THE RECEDING TIDE
UNDERSTANDING UNMET NEEDS IN A HARSHER ECONOMIC CLIMATE
THE INTERIM FINDINGS OF THE MAPPING NEEDS PROJECT

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CONTENTS

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PREFACE

How should we think about needs?   There are many possible answers. They can be thought of as deficits – the essentials for life that are sometimes missing, like having enough money, a home, good health or literacy. These are generally not so hard to define or measure. Alternatively, needs can be understood through the lens of suffering: who is suffering the most, whether the causes are social circumstance or bad luck?   Again there are ways of measuring and mapping these patterns which overlap with the first set, while also being distinct.   Then there are the ways in which people themselves think of their needs, which sometimes overlap with the indicators used by statisticians and policy-makers, but are often very different.

Each of these lenses provides useful insights. Each takes us back to what it is to live a good life, and what patterns of life or support help people to thrive.

This report sets out the first findings from a study which is running for two years. It is an exploration of the changing patterns of need, combining analysis of large scale data sets with local studies – what we call 'ground to sky' research, that constantly triangulates between the big picture and specific realities.

It shows that many 'classic' needs remain important, particularly in a society marked by stark and growing inequalities. Some are getting worse, particularly with sharply rising prices. However we also suggest a shift of focus. We argue for a greater focus on psychological and relationship needs as well as more traditional material ones of income, shelter or food. Being alone and isolated can be as bad as being poor.

Mind can be more important than matter. And connections matter as much as attributes.

We also argue for a subtler understanding of the dynamics of need – and in particular, for looking more closely at those people or groups who are most vulnerable to shocks and economic downturns – even though they may appear to be doing well.   An economic slowdown is like a receding tide which reveals the many who are struggling. Stress levels are already highest for people in insecure jobs or without contracts – these, and the direct unhappiness associated with unemployment, are both set to worsen.

Finally, we argue that a clear view of needs should be accompanied, though not replaced, by an understanding of capacities and resources, of the 'positive deviants' who are doing well against the odds, and bouncing back quickly from adversity.

How a study of this kind is done is never simple. Look on too large a scale and you see only the broad brush messages of aggregate indicators which may hide the real dynamics of change and do little to explain why one person thrives and another falters. If, by contrast, you look in great detail at individual lives, their individuality comes to the fore – the specifics of circumstance, character or luck. The very best modern novels are explorations of the rich complexity of individual needs, desires, and fears.   Yet too much detail can obscure the bigger shifts.

Our concern here is with a middle ground between these two extremes. We're concerned with the patterns – the broader shape of feelings, fulfilments and blockages across large numbers of people. We're also interested in whether figures need to be disaggregated, and when apparent facts need to be tested and triangulated by talking to real people about their own perceptions and experiences. Getting this 'granularity' and 'zooming' right matters, because the recent insights of social science confirm that although structural and systemic factors matter a great deal, so too does personal disposition and circumstance. Big structural factors may be decisive in pushing people into vulnerable positions, but personal and very local factors may be critical in determining who gets back on their feet quickly.

A common failing of social policy has been to be too broad brush; to deal too readily with aggregate categories; and to be insensitive to the fine grain of personal circumstance. Some recent reforms have tried to mitigate this flaw, with the greater use of personal advisers, counsellors, mentors and guides alongside formal rights and entitlements. But this revolution is still only in its early stages and social policy still lacks effective means of truly transforming the lives of particular individuals, families and communities, matching the care that must by its nature be small scale, contextual and personal, with the larger scales in which governments necessarily operate.

Sensitivity to need is one of the markers of a civilised society – ours is not alone in always risking myopia and callousness. It is very easy for the powerful and comfortable to turn a blind eye. Hopefully this study, and the wider programme of which it is a part, will provide a useful corrective.

Geoff Mulgan

EXECUTIVE SUMMARY

The Young Foundation's Unmet and Emerging Needs programme aims to make sense of modern British society through the lens of unmet need and to provide organisations trying to meet need with new tools to help better allocate resources. The programme combines a series of innovative theoretical frameworks and quantitative and qualitative research methods to assess the importance of different human needs, and explore how and how well they are currently met, with particular attention paid to the context of economic downturn.

This interim report shares the initial findings of the first nine months of the programme. It builds upon extensive background research across the spectrum of social need, producing a synthetic overview of current knowledge. This exercise and initial fieldwork have generated six overarching conclusions, four key areas of unmet need and twelve hypotheses which will be explored as the programme progresses into its second year. The final report will be published in September 2009.

The publication of these findings comes during a period of particularly serious economic turbulence. The effects of recession on the lives of individuals, households and communities have been observed before and are neither distributed evenly nor felt immediately. More importantly the risk and protective factors involved in predicting successful weathering of the storm are not only financial ones (such as possession of savings as a safety net) but very largely social and psycho-social ones (such as possession of emotional resilience, a large social support network and optimism). Indeed we expect that the main effects of the current downturn will be psychological, starting with the corrosive effect of the fear of recession. The current economic climate also gives us an excellent set of variables in which to test our hypotheses about the role of life events and resilience.

CONCLUSIONS

1. Psychological needs dominate

Against a backdrop of enduring, severe and intergenerational material needs for an adequate income and the material resources an income facilitates access to (like housing, transport etc), the extent of unmet psychological need (for self-esteem, autonomy, significant relationships and competence) is severe, and intensifying through social change. This is especially important to recognise given the pivotal role psychological needs play in well-being. Current systems in place to meet need are better at identifying and satisfying material needs, whereas psychological needs are harder to identify and satisfy.

2. Personal life events trigger unmet need

There are three key groups of causal drivers which appear to be pivotal in the analysis of every area of unmet need. These are:

- Cataclysmic shock events, which are usually not predicted and traumatic, e.g. sudden illness or death of a relative or caregiver; redundancy or severe change in economic circumstance; imprisonment or being subject to abuse and violence.
- Transitions between life stages, especially those involving a change in role, status, expectation and responsibility, e.g. leaving prison, hospitals or hostels; the transition to adulthood, leaving statutory education and the family home; becoming a parent; retirement.
- Capacity eroding changes, which gradually impede core functioning, draining material and psychological assets, e.g. spiralling and unsustainable indebtedness; becoming a primary carer; onset of mental health issues; behavioural problems in a family member.

3. Individual traits magnify vulnerability to unmet need

Many personal traits and characteristics are associated in research with unmet need. By personal traits we do not only mean things such as socio-economic, ethnic, educational or geographical status, but also aspects of the person which are to do with their attitude, priorities, approach to risk and behaviour.

The concepts of resilience and risk are important in understanding the extent and nature of unmet need. Many people are highly resilient to shocks and traumas: two factors often associated with resilience are having significant personal relationships with a role model or authority figure and/or being involved in association activities. Research around resilience's mirror-concept, risk, shows that unmet need is most likely where there is a high likelihood of the incidence of social needs, combined with low propensity to identify need and seek help. According to this analysis specific groups at particular risk include single

men, people with long term psychological needs and people who are not considered 'service ready' (a concept developed in the report).

4. Changes in state services, the market, civil society and community norms all create new need

Needs are met in one of these four domains, but the boundaries within this 'need economy' are constantly shifting and shaped by politics and formal decision-making (e.g. changing entitlements to benefit) as well as broader conditions, such as the current economic downturn. When provision for a need shifts domain, there is a risk of unmet need for those with lower access to financial resources and fewer 'service-ready' characteristics (such as time and risk orientation, chaotic and complex circumstances and trust in others).

5. Data on unmet need is hard to reach

Designing services or responses to unmet need requires accurate data on need and the connections between different needs. Despite a huge amount of service and administrative, survey and census, academic and social research data, many studies which incorporate such data only have a limited focus, on the unmet needs of specific population they are investigating. Furthermore, data is often used in a way that does not strictly inform evidence based recommendations. It is common for an absence of data identifying unmet need to be taken as evidence that there is no unmet need, but more robust active evidence that there is no unmet need is less common. There is a particular dearth of accurate, reliable and comprehensive data on disability in children and older people and needs associated with victimisation, abuse and bullying.

6. Describing individuals or groups as 'hard to reach' is not always helpful in understanding unmet need

Researchers and initiatives aiming to meet need often rely on categories of hard to reach, at risk groups (ex-offenders, ethnic minorities etc). This can be useful, but has several disadvantages that may impede the meeting of needs in the following ways:

- It risks understating different experiences of individuals within these groups.
- It fails to shed light on how people experience need dynamically, intermittently or persistently.
- It leaves little space to consider the severity or multiplicity of unmet need.
- It neglects the cross-cutting factors that lie behind the vulnerability of different groups.

- It risks focusing on the characteristics of individuals or groups, rather than considering how both the characteristics of individuals and systems in place to meet need can create or exacerbate vulnerability.

It is therefore important to explore other ways of focusing research and services seeking to tackle unmet need. In particular, it is important to maintain a holistic perspective and to engage with the individual, not merely vulnerability (homelessness, mental health problems) that they present with.

AREAS OF UNMET NEED

Our initial research has identified four key areas of unmet need. Theses are:

1. Psychological needs, for self esteem, competence, autonomy and relatedness. Current systems are better at meeting material needs than psychological. Mental health problems, emotional problems and relationship and social capital deficits are all causes of unmet psychological need and there is evidence that all four of these factors are intensifying in the UK today.

2. Care and support: there are mismatches between levels of need and provision of care and support across the spectrum of need. Eligibility criteria are key mechanism creating this mismatch and being ineligible for a service/good (provided by the state/market or civil society) does not correlate straightforwardly with need. Two spheres in which this is a particular problem are social care (in which provision only caters for those in the most severe need) and housing (where eligibility depends on membership of a priority group).

3. Financial strain: against a backdrop of widening inequality there is ample evidence of financial strain, which creates a need for debt. Debt, whilst a mechanism that may be employed to meet need, often creates need where it is used as an unplanned response to unforeseen circumstances or where it is used to chase existing debts and avoid defaulting on payments or court action.

4. Consumer and legal protection: often needs are met in the market place where a consumer can be vulnerable. Outcomes depend upon the behaviour of the market; regulation and protection; and the behaviour of individuals.

HYPOTHESES

From our extensive background research and initial fieldwork we have developed a series of hypotheses about unmet need:

1. Places of hidden need: unmet need will be concentrated where there is high vulnerability to need and expression/visibility of need/ suffering is low e.g. in custodial or care institutions, among people who have recently left institutions, in strong micro-communities.

2. Women and positive deviance: there will be significant unmet need in situations where women's roles are absent or impaired, e.g. where a mother/female carer has mental health problems or disability.

3. Service readiness: unmet need will cluster among individuals who are not 'service ready' i.e. who lack attributes that services expect of their users. These include: a postal address, time, linguistic and intellectual ability etc.

4. Optimal contact with services: unmet need will be concentrated among those people who have sub-optimal contact with services. Sub-optimal contact will occur at either end the spectrum: among those in no contact with services at all and among those with numerous, repeated contact with different services.

5. Life events and transitions tend to create unmet need: resources to adapt to new needs are often absent and coping strategies useful in one lifecycle are often counter-productive in another. Transition does not often involve passported entitlements.

6. Need clusters: most unmet need will be clustered with others. The most common combination needs (that are likely to generate or present with other needs) are overindebtedness and mental health. If you have an unmet need within a particular area, you are much more likely to have related unmet needs.

7. Debt and financial strain are trump needs: severe financial unmet need is corrosive and impedes capacity and motivation to resolve other unmet needs.

8. Mental health problems are trump needs: the existence of severe unmet mental health needs at both individual and household level strongly predicts further unmet need and is a barrier to need resolution.

9. Infrastructure needs are polarising: transport, housing, education, health and social care needs are polarising. This means that those with good access and resources are increasingly less likely to have unmet needs and those without increasingly more likely.

10. Information, knowledge and advice inoculate against avoidable need: avoidable need is made more likely by insufficient awareness of entitlements, duties and options. As services become more complex and less face-to-face, information has a higher premium than ever in making the best life decisions.

11. Articulation of need: significant unmet need will be found where the barriers to articulating that need are greatest e.g. mental health in cultures with different concepts of mental health, and care or support where there are barriers relating to stigma and pride.

12. Self-reporting of need versus other-reporting: on questioning, people will tend to underestimate their unmet need, especially those who have low service expectations (e.g. some older people), those who have heavy caring loads and when questioned about psychological and financial issues. Asking close friends and family will add valuable insights.

These hypotheses will be explored throughout the remainder of the research programme through statistical analyses, in depth qualitative (including ethnographic work) and extensive consultation with experts, including those who live with and experience unmet need in their daily lives, as well as those who observe, assess and provide ways of meeting those needs.

Through these methods and using the theoretical frameworks developed within the programme, this research will continue to develop insights into the nature of unmet need in the UK, with the overall ambition of providing the government, foundations and civil society with new tools to help them better allocate resources proportionate to unmet need.

"To create need is to create discontentment, and to invite disillusionment. It is to play with lives and hopes. The only safeguard in this dangerous game is the democratic requirement of informed consent. One has no right to speak for needs which those one represents cannot intelligibly recognize as their own"

Michael Ignatieff (1984)

1. INTRODUCTION

WHY NEEDS?

An essential condition of human flourishing and well-being is that people's needs are met. According to the definition used here, needs are what when not met, lead to socially recognisable harm or suffering[2]. We therefore start from the premise that unmet need carries with it a moral imperative to act. That is why need is the focus of this research programme.

This lens of need both springs from and builds upon a series of other approaches well established in social research, public policy and civil society, such as poverty, capabilities, inequality, well-being, rights and wants.

We chose to look at needs rather than poverty because we wanted to take a broader focus, one that wasn't limited to the classic indicators used in poverty studies. We also made this choice because we have found that many people find it easier to talk about needs than poverty. Furthermore, many people who live on low incomes dislike being labelled as poor and distinguished from the rest of the population in virtue of their low income. We believe that need is not a stigmatising term: whilst meeting needs is fundamental to human well-being, experiencing need is also a necessary part of being a human being. We begin our lives in a position of need and dependence on others, and this dependence continues intermittently throughout the rest our lives.

So, by talking about needs we do not aim or wish to distinguish between the needy and the capable. All human beings by their nature experience need and capabilities. It is for this reason that we believe a focus on need will both complement and build upon the recent focus in social research on resources, assets, well-being and capabilities, partly thanks to the work of Amartya Sen and Martha Nussbaum[3]. There is much to commend approaches which focus on people's resources rather than their deficits, but understanding need is a necessarily corollary to arguments such as these, because unmet need is a key barrier to achieving well-being, accessing resources and utilising and capabilities.

We have sought to focus on need rather than inequality, as our expertise lies in telling the personal stories of people's lives that bubble beneath the surface of macro-level social trends. A focus on need, and the moral imperative attached to unmet need, also offers the opportunity to cut through the stalemate that often characterises debates about what levels of inequality are acceptable, if any; how the impacts of inequality can be addressed; and whether equality of opportunity or outcome ought to be the end of social policy and regulation. The connection between unmet need and palpable harm and suffering helps cut through these debates, clarifying to those on both sides the requirement for intervention, reform and innovation (from all sectors of society) to meet unmet need where it exists.

A society in which income was distributed perfectly equally would not be a desirable place either. People who work harder, or are more talented than others, should have more income. What matters, in fact, is equality of opportunity, not equality of outcomes.

We chose to focus on needs rather than rights because although many needs are translated into rights, many are not. Some needs are more personal and contextual, than a rights-based framework allows. Indeed, our own research[4] confirms that most of people's needs are met by friends and family, not by the state. Having significant relationships, loving and being loved, feeling like you belong, and feeling self-confident cannot be specified as rights so they must be specified as needs, and needs which we ought to seek to have satisfied as a matter of principle and routine.

We chose to focus on needs rather than wants because of our particular interest in how society comes to recognise some needs as making claims on others. Our need for healthcare becomes a social fact in a very different way from our want for a BMW. Yet these boundaries change over time and items which in one era are seen as wants, come at another time to be seen and accepted as needs. We are concerned with needs as understood in modern British society.

Need is part of the human condition, but humans are also resilient and capable. Because need, when not met, causes socially recognisable harm or suffering, where possible a person, household or community will meet their own needs. The tendency to meet your own needs is instinctual. Where circumstances permit, a need when experienced will motivate action to meet that need. This report is not concerned with such needs, which are felt and then met in a fairly straightforward two stage process.

This programme is concerned with *unmet* needs, by which we mean needs that remain unsatisfied or partially satisfied[5] due to some blockage, obstacle or constraint, either internal or external to the person who feels that need. It is in these situations, where there is a barrier to meeting need and so that need endures, that harm or suffering occurs and in these situations that a moral imperative for some part of society to meet that need comes into play.

AIMS OF THE PROGRAMME

For these reasons, we see need as a fruitful, albeit complex lens through which to make sense of our society. The overall aim of the programme is to provide new tools to help organisations that aim to address and meet social need better allocate resources. To that end, our aims are to:

- Assess how important different human needs are;
- Explore how and how well they are being met;
- Understand the nature of people's lives when needs are not met or not met sufficiently well.

This report presents the interim findings from the first nine months of the major Young Foundation programme dedicated to these objectives. These tentative conclusions are based largely on a synthetic overview of existing research across the spectrum of social need. This work has been informed by a number of seminars and workshops, as well as several focus groups which represent the initial stages of our extensive fieldwork, which will continue throughout the rest of the project.

UNDERSTANDING UNMET NEEDS IN THE UNITED KINGDOM

Reaching an understanding of and developing insights into unmet need will require the following elements:

- Analysis of what people's needs are, using official statistics and other secondary data, as well as qualitative studies, and canvassing the recommendations and views of those who both provide services to meet need, those who represent groups experiencing specific needs and those who regularly observe need.
- Analysis of how these needs are being met in light of the existence, prevalence, distribution, accessibility and cost of means of satisfying them (whether through the market, family, state or voluntary sector).
- Identifying gaps between needs and the means available to meet them, combined with an assessment of the severity of the effects of unmet need and an analysis of why these gaps exist (find below a table illustrating this gap analysis framework). These strands can then be brought together to provide an analysis of the most important areas of unmet need.

Figure 1 Example of a needs gap analysis

Need Domain	Need for Survival	Need for Care	Need for Agency	Psychological Needs
State	Benefits	State nurseries	State education	NHS
Market	Renting a flat	Hired childcare	Private education	Psychotherapy
Civil Society	Food parcels	Hospices	Community projects	Befriending Services
Individuals	Parental protection	Informal eldercare	Cultural capital	Familial love
Gaps	Rough sleepers	Single disabled elders	Illiterate school leavers	Untreated mentally ill

Figure 2 Strands of work

Ongoing background research synthetic overview of existing and current research into unmet need	**Expert voices research** mapping need from different perspectives through focus groups and interviews with key informants

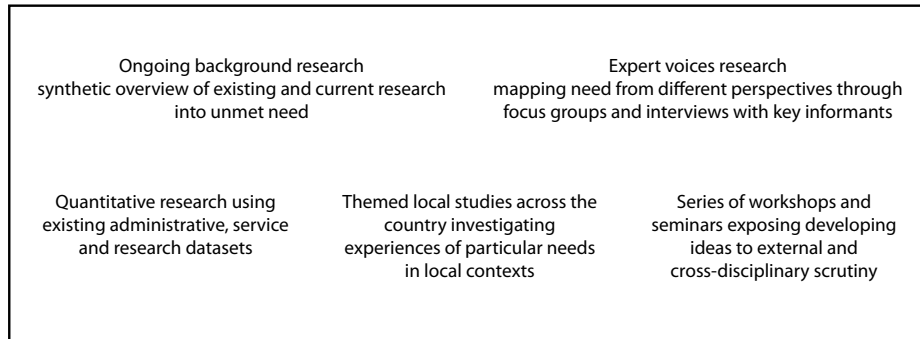|		
Quantitative research using existing administrative, service and research datasets	**Themed local studies across the** country investigating experiences of particular needs in local contexts	**Series of workshops and** seminars exposing developing ideas to external and cross-disciplinary scrutiny

Figure 2 explains how our research and fieldwork will be structured to this end. Readers who are interested in the methodological and theoretical frameworks that have informed this work plan are directed to the appendices of this report.

The strands of work in the top row form the backbone of our research and will investigate the whole spectrum of social need. The strands of work described in the bottom row will delve deeper into specific research questions and hypotheses that have arisen out of the broader strands of work. Equally, hypotheses or questions generated by the focused strands of work will feed back up into the broader strands and where appropriate guide our ongoing background and 'expert voices' research. Wherever possible, each of these strands of work will be in dialogue with each of the others,

The expert voices strand of work is the keystone of this programme of work and reflects our broader approach to mapping needs. Through it, we hope to engage with a broad constituency of experts about the unmet social needs they observe and/or experience in the world around them.

By experts, we mean all those who are in a position to reflect on and discuss unmet needs in the UK. Drawing on the work of Pierre Bourdieu[6], figure two illustrates the framework within which we think about expertise and knowledge about social need and provides a structure within which the expert voices strand of work will be organised.

The final report, drawing on work from all of these strands of work will be published in late 2009. This report lays out our tentative findings so far and will inform the continuing development of the programme.
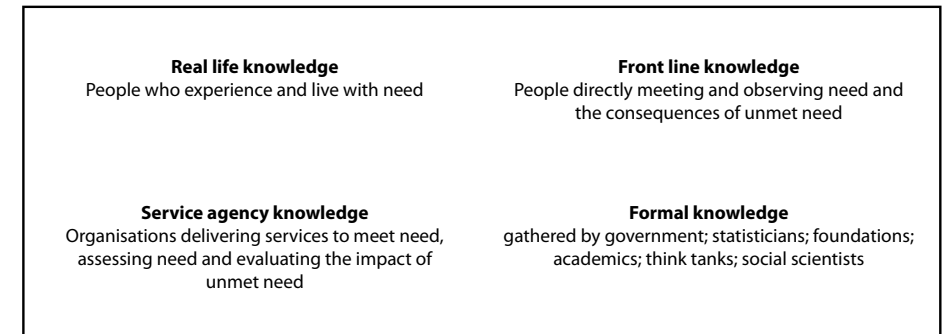
FOCUS AND SCOPE OF PROGRAMME

This is an ambitious research programme, but it is worth being clear about what it can and can't offer its audience. It would be theoretically impossible to consider and map every individual, trend or service output in detail and to represent every view on unmet need. What this programme aims to do is develop insights into unmet need by mapping need from a series of different perspectives (see figure 3) and by focusing across the spectrum of social need.

By conducting research across the spectrum of need and by mapping need from multiple perspectives we aim to develop insights that could not have been uncovered through research focusing on one or other specific need or the views of one or other group of experts. This methodology is challenging but we believe will pay significant dividends.

This report represents our progress to date, and has been written when our fieldwork is in its early stages. That being so, it aims to suggest and explore potential areas of focus for the second stage of the research. It does not offer answers to the questions of how the unmet needs identified might be addressed. The report lays out a set of conclusions, areas of unmet need and hypotheses based on the evidence we have gathered so far.

Figure 3 Understanding need from four perspectives

Real life knowledge People who experience and live with need	**Front line knowledge** People directly meeting and observing need and the consequences of unmet need
Service agency knowledge Organisations delivering services to meet need, assessing need and evaluating the impact of unmet need	**Formal knowledge** gathered by government; statisticians; foundations; academics; think tanks; social scientists

2. WHAT HAVE WE FOUND?

In the first nine months of the project we have conducted systematic conceptual analysis of unmet need and explored exactly which individuals what we see as the triangle of unmet needs, that is needs which are severe, complex and persistent. Our conceptual analysis is presented in the Appendix and is the framework under which the empirical strands of the programme will operate.

Here we present an indicative overview of our synthetic analysis of over 3500 research reports. From this analysis we have generated three distinct sets of initial findings which will allow us to test hypotheses in our fieldwork. These fall into the following three categories:

1. Conclusions
These six conclusions reflect our tentative findings about the relative priority of different kinds of needs; the key drivers and causes of unmet needs; and the methodological or problems of process associated with identifying and meeting unmet needs.

2. Major Areas of unmet need
Here we have drawn out four areas of unmet need that we think are particular important in contemporary UK. We offer our initial conclusions about the prevalence and drivers of these unmet needs.

3. New, emerging and intensifying needs
Predicting needs we will face in the future and needs which will significantly intensify is challenging. In this section, we use existing knowledge and forecasts about social change to identify a series of trends that will impact on levels of unmet need, and how we can identify and meet need.

CONCLUSIONS

Our initial analysis has led us to six initial overarching conclusions:

- Psychological needs seem to be more likely to go unmet than material ones; our society, welfare systems and services are better designed for material than psychological needs. These could get worse during an economic downturn for example with greater unemployment and anxieties about finance.
- Life events and triggers seem to have a disproportionately high impact on creating unmet need, but many of these do not elicit the right responses in terms of support.
- Certain personal characteristics and traits seem to leave some people much more vulnerable to severe, persistent and multiple needs.
- New and intensifying unmet needs seem to be being produced by actions and omissions of the state, the market, civil society and the community
- Hard to reach data seems to be impairing our ability to comprehensively analyse need.
- Describing individuals or groups as 'hard to reach' is not always helpful in understanding unmet need.

Conclusion one Psychological needs dominate

Our interim findings confirm the persistence of entrenched, severe, intergenerational poverty and huge differentials in access to resources. Furthermore, the link between socio-economic status and educational attainment, health and mental health and a number of other social outcomes has been extremely well evidenced. It is also clear that income and resource inequality has been widening over the medium term[7], and that along many of the paths British society is likely to tread this will continue to worsen.

In this context, material needs remain a concern. By material needs, we mean those needs that must be met to ensure physical and bodily survival: the need for shelter, clothing, sanitation, nutrition. In the UK today, these needs are primarily satisfied through people's income.

Against this backdrop however, we argue that psychological needs are of increasing and central importance. Psychological needs are those needs associated with mental health and non-physical well-being. In contrast to material needs, meeting psychological needs depends upon a person's interaction with other people; their opinions, beliefs
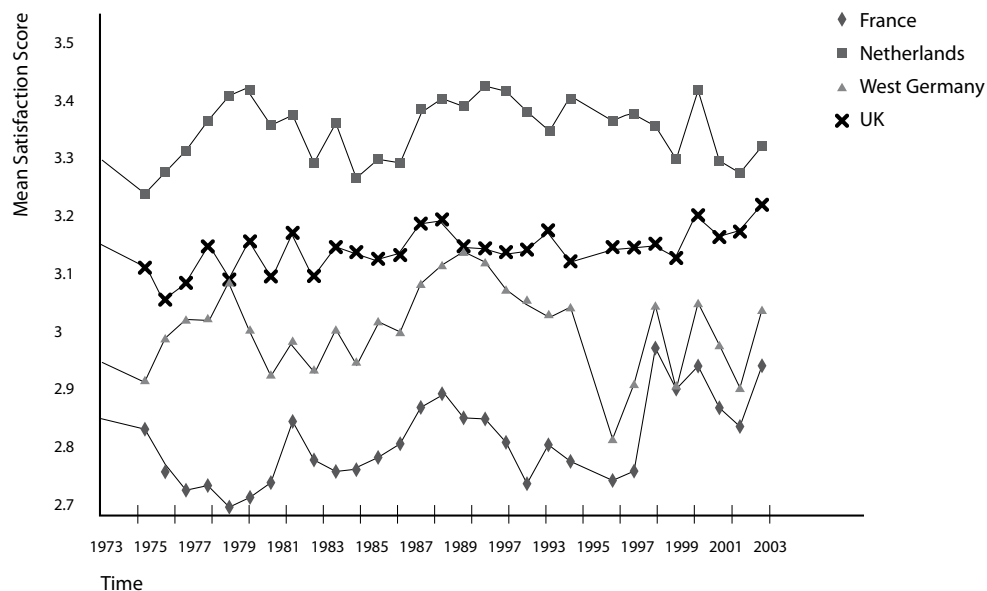
and attitudes about themselves, their capacity to do and be certain things and about other people's views of them.
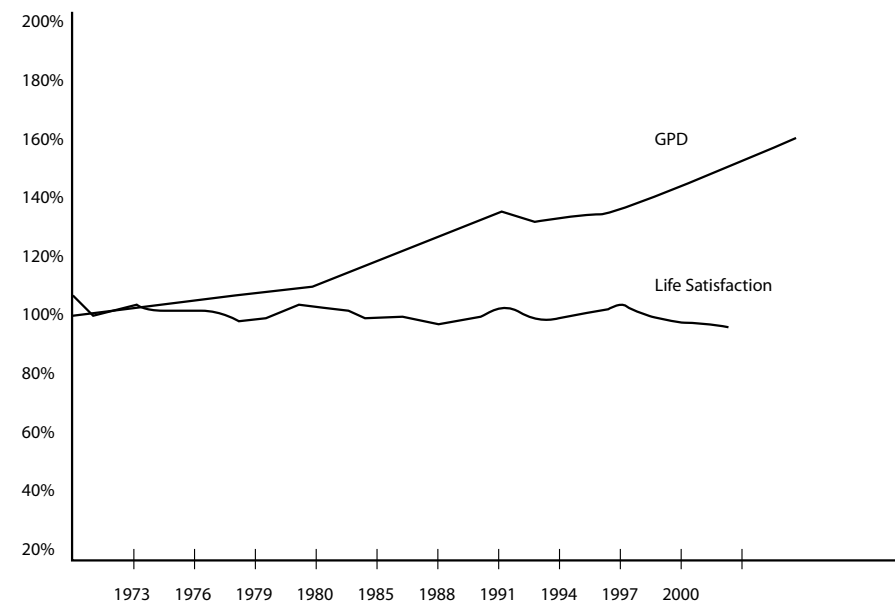
For example research shows that

- Men exposed to major financial stress are three times more likely to suffer from debilitating levels of anxiety and depression, and women about two and a half times[8].
- Unemployed people are 2-3 times more likely to die by suicide than people in employment, with unemployed men more at risk than unemployed women[9].
- Adults with unmanageable credit and store card debt are over twice as likely to be dissatisfied with life compared to those who have no payments to make, 1.9 times as likely to be feeling unhappy or depressed and 1.7 times as likely to be suffering from loss of sleep[10].

The macro-level trend that underpins this conclusion about psychological needs is the long term plateauing (figure 4) in standard measures of happiness or life satisfaction in spite of steady and significant growth in affluence (figure 5)

Figure 4 Mean life satisfaction 1973 - 2004[11]

Figure 5 Life satisfaction and GDP in the UK[12]

As we show later in this chapter, there is evidence of suffering associated with psychological need growing more prevalent and more acute, with the drivers underpinning psychological needs intensifying.

There are a series of reasons why we conclude that psychological needs are more likely to go unmet than material ones:

- Psychological needs are by their very nature harder to identify, measure and meet than material ones, as they are a function of the nature of people's relationships with others and a person's opinions, beliefs, perceptions and attitudes.
- In the UK today, welfare systems and services are better designed for material than psychological needs.
- Having unmet psychological needs but no unmet material needs on the whole leads to more socially recognisable suffering than having no unmet psychological needs but some unmet material needs.
- Research into wellbeing and quality of life show that high levels of these are associated with met psychological needs, more than they are associated with met material needs.

- Material prosperity is more meaningful and more valued in the presence of psychological prosperity. Psychological prosperity is meaningful and valued independent of material prosperity.
- Dysfunctional or compensatory coping strategies deployed in response to unmet psychological needs (for example, self harm, addictive behaviour) are on the whole more damaging to individuals and society than those deployed in response to unmet material needs (for example, working longer hours).

Figure 6 GHQ stress score, BHPS 1991-2004

One of the main proxies available to indicate the level of unmet psychological need is the presence of stress. As Figure 6 indicates, there has been a significant rise in the prevalence of stress in the UK in recent years.

Later in this report, psychological need is discussed in more depth. Taking this programme of research forward, the nature and prevalence of psychological need; the relationship between material and psychological need; and the ability of current systems and actors to meet them will be a key focus of our fieldwork and research.

Conclusion Two Personal life events and circumstances trigger unmet need

In exploring the reasons for unmet need emerging, we have identified three key groups of causal drivers which seem in one shape or other to be common to the analysis in every area of need. Some of these trigger new entitlements and call forth responses, albeit often inadequate ones. Others do not.

The specific impact of these life events and circumstances will of course depend on specific personal and social contexts. One crucial and current variable that is likely to amplify the effect of these events on unmet need is the economic downturn.

The three key causal drivers we identify are: shock events; transitions between life stages; and capacity eroding changes.

The most significant trigger events associated with unmet need are **cataclysmic shock events**, which are usually not predicted and traumatic in their impact. These can include:

- Sudden illness or death of a relative or care-giver;
- Redundancy;
- Unforeseen onset of chronic illness and disability;
- Imprisonment;
- Being subject to abuse and violence.

Transitions between life stages, especially those involving a change in role, status, expectation and responsibility are a second central driver of unmet need. These can include:

- Leaving secure institutions, such as prison, hospitals or hostels especially after a significant length of residence (or long period of 'cycling' in and out of such institutions);
- The transition to adulthood, leaving statutory education and the family home;
- Becoming a parent;
- Retirement.

The third key driver of unmet need is **capacity eroding changes** which gradually impede core functioning, draining material and psychological assets. These can include:

- Spiralling and unsustainable indebtedness;

- Becoming a primary carer;
- Onset of mental health and behavioural problems in a family member, including addictive, compulsive, self-destructive and abusive activities.

The impact of these personal life events and circumstances will be further explored in the next stage of the programme, with one of our themed qualitative studies focusing specifically on the theme of transitions and significant life events, and the impact of such transitions (including redundancy, leaving a custodial institution, widowhood etc) on people's daily experiences of unmet need.

Conclusion Three Individual traits and characteristics magnify vulnerability to unmet need

Many personal traits and characteristics are associated in research with unmet need. By personal traits we do not necessarily mean things such as socio-economic, ethnic, educational or geographical status, but also aspects of the person which are to do with their attitude, priorities, approach to risk and behaviour.

Research shows that many people are highly resilient to shocks and traumas[13]. Some research (and the new research field of 'post-traumatic growth'[14]) even suggests that these may leave people stronger. These traits may, of course be more closely observable in some groups than others, and we still lack reliable ways of measuring or assessing resilience in a comprehensive way.

Research appears to indicate that the most consistent traits associated with unmet need are those which tend to combine high likelihood of the incidence of social needs, with low propensity to identify need and seek help. Three predictive traits that emerge in existing research as particularly important (and corroborated in our initial fieldwork) were:

- Being single (especially for people who have not always been single and for men);
- Having a serious long-term unmet emotional or psychological need;
- Having a set of personal characteristics which we define as not service-ready i.e. lacking the attributes that are expected by a service/provider of its users, which are required for the service/good to be delivered successfully and optimally.

Others which are more universally recognised include:

- Severe and persistent mental health problems;
- Age and transition combinations (at both ends of the age spectrum);
- Long-term or chronic health conditions (multiple sclerosis, dementia, brain injury);
- Development of conditions such as Autistic Spectrum disorders;
- The onset and development of substance abuse and other addictive and compulsive disorders;
- Flight from abuse and violence;
- Cultural difference from mainstream society;
- Severe and persistent disability, particularly dual and multiple disability;
- Behavioural profiles which service providers find challenging;
- Multiple asset and resource disadvantage, which impede service use (e.g. financial, housing or mobility disadvantage);
- Substance misuse, addictions, offending and anti-social behaviour;
- Dual diagnosis and other combinations of problems;
- Suboptimal contact with services (at either end of the spectrum, involving either no contact with services at all or numerous, repeated contact with different services).

The concept of 'service-readiness' appears to be one useful framework through which to consider how individual characteristics and traits and the nature of systems aiming to meet need can interact to create or perpetuate unmet need.
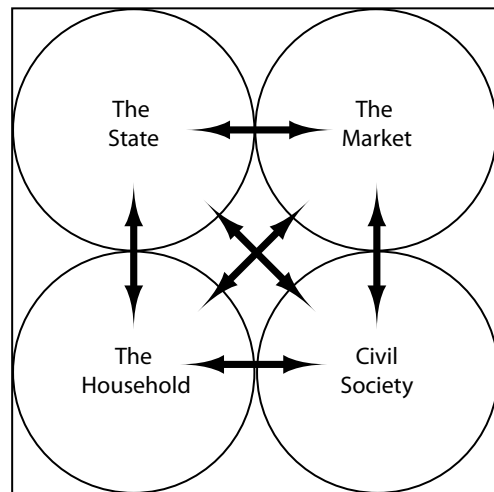
It is important to complement this analysis with a recognition that individuals, households and communities do not only (or even primarily) meet their needs through public services, although these are crucial: markets, civil society and individual and households themselves are also key satisfiers of need, which makes it important to consider how the concept of service-readiness and ideas about vulnerable personal characteristics map onto these different sectors. This strand of investigation will continue as the programme develops.

Conclusion Four Changes in state services, the market, civil society and community norms all create new need.

Figure 7 shows our conceptualisation of the 'need economy', that is the system of actors and processes within which needs are met. According to this framework, we identify the state, the market, civil society/the grant economy and individuals/households as the key players. Each of these domains is extremely diverse and fragmented, with different actors in one domain playing different roles, with different approaches and ambitions.

Civil society is a good example of this, incorporating as it does large scale and wealthy grant giving organisation, and small informal community groups, and with different organisations taking a remedial approach (i.e. responding to existing unmet need) and others playing a more preventative, strategic or advocacy role. Nevertheless, the framework is a useful one for considering how the role and functions of these sectors interact with unmet need.

Figure 7 The Need Economy

All of these domains play key roles in meeting socially recognised needs (this social economy is represented by the shaded area), but the nature and make up of each, and the boundaries between them are constantly shifting and changing.

The shifting boundaries are partly determined by the political process and formal decision-making (for example, changing entitlements to benefit) and partly by broader conditions. Including the economic climate: in the context of the current economic downturn, households and the state may for example take on roles previously filled by the market (providing credit for example).

The chance of a need being met is largely dependent on the effectiveness and readiness of at least one part of the need economy to supply the solution or satisfaction of that need, and sometimes a combination of more than one.

Various external factors have changed this landscape in The UK, with implications for how needs are now recognised and met.

Figure 8 Changes and trends in the Need Economy

State	Market
The state is slowly moving towards meeting the needs and only the needs:	The market meets some needs effectively, but struggles to meet those needs which are:
○ which it alone can meet, or meet sufficiently well;	○ in the bottom 20% of society (as measured either by income or 'service-readiness');
○ which are most efficiently delivered collectively;	○ in situations where external events are highly volatile or traumatic (for example, food and fuel shortages, war, pandemics, climate change and economic collapse);
○ which are proportionate to risk, especially risk to the security and stability of society or the economy.	○ when the satisfaction of a need is not definable as a good or service (such as the need for belonging).
It is gradually withdrawing from services which meet the need for:	Needs are more likely to be met by the state, the market and civil society:
○ lower and auxiliary levels of support and care;	○ if they mirror existing satisfiers (services or products to meet need) or
○ information, advice and awareness;	○ if they are not associated with stigma, shame, guilt, mistrust and disempowerment.
○ individual financial security.	

Civil Society	Individual and household
Many civil society organisations still meet needs reactively in response to:	Individuals are meeting most needs through necessity. However individuals and households (which are the units in which a number of needs are determined and met) face a number of challenges:
○ historic patterns of provision;	
○ a shortfall in services provided by the state;	
○ articulated interests and claims.	
Civil society organisations have modernised significantly and have by necessity adopted some of the service characteristics of statutory agencies, such as:	○ The proliferation of choices and decisions which have been privatised to the individual, such as financial planning for retirement, health treatment and education provision.
○ adopting eligibility criteria;	○ The sheer volume of information about civic and consumer rights, responsibilities, opportunities and threats.
○ measuring need and outcomes;	○ The various resources and characteristics necessary to successfully navigate through life choices are increasingly skewed towards the information and time rich.
○ charging or cross-charging for services.	

Domain shift

When provision to meet a need moves from one domain to another, there are major risks of short term unmet need for individuals with two principal characteristics: lower access to financial resources, and fewer 'service-ready' characteristics (such as time and risk orientation, chaotic and complex circumstances and trust in others).

We have observed the following domain shifts in recent years:

- State ⟶ market (dentistry, optometry, pensions)
- Civil society ⟶ market (counselling and emotional therapies)
- State ⟶ civil society (non-acute social care, advice and information)
- Individual ⟶ state (pre-school childcare).

Conclusion five Data on unmet need is hard to reach

Designing services or responses to unmet need requires accurate data on the nature and incidence of need and the connections between different needs. Despite a huge amount of service and administrative, survey and census, academic and social research data, there remain barriers to accessing accurate data on unmet need.

One problem concerns the conflation and porous boundaries between need and demands, claims, wants and preferences. These boundaries are often defined through political negotiation and in this report, we use the notion of *socially recognisable harm or suffering* to help distinguish unmet need from other concepts. Where there is a consensus that an unmet need exists, there remain other barriers to understanding and measuring its prevalence and nature.

Where surveys or studies incorporate demographic, qualitative or service data, they often take only a limited focus on the unmet needs of specific population they are investigating. Whilst this is justifiable, it risks given a warped impression of unmet need among some groups, whilst ignoring unmet need among subpopulations that aren't investigated.

Often data is included as evidence in a report, study or policy document, but is not analysed and fed into findings in a way that makes recommendations genuinely 'evidence based'. The link between data, evidence and policy recommendations is often not straightforward.

There are also methodological problems with identifying an absence of need. This can be done in two ways: actively or passively. Active identification occurs when there is evidence that confirms that people do not need X. Passive identification occurs when there is an absence of evidence of need for X. Whilst active identification is clearly a more robust technique, passive methods are far more common in social research.

By far the most pressing problem in accessing data on unmet need, is that of poor, partial, patchy, uncorrelated, unavailable and unreliable data in some areas. We can distinguish between needs that are: (1) measurable but not measured, (2) measurable but badly or partially measured, (3) not measurable but about which estimates are possible, (4) not measurable.

It is important to develop clarity around which phenomenon fall into which of these categories so that the efforts of social researchers and statisticians can be directed toward spheres work is required and so the difference between a measurement and an estimation can be fully understood, with all the implications for policy making and service delivery that entails.

An example of unmet need that is not measurable (type 4) would be a hidden need that has not been recognised by individuals themselves, policy makers, civil society or any other players. Current examples of this are, by definition, impossible to give, but one example from the past might be the phenomenon of 'hidden homelessness', in which individuals or families are squatting or sleeping on friends' floors because they have nowhere else to stay. As practitioners and advice workers picked up on this phenomenon in their work, hidden homelessness started to be measured[15].

Another example of an immeasurable need might be needs experienced by groups who have an incentive to stay hidden and beyond measurement: drug users, criminals, sex workers, illegal immigrants, people who work in the informal economy, although for many of these groups estimations are possible. The boundaries between categories 3 and 4 are sometimes unclear.

We found that the following areas of need or needs of vulnerable groups fell into categories 1, 2 or 3, where data is particularly weak:

Prevalence and nature of disability needs, particularly of disabled children. Data is only available for children in care and for those whose disability directly affects their education;

- Data indicating any need related to victimisation, bullying and domestic violence. Where data is available, it can often only give an estimate of unmet need, due to under-reporting of these kinds of experiences;
- Data on needs produced by conflict, for example numbers of children in contested divorce proceedings or custody battles, which could give an indication of the additional needs of family members negatively affected;
- Data on addiction, destructive lifestyle choices and substance misuse;
- Data absent for certain subgroups such as homosexual young people;
- Traveller families, home-schooled children and the super-rich are also not included in many analyses.

Even data-rich areas are associated with collection and analysis difficulties. For example health data is amongst the most universally and comprehensively collected in the UK and yet, in the words of Derek Wanless:

"health data are essential for monitoring the health of the population and for evaluating the effects of health interventions. Yet the information collected nationally is often so poor and there is no regular mechanism by which a Primary Care Trust or local authority can gather reliable information on its own population. The information held about individual patients is not yet adequate to provide such local population information comprehensively" [16]
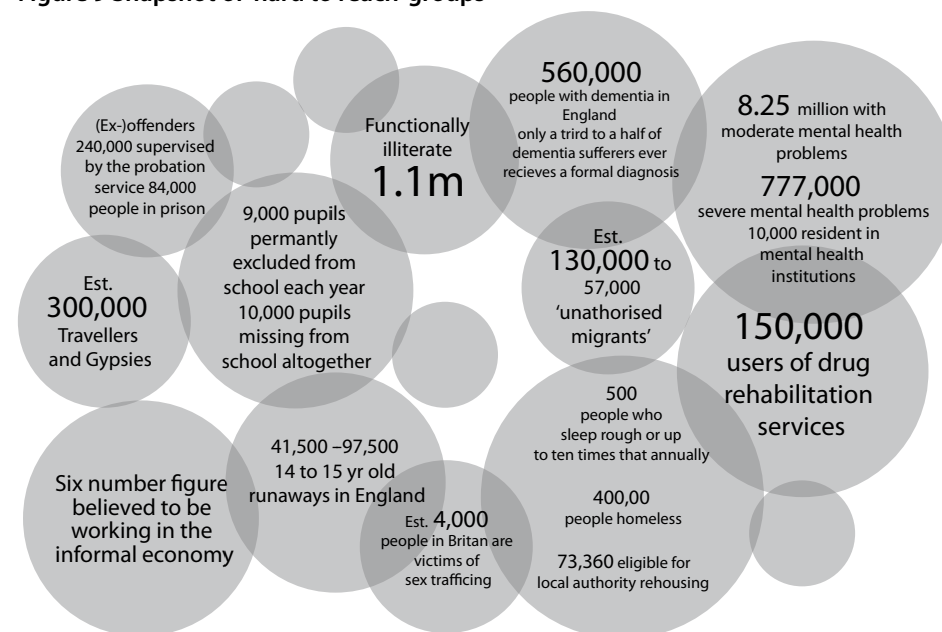
Understanding the extent of current knowledge and the limits of existing modes of data collection and analysis are fundamental to understanding unmet need. Where data is not collected or is badly collected this risk of persistent unmet need is heightened, as people's attention is less likely to be drawn to that issue.

This is one reason why the framework described in figure 3 on page 14 is so essential: listening to the perspectives of people experiencing and observing need in their daily lives is one route into uncovering hidden and unmeasured social phenomenon that are associated with unmet need and require attention.

Conclusion six Describing individuals or groups as 'hard to reach' is not always helpful in understanding unmet need

Dominant approaches to meeting need often rely on identifying particular groups as either 'hard to reach' or vulnerable and targeting research interventions at those groups. Figure 9 illustrates a snapshot of some (but certainly not all) groups who are often categorised in this way. It also offers headline figures and statistics, where available, which shed some light on the size of these groups of people.

Figure 9 Snapshot of 'hard to reach' groups

(Ex-)offenders 240,000 supervised by the probation service 84,000 people in prison

Est. 300,000 Travellers and Gypsies

9,000 pupils permanently excluded from school each year 10,000 pupils missing from school altogether

Functionally illiterate 1.1m

560,000 people with dementia in England only a trird to a half of dementia sufferers ever recieves a formal diagnosis

8.25 million with moderate mental health problems

777,000 severe mental health problems 10,000 resident in mental health institutions

Est. 130,000 to 57,000 'unathorised migrants'

150,000 users of drug rehabilitation services

Six number figure believed to be working in the informal economy

41,500 –97,500 14 to 15 yr old runaways in England

Est. 4,000 people in Britan are victims of sex trafficing

500 people who sleep rough or up to ten times that annually

400,00 people homeless

73,360 eligible for local authority rehousing

Alternatively, various combinations of 'hard to reach groups' are often the focus of research and intervention: South Asian women; young black homeless people, ex-offenders with mental health problems, etc.

Using these kinds of approaches in social research has paid incredible dividends in terms of tailoring interventions to the specific needs of some groups: innovations like Language Line (a telephone interpreting service) were a direct result of considering how particular sub-populations did not fit into current patterns of service delivery. Furthermore, by using categories like these and by working through intermediary organisations that work with these groups, some of the most marginalised voices in society can be included in research and consultation exercises.

Approaches focusing on 'hard to reach' groups however, are vulnerable to a series pitfalls that compromise the extent to which they can offer a better understanding of unmet and emerging needs. The approach risks understating the different experiences of individuals within these groups and overstating the homogeneity of those groups: not everyone will experience the same need in the same way, or for the same reasons, nor will their routes to meeting that need be identical. The approach is therefore at odds with the revolution identified in the preface to this report (in its initial stages) towards the personalisation of services and interventions that offer some opportunity to truly transform the lives of particular individuals, families and communities.

This connects to the second flaw we identify in the 'hard to reach' approach: people often experience need dynamically, intermittently or persistently. Need will also be experienced to different degrees of severity and often in combination with other needs. Furthermore, and as literature around the concept of resilience shows, individual, household or community responses to need and needs satisfiers will vary: one person may flourish in spite of their situation (they are a 'positive deviant') another may be caught in a cycle of negative circumstances from which there are no avenues to escape. Understanding this fine grain is crucial, and aggregating solutions to particular groups is likely to work in opposition to it.

Furthermore, labelling individuals and groups as hard to reach risks shifting the focus onto the characteristics of individuals or groups, rather than considering how both the characteristics of individuals and systems in place to meet need (across civil society, the state, market and families/informal networks) can act to create, perpetuate or exacerbate vulnerability and unmet need, by for example expecting and requiring people to have particular 'service-ready' characteristics.

It is therefore crucial to explore other ways of focusing research and services seeking to tackle unmet need. It is important that lessons learnt in relation to one subgroup are used to inform practice with other groups: finding that one group finds it hard to access a service due to issues of stigma, might suggest that other groups also face such a barrier. Most important however, is the need to take a holistic perspective and to engage with the individuals themselves, not merely the needs they carry with them.

There are several more innovative approaches that might be used and that will, where possible be employed in the second phase of this programme of research. These approaches also have their strengths and weaknesses, but offer alternative ways into the topic of unmet need that may help develop useful insights:

Barriers and resources

Focus on the barriers and resources people face or require in meeting their needs, without focusing in on the barrier and resource issues of a particular group of people. By focusing on barriers and resources across the spectrum of social need and social groupings, this approach offers the potential to develop new insights into unmet social needs.

Barriers and resources that would be crucial to such an approach include: communication skills, accessible service structure, proximity and ease of access, access to accurate information, eligibility, characteristics that match conditions, trust in organisation/individual/business, common language or other means of communication, cultural capital, discrimination, disrespectful treatment, stigma.

The list brings into focus the relationship that is likely to exist between some of these barriers/resources and dimensions such as age, ethnicity, gender, income and education. It is crucial to consider how these barriers, resources and other dimensions interact with each other. For example, ineligibility for a service may be sufficient to exclude an individual from accessing a service/product, but eligibility is not sufficient to ensure that a person's need will be met. How that service is delivered and that individual's perception of the service will play a central role. If that individual lacks trust in their local authority or fears

discrimination, this may be sufficient to prevent them even attempting to access that service.

Diffusion of innovations

Another way to approach these issues is provided by marketing and business theory, which has provided several models aiming to shed light on how innovative products

(MP3 players or mobile phones would be recent examples) diffuse through a population.

One of the most influential of these models was provided by Moore.[17] who argued and demonstrated that a product diffuses through a market in a series of waves: the innovators and early adopters are the visionaries who first try out the new technology. The early and late majority are the bulk of the market: the key constituency for private companies who must win over this section of the market to ensure a profitable outcome.

The remaining 'laggards' are inconsequential to the private sector, with the marginal effort it takes to get these individuals to adopt the product outweighing the profit that penetrating this part of the market would bring.

The model offers a series of concepts with which to think more systematically about the factors that will matter to individuals, as they decide to adopt the new product or not. At the most basic level, an individual must be aware of the product or service, but there are a number of further factors that will determine whether they make the transition from being aware of it, to adopting it:

- **relative advantage** the product/service must be perceived as better than the state of affairs it supersedes;
- **compatibility** the product/service must be perceived to be consistent with the existing values, past experiences and needs of potential adopters;
- **complexity** the more difficult to attain and use the product/ service is, the less likely it is to be adopted;
- **trialability** opportunity to experiment with a product/service on a limited basis can help facilitate adoption;
- **observability** experiencing visible results and benefits from the product/service is conducive to an individual adopting it.

Flipping this model around and applying it to the Need Economy, we can think of the so called 'laggards' as the crucial group for a study examining unmet need. These are the individuals who are not reaping the benefits of the support and services (provided by the state, family, civil society or private sector) available to meet their needs.
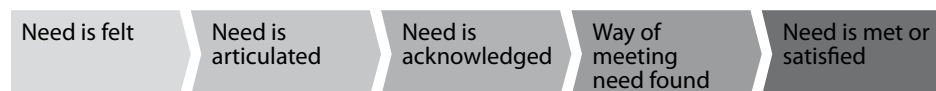
The list of tools above offer a new way of thinking about the factors that will prevent someone engaging with one sector of the Need Economy to meet their needs, and specifically might offer new tools with which to address low take-up of services, benefits, interventions and programmes that already exist but are not utilised. Increasing efficient usage and full-take up of existing services is clearly one way of making significant inroads into unmet need in The UK.

Several augmentations of the model would be required to employ in the context of needs, rather than wants (the central concept in the market). For an individual to access a need-meeting good, service or source of support, the following conditions must be met:

- They must be aware of the service good, service or source of support
- They must identify a need in themselves. Testimonies garnered in the initial stages of our fieldwork for example, suggest that carers often fail to articulate their position as one of need, thinking instead that they are only meeting their obligations to family member.
- The need must be acknowledged by a player in the need economy (state, market, civil society, individual/household) who must then offer a way of meeting that need. Unlike in the business model, this may not be a matter of profit, but of charity, social enterprise or social justice.

To organise some of these thoughts we offer the following diagram to help think about the various stages involved in meeting an individuals needs.

Figure 10 Stages in meeting needs

| Need is felt | Need is articulated | Need is acknowledged | Way of meeting need found | Need is met or satisfied |

This linear model describes the process from felt need to need satisfaction, and the stages at which this might break down. Whilst in practice, the different stages cannot be understood in isolation, separating them out like this might help to unpack the complex causal relationships that take place between them.

The tools offered by the diffusion of innovation theory, offer a new way of thinking about the transition from box 3 to 4, which it might be argues is the pivotal stage for the public and third sector to consider. However, whilst pivotal, it is not sufficient.
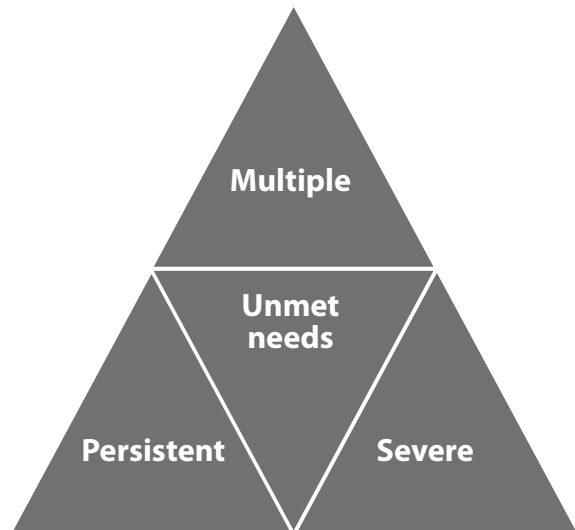
Unmet need will exist and persist where a need is not recognised as such (box 1); where it is not articulated, due to stigma or shame for example (box 2); where it is not acknowledged in the public realm (where a service is not provided or where certain individuals with the need are ineligible for that service) (box 3) or where a service or need-meeting mechanism is available, but ineffective.

MAJOR AREAS OF UNMET NEED

Our focus is unmet needs which are multiple, persistent and severe. We are also concerned particularly with *generative* needs, that is, those needs that when experienced are likely to increase a person or households risk of experiencing other needs.

In this section, we highlight four areas of unmet need. These are, of necessity, neither exhaustive nor comprehensive. Rather we give an indication of the areas where we have uncovered significant unmet need and where research indicates that the failure to identify and meet those needs has resulted in serious suffering.

Figure 11 Our focus

Multiple interconnected, mutually reinforcing and complex
Persistent over the life course and intergenerationally, intermittently or consistently
Severe causes high levels of socially recognisable harm or suffering

The major areas of unmet need we have identified are

- Unmet psychological needs
- Unmet needs for care and support
- Unmet needs related to financial strain and overindebtedness and
- Unmet consumer and legal needs

While we have not excluded medical needs, nor disputed that the boundaries between medical and social needs are porous, we have consciously not concentrated on physical health needs, except to explore where they may have a magnifying effect on the incidence or impact of another need. This is not where our expertise lies and we have largely left the incidence and dynamics of physiological health needs to clinical studies.

UNMET NEED ONE PSYCHOLOGICAL NEED

Psychological or psychosocial needs are those needs which are fundamental to mental health and non-physical wellbeing. They include emotional, social and spiritual needs and are the subject of much academic debate, not least because they are often subjectively measured.
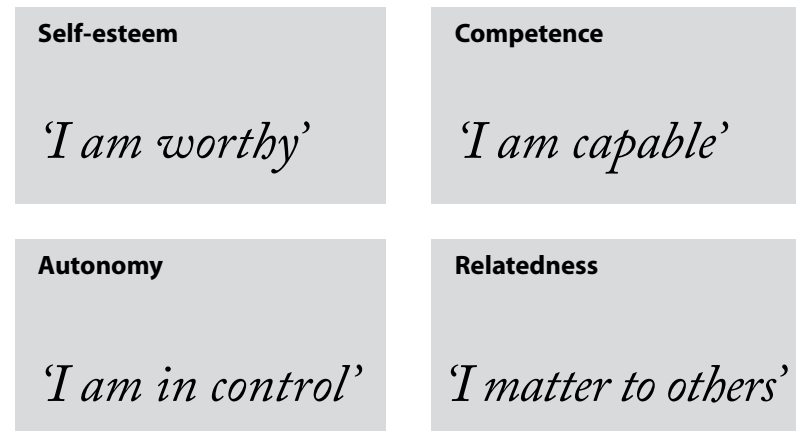
Psychological needs which have been given objective clinical definitions, such as the need for psychiatric intervention, have been subject to much disagreement and debate. For the purposes of this project we look at the full array of psychological needs examined by social science, recognising that the boundaries are blurred between many typologies.

The most common ten unmet psychological needs which we uncovered in the literature are listed below:

- Self esteem
- Competence
- Autonomy
- Relatedness
- Physical thriving
- Pleasure and stimulation
- Meaning or self-actualisation
- Security
- Popularity and influence
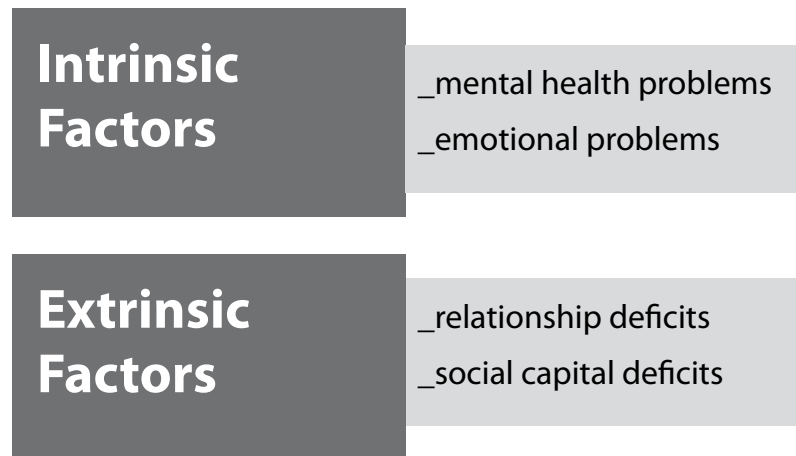- Comfort and reward

Of these, the first four (self-esteem, competence, autonomy and relatedness) emerge as the most important psychological needs in studies[18]. As with other needs, each of these can be met or unmet temporarily (and specifically to a task or situation), or persistently (over a longer period, with greater impact on functioning and wellbeing).

Figure 12 Psychological Needs

Self-esteem	Competence
'I am worthy'	*'I am capable'*

Autonomy	Relatedness
'I am in control'	*'I matter to others'*

We have identified four factors which commonly prevent or threaten to undermine the satisfaction of these psychological needs: mental health problems; emotional problems; relationship deficits; social capital deficits. Although research into these four factors is concentrated mainly on mental health, there is some consensus that each of these factors are intensifying or growing in the UK (as discussed below), and on this basis that unmet psychological needs are a growing concern.

Figure 13 Causes of unmet psychological need

Intrinsic Factors	_mental health problems _emotional problems

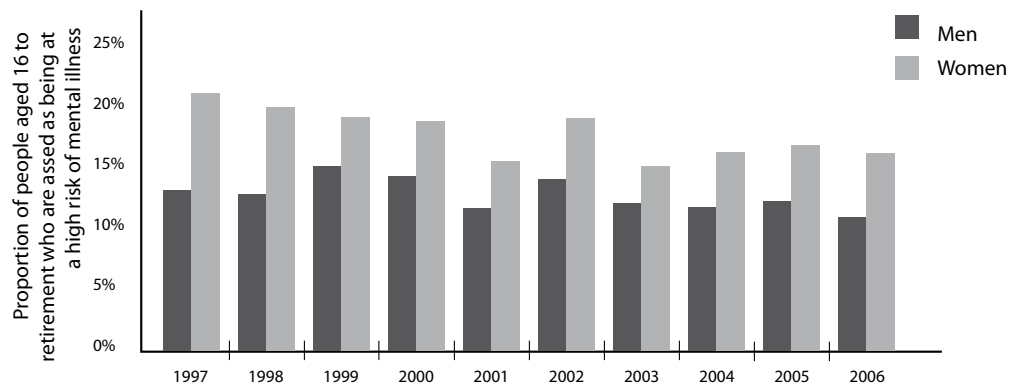| Extrinsic Factors	_relationship deficits _social capital deficits

Prevalence of Mental Health Problems

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[19] 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[20].

The treatment and diagnosis of mental ill-health have increased hugely since the recession of the early 1990s. For example the number of prescription items for anti-depressant drugs has *increased* from 9 million in 1991 to 27.7 million in 2003[21].

Furthermore, there is a consensus that services designed to directly or indirectly meet mental health needs do not meet demand. For example, among people with depression, fewer than half have received any treatment, only 8% have seen a psychiatrist and only 3% a psychologist[22].

Figure 14 gives an overall picture of trends in mental health (although the data focuses only on England). We can see that whilst there is no overall trend either up or down, a significant proportion of the population are at risk, making mental illness a key driver to consider when seeking to understand unmet psychological need.

Figure 14 The proportion of adults in England at high risk of developing a mental illness[23]

Source: Health Survey for England, DH; updated June 2008

This data also highlights the importance of gender as a variable in the prevalence of mental health problems: the research on which it draws found that 13% of the population are at risk of developing a mental health problem, with women forming the majority of this group.

Prevalence of Emotional Problems

There is consensus, certainly within the psychotherapeutic profession, that unresolved emotional problems and "blockages" are extremely prevalent. Studies into emotional problems are notoriously prone to self-reporting problems, but by and large they confirm the hypothesis that emotional problems, if unresolved for any length of time, can impair the meeting of psychological needs and in turn make the development of dysfunctional coping strategies (or "crutches") more likely.

These crutches range from the mildly harmful to the pathological and can include addictions, compulsive and self-destructive behaviours. These compensatory crutches are by no means inevitable and there is no scientific consensus as to the exact combination of environmental, learned, physiological and genetic factors which tip one person into this reaction.

Examples of emotional needs are: affection and respect, care and support, honesty and openness, companionship, stimulation and intimacy.

A recent Emotional Needs Audit of the UK[24], conducted online and involving 4500 respondents found that of all who responded:

- 38.4% feel insecure in at least one major area of their life;
- 35.4% feel they do not receive enough attention;
- 13.6% say they do not give other people enough attention;
- 30.7% do not feel in control of their life most of the time;
- 34.8% do not feel connected to any part of the wider community;
- 16.7% cannot obtain privacy when they need to;
- 31.8% do not have an intimate relationship in their life;
- 24.1% do not feel emotionally connected to others;
- 28.9% say they have no status that is acknowledged by others;
- 24.6% say they are not achieving things and don't feel competent in any area of their life;
- 30.6% say they are not being mentally or physically stretched in ways that make life meaningful.

Prevalence of Relationship Deficits

There appears to be a direct relationship between the number, health and quality of an individual's personal relationships and their psychological wellbeing. Although there is no national data on the number of people in strong personal relationships, who have one or more close friendships and who have strong familial bonds, there are a number of proxies which indicate that trends in society may threaten those assets.

Firstly, a higher proportion of people are single and live on their own. This is not just an issue associated with population ageing, although it must be recognised that the number of years of functional widowhood has increased greatly in recent decades. It is also a by-product of younger people's choices and situations.

Many characteristics of families have changed during the past two generations.

- Marriage rates have fallen gradually; cohabitation rates have increased[25].
- Separation amongst co-habiting couples has risen[26]
- The number of people living with a partner has declined[27].
- There has been an increase in the proportion of children living in lone parent families with 23 per cent of dependent children living in a lone parent family in 2001[28], compared with 18 per cent in 1991[29].
- The "crude" divorce rate has risen and plateaued at 45%. The divorce rate has nearly doubled in the last 50 years.
- The proportion of women who remain childless has increased.
- The proportion of children born outside marriage has increased dramatically.
  In the UK, 40 per cent of live births were born outside marriage in 2001[30], compared to 12 per cent in 1980 and six per cent in 1960. Births to single women have increased from 5.3% in 1960 to 33.2% in 2000[31].

Prevalence of Social Capital Deficits

There have been many studies focused on measuring the importance of strong social networks and support systems in predicting high levels of well-being and quality of life measurements, particularly in relation to resilience to shock and change[32].

One of the most interesting findings from our in-depth interrogation of mental health data is that the prevalence of neurotic disorders amongst people from a Bangladeshi background is far higher in rural and semi-rural settings than in urban one[33]. This might support a hypothesis that social capital is both relatively high and relatively pivotal in sustaining wellbeing in Bangladeshi urban communities which we know have on average a very low economic position, whereas people of that background living in rural and semi-rural settings tend to be significantly better off financially, but with much more constrained social and community capital.

The distribution of psychological needs

Just as clinical mental health problems have been observed to be distributed unevenly across populations and geographies, similar observations might be expected in the case of psychological needs.
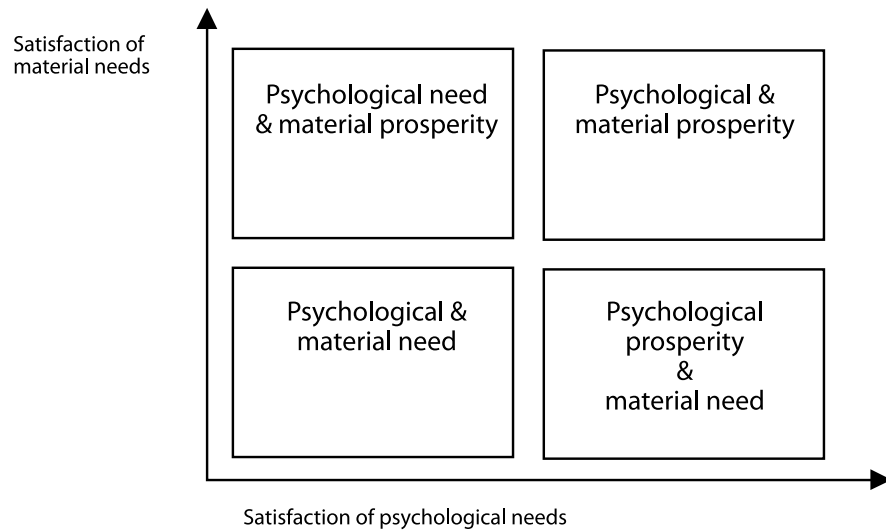
A recent survey conducted with 11,000 participants in Merseyside[34] into the prevalence of poor psychological wellbeing found that 21.9% of respondents rated their psychological wellbeing as fairly poor or very poor. Mean levels of psychological wellbeing were significantly worse in a number of readily identifiable groups within the population, but overall, the lowest wellbeing ratings were concentrated in the most socially and economically deprived quartile. Socio-economic deprivation was strongly associated with poor psychological wellbeing, which was in turn associated with a lifestyle high in risk factors for non-communicable diseases.

The demand for talking treatment and psycho-therapeutic interventions (whether delivered within the state health service, purchased from the market, provided by civil society or informally by untrained individuals) appears to be presented in each income and demographic group.

One challenge for this research programme will be to populate the graph below with data and with attributes, characteristics and dynamics. Mapping exactly who occupies which quadrant of this graph would be a huge undertaking, but part of the aims of the research programme is to shed light on the experiences of those who occupy the quadrants, and crucially, to help better understand how people move between the quadrants.

Figure 15 Psychological and material need

Satisfaction of
material needs

Psychological need & material prosperity	Psychological & material prosperity
Psychological & material need	Psychological prosperity & material need

Satisfaction of psychological needs

Much is known about the interactions between material poverty and stresses and unhappiness in the bottom left hand quadrant of the diagram. Some are obvious ones: like the impact of crowded housing, or joblessness on well-being, or the impact of mental illness on prospects in the labour market. There are many mutually reinforcing causal links which connect material and psychological need. Equally, prosperity often correlates with, causes, and is caused by, mental health and happiness. However, we are also interested in the other quadrants: the people who appear materially prosperous but are unhappy, isolated, or suffering severe mental illness.

The numbers in this top left hand quadrant are significant, and some conditions, such as Alzheimers, have no correlation with income or class. We are also interested in the bottom right quadrant and how people who are materially poor nevertheless live good lives, often thanks to strong networks of social support from friends and family. Looking through this lens confirms that some of the worst off in our society are the people who are materially poor, but also lack support networks they can draw on.

The UK has extensive data on poverty as measured in many different

ways, including income. We also have some data on patterns of mental health and happiness. However we are only just beginning to get good analyses of the interactions of the two.

Key drivers of wellbeing

Research has identified the following as being the key influences on subjectively measured wellbeing, usually by isolating the impact of one factor upon wellbeing through controlling for other factors. None of theses factors dominate, and all of them have been observed to have varying effects:

- Income
- Personal characteristics
- Socially developed characteristics
- How we spend our time
- Attitudes and beliefs
- Relationships
- Wider economic, social, political and natural environment

Overall the consensus of research appears to be that individual characteristics explain more than neighbourhood measures of social support and interaction.

UNMET NEED TWO CARE AND SUPPORT

The need for care and support changes in direct relation to our age, life situation, physical and mental health, expectations and capabilities. This report has drawn on numerous studies which point to the widespread absence of social care and support for some of the most vulnerable individuals in society.

There is an increasingly sharp divide between those people who benefit from the formal system of social care and those who are outside it. People qualifying for services arranged by their local authority are seeing improvements and, in some areas, early steps towards a redesigned system offering personalised care. But there is significant unmet need amongst those who are not eligible, and there is little consistency as to who is ineligible, both within and between authorities.

There are hundreds of thousands of people excluded by the system through eligibility criteria, who cannot purchase their care privately and often struggle with fragile informal support arrangements and a poor quality of life. Those who fund their own care are also disadvantaged since they receive little or no advice and information about their care options and are often not known to officials.

Where a service is meeting a need, minimum standards are likely to be ensured by regulation. However the problem is essentially one of rationing needs. In England, Fair Access to Care Services[35] eligibility criteria are supposed to determine whether someone should be receiving help from social services. They are based on four bands of risk:

- Critical;
- Substantial;
- Moderate;
- Low.

The majority of local authorities now set their eligibility at the levels 'substantial' and 'critical'. This means by definition that there is unmet need (unless privately provided at significant expense) for care service for most residents of England who have the following needs:

- Inability to carry out several personal care or domestic routines; and/or
- Involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
- Several social support systems and relationships cannot or will not be sustained; and/or
- Several family and other social roles and responsibilities cannot or will not be undertaken.

Research shows that only one in five dependent older people in the community are receiving home care and particularly, that only a quarter of the most dependent are doing so.

Figure 16 Service receipt by dependency (%)
UK grossed up from England[36]

Type of Dependency Problem	Home Help	Nurse	Day Centre	Private Help	Meals on Wheels	Lunch Club
No Dependency	2	2	1	6	1	2
Instrumental Activities of Daily Living	18	9	4	13	6	6
Activity of Daily Living 1	14	13	7	8	5	6
2+ Activities of Daily Living Problems	27	26	10	16	11	6
% of total receiving help	7	6	3	8	3	3
% of those with problems receiving help	20	17	8	13	8	6
	610,000	530,000	260,000	670,000	670,000	290,000

Current estimations indicate that:

- The total number of older people who receive no services and have no informal care, despite having HIGH support needs is 8,000 older people, but for those with less intensive needs the number is over 350,000.
- Well over 1.5 million older people (60% of the total number of older people with any disability or impairment) have some shortfall in their care if it is assumed they do not have any informal care; this goes down to 600,000 people if they have the support of family carers.
- For older people with high needs, and who receive support from a family carer, 60,000 people out of I million have some shortfall in their care.
- There is insufficient specialist health and social care services for people with multiple and/or complex needs[37].

We strongly rely on the informal provision of care:

- Without informal (or unpaid) care from family, friends and neighbours, services funded from taxation would have to expand hugely.
- Far more older people receive informal care than formal care services.
- Over 4 million people give informal care, and most of the recipients are older people.
- Almost 20 per cent of these carers provide more than 50 hours' care every week.

Need for housing support

In addition to social care, housing and homelessness is another sphere in which eligibility for assistance is restricted by a series of criteria. For people who are not pregnant and without dependent children, eligibility for assistance under the homelessness legislation is usually dependent upon having been assessed as 'vulnerable' as a result of one of a number of specified reasons including:

- Having mental ill health or disability
- Having physical ill health or disability
- Being elderly
- Being a 16/17 year old or care leaver
- Having a background in care;

- Having a background in the forces;
- Having a background of custody/remand; and
- Fleeing violence or the threat of violence.

People who do not have any of these characteristics are not entitled to full assistance under homelessness legislation, in spite of their housing difficulties. Nor are people who are deemed to be 'intentionally homeless' i.e. culpable for their own position of homelessness.

These mechanisms ensure that families fair well under homelessness legislation in England, and recent research commission by Communities and Local Government confirms this 'good news story'[38], but single homeless people, those without dependent children and not in 'priority need', fair worse due to these eligibility criteria and conditions.

UNMET NEED THREE FINANCIAL STRAIN

The prevalence of poverty and the existence of severe financial need have been well researched and require no further evidence. Income is increasingly unevenly distributed in the UK and around a fifth of people live in what is commonly recognised as poverty. They are often unable to pay for things that others view as necessities without going into debt.

The effect of financial strain and unmet financial needs is pernicious and extends to many areas of individual and family life.

For example, recent research on the relationship between debt and psychological distress has shown that people who have higher amounts of consumer debt (i.e. debt other than mortgages) are significantly less likely to report complete psychological well-being.

Recent research into indebtedness reveals the significant financial strain under which British households are living at a time when food, fuel and utility prices are rising and access to cheap credit is tightening.

Below are further indicators which speak to the importance of debt for British households.

Arrears indicator
- 7% of households (1.75 million households) are at least two months behind on one payment, on either mortgage, household bill or credit commitment payments.

Burden indicators
- 4% (1 million) of households are spending more than 50% of their gross income on total credit repayments.
- 3% (750 000) of households are spending more than 25% of their gross income on unsecured credit repayments.
- 13% (3 million) of households contain at least one individual who had identified at least one aspect of their repayments – either secured, unsecured and bills, or total repayments – as representing a heavy burden.

Credit commitment inicator
- 12% (2.8 million) of households have more than four outstanding credit commitments[39].

Types of indebtedness and future shock

Analysis of the causes and distribution of indebtedness have led us to conclude that we can usefully divide consumer debt into four categories. Each of these are markedly different in origin, psychology, socio-economic distribution and resilience to economic shock. The first two types of debt are caused largely by perceived wants, the last two by perceived needs.

Aspirational debt
This is borrowing to acquire the products and services which represent the "good life" – luxury commodities and experiences. This type of borrowing is the first to stop when the economy slows down. It is also most often debt taken on with lower rates of interest and quicker repayment. As debt it is also most easy to get rid of: a car or luxury item can usually be sold.

Ameliorational debt
This is borrowing largely motivated by the desire to better one's situation. For example, the decision to upgrade one's kitchen or get an extension. This type of borrowing is more prevalent across the economic classes. It is not reversible and often incurs many invisible costs including the cost of the credit itself. This type of debt is reduced in economic downturn, as plans are shelved or work is postponed.

Situational debt
This type of borrowing is less planned and represents a response to cash flow problems due to unforeseen circumstances, such as changes in income or outgoings, job losses and caring responsibilities. The need for this debt does not tend to reduce in times of economic difficulty.

Desperational debt
This type of borrowing is largely the preserve of those who are already over indebted, especially to sub-prime lenders and those who are using access to credit to 'borrow their way out of trouble'. For them, access to credit may be the only way to pay bills and avoid priority debts which might lead to the bailiffs, eviction or even court. The need for this type of borrowing is even higher in recession, particularly when mainstream lenders are tightening their eligibility criteria.

UNMET NEED FOUR CONSUMER AND LEGAL PROTECTION

People's consumer needs are not only met by the market. We also need protection from unfair, unscrupulous and dangerous trading. Protection from these dangers is dependent on individual resources which are not distributed evenly among the population and on enforcement of legal rights and regulation, which tends to be 'soft-touch' and ad hoc, focusing on the areas which are most cost efficient to regulate and are perceived as being associated with the greatest risk to consumers.

Research into individual decision making has identified three key influences on consumers which either motivate them or de-motivate them from making a consumer (often financial) decision[40]. These factors are therefore central to determining their vulnerability to consumer detriment (the sub-optimal outcome to the individual of making a decision which leaves them with a product or service which is unfairly priced, does not function as intended or is dangerous to them).

Individual triggers

These are events in an individual's life that may prompt awareness of a consumer legal need (such as the birth of a child, moving house or redundancy) or provide the environment which engenders the awareness of a need. The six triggers can be clustered into:

- Changes in employment status (redundancy, retirement, self-employment)
- Changes in family dynamics (marriage, divorce, births, deaths)
- Changes in health (such as the onset of chronic disease or disability)
- Changes in housing situation (buying, repairs, eviction, change of tenancy)
- Unforeseen windfalls or losses (inheritance, gambling, crime)
- Changes in social and leisure activities (travel, holidays, pastimes)

External trends

These are significant external events which affect people's views and propensity to trust, and which therefore influence their behaviour. Examples of such events include economic shocks, major geo-political upheaval, severe downturns in the supply of food, water and fuel and disease pandemics. Whilst more severe events are sufficient to provoke individuals to act, more often people feel overwhelmed by the volume and complexity of information and the array of choices and decisions. When overwhelmed like this, people have been observed to fall back on the guidance of trusted 'choice editors'. If a change in consumer behaviour is required in order to plug gaps in unmet need, particularly in relation to the impacts of unhealthy behaviour, consumption and lifestyle choices, policy makers will maximise their impact by mixing coercion and reward.

Personality traits

These are not fixed and often change over time and in different situations, but when measured they are significant differentiators in people's attitudes towards decision-making. Traits have been observed along the following four dimensions:

- planning and time orientation (short-term vs. long-term);
- risk (high vs. low tolerance);
- engagement and attention (disinterested vs. engaged); and
- decision making style (intuitive vs. data-driven).

3. NEW, EMERGING AND INTENSIFYING NEEDS

Our initial research indicates that most thinking around needs in the future concerns the effect on individuals of economic, ecological, technological and demographic changes in society.

These forecasts are based in most cases on reasonably conservative and linear analyses of current trends and do not tend to throw up very many plausible wild card needs. The most accurate predictions have tended to be service based projections of the impact of changes in state provision or known geo-political decisions.

A good example of this would be the impact of EU enlargement on asylum-seekers from the A8 countries that were supported by the UK's National Asylum Support Service (NASS) prior to accession of their countries of origin to the EU in May 2004. Following accession these people, many of whom were vulnerable single mothers, no longer needed to seek asylum, but did not qualify for any state support and therefore were in danger of immediate homelessness and destitution.

Another example would be the impact on patients discharged from long-term secure psychiatric institutions as part of the community care reforms in the early 1990s.

The programme will be exploring various methods in Year Two to see if there are known policy, infrastructure and other extraneous developments over the next decade which will have a significant impact on people's needs, both in terms of new and intensifying needs and also pressures on the traditional social goods and services which have met need hitherto.

FUTURE NEEDS THROUGH THE LENS OF PREDICTED SOCIETAL CHANGE

Our analysis shows that this is likely to be in the following areas:

Increase in the informal care load, with the ratio of informal carers to those being cared for either through disability, infirmity or dependency falling and access to generic state care services tightening.

Increased convergence and connectivity could lead to more needs being met innovatively, simultaneously, from distance and by new deliverers. For example this research uncovered the increasing practice of people who had emigrated from The UK, or moved to a different area, using internet shopping delivery sites to ensure that their elderly relatives have their subsistence and nutrition needs met through regular food delivery orders. This seems to be an entirely new and spontaneous innovation to meet needs (a kind of 21st Century Red Cross food parcel)

The increasing number of older people will contribute towards rising incidence of disability, health and social care needs as well as need for lifelong learning opportunities, leisure services and services which address isolation and psychological needs.

Increase in leisure time could lead to more needs being satisfied (or could lead to more self-destructive behaviour).

Increase in information sources could lead to more self-identification of need and more awareness of services to meet need.

Increased diversity of the labour market work force, with the trend for more women seeking gainful employment increasing, many older people post retirement age staying in or returning to work and students doing more seasonal work. This might be counteracted by the receding of new EU economic migration.

Increased concentration of people and services in urban areas with the consequent ageing of rural areas.

Increased preparedness for disaster, terrorism, climate change, security and economic shock will all become intensified needs at societal and subsequently individual levels

Increased globalisation and ecological awareness will create new needs and new priorities and opportunities in meeting needs

Continuing trends towards individualisation will hit some communities harder especially where there has been a strong tradition of family aid and support. This could have a major impact for example on second and third generation immigrant families, with the role of older generations and questions of identity engendering turbulence and conflicting needs

Changing norms and definitions of what is a need or right, as differentiated from wants or preferences. For example, until relatively recently domestic violence was accepted within marriage and other personal relationships between men and women, and racial abuse and homophobic behaviour were endemic in our communities and institutions.

Increased longitudinal evidence informing policy will result in some needs being more targeted for prevention and intervention. For example the impact of drug and alcohol misuse on the next generation of children through a failure to parent adequately and the likelihood of birth impairments is now proven. As is evidence that domestic violence indicates a risk of violence towards children and witnessing abuse is emotionally and psychologically damaging to children and young people has moved domestic violence from a private event, to a child protection concern.[41]

New ways of meeting psychological needs will change perceptions of need itself, with reliance on traditional models of service to meet need diminishing and innovations becoming mainstream. We have already uncovered a number of initiatives which eschew the direct targeting of singular need in favour of holistic targeting of general psychological needs (especially those for belonging and identity) aimed at the household level, which seem to have more successful outcomes. For example the use of allotments for the families of refugee and asylum seekers and also prisoners, which meet multiple psychological (as well as some material) needs.

4. TWELVE HYPOTHESES ABOUT UNMET NEED

Through this work, twelve hypotheses have been developed. These represent our 'thoughts in progress' at this interim stage in the Needs programme. These hypotheses will be explored as the programme moves into its second year, through continuing background research, and also through statistical analyses, in depth qualitative (including ethnographic work) and extensive consultation with experts, including those who live with and experience unmet need as well as those who observe, assess and provide ways of meeting those needs.

Hypotheses one, two and three are at a further stage of development than the remaining nine hypotheses, as the reader will see, but we offer all twelve at this stage to open our research up to scrutiny and aid in the development of the programme.

1. Places of hidden need

Unmet need will be concentrated where there is high vulnerability to need and expression/visibility of need/suffering is low. Key environments in which these conditions are likely to hold include custodial or care institutions and strong micro-communities. These conditions are also likely to hold among people who have recently left institutions.

Both types of establishment (care and criminal justice), deal with high amounts of vulnerability, multiple, complex and severe problems and comorbidity of physical and mental illness. Both have visibility and transparency gaps however.

Care and nursing homes fall underneath the radar because it is taken for granted that their function is to provide care to meet need. However the care provided is very narrowly defined and delivered, with many psychological and agency needs entirely neglected. Regulation and inspection rarely covers these areas, its remit being essentially protection, abuse and safety rather than wellbeing, quality of life and psychological need (although these are usually mentioned in passing as being deficient).

Criminal justice institutions fall below the radar precisely because their perceived function is not that of care to meet need. The beneficiary or customer of prisons is often seen as society and the victims rather than the prisoner. Prisoners unmet needs have been well documented elsewhere, and have often gone seriously unmet before incarceration, leading to the increased likelihood of criminality being chosen as preferred behaviour.

The second environment which meets both categories is the strongly defined micro-community which has:

- high levels of internal bonding and low levels of bridging capital
- significant stigmatisation of social problems
- mistrust of statutory services and authorities and
- a culture of resolving problems and finding solutions internally

This set of conditions appears to be present at both ends of the income and asset spectrum, including as it does very wealthy families where unreported domestic violence, child abuse, self harm, drug taking and severe psychological needs are increasingly found, as well as the sink estate micro-communities such as that where Shannon Matthews went missing and which are defined often by the degree to which they diverge from mainstream culture and norms. We hypothesise that the most vulnerable in these communities will be unlikely to have needs met which would require the involvement of and co-operation with outsiders.

Other environments falling into this category might be those of close-knit migrant communities where chronic social problems such as alcoholism or mental health problems are so culturally sensitive and stigmatised that again their recognition and resolution through access to services or support provided by outsiders is unlikely or uncommon. Indeed there seems to be evidence that this barrier even applies when, for example, a social worker is from the same ethnicity and speaks the same first language.

2. Women and positive deviance

There will be significant unmet need in situations where women's roles are absent or impaired, e.g. where a mother/female carer has mental health problems or disability.

The existence of positive deviance, or the unexplained facility of some people and families to prosper and succeed against the odds in the face of seemingly impossible circumstances or insurmountable problems, has been recognised but not explored at length in social research. Most of the sizeable studies come from International Development, including the oft-cited study of mothers in Egypt[42]. Women with limited access to economic and educational resources did poorly in giving optimal nutrition to their children with the meagre resources at their disposal. However a small minority (less than 10%) did manage it. Leading on from this and other studies about the role of women (and particularly mothers) in decision making, future orientation and coping strategies leads us to a hypothesis that we will find significant unmet need in situations where women's roles are absent or impaired, for example by mental health problems or disability.

Researchers for the Young Foundation's predecessor organisation, the Institute for Community Studies, conducted an ethnographic study of family life in East London[43]. The study included a number of economically disadvantaged Bangladeshi households in East London in the early 1990s. These households typically had no employed adult, were overcrowded and had relatively poor conditions. The researchers found that the families were on the whole faring well, with good claims on community assets and capital, and notably high levels of aspiration, optimism and future orientation. The only exceptions were those households where the mother had a mental health problem. In these families things were much more difficult, with poverty of aspiration, fatalism and resignation a feature.

3. Service readiness

Unmet need will cluster among individuals who are not 'service ready' i.e. who lack attributes that services expect of their users. These include: a postal address, time, linguistic and intellectual ability etc.

The concept of service readiness comes from an analysis of the research on service exclusion, user satisfaction and service problems reported in the delivery of state benefit, welfare, social care, criminal justice, housing and mental health services. They also seem to apply, with just as strong an evidence base, to services provided by financial and other business institutions, and to a lesser extent to services provided by civil society organisations.

Numerous studies point to the attributes services expect of their users, all of which need to be 'complied with' in order for the service to be delivered successfully and optimally. The absence of these attributes demonstrated on request (rather like a valid ticket on a bus) will incur a penalty. This penalty is either exclusion and non-receipt of the service, severe delays, or a sub-standard service, with the user being viewed as 'non-compliant' or a 'difficult case'.

These key attributes expected by service delivery design include:

- A postal address
- Photographic ID
- National Insurance Number
- Sufficient time and the absence of other competing demands such as childcare responsibilities
- The ability to recognise and appreciate financial incentives
- An absence of fear due to stigma, the threat of violence, perverse incentives such as those found in the informal economy or criminal situations
- Willingness to disclose personal information in surroundings which may be unfamiliar or uncomfortable
- Linguistic capacity (as defined by the service)
- Intellectual capacity (as defined by the service)
- Recognition of timeliness, deadlines, sanctions and penalties
- Trust in and willingness to behave respectfully and politely (as defined by the service) to staff.

Service design either explicitly or implicitly requires that these and other characteristics are present, and authorities when challenged often cite personal responsibility as the prime consideration when justifying exclusion in the absence of one or more of these factors. In a sense, receipt of a service is a compact. However, in too many examples that we have seen, all of the risk and responsibility seems to lie with the potential service user, and not with the service provider. This is especially true when you look at the resources, attributes, determination and energy required to successfully complain, access discretion, redress and compensation in the event of official error or malpractice on the part of statutory services.

4. Optimal contact with services:

Unmet need will be concentrated among those people who have sub-optimal contact with services. Sub-optimal contact will occur at either end the spectrum: among those in no contact with services at all and among those with numerous, repeated contact with different services.

5. Life events and transitions tend to create unmet need

Resources to adapt to new needs are often absent and coping strategies useful in one lifecycle are often counter-productive in another. Transition does not often involve passported entitlements.

6. Need clusters

Most unmet need will be clustered with others. The most common combination needs (that are likely to generate or present with other needs) are overindebtedness and mental health. If you have an unmet need within a particular area, you are much more likely to have related unmet needs.

7. Debt and financial strain are trump needs

Severe financial unmet need is corrosive and impedes the capacity and motivation to resolve other unmet needs.

8. Mental health problems are trump needs

The existence of severe unmet mental health needs at both individual and household level strongly predicts further unmet need and is a barrier to need resolution.

9. Infrastructure needs are polarising

Transport, housing, education, health and social care needs are polarising. This means that those with good access and resources are increasingly less likely to have unmet needs and those without increasingly more likely.

10. Information, knowledge and advice inoculate against avoidable need

Avoidable need is made more likely by insufficient awareness of entitlements, duties and options. As services become more complex and less face-to-face, information has a higher premium than ever in making the best life decisions.

11. Articulation of need

Significant unmet need will be found where the barriers to articulating that need are greatest e.g. mental health in cultures with different concepts of mental health, and care or support where there are barriers relating to stigma and pride.

12. Self-reporting of need versus other-reporting

On questioning, people will tend to underestimate their unmet need, especially those who have low service expectations (e.g. some older people), those who have heavy caring loads and when questioned about psychological and financial issues. Asking close friends and family will add valuable insights.

ENDNOTE

This findings presented in this report are tentative and are interim findings nine months into a two year programme seeking to understand The UK's emerging and unmet needs. If the reader has any feedback or comments or would to know more about the Mapping Needs programme, they can contact the Mapping Needs team via the Young Foundation website **www.youngfoundation.org**

APPENDIX A CONCEPTUAL FRAMEWORK

NEEDS IN THEORY, PRACTICE AND POLICY

Needs can be understood and framed through a range of philosophical, sociological, economic and political theories. In practice, human need is present in a multitude of situations, and is shaped by personal, material and historical circumstances. Our two year programme of work aims to produce the data and the tools to bring the landscape of unmet and emerging needs into view. It focuses on those needs beyond the radar of national and local, state and voluntary sector welfare provision. In this project we seek to engage with the lives of individuals and communities more closely and to rehearse academic or policy approaches less closely so as to speak the language of lived need.

Though need is a tiny word, it carries the weight of previous theories, policies and practices and of political definition and interests. Questions arise as to why 'need' rather than concepts like poverty, inequality, social exclusion or capability? Then what kinds of need? Who defines need? How and in what context do needs arise? And, what resources are/ should be available to meet needs? Each of these questions reflects complex academic and policy debates, which in turn influence ways of researching and meeting needs. Exploring the literature on need, we find a series of contrasts between individual and collective need; universal and relative need; and material and psychological need. In this brief overview, we outline our approach to thinking about human need in the context of current debates, and discuss the methodological implications of these ideas.

CONCEPT

Over the last fifty years or so, we have seen changes in the way human need is understood and met. After the Second World War, the welfare state was set up to provide a degree of social and economic security against the five giants of illness, squalor, disease, ignorance and want.

Welfare policies, designed to alleviate poverty and social inequality, responded in part to calls for a more just distribution of social and material resources, and for the recognition of the civil and political rights of different groups in society. This welfare settlement was reformed during the 1980s which a stronger emphasis on conditionality in welfare, cuts in many benefits and a return to the much older idea that unemployment needed to be made uncomfortable and a pressure to return to work. During the late 1990s and 2000s government pursued a mix of policies, including significantly increased redistribution (primarily through tax credits), new services (such as Surestart) and a continued emphasis on conditionality in relation to welfare to work, and with a shift in language that combined a focus on child poverty with the language of social exclusion.

The theoretical arguments that run in parallel have increasingly emphasised not just the need for an adequate income, shelter and food, but also individual psychological or subjective needs for freedom, autonomy, capacity and recognition[44]. Most importantly, for Amartya Sen, for example, is the capacity for individuals to shape their own lives. He suggests that material resources in themselves are not enough to promote well being. Sen is more interested in what people *do* with the resources they have than in income or access to resources themselves. Sen's capabilities approach draws attention to well being and to the value of individual agency and freedom. His work marks a new distinction between 'positive' and 'negative' approaches to understanding need and welfare. The positive approach looks beyond external, objective measures of social well being like inequality and income distribution, to the ways individuals think and feel about their lives in relation to a range of external circumstances like income, and personal characteristics like gender, education, unemployment, belief and relationships[45]. This approach has been influenced further by the recognition that an increase in national wealth and GDP has not coincided with a similar increase in life satisfaction[46]. Thus the premise is that personal happiness or well being is not necessarily contingent on material conditions, and may be strongly influenced by relative position as well as absolute income.

In a recent ESRC report[47] on capability and resilience, the 'positive' approach is offered in contrast to the post WW2 welfare model which

tends 'to define communities and individuals in negative terms, disregarding what is positive and works well'. According to this argument, the deficit model of need emphasizes the role of external actors in assessing and solving problems, ignoring the capacities of communities and individuals to identify their own needs and come up with solutions. It is an approach which calls for '[A]ssets-based interventions, aimed at strengthening community capacities and promoting independence and autonomy.'[48]

In contrast, Richard Wilkinson[49] stresses the detrimental impact on positive feeling and experience of material deprivation. While positive dispositions can 'partially offset the effects of material deprivation' … he argues, 'so often it is the material disadvantages and divisions themselves which undermine supportive community and family life'. He points to the ways that relative deprivation can undermine sources of resilience, and suggests that it is always the most vulnerable who suffer the consequences. As Ruth Lister[50] has argued, social 'ill being', is the result of complex and sustained deprivation and exclusion. She talks about the psychological pain and distress that comes from the lack of recognition and stigma of living with poverty. 'According to ADT Fourth World… what makes poverty so hard to bear is 'to know that you count for nothing, to the point where your suffering is ignored… The worst blow of all is the contempt of your fellow citizens'. Richard Sennett argues in a similar vein that '[L]ack of respect, though less aggressive than an outright insult, can take an equally wounding form. No insult is offered another person, but neither is recognition extended: he or she is not *seen* as a full human being whose presence matters'[51]. Added to this, there is the view that with social change, those who do not have access to sustaining resources are also more subject to insecurity and risk that the poorest in the world find themselves in the most hazardous of places and situations. People's lives are no longer shaped predominantly by economic factors, since it is 'not what one has or is able to do that determines one's social position and future, but rather where and from what one lives'[52].

This debate about the positive effects of psychological well being on human need draws attention to the capacity for individuals to take responsibility for and overcome need through their own resilience and capabilities. It also draws attention to the detrimental effects of living with insecurities and poverty, however defined[53]. Indeed some argue, that, not only has wealth not increased happiness as Richard Easterlin and Richard Layard suggest[54], but is actually causing the damage,

producing certain kinds of mental illness and an increase in emotional distress. Some of this distress, it is argued, comes from the values of consumption which seep into the intimate corners of emotional life:

'Consumerism acts to maintain the emotional reversal of work and family. Exposed to a continual bombardment of advertisements through a daily average of three hours of television (half of all their leisure time), workers are persuaded to 'need' more things. To buy what they now need, they need money. To earn money, they work longer hours. Being away from home so many hours, they make up for their absence at home with gifts that cost money. They materialize love. And so the cycle continues.'[55]

Where does our research fit within these debates and controversies? In our initial work to identify our position on the concept of need and the basic methodology of our project, we drew on 'theory of human need'[56] and on Ian Gough's more recent work on psychological need and well being (2004). His perspective moves across and between the three distinctions mentioned and discussed above, the psychological and material, universal and relative, individual and collective. He is also alert to the systemic and critical elements of human need. He manages to work out a methodological framework through which universally and objectively defined needs can be interpreted and understood in local and subjective contexts. Briefly, Gough[57] argues that basic human needs *are* psychological. Following Richard Ryan and Edward Deci's self determination theory[58], he points to three basic universal psychological needs, underpinned by physical health. These are autonomy, competence and relatedness. 'Autonomy' stands for self determination and critical participation; 'Competence' for the ability to operate effectively within one's environment; and 'Relatedness' for feeling significant for others, and integral to social life. Each of these interrelated categories has a universal objective status, in that all human beings need these to be human.

While basic human needs are universal, the means through which these needs are satisfied depends on relative local needs satisfiers and conditions. Gough points to eleven of these, 'derived from codified knowledge of natural and social sciences'[59] including: adequate nutritional food and water; protective housing; non-hazardous work and physical environments; appropriate health care; security in childhood; significant primary relationships; physical and economic security; safe birth control and childbearing; and appropriate basic and cross cultural

education[60]. These will be assessed differently both nationally and through history.

Unmet need is, for the most part, unquantifiable until the terms have been specified, for example, the population to be scrutinised (e.g. elderly, disabled) and the setting in which that population is to be found (e.g. home, care homes, acute care facilities). It is also the case that services will never meet all needs. This is because of the complex relationship between service developments and public expectations. Meeting needs and improving services can itself contribute to raised expectations, which in turn results in the identification of new or additional unmet needs[61].

So the ways that basic needs are supported or neglected in contemporary situations is open to debate and interpretation, interpretation that takes place in different knowledge contexts, bringing us back to the question of who defines need? If we are interested in the ways individuals articulate their own needs, to what extent are their interpretations influenced by historical and material circumstances? To account for the ways that individuals might adapt to adverse conditions, Gough introduces the notion of 'critical autonomy', the individual capacity to situate one's life in wider context, to criticise it, if necessary, to act to change it[62]. It has been argued that indicators of well being may not account for what Gough calls 'adaptive preferences', and if people are encouraged to feel positively about the status quo, they may not be inclined to challenge it. A 'measure of critical autonomy' in local situations opens the way for individuals and groups to challenge wider definitions of need and well being[63].

Though this brief exploration of current theories and policy perspectives on human need, we find a complex scenario where no one definition or perspective can adequately capture the structural, individual, social and material complexity of need as it is lived. We also recognise that there is no 'view from nowhere', and that our work is situated in political and historical context like any other. As a starting point for our research and analysis, we find that Gough's work provides a comprehensive account of the relationship between universal and relative, individual and collective, material and psychological need. And indeed, he concurs with Bourdieu in arguing that:

'….if need satisfaction is to be optimised, all groups with

knowledge about this context should have the ability to participate in research into needs satisfiers and to contribute to policy making'[64].

Needs research cannot be disassociated from the history and body of poverty research, nor can it exist outside of claims for resources, or for redistribution and recognition. Adapting an open and exploratory 'points of view' methodology, has the potential to draw attention to, and unsettle, contrasting positions, so as to bring into view the experience of unmet and emerging need.

NEEDS AND PUBLIC POLICY

Need has increasingly been the basis on which a range of public and civil society services are currently supposed to be distributed and yet there remains no agreed definitions and tools for assessment of need across the different disciplines and areas of interest. In public opinion need has extremely high currency, whether in stories of outrage at social goods going to people who don't really need them or people in need going without. In a society where state resources are constrained and social goods are finite and unequally distributed being able to "prove" high levels of need is extremely important.

The welfare state, the consensus goes, is there to met needs, and therefore policy making takes for granted that needs, or at least proxies for need, can be objectively identified and measured. They then become one of the primary criteria for the distribution of welfare state resource. This has become problematic for a number of reasons.

Firstly, the identification and measurement of need has traditionally been the reserve of professional and social science enquiry rather than those people who experience need themselves. Using need as a primary axiom of public policy, is something that has been criticised on the grounds that robust claims about objectively measurable need are problematic, especially when they have taken no account of subjective preferences (which by nature are not amenable to objective definition or measurement).

Secondly, there is no agreed method for assessing and measuring needs. It is now clear that needs assessments or audits have become essential tools of public policy, without any comprehensive public overview of what constitutes need across disciplines and boundaries. Health needs

assessments, differ from community needs assessments which in turn bear little resemblance to social needs audits or psychological needs surveys.

It is clear that needs cannot be effectively assessed using only secondary data, when that data has been collected for other purposes. And since much of the secondary data itself is not specifically about need researchers usually deploy proxy indicators of need, the reliability of which is unsatisfactory.

Are professionals or experts best able to identify the needs of others? Their views must surely be constrained by their worldview and their professional parameters and what about their distance from those whose needs are being assessed? Is there an optimal distance? It might to possible to look at each domain of need assessment and make a judgment about how distal from the users' perspective the professionals are. Conversely their might be good reasons to be sceptical about the utility of focusing solely on individuals' and groups' perspectives of their own needs when these might well be limited by insufficient knowledge of what means of need satisfaction are available, entrenched powerlessness and resignation about the intractability of the need and dependent forms of coping mechanisms they have developed to adapt to the prolonged existence of the need.

There are clearly a number of ways of compensating for this information asymmetry by bridging the gaps between domains of expert knowledge and moving towards some degree of user participation or even co-production of needs assessments. This however will never constitute a full picture. This research project attempts to add to further types of knowledge to attempt to provide a more rounded picture of unmet need.

Needs assessments in a number of domains (most notably health and social care) are primarily a resource prioritization targeting tool and it might be argued are being used to disguise the fact that fewer resources are available, that mainstream universal needs are non-priority or low priority and that services and goods will naturally be concentrated on residual categories of people assessed as having "high", "priority" or "special" needs.

A further problematic area of need exploration is the question of whether it is possible to ascribe needs to a particular individual, type of

individual, group or sub-population without stigmatising, ghettoising or disempowering them.

In summary, our initial examination has revealed many areas of common concern in assessing need:

- problems operationalising concepts of need,
- problems with the role of expert knowledge,
- methodological challenges including the use of indicators derived from secondary data contrasted with explanatory, experiential and contextual primary data, and
- problems in the logic trail from information about need to policies and services to meet and obviate need.

Service definitions

Harvey (1973)[75] identified nine policy areas of needs:

- food
- housing
- medical care
- education
- social and environmental services
- consumer goods
- recreation
- neighbourhood amenities
- transport facilities.

Voice taxonomies

Bradshaw (1972)[76] delineate four types of social needs

- Normative (tends to be professionally defined and has a knowledge base)
- Felt (equated to what people want, defined by asking service users or potential users)
- Expressed (demanded individually or collectively)
- Comparative (having the same or worse characteristics as someone receiving the service)

In order to identify "real need" the presence of all four types of needs must be shown

Taxonomies of need

Maslow[65]	Burton[66]	Rosenberg[67]	Max Neel[68]	Staub[69]	Deci and Ryan[70]	Fiske (Core Social Motives)[71]	Williams and Govan[72]
Food, water, shelter	Distributive justice	Physical Nurturance	Subsistence		Physiological needs: Thirst, hunger, sex	Belonging	Belonging
Safety and security	Safety, Security	Interdependence	Protection	Security or safety	Psychological needs: Autonomy, Competence, Relatedness	Understanding	
Belonging or love	Belongingness, Love	Integrity	Affection		Social Needs Achievement, Affiliation, Intimacy, Power	Controlling	Control
Self-esteem	Self-esteem	Autonomy	Understanding	Positive identity and self-esteem		Enhancing self	Self-esteem
Personal fulfilment	Personal fulfilment	Play	Creation	Effectiveness and control		Trusting	
	Identity	Celebration and mourning	Identity				Meaningful existence
	Cultural security	Spiritual Communion	Leisure, Idleness	Comprehension of reality or worldview			
	Freedom		Freedom	Autonomy and self-trust			
	Participation		Participation	Positive connection and esteem for and trust in others			
				Spirituality, including transcendence of self			

Needs of Children

Brazelton & Greenspan[73]	Pringle[74]
The need for Ongoing Nurturing Relationships	The need for love and security
The need for physical protection, safety and regulation	
The need for experiences tailored to individual differences	The need for new experience
The need for developmentally appropriate experiences	
The need for limit setting structure and expectations	The need for responsibility
The need for stable supportive communities and cultural continuity	The need for praise and recognition

APPENDIX B METHODOLOGICAL FRAMEWORK

RESEARCH METHODOLOGY

The Young Foundation's Mapping Needs programme brings together a coalition of more than a dozen independent foundations and funding bodies to develop new insights into how social needs in the UK can be prioritised and met. The two-year project aims to provide an independent overview of changing needs, as a complement to current research and to guide the policies and actions of foundations, government and civil society.

Specifically the project aims to:

- Identify badly met or unmet needs in the UK
- Consider the distinction between psychological and material needs and explore the incidence of material and psychological needs in the UK.
- Gain a better understanding of multiple, severe and persistent needs and the connections between needs
- Offer insights on emerging and intensifying future needs
- Understand how people and communities buck trends in meeting their own needs 'against the odds'
- Help to understand the measurement problems associated with identifying unmet needs

As this last objective suggests, these objectives form part of a broader, longer term and ongoing goal to develop better ways of understanding social needs through social research and meeting social needs through policy and practice.
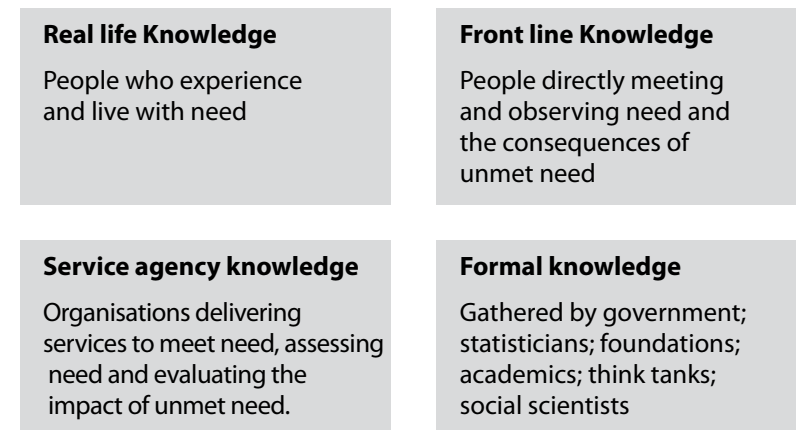
OUR APPROACH TO MAPPING NEEDS

We define need as '*what, if not met, can cause serious harm or socially recognisable suffering*'[77] ...'*Harm*' means being prevented from pursuing one's own vision of a good life, whatever that vision might be, through illness or depression, lack of skills or discrimination.

This project takes Doyal and Gough's theory of human needs as a starting point[78]. According to this body of work, all human beings require certain resources to meet three basic, universal psychological needs for *autonomy*, *competence* and *relatedness* : these include adequate nutritional food and water; protective housing; appropriate health care and significant primary relationships.[79]

To this extent, we accept an objective account of human need, whilst recognizing, (as do Doyal and Gough) that these requirements need qualification in relation to contemporary expert knowledge and local subjective needs. We also recognise that these local needs, and the resources required to meet them (or 'needs satisfiers') will be understood differently across different fields of enquiry and experience. Further, needs will be perceived differently as societies change, and perceptions of what resources are necessary to achieve a socially acceptable standard of living will also alter and evolve[80]. To meet these concerns, the following framework will enable us to explore need from a number of perspectives in our research:

Figure 2 Mapping need across four perspectives

Real life Knowledge People who experience and live with need	**Front line Knowledge** People directly meeting and observing need and the consequences of unmet need
Service agency knowledge Organisations delivering services to meet need, assessing need and evaluating the impact of unmet need.	**Formal knowledge** Gathered by government; statisticians; foundations; academics; think tanks; social scientists

We offer this framework as a tool, rather than as a definitive account of the perspectives that need to be accessed in this research, since the boundaries between these groupings or perspectives are likely to be fuzzy and problematic. For example, where would the voices and experiences of those who care for people at home be heard?

As well as needs being interpreted in these four spheres, incidence of unmet need and patterns of emerging or intensifying need will be determined by factors operating at a series of levels:

Structures and systems: people's needs will be affected by structural and systemic factors, including shifts in market demand for a particular skill, rising food or housing prices, political structures, inequalities and social policies that define eligibility.

Surrounding supports: people's needs will be affected by their immediate context, i.e. the support given to them or the obligations they owe or feel to their family, friends and communities.

Self: the way individuals understand themselves, their relationships with others and their place in the world will also determine the needs they experience: their inherited dispositions or characteristics, their experiences in childhood, their self-efficacy will all shape how they experience, resist or magnify macro and meso-level factors.

Associated with each of these domains will be the potential to make claims on resources to meet needs. At the level of structures and systems, claims will be made in the market place, and there will be competing claims for recognition, resources and political entitlements from the state, argued about in politics. At the intermediate level, there will be claims for help, support and respect from communities, families and friends. Then at the level of the self there will those claims people can make of themselves, on their capacity to make changes in their lives, to practice more self-discipline or to develop skills.

The notion of '*claim making*' helps throw into relief the fact that there are a series of stages that must be traversed before a felt need can be met (see figure 2): first, that need must be articulated or demanded; second, needs must be acknowledged or recognised in the public realm (e.g. by policy makers or providers in the market); third, a means of meeting that need must be found (by families or communities, civil society, the private sector, or the state); and lastly, that need must in fact be satisfied.

Figure 2 Mapping need across four perspectives

Need is felt → Need is articulated → Need is acknowledged → Way of meeting need found → Need is met or satisfied

There will be a number of needs also met which skip one or more of the stages, or have to loop back to a previous stage. A more nuanced schema will apply when a need is partially met or requires more than one satisfier.

This linear model describes the process from felt need to need satisfaction, and the stages at which this might break down. Whilst in practice, the different stages cannot be understood in isolation, separating them out like this might help to unpack the complex causal relationships that take place between them. Our study on the role of civil society in meeting needs, for example, highlighted the important steps whereby needs or suffering which is thought to be very personal in nature often comes to be recognised as social in origin, and then turn into claims and arguments. Our research methods need to address need in and between each of these stages, to provide a *thick description* of the external influences on need and to untangle the *complex causal patterns*, which weave through these stages and create unmet need.

OUR RATIONALE FOR MIXED METHODS RESEARCH

In order to meet the objectives laid out above, to map need across these four domains and shed as much light as possible on how the three levels described above influence need and processes of need satisfaction, the research will employ a mixed methodology. Greene provides a useful definition of mixed methods research, describing it as

'an approach to investigating the social world that ideally involves more than one methodological tradition and thus more than one way of knowing, along with more than one kind of technique for gathering, analyzing, and representing human phenomena, all for the purpose of better understanding'[81].

As this definition suggests, our decision to use a mixed methods approach springs from the conviction that only through a combination of research methods can we hope to meet the objectives laid out above. More specifically, our rationale might be thought of as having

two strands: first, a *pragmatic* rationale and second, a principled rationale which reflects both our conception of the social world and our commitment to social justice.

Our choice to use mixed methods is pragmatic to the extent that it frees the Mapping Needs project from the dualisms and paradigm wars of quantitative and qualitative research. This '*third research paradigm*' attempts to '*fit together the insights provided by qualitative and quantitative research into a workable solution … improve communication among researchers from different paradigms as they attempt to advance knowledge …[and] offer the best opportunities for answering important research questions*'.[82]

Connected to this, our mixed methods approach is a response to the limitation of particular research methods. For example, we know that service data doesn't penetrate particularly well into the last decile and that census and other official data may not penetrate particularly well into the last centile of the population. It is in these contexts that qualitative methods become integral to our research design, in particular in light of our aim to focus on *multiple, severe and persistent need*, which (we suggest) might be experienced by just those individuals who may be excluded from quantitative datasets (think of undocumented migrants, older people in residential homes, people with no fixed address, or individuals who face barriers to accessing services that could help meet their needs).

Techniques like *time-space sampling* and *respondent driven sampling*, which have evolved to reach populations that researchers can find hard to access in the absence of bespoke techniques, hold particular value here. Moreover, qualitative methods offer the chance to explore and understand heterogeneity within the vertically defined groups (BME groups, drug users, homeless people) frequently used to structure quantitative analysis[83].

This is not to say that quantitative methods are considered secondary to qualitative methods: this research holds each in equal status. Central to the methodology is a recognition that quantitative data tells us many things that qualitative techniques cannot. For example, statistical analyses can help test hypotheses across large populations and help control for the impact of other variables on a particular phenomenon. Quantitative analysis can therefore contribute to untangling cause and effect relationships in ways that qualitative methods cannot.

In summary, mixed methods research generally and our methodology specifically can begin to '*strategically combine qualitative and quantitative methods, approaches, and concepts in a way that produces complementary strengths and non-overlapping weaknesses*'[84]). In 1985, Cook[85] used the term '*critical multiplism*' to describe this strategy, in which research questions can be examined from different perspectives, each of which involves a different methodology and a different set of biases. Rather than seeing quantitative and qualitative research as mutually exclusive and incompatible paradigms, we take the view that both methods are important and useful and that by utilising both, research can be more illuminating, accurate and robust.

Our second rationale is based on principle rather than pragmatism, and reflects our understanding of the social world as complex and multi-dimensional. Thus, our strategy for mixed methods research '*involves recognising that the social world and the issues and problems we seek to research are multidimensional, and that different dimensions might exist in an uneasy or messy tension, rather than being neatly integrated within one plane or dimension*'[86].

So, in this programme we are emphatically not attempting to triangulate data that is collected by different methods. In their typology of mixed methods research[87], Greene et al.1989[88] explain that by triangulating data, researchers seek the convergence and corroboration of results from different methods and designs studying the same phenomenon. One reason that triangulation might be rejected as a technique is that in reality '*different methods and approaches rarely corroborate each other straightforwardly*'[89]. However, a more fundamental problem lies behind our rejection of this method. Triangulation becomes impossible once researchers accept that there is no one social reality that can be known. As Bourdieu puts it, in order to understand what goes on in the world, points of view

> '*must be brought together as they are in reality …through simple juxtaposition, to bring out everything that results when different or antagonistic visions of the world confront each other – that is, in certain cases, the tragic consequences of making incompatible points of view confront each other, where no concession or compromise is possible because each one of them is equally founded in social reason*'[90].

By bringing multiple research methods together, the Mapping Needs programme aims to juxtapose the data provided by each different method in order to see consistencies and inconsistencies, utilising '*creative tensions*'[91] where they emerge rather than seeing them as an obstacle to clear conclusions. For example, by contrasting the formal knowledge of 'experts' in the social sciences and service delivery with the (equally expert) grounded knowledge of people in specific context, we might shed light on blockages or barriers to meeting need as it is experienced in 'real lives'. Furthermore, we hope this approach will help move us towards an approach which capture the dynamics between local subjective experience and wider social, economic and political forces. In sum, we believe that the methodological eclecticism that runs through the Mapping Needs programme will produce a superior research product than mono-method research[92].

However, there is a conflict between this methodology and the aim of our research. Returning to the objectives laid out on page two, we need to transform this four dimensional approach into a picture of need that has application in policy and practice. Where accounts across the four perspectives agree, practical implications will emerge more easily. Where tensions and inconsistencies emerge, we will have to dig deeper and think carefully about how recommendations for more effective ways of meeting needs can arise from contradictory accounts of need from our four perspectives. There are a series of possible criteria which could be used to do this, for example:

Should we give priority to the marginalized? Where one or several of the accounts represent the voices of marginalized groups or individuals, there may be good reason to privilege their voices in thinking about practical solutions. Similarly, where one or several perspectives reflect or support existing practices and yet where unmet need remains, there may be good reason to privilege the accounts of other perspectives. This kind of rationale underpins the approach of Holland et al. from the Q-squared research programme at the Centre For International Studies, University of Toronto:

> 'The working hypothesis underpinning the design of mixed-method diagnostic tools is that dysfunctional everyday relations between service providers and users or between government officials and citizens may be symptomatic of deeper, embedded institutional norms that are characterised by inequalities in power … Empowerment and social change require a level of transformation in critical consciousness that challenges habitual or everyday interaction and decision making.'[93]

Should we give priority to formal knowledge? Where the issue under examination is tightly intertwined with complex structural or systemic factors, there may be good reason to privilege the 'formal knowledge' of people with expertise about those systems and structures, or at least, consider their perspectives prior to the perspectives of people unfamiliar with structural and systemic factors and constraints.

How can we, and ought we to reflect on adaptive preferences? How do we account for '*adaptive preferences*' i.e., where people adapt to local conditions and may not be aware that the quality of their lives could be different. One of Gough's basic needs is for '*critical autonomy*'.., '*the capacity to situate the form of life one grows up in, to criticise it and, if necessary, to act to change it*'[94]. The crucial question here is how we might begin to make the judgment that the preferences people have articulated are adaptive and might be different if that person could critically reflect on their circumstances.

There are likely to be a host of other possible criteria for translating incoherent or contradictory findings into actionable practical findings, some of which are likely to emerge as the research progresses and in the process of fieldwork and analysis.

One further and final rationale for a mixed methodology is that it also reflects a political commitment to social justice. If the social world is complex and multidimensional, in order to maximize need satisfaction '*all groups with knowledge about this context should have the ability to participate in research into needs satisfiers and to contribute to policy making*')[95]. By employing methods that tap into perspectives across the four domains described above, we hope to meet this condition.

There are likely to be a host of other possible criteria for translating incoherent or contradictory findings into actionable practical findings, some of which are likely to emerge as the research progresses and in the process of fieldwork and analysis.

OUR METHODS

Table 1: Research methods to map need across four perspectives

Domain/perspective	Methods to access knowledge
Real life: People who experience and live with need.	○ Ethnographic studies in local areas. Each study will focus on a different set of research questions, for example around the needs of night workers, NEETS, older people in care, or teenage mothers. ○ Overview of expert users/individuals research data (evaluations by service users, participatory research). ○ Public participation and engagement (exact methods to be confirmed)
Front line: People directly meeting need, observing need and involved in the consequences of unmet need.	○ Knowledge mining (combinations or surveys, interviews and focus groups) of key individuals/organisations within local studies, including people at the forefront of local services as well as other local experts (taxi drivers, hairdressers etc)
Service agency: Organisations involved in delivering services to meet need, measuring and assessing need and evaluating the impact of unmet need.	○ Knowledge mining (combinations or surveys, interviews and focus groups) of key individuals/organisations, including local perspectives on emerging, intensifying and persisting unmet needs. ○ Analysis of service data, including take-up gaps, referral statistics and outcome evidence. ○ Overview of local strategies and needs assessments.
Formal: Organisations and individuals claiming expertise through macro-level possession of statistical, academic, policy, strategic and scientific insight into need.	○ Knowledge mining (combinations or surveys, interviews and focus groups) of key individuals/organisations, including government, local government, business, philanthropic foundations and civil society organisations. ○ Synthetic overview of current research (across methodologies and specialties) bearing on unmet need. ○ Quantitative analysis of administrative and other data sets. ○ 'Expert' futures work to anticipate emerging, intensifying and persisting unmet needs.

As this table shows, we are not only mixing a quantitative survey with qualitative interviews as with much mixed method research. We are combining different research methods *within* the two paradigms of quantitative and qualitative research: for example, as well as local ethnographies, we will be undertaking focus groups with service providers and frontline workers and later in the project we hope to include methods of public participation and engagement in the research. As well as reviewing current statistical knowledge we will be undertaking new secondary analysis of administrative datasets. By mixing approaches to the research objectives in this way we hope to generate a rich body of data that will illuminate perceptions of need from the four perspectives in the best way possible.

ITERATION AND SEQUENCING

Sequencing is always a crucial question in mixed methods research as it largely defines the interaction and dialogue that will occur between different types of data. In this programme, our use of different methods will largely be concurrent and to the extent that it is possible, we hope this will facilitate dialogue and an iterative engagement between different components of the research as they progress. One exception to this will be the local studies, which will occur sequentially (with overlaps), so that the methods used at this stage can help hone and inform the fieldwork in the next.

Specifically, because these studies will aim to access some of the most marginalised individuals in society, we hope that as each progresses we can learn more about practical ways to reach these groups and individuals. Each of our local studies will explore different issues (for example, the experiences and needs of night workers or pregnant teenagers): they are not *case studies* that replicate the same questions in several areas. This design will provide us with a series of windows through which to consider need; why some needs remain unmet; how other needs are met; and how needs are experienced together in particular constellations. This leaves us with a particular challenge in thinking about how we draw the findings of these studies together in a convincing way.

APPENDIX C PROGRAMME FRAMEWORK

PROGRAMME HISTORY

The Young Foundation is a centre for social innovation and entrepreneurship based in East London. Our main goal is to speed up society's ability to respond to changing needs through innovating, replicating and scaling new methods and models.

The Foundation has a rich and long history of connecting research on emerging needs with action. For example Michael Young's work on the education needs of east Londoners played a big role in preparing the way for the Open University; similarly, research on patients' dissatisfaction with styles of treatment, or arrangements for death and dying, helped to shape the creation of new voluntary organisations and programmes. In some cases, research points to ways in which old needs can be addressed in new ways; in other cases, new needs come into focus. Our aim is to have a similar practical impact from this work – and to help guide the work of foundations, government, social entrepreneurs, investors and civil society organisations concerned to develop new policy, strategies or start new organisations and initiatives.

The Young Foundation's Mapping Needs programme is backed by a network of academic associates and an Advisory Board, with a leading role played by Lord Moser (who has advised on the design of the project) and chaired by Geoff Mulgan, Director of the Young Foundation. It brings together a coalition of some of the UK's leading independent foundations and funding bodies to develop new insights into how the UK's unmet and emerging needs can be prioritised and met. The two-year project aims to provide an independent overview of changing needs, providing a complement to current research and helping to guide the policies and actions of foundations, government and civil society organisations.

The project aims to capture perceptions of need from four perspectives: from the viewpoint of people in their everyday lives; frontline workers; local service providers; and experts in government, foundations, academia and elsewhere. Multiple methods and data sources will be employed to understand needs across these four viewpoints, including secondary analysis of existing data, new quantitative and qualitative research, participatory research and 'knowledge mining' of key intermediaries and frontline organisations.

This project arose out of extensive consultation in 2005-2006 with trusts and foundations, local service providers, and government, all of whom agreed on the need for an independent survey of needs in the UK, which could be used by Foundations and civil society organisations to help guide their own priorities and could highlight to Government areas where needs are intensifying. A pilot exercise was carried out by the Young Foundation; first, for the Commission on Unclaimed Assets in 2005[97] which provided a broad overview of needs in order to inform likely areas of priority for any new fund which their work might recommend; and second, for Carnegie UK Trust in 2006 which focused on rural needs in the UK.

These two studies involved discussions and interviews with numerous national and local agencies, concerned with identifying and meeting unmet needs. They identified a broad framework of the variety of ways people meet their needs, as well as a methodology for clarifying the gaps and identifying people or groups whose needs are not being met. The studies also pointed to key reasons why some needs remain unmet: lack of money, political power, social networks etc. The research also pointed to the changing character of need in six main categories: progress and prosperity, classic poverty, inadequate family and support structures, globalisation, psychological needs and violence. It concluded that there is a pressing need for an in depth regular survey of changing needs and social priorities in The UK.

A further report, published in 2008,[98] explored how civil society responds to changing social needs and found that whilst civil society in its many forms plays vital roles in discovering and meeting social needs, its legal structures risk becoming frozen around past needs and leaving the most pressing contemporary needs unmet.

APPENDIX D
PROGRAMME
LOGISTICS

CONSORTIUM OF PROGRAMME FUNDERS

Baring Foundation
Barrow Cadbury Trust
Bedford Charity
Big Lottery Fund
City Bridge Trust
City Parochial Foundation
Comic Relief
Economic and Social Research Council
John Lyons Charity
Joseph Rowntree Foundation
Lankelly Chase Foundation
Northern Rock Foundation
Wates Foundation

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Prof Nicholas Emler, University of Surrey

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The Mapping Needs Programme is part of the Young Foundation's Research, International and External Relations team which is headed by Rushanara Ali and overseen by Geoff Mulgan.

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REFERENCES

[1] Ignatieff, M (1984) *The Needs of Strangers*. London: Chatto and Windus

[2] Doyal, L. and Gough, I (1991) *A Theory of Human Need*. Basingstoke: Macmillan Palgrave

[3] Nussbaum, M and Sen, A (1993) *The Quality of Life*. Oxford: Clarendon Press

[4] Mulgan, G., Buonfino, A. and Geissendorfer, L. (2006) 'Mapping Britain's Unmet Needs' The Young Foundation, available at **http://www.youngfoundation.org/node/404**

[5] We hope to unpack the spectrum of partial satisfaction of need through our detailed local studies which will inform the final report, due to be published in 2009.

[6] Bourdieu, P. et al. (2006) *The Weight of the World: Social Suffering in Contemporary Society*. Polity Press: Oxford

[7] This is confirmed by recent work from OECD. Notwithstanding declining inequality in very recent years, growing inquality Britain remains the larger underlying trend and the gap between the rich and the poor in the UK is still greater in the UK than in three quarters of OECD countries. See OECD (2008), 'Growing Unequal?: Income Distribution and Poverty in OECD Countries', Country note: United Kingdom, available at **http://www.oecd.org/dataoecd/47/22/41528630.pdf**

[8] Starrin, Åslund and Nilsson (2008) Financial Stress, Shaming Experiences and Psychosocial Ill-Health: Studies into the Finances-Shame Model Social Indicators Research DOI 10.1007/s11205-008-9286-8

[9] Platt, S. and K. Hawton, Suicidal Behaviour and the Labour Market, in The International Handbook of Suicide and Attempted Suicide, K. Hawton and K. van Heeringen, Editors. 2000, John Wiley & Sons, Ltd: Chichester, West Sussex. p. 309-384

[10] BHPS Wave 'O' cross tabulations (Pearson Chi Square sig at .000)

[11] Internet appendix to Inglehart, Foa and Welzel, 'Social Change, Freedom and Rising Happiness'. *Journal of Personality and Social Psychology* available at **http://www.worldvaluessurvey.org/**

[12] Graph taken from A prosperous nation: SDC e-bulletin, available at **http://www.sd-commission.org.uk/pages/a-prosperous-nation-sdc-e-bulletin.html**

[13] See the following document for a useful summary of an ESRC research programme exploring capability and resilience: Bartley, M (Ed) (2006) 'Capability and Resilience: Beating the Odds' available at **http://www.ucl.ac.uk/capabilityandresilience/beatingtheoddsbook.pdf**

[14] See for example Tedeschi, R. and Calhoun, L. (2004) 'Posttraumatic Growth: A New Perspective on Psychotraumatology', *Psychiatric Times*, 21(4)

[15] See for example **http://www.crisis.org.uk/policywatch/pages/hidden_homeless.html**

[16] Wanless, D (2004) *Securing Good Health for the Whole Population*. London: HMSO

[17] Moore, G. (1991) *Crossing the Chasm: Marketing and Selling High-Tech Products to Mainstream Customers*. New York: Harper Collins

[18] Sheldon, K., Elliot, A., Kim, Y. & Kasser, T. (2001) 'What is Satisfying about Satisfying Events? Testing 10 Candidate Psychological Needs' *Journal of Personality and Social Psychology*, 80 (2), 325–339.

[19] See for example. 'Statistics 1: How common is mental distress?'. MIND, available at **http://www.mind.org.uk/Information/Factsheets/Statistics/Statistics+1.htm#Prevalence_of_mental_health_problems_in_Great_Britain**

[20] Statistics on mental health, Mental Health Foundation, available at **http://www.mentalhealth.org.uk/information/mental-health-overview/statistics/**

[21] Disability Living Allowance Quarterly Statistics, Table 1, February 2005. Department of Work and Pensions

[22] London School of Economics. Centre for Economic Performance. Mental Health policy Group (2006) *The Depression Report: A New Deal for Depression and Anxiety Disorders*. London: LSE Research Online, available at **http://eprints.lse.ac.uk/archive/00000818**

[23] Taken from **http://www.poverty.org.uk/37/index.shtml#note1**

[24] The Human Givens Institute, 'Emotional Needs Audit' available at **http://www.hgi.org.uk/ena-results.htm**

[25] Office of National Statistics (2007) *Focus on Families*. Totton: Palgrave Macmillan

[26] Office of National Statistics (2007) *op. cit.*

[27] Office of National Statistics (2007) *op.cit*

[28] Office of National Statistics. Census 2001.

[29] Office of National Statistics.Census 1991.

[30] Office of National Statistics. Census 2001.

[31] National Statistics. The Health of Children and Young People. Full Mental Health Report; *March* 2004

[32] Masten, A., Best, K. & Garmezy, N. (1990). "Resilience and development: Contributions from the study of children who overcame adversity. Development and Psychopathology, 2 425-444.

[33] Weich, S., Nazroo, J., Sproston, K., McManus, S. et al. (2004) Ethnic Minority Psychiatric Illness Rates in the Community. *Psychological Medicine* 34 (8), 1543-51

[34] Barr et al (2005) 'A Survey of Psychological Wellbeing in an Adult Population' *British Journal of Community Nursing*, 10 (6), 260-265

[35] Department of Health (2003) 'Fair Access to Care Services – Guidance on Eligibility Criteria for Adult Social Care' available at **http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009653**

[36] The Scottish Parliament (2001) *Unmet Need*

[37] CSCI (2008) *The State of Social Care in England 2006-2007*, CSCI, London

[38] Pleace, N., Fitzpatrick, S., Johnsen, S., Quilgars, D. and Sanderson, D. (2008) 'Statutory Homelessness in England: The Experience of Families and 16-17 year olds' Centre for Housing Policy, University of York/Department for Communities and Local Government, available at **http://www.communities.gov.uk/publications/housing/experienceoffamilies**

[39] **http://www.berr.gov.uk/files/file42700.pdf**

[40] Financial Services Authority (2005) *Towards understanding consumers' needs*

[41] Mullendar, A. and Morley, B. (1994) *Children Living with Domestic Violence*. London: Whiting and Birch Ltd

[42] Abdel Latif, A et al (1985) 'A Study of Food Habits of Mothers and Children attending Rural and Urban Health Centres in Minya, Egypt' *The Journal of Tropical Pediatrics* 31 (2), 112-7

[43] Dench, G. Gavron, K. Young, M. (2006) T*he New East End: Kinship, Race and Conflict*. London: Profile Books

Appendix

[44] Sen, A (2004) Development As Freedom. Oxford: Oxford Paperbacks; Gough, I. (2004) Insecurity and Welfare Regimes in Asia, Africa and Latin America: Social Policy in Development Contexts. Cambridge: Cambridge University Press

[45] Dolan et al. (2006) Review of Research on the Influences on Personal Wellbeing and application to policy making' London: DEFRA

[46] London School of Economics. Centre for Economic Performance. Mental Health policy Group (2006)op. cit.

[47] Bartley, M. (2006) Capability and Resilience: Beating the Odds. London: ESRC

[48] Health Assets and the social determinants of health edited by Erio Ziglio & Antony Morgan (WHO European Office for Investment for Health and Development, Venice) p 2

[49] Wilkinson, R. (2006) 'The Impact of Social Inequality' *Social Research*. 73(2), pp. 2

[50] Lister, R. (2004) *Poverty*.

[51] Sennett, R. (2003) p. 3 quoted in Lister, R. (2004)

[52] Beck, U. (1999) *World Risk Society*. Cambridge: Polity, p. 62; Taylor-Gooby, P. (2000). Risk, Trust and Welfare. Basingstoke: Palgrave Publishers

[53] Bauman, Z (2000) *Liquid Modernity*. Cambridge: Polity Press; Hochschild, A.R. (2003). *The Commercialisation of Intimate Life – Notes from Home and Work*. Berkeley: University of California Press

[54] Layard, R. (2006) *Happiness: Lessons from a New Science* London, The Penguin Press, 2005

[55] Hochschild, A.R. (2003). *The Commercialisation of Intimate Life – Notes from Home and Work*. Berkeley: University of California Press. p. 208

[56] Doyal, L. and Gough, I. (2004) *op.cit*

[57] Gough, I. (2004) *Insecurity and Welfare Regimes in Asia, Africa and Latin America: Social Policy in Development Contexts*. Cambridge: Cambridge University Press

[58] Ryan, R. and Deci, E.L. (2000) ' Self-determination theory and the facilitation of intrinsic motivation, social development and well-being' *American Psychologist*, 55, 68-78

[59] Gough, I. (2004) *op. cit* p. 293

[60] Gough, I. (2004) *op.cit*. p. 292-293

[61] The Scottish Parliament (2001) Op Cit

[62] Gough, I. (2004) *op. cit.* p. 302

[63] Gough, I. (2004) *op. cit.* p. 302

[64] Gough, I. (2004) *op.cit*. p. 293

[65] Maslow, A.H. (1943) 'A Theory of Human Motivation', *Psychological Review*, 50, 370-390

[66] Burton, J. (1990) *Conflict: Human Needs Theory*. London: Macmillan

[67] Rosenberg, Marshall. Nonviolent Communication. A Language of Life. California, 2003: Puddle Dancer Press, p. 213

[68] Max Neef, M. *Human scale development*. New York: Apex Press, 1991.

[69] Staub, E.

[70] Ryan, R. and Edward, D. (2000) *op.cit*

[71] Fiske, S. T. (2004). Social beings: A core motives approach to social psychology . New York: Wiley

[72] Williams, K.D. and Govan, C.L. (2004) 'Reacting to Ostracism: Retaliation or Reconciliation' in Abrahms, D. Macques, J. and Hogg, M. (Eds) *The Social Psychology of Inclusion and Exclusion*. Philadelphia: The Psychology Press

[73] Brazelton, T.B. and Greenspan, M.D. (2000). *The Irreducible Needs of Children*. New York: Perseus Publishing

[74] Kellmer-Pringle, M. (1975) The Needs of Children (London, Hutchinson). –

[75] Harvey, D. *Social Justice and the City*. London: Edward Arnold.

[76] Bradshaw, J. (1972) 'The Concept of Social Need', *New Society*, 30, 640 -643

[77] Doyal, L. and Gough, I. (1991) *op. cit.*

[78] Doyal, L. and Gough, I. (1991) *op. cit.*; Gough, I. (1994) *op. cit*.

[79] Autonomy means, the capacity for self determination and critical participation. Competence means, the ability to operate effectively within environment. Relatedness means feeling significant for others, feeling integral to social life. See Gough, I. (2004) *op. cit*

[81] ¹Burke Johnson, R. et al (2007) 'Toward a Definition of Mixed Methods Research', *Journal of Mixed Methods Research*. (1)2, 112-133

[82] Burke Johnson, R. and Onwuegbuzie, A. (2004) 'Mixed Methods Research: A Research Paradigm Whose Time Has Come'. *Educational Researcher*, (33) 7

[83] Tranmer, M., A.Pickles, E.Fieldhouse, M.Elliot, A.Dale, M.Brown, D.Martin, D.Steel C. Gardiner (2005) The case for small area microdata, *J. R. Statist. Soc. A*, 168, Part 1, pp. 29–49

[84] Burke Johnson, R. and Onwuegbuzie, A. (2004) *op.cit*.

[85] Cited in Burke Johnson, R. et al (2007) *op.cit*.

[86] Mason, J. (2006) ' Mixing Methods in a Qualitatively-Driven Way', *Qualitative Research*, (6)1, 9-25

[88] Greene et al.'s schema identifies five justifications for combining quantitative and qualitative research: triangulation; complementarity; development; initiation; and expansion. Greene et al (1989) 'Toward a Conceptual Framework for Mixed Method Evuluation and Policy Analysis' *Evaluation and Policy Analysis* 11, 255-7

[89] Mason, J. (2006) *op.cit*

[90] Bourdieu, P. *op cit* (2006)

[91] Mason, J. (2006) *op.cit*

[92] Burke Johnson, R. and Onwuegbuzie, A. (2004) *op.cit*

[93] Holland *et al*. **Monitoring Empowerment in Policy and Programme Interventions: Combining Qualitative and Quantitative ApproachesQ-Squared Working Paper No. 45 November 2007 http://www.q-squared.ca/pdf/Q2_WP45.pdf**

[94] Gough, I. (2004) *op.cit*. p. 302

[95] Gough, I. (2004) *op.cit*.

[97] Mulgan, G., Buonfino, A. and Geissendorfer, L. (2006) Mapping Britains unmet needs, The Young Foundation', available at **http://www.youngfoundation.org/node/404**

[98] Caulier-Grice, J., Mulgan, G. and Vale, D (2008) 'Discovery, Argument & Action: How Civil Society Responds to Changing Needs', The Young Foundation, available at **http://www.youngfoundation.org/node/712**

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