the participants to imagine that in ten years time they were living the kind of life that they had expressed aspiration for (usually a settled job, home and relationship or family). We then asked them whether they thought that this pathway was likely to have been achieved without any assistance from third parties, with a certain amount of assistance or very largely due to the assistance of a third party.

The young people predominantly answered that they would probably have been significantly assisted by somebody significant, whether it be a friend, family or outsider, at some crucial stage along the pathway. It is possible to speculate that this shows that the idea of efficacious and even transformative help is not in the least bit alien to the young people, whether or not they have actually experienced it. When pressed, respondents tended not to have in their mind exactly who would have played such a role but it was a feature of most of the interviews that the young people could at least imagine a situation where their lives would turn around.

5 Conclusions

Our review of needs in Bedford shows that it lies in the middle of national extremes. Levels of deprivation, unemployment, low pay and receipt of benefits in the area are all close to the national average. However, while Bedford is close to average on many variables, it does somewhat worse in the rankings when it comes to children and young people. In this study we focused on the experiences of young people in the Bedford area who were not in education, employment or training. We identified lack of skills, opportunities, and qualifications as being common barriers for young people entering the labour market. But it also showed the importance of emotional factors such as confidence, persistence and motivation: in a difficult climate there will be an even greater imperative for these young people to be resilient, able to cope with shocks and rebuffs.

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In looking at how young people understand and try to meet their needs, our work reinforces studies in other areas which have found that young people tend not to seek help from professional sources, especially for stigmatised areas such as mental and sexual health or substance dependencies, preferring to seek informal help before they turn to formal resources. Young people tend to turn first to friends for support with emotional and sensitive personal problems, before seeking the counsel of parents. The young women we interviewed were significantly more likely to seek help than young men, particularly for help with mental health problems. The young men tended to be more likely to rely on themselves and also not to recognise that there was an important problem that needed to be solved.

5.1   Understanding help-seeking behaviour

Our discussions with young people in Bedford uncovered that while many of them were in desperate need of help, seeking help was problematic. Many had no idea where to find services that could provide them with assistance and they had little confidence in those services they were aware of.

Help-seeking behaviour is the process of actively seeking out and using social relationships, whether they be formal or informal, to help with personal problems. Unlike many other social transactions, the objective in help-seeking is intensely personal, and therefore the barriers will also tend to be personal and often psychological. Our work with young people showed the complexity of the help-seeking process. It is not simply a process of identifying need, deciding to seek help and carrying out that decision. At each of these decision points, factors can get in the way: need may not be identified; if identified, need may not be translated into intention; and intention does not always lead to action. These observations have led us to a pathway model of the dynamics of seeking help, represented in the diagram below.

Figure 8: Conceptual framework of the process of help-seeking

Internal determinants	Help-seeking intention	Tipping point	Determining help pathway	Choice of help source	Help-seeking first approach
Self-awareness, self-image and self-esteem	Problem identification	Decision point – individual wants and decides to seek help for need	Geographic and emotional proximity of help	Dependent on sources of help available	Approaches formal mainstream service provider
Unsuccessful self-help attempts	Recognition of the need for outside assistance		Perceived effectiveness of help		
Help-seeking attitude	Readiness for self-disclosure		Perceived cost of help – money, reciprocal demands and penalties		Approaches informal service provider such as family or friend
Distress and inability to cope	Awareness of existence of satisfiers				
Perceived helpfulness of previous help-seeking experience	Willingness to relinquish some degree of control to a helper		Perceived accessibility of help		Approaches community sector service provider
			Perceived stigma in using help		
Cultural, attitudinal and social influences, social comparison			Perceived reliability and trustworthiness of help		No approach made

The process begins with awareness of the symptoms and recognition that a significant problem exists that may require intervention. Many factors in this 'contemplation phase' can influence the intention to act. With the individuals who did finally seek help, there is often a tipping point that triggers the actual decision to seek help. Not least of these preconditions is that the help-seeker must be willing and able to open up and talk to others about their problems. The barriers to this can be immense.

Of course, help can be sought from a wide variety of sources varying in their level of formality – some from informal social relationships such as friends and family and some from formal professional sources. Increasingly, help can be sought from sources that do not involve direct contact with other people, such as the Internet, and this may have the effect of removing some of the internal barriers in the pathway to seeking help.

However, some groups are far less likely to approach formal services than others. The young people we spoke to tended not to seek help from professionals, preferring instead to seek informal help before they turn to formal sources. In addition, our findings mirror those elsewhere which indicate that in contrast to women, a man is more likely to rely on himself than to seek help from other people, and is also more likely to deny the presence of a problem in the first place.[38]

The experiences of the NEET young people in Bedford confirm that the quality of the first interaction young people have with a particular type of service is hugely important in predicting whether they will turn to formal services in the future. One bad experience can tarnish all professional services in the eyes of many people. Equally, if someone has experienced the transformative effect of help given by a third party, they seem to be much more switched on or attuned to the possibility that they might find assistance in resolving a future problem.

All too frequently young people access services that are not the right ones for meeting their underlying need. They may show up at accident and emergency when their real problem is alcohol; they may turn up at a homeless shelter when their underlying problem is a mental illness. People may present the symptoms of a specific issue, but be suffering from a complex combination of multiple unmet material and psychological needs. As a rule, access points need to be less devoted to functions and more to people. We need more institutions, advisers and access points which are holistic, rather than function specific. Equally, we still need better ways to route people quickly to the support they need.

We have also found that the young people that most need help are the least likely to take it up, sometimes because of chaotic lifestyles but also for reasons of stigma, distrust and disengagement. That is particularly true of 'preventive' services. It is not enough to provide something useful: how it is provided also needs to build trust and confidence.

5.2　Resilience and the ability to cope with shocks

It was clear in our work in Bedford, as with our research into unmet needs elsewhere in the country, that resilience is a critical factor in determining whether someone can bounce back from shocks and set backs in life, or whether their needs get worse and they become increasingly more vulnerable.

Resilience not only matters and can also be influenced. Everyone is bound to face shocks and setbacks at some point in life. But what makes the difference is how well we cope with these shocks. This is in part a matter of social support from family and friends, teachers or GPs, as well as skills and financial assets. But, as

argued in the Young Foundation pamphlet *Grit*, resilience – and psychological fitness in a broader sense – can also be learned, and enhanced.[39] Some areas have introduced it into the school curriculum; some agencies have integrated it with help in finding jobs; and some are beginning to integrate it into healthcare, and in particular the coaching and support for people with long-term conditions, recognising that psychological fitness is as important to life as physical fitness. Resilience can be supported not just for individuals but also for communities (for example, through the availability of assets, leadership and entrepreneurial skills, and social capital).

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This report looks at the needs of young people in Bedford, particularly focusing on how those who are not in education, employment or training seek assistance and access services. It identifies the lack of skills, opportunities, and qualifications as being common barriers for young people entering the labour market. But it also shows the importance of emotional factors such as confidence, persistence and motivation: in a difficult economic climate there will be an even greater imperative for these young people to be resilient, able to cope with shocks and rebuffs.

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 *Sinking and swimming: understanding Britain's unmet needs* published in December 2009.

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

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