



YOUNG, FEMALE & FORGOTTEN?

FINAL REPORT

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FULL REPORT

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Table of Contents

Acknowledgements	3
Executive summary	3
Chapter 1: Research design and objectives	8
Chapter 2: The hazard of young women becoming economically inactive (EI)	13
Chapter 3: Current living	18
Chapter 4: Experiences of education, training and work (EET)	30
Chapter 5: Money	40
Chapter 6: Aspirations and expectations	49
Chapter 7: Conclusions and recommendations	56

Acknowledgements

The researchers are grateful to Barrow Cadbury Trust, Sir Halley Stewart Trust and Rosa for funding this research. Thanks are also owed to:

- Dr. Nicole Martin, Dr. Ricky Kanabar and Raj Patel at the Institute for Social and Economic Research, University of Essex for their work on the Understanding Society data.
- Prof. Prue Huddleston and Prof. Rob MacDonald for reviewing the research.
- Emma Feasey and Lydia Morgan of Young Women's Trust for support recruiting and interviewing young women, as well as assisting with data analysis.
- Emma McFarland (eMc Arts) for designing and facilitating the co-creation event to develop the recommendations.
- All the organisations who recruited young women for us to interview and those who were interviewed: policymakers, service providers and young women.

Executive summary

Nearly 800,000 (11.1%) young people in the UK aged 16-24 are not in education, employment or training (NEET). They fall into two categories. They can be unemployed and seeking work, in which case they count as economically active (EA) and constitute 41% of those NEET. Those who are EA are also mostly young men (62%); in April-June 2017 there were 201,000 young men unemployed and 124,000 young women. Alternatively, young people NEET can be out of work but not able to look for work or start a job quickly. The latter group are recorded in national statistics as economically inactive (EI) and make up 59% of the NEET group. They are mostly comprised of young women (59%). At the last estimate, there were 275,000 young women EI compared to 190,000 young men. This means that 7.9% of young women aged 16-24 are EI, compared to 3.6% of men of the same age.¹

In 2016, Young Women's Trust, working with Professor Sue Maguire (University of Bath), examined the background to economic inactivity through i) a literature review; ii) in-depth interviews with ten key experts; iii) analysis of data from the Labour Force Survey and NOMIS; and iv) case studies in five areas in England.² Contributing to this process, the key findings from the first year of the research were that:

- Despite the fact that they are not regarded as jobseekers, 29% of young women NEET and EI said they would like to work now and 86% thought they would work in the future.
- NEET young women could be divided into two groups, EA and EI, matching the conditions attached to claiming the main out-of-work benefits. Those EA were eligible for Jobseeker's Allowance (JSA) and those EI could claim Income Support (IS) or Employment and Support Allowance (ESA). This meant that they received quite different treatment from Jobcentre Plus (JCP), with EI young women having very little contact with or support from JCP staff.
- Local practitioners and national policymakers were concerned about the high numbers of young people who were 'unknown' – not 'in the system' but not in formal education, training or employment. The data bore out their concerns. Only three quarters of young women who are EI are claiming IS or ESA and only two fifths of EA young women are claiming JSA.

- Specific services for NEET and EI young women were lacking. In our case study areas, we encountered only one service that was designed to reach EI young people. There was also uncertainty about funding streams for projects supporting young people NEET, some of which stemmed from fears of losing EU funding like ESF.

In 2017, we have turned our attention to the EI young women themselves through i) using Understanding Society data to create a model of the hazard of young women becoming EI; ii) conducting 57 in-depth interviews with young women across a number of different localities; iii) holding an event for policymakers, service providers and young women to co-create the final recommendations. Researchers recruited young women for interview who were already in contact with other services or charities, meaning that our findings may not apply to the most isolated or unsupported EI young women.

Becoming EI

Analysis of Understanding Society data

Among those young people becoming EI after time spent working or actively job-seeking, the Understanding Society survey enables us to explain why young women are more likely to become EI than young men. A combination of circumstances and personal characteristics of a young person account for the different outcomes between the genders. They are gender; age; having a disability or long-term health condition; living with a child and; having poor mental health.

When allowing for the combined effects of all factors, new mothers and young women who live with a dependent child are both six times more likely to become EI. Yet, while these factors have no effect for young men, disability affects them rather more. Having a disability or long-term health condition makes men 76% more likely to become EI, but women 57% more likely. Young people of both genders who have poorer mental health also have a higher risk of becoming EI.

Experiences of education

The journey to becoming EI often began at school. A number of young women described experiences of bullying (either as the bully or the bullied), exclusion or dislike of learning in a classroom environment. Nonetheless, most of our sample went on to post-16 education, where they tended to 'churn' between Level 1 and Level 2 courses in stereotypically feminine vocations, such as health and social care, childcare and hairdressing.

Those young women who dropped out of education usually did so after the age of 16. For the most part, dropping out was either because the course did not live up to the young woman's expectations or because of a change in the young woman's circumstances. Reasons given for ceasing full-time learning included one or a mixture of: mental or physical health problems, caring for parents, pregnancy and childcare, drug and alcohol dependency, and homelessness.

The analysis of Understanding Society data demonstrated that even if a young woman has qualifications, these do not protect her from becoming EI. Young women with degrees are subject to the same risk of becoming EI as young men who have left school with no qualifications.

Training and employment

There was little evidence of young women leaving school or vocational courses and going straight into full-time work. This raises questions about the usefulness of their qualifications in local job markets.

Those in the sample who went into apprenticeships either left or were asked to leave because of pregnancy, or did not secure jobs with the employer with whom they trained. If young women had experience of paid work this was usually in low-skilled jobs, often with precarious or casual conditions, secured through agencies or relatives. Jobs included working in factories, pizza bars, cinemas, shops or football grounds.

Being EI

Understanding young women's everyday experience of being EI is important. It prompts policymakers and service designers to consider how interventions, work and study could be aligned more appropriately with young women's commitments and concerns.

Weekly and daily routines

Young women's daily routines were largely determined by their main reasons for being EI: being a mother, a carer, in poor health or in transition between education and employment. In this research, we have labelled young women 'in transition' if they were out of work and in part-time alternative provision or occasionally seeking work, but would not meet the job search requirements for claiming JSA or they were ineligible due to their age (under 18).

Young women with caring responsibilities found that those caring duties dominated their days. Mothers spent a lot of time feeding, bathing, dressing and playing with their children, as well as cooking, cleaning and shopping for essentials. Likewise, those caring for relatives took on housework as well as helping and supervising their relatives' basic needs.

Health conditions, especially mental ill-health, where symptoms tended to fluctuate, prevented young women from keeping regular routines. Like carers they often spent much of their time at home and found that their health could interfere with forming friendships and relationships. Young women with mental illness often expressed dissatisfaction with the medical care they received.

Once again, young women 'in transition' between education and work spent most of their time at home or spending time with friends engaging in low-cost activities like going to the park or to other people's houses. Occasionally, they would apply for jobs, although not with sufficient regularity to count as full-time job-seeking or to meet the conditions of Jobseeker's Allowance. Some picked up caring responsibilities or volunteered in their spare time.

Family and friends

Most of the sample named family (often mothers), cohabiting partners and partners' families as core sources of emotional and practical support, although young mothers living with their families sometimes mentioned clashes between personalities within the home or over shared space and resources.

Young mothers, carers and those with health problems often found it difficult to maintain friendships. Those young women who were estranged from their family and had few friends could become quite isolated.

Where relationships with parents broke down, or family were not living in the same country or city, several young women related how this disrupted their lives because it pushed them into unsuitable or unsafe housing. It was common for them to find that the alternative of children's or adult social care systems had not offered a stable environment. On the other hand, where there was adequate alternative accommodation available in the event of family or partner relationship breakdown, young women were better able to take advantage of employment and skills support offered by charities.

Money

The amount of money that young women had available to them was affected by a number of factors: age, access to welfare, the type of benefit or support young women received, whether they lived in their own household or with family, and whether they received support from family and friends. Sources of income included family; charity expenses or bursaries for attending educational courses; casual work; severe hardship payments from JCP; their local authority (if they were under their care); and state benefits.

In terms of welfare, not all EI young women claimed benefits, but, of those who did, claims were made for IS, Child Tax Credits (CTC), Child Benefit (CB), Universal Credit (UC), ESA and Personal Independence Payment (PIP). Under the conditions attached to their benefits, several young women were meant to seek work full-time but were unable to because of their health or caring responsibilities.

Financial wellbeing could often be dictated by whether a young woman was under or over 18 and whether or not she had children. This in turn was connected to their eligibility to benefits. Those aged under 18 with children were entitled to fewer benefits than those aged over 18 with children and raised it as an injustice. New claims or changes to benefits could bring about distress and financial upheaval. Those who faced the greatest level of financial hardship were those claiming benefits while supporting children, especially if they lived alone.

Leaving EI

Aspirations

The young women hoped to move into meaningful work in their local areas. They aimed to get jobs so that they did not have to rely on welfare support or family and friendship networks. The group facing the greatest challenges in this were young mothers. They were held back by the high cost of childcare, low wages and anxiety about leaving their children, in order to work before the children reached school age.

Recommendations

The research has led to 17 recommendations, which are summarised below and addressed to the stakeholder with existing responsibility for each policy area or for bringing others together around relevant policy.

Department for Education

- i. The Department for Education should develop a far more in-depth understanding and knowledge of the NEET population and the appropriateness of the EA and EI labels.
- ii. Data on NEETs, unemployment and economic inactivity should be collated nationally and published in an accessible way by age, socio-economic status, gender and ethnicity for 16-24 year-olds.
- iii. A Ministerial Champion, preferably from the Department for Education, should be appointed to drive forward policy around economic inactivity and bring together the agenda where it straddles different departments. An immediate initiative should be the setting up of an Independent Review to examine the different needs and requirements of the 16-24 NEET group.

- iv. The government-funded 30 hours of childcare a week for 3 and 4-year-olds (and some eligible 2-year-olds) must be available for those parents who need it most, including those on zero hours contracts, apprentices and students, and childcare providers should be properly funded to offer it.
- v. Care to Learn should be extended to 20-25 year olds and to all young parents aged 25 and under who are on apprenticeships.
- vi. Post-16 education and training providers need to offer greater levels of support to returning students, in particular young mothers.
- vii. The ongoing review of technical education and the impending roll-out of T levels in England needs to address the high incidence of 'churning' between Level 1 and Level 2 vocational courses; establish clear pathways to achieve higher level EET outcomes; and consider why too many young women are still locked into stereotypical and poorly paid vocational areas.
- viii. The DfE's new Careers Strategy should establish: early intervention programmes in schools; access to impartial, gender-aware information, advice and guidance (IAG); work experience; and the availability of mentors to tackle NEET EI rates.

Department for Work and Pensions

- ix. The DWP should enhance the support given to young people who are classified as NEET and EI due to childcare, caring responsibilities or physical and/or mental health issues.
- x. DWP should lead on developing a new offer of one-to-one personalised support/mentorship to engender external contact for young women and to promote their wider social and economic engagement.
- xi. EI young women should be involved in designing the services that are created for them.
- xii. Funding which is sustainable, rather than time-limited, with greater flexibility in the provision of ongoing support, should be available to young women.
- xiii. The DWP needs to address the financial precariousness that surrounds applying for or changing welfare claims, including Universal Credit, by reducing the time taken to process claims. Advance cash payments – grants rather than loans - should also be offered to those young women who are at risk of destitution while waiting for new claims to be paid.
- xiv. The DWP should increase the amount it pays in benefits to young women and phase out the age-related differential payment structures within IS and UC.

Education and Skills Funding Agency:

- xv. More support should be given to young women who become pregnant during apprenticeship training, in order to reduce drop-out rates and to develop flexible and accessible re-entry routes. Other changes should include increasing the apprentice national minimum wage, renewing guidance on part-time apprenticeships and promoting the potential for part-time apprenticeships.

Department of Business, Energy and Industrial Strategy:

- xvi. Far greater attention needs to be given to creating high quality and sustainable job opportunities. The Industrial Strategy should prioritise investment in jobs and skills for young women. Flexible working hours, adequate pay to justify coming off benefits, and affordable and flexible childcare would also encourage young women to leave NEET and EI status.

Charities

- xvii. Urgent policy attention and intervention, involving inputs from young people's charities and mental health charities, should be targeted at young women (and young men) who are in the NEET and EI category due to anxiety and depression.

Chapter 1: Research design and objectives

This report marks the close of a two-year long project about NEET and economically inactive (EI) women aged 16-24. Over the course of two years the research has been driven by a desire:

- to understand the reasons why so many young women are EI;
- to enable young women to tell their own stories about their experiences of being EI; and
- to find new ways of supporting EI young women into work.

Throughout this report we define people classed as being economically inactive (EI) as those who have not looked for work in the last four weeks and/or are unable to start working in the next two weeks. We omit those people in full-time education from the definition. By contrast, those who would count as economically active (EA) are employed, self-employed or unemployed (workless but seeking work). By using EI and EA in this way we are complying with the wider understanding and usage of them as terms in policymaking and research. However, we do not believe that the labels are wholly helpful or accurate in capturing the nature of the people who comprise either group.

Research design in year one

The research carried out in 2016 culminated in a report published in November that year,³ collected through the following methods:

- Researchers reviewed the existing national and international literature about young women who were NEET and EI.
- Interviews with 10 key informants from eight organisations, including relevant government departments, to ascertain what national experts understood about NEET and EI young women.
- The researchers visited five areas in England for local case studies: Norwich, Kent, Hull, Birmingham and Oldham. In each, they conducted semi-structured interviews with local stakeholders who designed and delivered employment interventions, such as Jobcentre Plus (JCP), Local Enterprise Partnerships (LEPs), education and training providers, and voluntary and community sector (VCS) organisations. The sample included thirty eight respondents. In addition, in Birmingham and Hull, individual interviews and a focus group were conducted with a total of ten young women who were NEET and EI.
- Survey data from the Labour Force Survey (LFS) was used to build up a profile of young EI men and women and NOMIS data was also used to obtain numbers of 16-24 year olds claiming benefits.

The findings of the research were reported in full and in summary, with both reports available on the Young Women's Trust website. Some of the key conclusions included:

- Despite the fact that they are not regarded as jobseekers, 29% of young women NEET and EI said they would like to work now and 86% thought they would work in the future.
- NEET young women could be divided into two groups, economically active (EA) and economically inactive (EI) that matched the conditions attached to claiming JSA or IS/ESA. This meant that they received quite different treatment from Jobcentre Plus, with EI young women having very little contact with or support from JCP staff.

- Local and national policymakers were concerned about the high numbers of young people who were 'unknown' – not 'in the system' but not in formal education, training or employment. The data bore out their concerns. Only three quarters of young women who are EI are claiming IS or ESA and only two fifths of EA young women are claiming JSA.
- Specific services for NEET and EI young women were lacking. In our case study areas we encountered only one service, in Humberside, that was designed to reach EI young people. There was also uncertainty about funding streams for projects supporting young people NEET, some of which stemmed from fears of losing EU funding like ESF.

Research design in year two

The research in 2017 used both quantitative and qualitative methods to expand upon the findings from 2016, using data from a larger national survey, in-depth interviews with young women and co-creation of the final recommendations with policymakers, service providers and young women.

Analysis of data from Understanding Society

The analysis in 2016 identified several features in the profile of young people who were NEET and EI. Commonly, EI young women said they were not working because they were looking after their family. A significant proportion of young men and young women also said that disability and ill-health prevented them from seeking work. Key informants and local case study interviewees also suggested that mental health and educational achievement were important in dictating whether or not a young person became NEET and inactive.

This year we wanted to test some of the associations between those life experiences and being economically inactive using a longitudinal dataset instead of the Labour Force Survey. We opted for Understanding Society, the UK Household Longitudinal Survey (UKHLS) which started in 2009, and provides a large sample size and captures a broad range of social and economic information at individual and household level.

Dr. Nicole Martin and Dr. Ricky Kanabar from the Understanding Society Policy Unit at University of Essex used the dataset to consider these factors and others in a discrete-time survival analysis. The analytical support was provided through a research voucher scheme for third sector organisations run by Understanding Society. They used data from 2009-2015 to calculate the hazard of those who are economically active becoming economically inactive at each age between the ages of 16 and 24. The results of the analysis are reported in Chapter 2.

Qualitative interviews

The literature review completed by project researchers in 2016 demonstrated that there is a vacuum of in-depth research with young women who are NEET and EI. To rectify this, we have placed young women's experiences at the heart of our second year of research, interviewing 57 young women between March and June 2017. Interviews were carried out with women aged 16-25 across England: in Manchester, Newcastle, Gateshead, Middlesbrough, Leicester, Walsall, Bournemouth, Derby and Loughborough. The information we gathered in this process forms the basis of main body of the report, in chapters 3-6.

For a few of the women, their present circumstances meant that they would not be defined as EI. However, all interviewees had experience of being EI that contributed to researchers' understanding of NEET EI status. The interviews were conducted face-to-face, audio-recorded and transcribed verbatim. They were structured by the use of a discussion guide, which encourages open conversation. Information about young women's history of education, employment and training and their daily lives

were collected with the help of exercises such as drawing timelines or filling in a 'clock' of their day.

Researchers arranged the interviews through contacts in local youth and employment support organisations, national and local charities and housing associations. This implies that interviewees had already received some support, such as parenting classes, basic skills education or involvement in youth projects. It follows that the research team, with a few exceptions, did not reach those young women who are NEET EI and who remain unsupported. The route by which young women were recruited for interview also suggests that they have had a positive or neutral experience with the service through which Young Women's Trust found them, since the young women remained in contact with the service and were happy to return to its physical base for the interview. As researchers, therefore, we were wary of assuming that certain elements of the services praised by young women would work for all young EI women.

In the first year of this research, the literature about NEET young people identified a number of characteristics that were associated with EI young women and we were mindful of these when recruiting young women to interview in 2017. The characteristics were: low educational attainment, being from an economically disadvantaged background and parenthood and caring responsibilities. The 2016 analysis of the Labour Force Survey also showed that EI young women were likely to live with their families rather than in their own households, that rates of EI increased as young women grew older (within the 16-24 group) and that White young women had the highest rates of economic inactivity. In the course of conducting the local case studies, researchers' attention was drawn to the high levels of mental ill-health among EI young women and interviewees confirmed the benefits they were most likely to claim – ESA and IS – as well as raising the concern that they were not claiming and 'unknown'.

This year, researchers collected background information about the young women interviewed and have cross referenced it with information disclosed during the interview to build a profile of our sample. We were unable to sample purposively, due the challenges surrounding the recruitment of NEET EI young women to take part in in-depth qualitative work and the timescale available to conduct the fieldwork. However, the characteristics identified in the first year of the project all feature among the group of young women we recruited.

▪ **Housing:** Seven lived alone - either in council rented accommodation or supported accommodation for young people. One of these was later defined as NEET EA. 10 lived alone with their children. Tenure arrangements included renting privately, or through the council or a housing association, as well as one in a women's refuge and one in supported accommodation. Four lived with their partner and child/ren. 35 lived with their family, having either stayed there or left and returned. Five of these were working part-time. One young woman lived with her boyfriend's family. None of the young women owned their own home. Only two young women who lived with their families said that the family owned their own home.

▪ **Ethnicity:** The majority of the sample (48) described themselves as variations on White British or English. One was White Irish. Three were Eastern European: from Poland or Czech Republic. Three were of British Pakistani or Pakistani origin. One was mixed race and another was Black British.

▪ **Children:** 24 interviewees were caring for their own children and/or pregnant. Two further had a child, but the child had been taken into care. Several of the women's children had disabilities or severe health issues that meant they were reluctant to leave their children in non-specialist care. 31 of the sample did not have children.

▪ **Other caring responsibilities:** 12 of the young women were currently caring for a relative and three had cared for relatives in the past. Two respondents were caring for both their own child and another relative.

▪ **Disability and health:** Of the 57 young women interviewed for this project, eight had a physical injury, impairment or disability that affected them working. These ranged in severity from lifelong illnesses and mobility issues to injuries that had prevented the young woman pursuing the career of their choice or limited the sort of work they might be able to take up. 11 had a developmental disorder like autism, ADHD, learning difficulties or dyslexia. 29 currently or previously suffered from a mental illness. These included: depression, anxiety, borderline personality disorder, split personality, OCD, emotionally unstable personality and postnatal depression. They also reported self-harming and attempting suicide. When young women were interviewed they were asked to fill in a form, with the help of the interviewer if necessary, which gathered some basic information about the women. In these forms, health problems tended to be under-reported but were brought up in the course of the interviews themselves.

▪ **Benefits:** 43 of the sample were claiming benefits, mostly associated with caring or ill-health – such as Income Support, Child Benefits, or Employment and Support Allowance. Five respondents were in receipt of UC. One interviewee was claiming JSA and actively seeking work after a year caring for her ill father. 14 respondents were not claiming any benefit at all.

▪ **Qualifications:** The majority of the sample had left education with some qualifications and had participated in post-16 education or training. 15 respondents had achieved Level 1; 22 had achieved Level 2 and 13 had achieved Level 3. One interviewee had a certificate of HE and only five had left school without qualifications, with a further one possibly achieving a Level 1 equivalent abroad.

Some of the young women went on to keep a 7 day diary for us. We collected 10 completed diaries by WhatsApp, email and text message, and we have incorporated the findings in Chapter 3: Current Living.

Co-creation event

It was important to Young Women's Trust that the conclusions and recommendations of the research were agreed in collaboration with key stakeholders. Consequently, we held an event towards the end of the project, inviting national and local policymakers, service providers, young women and other experts to give us their views on our emerging conclusions and discuss possible recommendations.

Researchers treated both the policymakers and the young women as equally important in developing recommendations that would work for all parties and reduce the numbers of young women who are NEET and EI. The event was located in central London so as to be convenient for the majority of civil servants, politicians and policy influencers based there. In addition, Young Women's Trust booked and paid for transport, childcare and accommodation for young women attending and any support workers who attended with them.

The event was designed to put young women and professionals on the same footing, so that policymakers could meet them as equals rather than problems to be solved. In total, attendees comprised 14 young women; seven support workers (who could speak about local support for young women); two local policymakers or practitioners; four research funders; seven civil servants (from DWP, DfE, Government Equalities Office and the Department for Culture, Media and Sport); and ten others involved in influencing relevant national policy. All parties present at the event worked together to explore a selection of the recommendations in Chapter 7.

Chapter 2: The hazard of young women becoming economically inactive (EI)

This section reports an analysis of data from the Understanding Society, the UK Household Longitudinal Survey, which was undertaken by the Understanding Society Policy Unit at the University of Essex. It explores whether various characteristics or life events affect the hazard of young men and young women becoming EI. After looking at several of these characteristics or events individually, researchers have used a number of the most significant factors together to create a model that explains, in this data, a young person's hazard of becoming EI. In this analysis, as in the rest of the report, being EI excludes those in full-time education who would usually count as EI.

A hazard is defined as the probability of an event occurring (in this case economic inactivity) in a given interval of time, conditional on it having not occurred prior to that point. We also refer to it as the 'risk' or 'chance' of becoming EI.

For this analysis, researchers used data from waves 1 to 6 of the survey between 2009 and 2015. The sample included 1,736 unique individuals, aged 16-25, who were unemployed, employed or in self-employment when they entered the sample. They were followed until they either became EI or left the sample for other reasons.⁴ The nature of the sample means that the findings do not apply to a young woman who goes straight from full-time education to being EI.

The data suggests that there are several things about a young woman that can predict her chance of becoming EI: whether or not she has a dependent child, has recently become a parent, has a disability or long-term health condition, or has poor mental health.

Being the parent of a new child

As a society, we often see women with young children taking more time away from paid work than men in the same situation. The data bear this out for 16-25 year olds. When comparing men who have fathered a child in the past year with men who have not, there is no statistical difference in their likelihood of becoming EI. In stark contrast, the hazard of a young woman with a new child becoming EI is 17 times higher than it is for a young woman without a new child. It is becoming less common for women in this age group to have children: the average age at first birth was 28.6 in 2015 in England and Wales. This follows an upward trend – the average age of parents has been increasing since 1975.⁵

Who young people live with

Young women and young men tend to live in different sorts of households. Young women are less likely than young men to live with their parents (81% compared to 87%). They are also more likely to live with a partner (12% compared to 8%) and with a dependent child (9% compared 2%).

The make-up of young women's households is connected to their situation in the labour market. Women who live with a partner are more likely to become EI than women who do not; likewise for women who live with a dependent child. At the same time, neither of these circumstances increases the hazard of young men becoming EI. On average, women cohabit and have children at a younger age than men. The connection between the make-up of a young woman's household and her economic status does not imply a direct causal link. Rather, it is a consequence of the decisions that are made within that household about the different sorts of work that are a priority for young women and young men who are establishing their own family unit.

Living with a parent, on the other hand, is not connected with being EI. Young women living with a parent are no more likely to become EI than young men in the same situation. According to most recent figures, the majority of both young men and young women live with at least one parent. However, between 2009 and 2015 the numbers of all 16-25 year olds living with a parent have increased from 65% to 84%. Perhaps this reflects how the recession, high housing costs and reduced financial support for young people have delayed young people leaving their family homes.

Table 1: Different scenarios and their effect on the hazard of economic inactivity.

Scenario	Effect on hazard of entering economic inactivity for women	Effect on hazard of entering economic inactivity for men
Living with a child	20%	2%
Not living with a parent	8%	1%
Living with a partner	8%	1%

Notes: figures rounded to nearest integer.

Education

The higher the level of qualification that a young person has, the less is their chance of becoming EI. Unfortunately, however, qualifications do not outweigh the effect of being a woman. Men with degrees and men with school leaving exams – GCSEs, A levels and equivalents – have the lowest hazard of becoming EI at all ages. Meanwhile, young women with degrees are subject to almost the same hazard of becoming EI as young men who have left school with no or other qualifications. Neither do school leaving exams protect young women from falling into economic inactivity. Young women who have passed those exams only have a slightly lower hazard of becoming EI than women with no or other qualifications. As young people get older, we see their hazard of becoming EI increase, but it increases at the steepest rate for young women with the fewest qualifications.

That qualifications – especially higher level ones – do not fully counteract the effect of a young woman's gender is discouraging. Some of the issues raised through the qualitative research may go some way in explaining this: for example, the way young women's qualification lack currency in their local jobs market and young women's 'churning' between Level 1 and 2 courses without progression. More gender-specific barriers that can act as a barrier to work for women regardless of education are pregnancy, childcare responsibilities and ill-health, especially mental ill-health.

Health

Young men and young women both become more at risk of economic inactivity if they have a disability or long term health condition. This risk is extremely high for women in poor health: they are 240% more likely to become EI than a young woman without a disability or long term health condition. Men in poor health are 180% more likely than other men to become EI. Once again, gender increases the hazard of becoming EI. Healthy young women have a slightly greater hazard of becoming EI than men in poor health.

Poor mental health has also been linked to economic inactivity and analysis from Understanding Society mirror findings from other sources showing that more young women than young men are likely to develop problems with their mental health.⁶ In 2014-15, 24% of young women showed signs of having a minor psychiatric disorder compared to 15% of young men.⁷ Young people demonstrating the signs of a minor psychiatric disorder are 46% more likely than those without them to become EI.

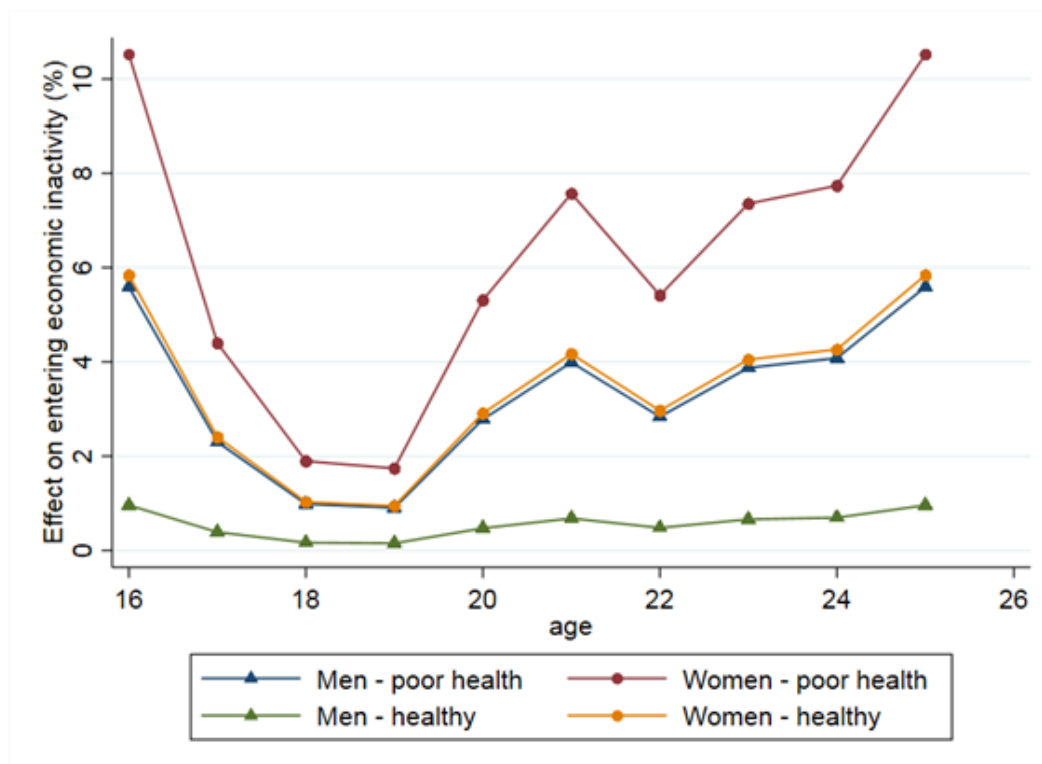
The nature of jobs

Researchers tested for associations between becoming EI and the sort of work that young people did before entering economic inactivity. Young people who were employed in higher paying jobs were less likely to become EI. However, occupational class – the way jobs and occupations are ranked in terms of responsibilities, skills, entry requirements, pay and prestige – had no effect on their employment status. Interestingly, young people who were initially employed in full-time work were more likely to become EI. Yet, this significance drops away when other circumstances are thrown into the mix. For example, if living with a dependent child is considered alongside the nature of a job, then none of the three job characteristics – pay, occupational class or hours – are significant. This underlines, once again, the impact of having children on young women’s propensity to become EI.

Figure 1: Education level and the hazard of entering economic inactivity



Figure 2: Health and the hazard of entering economic inactivity



Other factors considered

The analysis considered a number of other factors before selecting ones for the model with the significant relationships to the risk of becoming EI. It was surprising that several of these had no effect, or no significant effect, on a young person's risk of becoming EI.

Other caring responsibilities: Young women are slightly more likely than young men to provide care to an adult. In 2014-15 12% of young women and 8% of young men reported doing some caring for an adult. However, caring for anyone other than a dependent child has no significant effect on either young women's or young men's risk of becoming EI.

Parents' education: The educational achievements of a parent have little or no effect on young women's hazard of becoming EI. Young men's hazard of becoming EI is higher if their father has no qualifications, but is unaffected by their mother's qualifications.

Density of jobs in the local labour market: The number of jobs to each resident aged 16-64 in an area has no correlation with young people's risk of becoming EI. Based on the findings from interviews with young women, we might hypothesise that the nature of employment opportunities and entry requirements for jobs available in an area are more important. However, we were not able to test these hypotheses in this analysis.

The full models

Researchers tested and put together two models to paint a fuller picture of the circumstances and personal characteristics of a young person that might combine to increase their chances of becoming EI. Model 1 suggests that the characteristics used account for enough of the differences between young women and young men (based on the sample size obtained).

Model 1: Motherhood and poor health

The simplest and most predictive model uses the characteristics below to account for the differences between the likelihood of young men and young women becoming EI:

- sex
- age
- having a disability or long-term health condition
- living with a child
- having poor mental health

When allowing for the combined effects of all factors, new mothers and young women who live with a dependent child are both six times more likely to become EI. Yet, while these have no effect for young men, disability affects them rather more. In the model, having a disability or long-term health condition makes men 76% more likely to become EI, but women 57% more likely. Young people of both sexes who have poorer mental health also have a higher hazard of becoming EI.

Model 2: Leaving out household and parenthood

An alternative model to explain young women moving from work to economic inactivity includes:

- gender
- age
- having disability or long-term health conditions
- caring for another adult
- having poor mental health
- their education
- pay

Considering these factors together and even without considering the role of dependent children on a woman's life and their living situation, it was found that young women were 5 and half times more likely than young men to be EI. Being a carer for an adult had no effect; disability had some effect (but more for young men than young women) and poor mental health increased the hazard of being EI for both genders. Having a degree and earning higher wages also made a young person less likely to become EI.

Summary

This analysis and modelling revealed that:

- Put together, gender, age, disability or long-term health condition, living with a child and having poor mental health combine to predict the hazard of young women becoming EI in this sample;
- Being a parent of a new child, living with a partner, not living with parents, education level also had significant relationships with young women becoming EI when each factor was considered on its own;
- The nature of young people's jobs – low pay and working full-time – were also connected to a higher hazard of becoming EI, but were less significant than other factors; and
- Parent's education, the density of jobs in the local labour market and being a carer for another relative were not significant in this sample.

Chapter 3: Current living

The purpose of this chapter is to summarise what researchers learned about the living situations and daily lives of NEET EI young women. It is written with a view to prompting policymakers and service designers to consider how interventions, work and study could be based around young women's commitments and priorities. It covers:

- EI young women's everyday activities and concerns
- the existing personal and professional support networks young women have available to them
- how housing can affect EI young women's wellbeing and priorities

Weekly and daily routines

Young women's daily activities fall into patterns based on the reasons that they are not working and not seeking work. While a young woman often described multiple experiences or circumstances that had to be overcome if she were to leave EI status, most had one or two main reasons for not working. These could be divided into caring for children; caring for adults; having long-term health problems or disabilities; and still being 'in transition' between formal education and work. Set out below are different scenarios, which reflect the different reasons for EI status.

The mother

In the course of the interview, researchers would ask young mothers "What are you up to at the moment?" or "What do you do in a typical day?" A number of times, mothers replied, "Nothing." They would then proceed to describe days that followed a regular routine, filled with activities where they devoted their attention to their children and to looking after their home. They often talked about getting up at the same time as their child, giving him or her breakfast and getting the child dressed. Commonly, mothers said it was important for them and the child to get out of the house and they would go to the park, for a walk, to shop for necessities or to playgroups.

She wants to be on-the-go all the time, so I try and get out as much, like every day, just to the park or whatever. I take her to quite a few playgroups, like go to two playgroups a week, which she likes, which is good for the nursery as well, because she's getting used to being around other people... We'll either like go the park or go a crèche or something like that, or shopping.

(17-year-old with one daughter living with her mother and brother)

Mothers also spent a lot of time in the house, playing with their children and doing housework: cooking, cleaning and washing. In the evenings, they mostly stayed in, watching TV or films, going on their phone to browse the internet or message friends and going to bed early. One was doing an online learning course.

I get up at around, (name of child) wakes up at half 7, 8 o'clock ish. So I get up, I go downstairs, give (name of child) her breakfast. Well (name of child) tends to have like half an hour to play before she has her breakfast so she'll get breakfast at 9 o'clock. I give her her breakfast and stuff, and then after her breakfast she'll play again so I'll get like some washing done, some chores done. And then by the time I've done one or two chores it's time for (name of child) dinner. Give (name of child) her dinner and she'll have another little play. Sometimes... I'll get some coursework done if (name of child) in the mood to play and entertain herself. Sometimes my friend comes round but it's not like every single week.

(19-year-old with one daughter who also cares for her mother)

When it came to socialising, the young women in the sample sometimes spent time with friends they knew from school or college, playgroups and young mothers' groups. Those who had family nearby tended to spend time with their relatives too. Social activities usually cost little money and included things like going for a coffee, for inexpensive food from fast food or chain restaurants, or going around to a friend or relative's house for a meal.

Sometimes a relative – usually their mother – would look after the baby so that a young woman could have a break and see friends or boyfriends. A few of the young women talked about occasionally going out in the evenings to the cinema or to the pub. However, these occasions were treats and depended on having enough money. They would be foregone if the money was needed for basic necessities.

Well if my dad gets paid we'll go out for a meal, like the Wetherspoon's...or something. But that's it really. But it happens sometimes. And then I'd say once a month I go out with my friend (name of friend) and her girlfriend and we go to town for a few drinks. But it's only if I've got money really. I don't often have money. I don't really go out with [name of boyfriend] that much. We used to when I had money. When I see him now we just stay in. So I don't really do much.

(19-year-old living alone with her son)

For several, it was evident that having a child had changed their daily lives significantly. Those who had jobs or apprenticeships before becoming a mother had been able to spend money on going out with their friends but that had fallen by the wayside when they had a baby. A theme that recurred was that the young women's friendship groups had changed and they now spent more time with other mothers. This usually meant that their social activities not only needed to be cheap but child-friendly. It could also result in them becoming isolated.

Do you ever go out socially?

Not really, no. If I do I take (name of child) with me, so if it's to the park or shopping whatever, but I don't do clubbing or anything like that. And with being in a controlling relationship for the past two and a half years, I wasn't allowed to do anything anyway.

Do you have many friends?

Well it depends what you'd have to spend, don't it? Erm, I've got a few - about three that I can talk to but I think, they're my age but they act their age, where I'm kind of so ahead of them that they don't understand the problems that I'm facing, so it's difficult.

(18-year-old with daughter, living with wider family)

In contrast, one young woman from Poland did not have family living nearby and her friendships were more important. She relied on a few close friends for emotional and practical support, most notably with childcare and was basing her plans to find work around this support.

Some of the young women interviewed had children with disabilities or health problems, which meant they had regular contact with health services and more intense caring responsibilities than mothers with healthy children. This had an impact on their daily routine – for instance having to factor in giving the child medicine at certain times. However, it could also mean that they might need to change their plans suddenly in order to look after their child or take him or her to hospital.

...even though he's at school now it's like sometimes they phone me to fetch him. He has to be supervised through dinner in case he chokes. I've always got appointments every other week so it's just if I get a job who's going to want to put up with that; me having to keep leaving? Not knowing what day I can or can't do.

(24-year-old with disabled son)

If mothers were claiming benefits they had little contact with Jobcentre Plus. However, some of them talked about having regular meetings with a health visitor, a social worker, youth worker or a Connexions worker. Some mothers also attended young mothers' groups or parenting courses.

Some of the mothers were confident in the value of what they were doing as parents. For other mothers, it was only when prompted by interviewers to reflect on their responsibilities and how they felt about them, that they recognised that what they were doing was valuable and rewarding, even if it was not what they planned to do in the long-term.

I get to watch him grow. I don't miss anything...They're not small forever so I'm just enjoying my time while he is small.

(19-year-old with son, living with family)

I love it. It's hard but when they smile and do new things you're just dead proud of them. It's really good.

(20-year-old with 9-month-old and pregnant with her second child)

The Carer

For young women who were carers, their daily activities varied depending on the sort of care that they needed to provide. Young women who were the sole or main carer for a parent or had multiple caring responsibilities had little time for their own interests or friends. One young woman alternated her time between caring for her two children, one of whom was at school, and her father. Another young woman who looked after her brother, as well as her mother with Graves disease and mental illness, described a busy day where she might only see those she was looking after.

So generally - Monday I'll get up, get (name of child) ready, take him to school ... generally I make breakfast for her [my mother], she's so exhausted all the time. She's so worn out and tired because she can't afford to take the time off to have surgery she needs ...usually I'll just do the things that I can do to help her, so I feel like I'm constantly... It's like I'm on a treadmill... Then I pick (name of child) up and I cook for all of us as well and that's just generally what I do day to day... I'm trying to go out and see people more because otherwise I'm just keeping to myself too much which isn't good, it's never been helpful for me.

(18-year-old caring for her mother and brother, with her own mental health problems)

Often caring activities included preparing meals, cleaning, helping a parent wash or dress or supervising their activities and medication. Even when the caring responsibility involved more supervision than active physical support, it was also a mental burden, which in some instances had a negative impact on their own mental health. One young woman who had looked after her mother since she was 12 years old said that having responsibility for her mother restricted her own activities.

I guess it just kind of stops me from being able to do kind of what I want to do because I feel like I need to look after her.

Ok and can you give me an example as to how you look after her?

Um, make sure she eats, make sure she goes to the shower, I have to make sure she's home on time because I have to basically treat her like a child because otherwise she'll just go off doing whatever she can.

(17-year-old carer with Aspergers)

Likewise, another young woman who was taking part in a course run by an educational charity found that her caring responsibilities could be difficult to manage alongside her studies. Another who was on Universal Credit (UC) and was supposed to be job-seeking, appreciated her work coach understanding that sometimes because of her responsibilities towards her disabled mother she was unable to meet her weekly job-seeking targets. Both appreciated small gestures of support from figures of authority at their college and at the job centre.

If I've got like all the housework to do I wait til my mum's gone to bed and that's normally about 11 so I normally drop off at about 4 or 5am and then I'm back up about 6:30 in the morning to get ready for college. And then like they used to put me in the little counselling room and I used to go to sleep for an hour or so while I was here.

(19-year-old carer with ADHD and anxiety)

It was notable that in our sample, those who were caring for family relatives often had other barriers to working: some were mothers, had their own health problems or were getting qualifications through charity-run courses for NEET young people. Sometimes it appeared that because they were already unemployed or EI, the extra caring responsibilities for a parent fell to them instead of another family member, which locked them into this continued responsibility.

Poor health

Perhaps because of the range of conditions experienced by interviewees, to varying degrees of severity, it is not possible to build up a 'typical' day or week for a young woman in poor health in the same way it is for a mother or carer. Illness affected young women's lives in various ways depending on the nature of their affliction. Nonetheless, some broad themes arose from the interviews that are helpful to consider alongside designing new support for young women in this broader category.

Multiple health issues

It was striking that the majority of those with either physical disabilities or illnesses, or developmental disorders, had also experienced mental health problems. In particular for young women with physical illnesses and mobility problems, it had been the danger they posed to themselves through mental illness that had put them into contact with social services or being placed in institutional settings.

But with the age of 17, I got to the point where I couldn't cope anymore. I couldn't take all the things anymore. So I tried to take my own life. I got taken to A&E and then after that, I got put in a mental-health hospital for nine months to try work with all my problems and things that were going on... After I got discharged from the hospital, I wasn't allowed to go and live with my sister anymore, because I need to be on 24/7 watch.

(22-year-old with physical health conditions and a history of poor mental health, now living alone)

We did not set out to explore the young women's perceptions about the causes of their health problems. Therefore, we cannot say whether developmental difficulties prompted mental ill-health in the same way. Nor, given the numbers of women we interviewed, can we conclude that all young women with physical and developmental problems will have mental health problems. However, it does mean that in this section on health we are usually discussing the experiences of young women with multiple and possibly intersecting health problems – physical, developmental and mental.

Isolation and dependence

Some of the young women interviewed had serious and pervasive physical ailments which had interrupted their education and also contributed to them leading quite home-bound lives. One of these young women saw her sister every day but did not know or meet many other people since she had moved from a different city a few years ago. Another young woman described to us how her illnesses physically prevented her from doing anything energetic. Since she lived with her family she saw them regularly, but did not know or spend a lot of time with friends or other women of her own age.

Okay. If I'm here [at support group], I'll normally get up, get dressed, come here, then go home and be on the settee because I'm so shattered. But if it was like a weekend or any other day I normally get up. Unless I have a doctor's appointment I will not get dressed and I'll sit on the settee because I'm just so knackered. My feet will hurt or my joints hurt. Some days I can get up more than others. Then I'll sit and I'll watch TV, like the TV will be on. I'll be colouring sometimes, playing on my ipad. Just distraction tools really. And then I have my medicines at intervals. I don't really do that much and I am always nagged at to do more but at the same time, sometimes it's just not possible.

(18-year-old with multiple physical disabilities and illnesses)

Young women's mental ill health and certain developmental disorders like Asperger's could also restrict their ability to leave the house. A number said that they had to avoid busy places or found it hard to go out alone. This in turn made the young women reliant on a few individuals to accompany them to the shops, to appointments or to sessions at college. It also meant that their anxiety could be easily triggered by contact with support services or employers.

And with me struggling to go out and about like I would literally walk through the town centre but I walk the back way like to try and avoid, me and (name of friend) are both quite the same we have to like divert around places. Unless like I'm with my sisters or my mum and then I know that I'm quite safe or if I've got like my niece or nephew or my god daughter with me it's quite different because I'm not by myself. So I've got someone there like with me at all times if you know what I mean.

(18-year-old with anxiety and depression)

Personal relationships

Health could also affect young women's friendships and intimate relationships, adding to their worries or alienating the people on whom they relied for support. For example, one 19-year-old mother fixated on cleaning her house to such a degree that it caused arguments with her partner. She was working with health professionals to determine if her behaviour was a symptom of OCD or ADHD.

Sometimes I get a little bit stressed... I'm really bad with cleaning so (name of partner) actually stood up now to the health visitor, like it's causing a few arguments cos we do have a little bit of argument. He sometimes has to stay at his mam's for a couple of days a week. Just cos of me cleaning. It's not that he's not clean, but if he leaves a cup there for so long I cause an argument.

(19-year-old living with partner and child)

Other young women with developmental or behavioural disorders such as, dyslexia, learning difficulties, autism or Asperger's described how they were bullied at school or found it hard to make and keep friends. This meant that they had fewer friends to socialise with or turn to for support.

I have made friends but because of my autism I usually double guess things and don't think that they are my friends. That had made problems for me. Not knowing if they are my true friends, I mess friendships up. That is part of my autism.

(17-year-old with autism and trauma)

Unpredictability

Mental health conditions could be better on some days and worse on another. This meant that young women were not always able to predict how well they would keep to daily commitments, which in turn may have negative consequences, if and when they enter work or returned to education or training. This unpredictability was also connected to the efficacy of any medication they were prescribed and taking. Several young women expressed frustration about anti-depressants helping them some days, but not on others.

I can't really say because of my depression; it plays up sometimes, sometimes it doesn't. I can take the tablets and that for it but half the time they don't work, half the time they do.

(19-year-old with depression)

Some days I have good days, some days I have bad days, some days every day is grotty. I can control my emotions sometimes but sometimes it gets the better of me really. Then, sometimes I've completely gone.

(18-year-old care leaver with depression, anxiety, ADHD and autism)

Dissatisfaction with medical care

In the course of the interviews, young women with mental illnesses often expressed dissatisfaction with the medical care that they received. Perhaps this is to be expected – after all, if the young women had been successfully treated then they might be actively seeking work or in work or education already. Nonetheless, two themes arose in relation to this dissatisfaction. The first was around a feeling that professionals were not listening to them or meeting their needs. In several cases, young women took their health into their own hands, which resulted from a sense of frustration about the level of care that they had received.

I was hysterical when the first social worker came out and she was like, I think you're depressed and you need to go back to the doctors. ... So I had to go and then he increased my dosage but I was thinking I'm not even depressed. Well I was, obviously because of the whole thing [difficult experience with her social worker] but not like genuinely. So I got that upped and I thought I don't even want to take these anymore. I never even told my GP I just got myself off them.

(19-year-old with 14-month-old son who had a spell of postnatal depression)

Another young woman diagnosed with a borderline Personality Disorder who had experienced suicidal thoughts and anxiety had complained about the bureaucracy and contradictory advice that she encountered while seeking treatment. She still had no resolution to her problems. Despite seeing a counsellor, she did not feel that this intervention was tackling the underlying causes of her condition and instead she wanted to try a recommended treatment (Dialectical Behaviour Therapy).

They just send you through the basic therapy and it doesn't work, and they send you through it again. You can't get appointments with psychiatrists until you get on the right medications... I'd been through those steps and then they just discharge you as soon as they can. I went for a medication review - I was on four different kinds of medications...and got appointments with the psychiatrist. Then, the last appointment I had, they took me off three of the medications - but I put myself back on one with permission from my doctor, because I started getting suicidal thoughts and I was like: 'I'm not living with this. I need to do something.' They were just like: 'Oh, you're not depressed. You don't need the antidepressants, so we're taking you off them,' and then discharged me from the service.

(24-year-old with depression, anxiety and borderline personality disorder, living with mother and brother)

Secondly, several young women talked about how, when prescribed tablets for mental health problems or behavioural issues like ADHD, they had difficulties taking them. They perceived a stigma around taking tablets and refused to take them in front of their peers.

It makes me feel uncomfortable if any of my mates see me taking tablets. So, if I go and stay at a friend's house, I won't take my medication with me.

(18-year-old with depression, anxiety, ADHD and autism)

Other young women did not like tablets because of their previous issues with dependency or because they physically could not take tablets. However, either the doctor prescribing did not ask them how they felt about taking tablets or they did not feel confident enough to voice their discomfort with the prescription.

I went to the doctor's once and they just palmed us off with antidepressants straightaway. I hated taking stuff like that, because it reminds us of legal high, because I was basically self-medicating myself on legal high, so I don't want to rely on tablets or anything.

(20-year-old with anxiety)

In summary, young women's health problems affected their ability to have a regular routine or straightforward relationships. For those with mental health problems, this tended to be exacerbated by the perceived inadequacy of the treatment they received.

In transition

Some of the young women interviewed for this project, had left school and wanted to work, but were only searching for work intermittently or were unsure how they should go about job-seeking. Others were in the process of getting (usually Level 1 or 2) qualifications in alternative provision with training schemes and charities, but were attending for less than 16 hours a week and often claiming no benefits at all or IS, ESA or equivalent conditionality UC at the same time. Again, some of these were applying for apprenticeships or jobs but not regularly or in high volumes.

Some who were training for qualifications had managed to get casual or part-time paid work through the work placements that they had undertaken with the training organisation or charity. We counted these young women as active, although if the work was paid cash-in-hand they might also fall into the 'unknown' category. However, if interviewees were occasionally seeking work or in part-time alternative provision, but were neither seeking paid work regularly or already in paid work, we have counted them as EI. We have broadly labelled this group as being 'in transition'.

If the young women were in part-time training they tended to go to their course in the mornings. The rest of the time was often spent with friends or boyfriends just 'hanging out' and doing activities, which did not incur significant costs. These usually included going to the park, getting something to eat, going to a friend's house, window shopping or going to the cinema.

I'll go and meet my friends and then we'd just go like, just go places like, sometimes we would go cinemas or go out to have dinner, just go round like, just socialising, going round and seeing them.

(17-year-old living with mother and brothers)

Young women also spent quite a lot of time in the house watching television or Netflix. Sometimes they would help out with cleaning and other housework and spend time with their families. Occasionally, they might apply for jobs – but not regularly enough to count as full-time job-seeking or meet the conditions of JSA.

...when I first stopped working, like the first four or five weeks I was applying for ten jobs a day, I haven't applied for any in two weeks because I've completely lost motivation because I'm not hearing back from any of them, because they don't see my experience as experience, I'm losing motivation to even apply.

(17-year-old living in family home)

Some young women were also giving their labour free of charge. For instance, one young woman did some volunteering for a local branch of a national military charity in her area. Other young women had picked up the care of their sister's children or of younger siblings. This tended to be because they had to time to help out rather than because they were the main carer. Therefore, they might go to college in the morning and spend time with their friends before looking after the children. Caring was sometimes a small part of their day.

Well, my mum looks after my sister - oh, my nephew during the day while I'm here because my sister goes to uni and her boyfriend, well, partner, works away and then I come home and then I take him to the park or something... I pick my niece up from school as well and run around.

(18-year-old living with parents)

Nonetheless, for one young woman who had left school and was sporadically searching for work in childcare, caring for her sister's children had come to dominate her time. This sort of care would not be a barrier to her working as her family were encouraging her to work, so long as it was in the local area. However, it did provide a structure to her day and she described her time in terms of the responsibility she carried for caring for her sister's children.

I have a cup of tea, have a wash, have a shower, brush my teeth and everything else. Then I get dressed about 7:00 am and then I do the kids' breakfasts' at 8:00 am and then I chill with them and play with them until 9:00 am and then take them out about 10:00 am/11:00 am to the park and then come back, let them have a snack about 12:00 pm and then let them have a drink, an ice-cream and everything else. Then I take them back out about 3:00 pm and then about four o'clock they come in and have their dinner. Then about 4:30 pm/ 5:00 pm they have a bath and about 6:30 pm we're watching The Simpsons but then 6:30 pm they watch Hollyoaks and then 7:00 pm they'll go to bed...

(17-year-old living with her parents, sister and sister's children)

In a slightly different circumstance, another young woman went to college in the day and spent the rest of her time watching television or seeing her cousins. However, she needed to be on hand to look after her grandmother in the evenings. Her caring role appeared to be something that no one else was available to take on, but it was only part-time.

Okay so do you go out on a night do you have any social life at all?

Not anymore no.

Why not anymore?

I'm stuck at home because my grandma she has fits and no one's really there to, so I have to be there.

(19-year-old living with family)

Young women in this transition phase might have had their problems, or have restrictions placed around what they could do for work. Moreover, the nature of their daily activities was more flexible than that of a carer, mother or woman with poor health, suggesting that they would be limited by fewer everyday considerations when seeking support, training or work.

Personal relationships and housing

Most of the sample named family (often mothers), cohabiting partners and partners' families as core sources of emotional and practical support. This might include acting as a sounding board during the process of finding work or thinking about work. They could also be on hand to help with things like housework, lending money, assisting with the young woman to navigate the benefits system and looking after children. It could also mean, if the parents were able to afford it, that some young women were able to save their benefits money towards buying furniture or goods to support their move into their own home.

I mean if it's something major and I really don't feel like I could do it myself I tend to sometimes go to my mum. But I don't really like pile that on her cos obviously she's got her own issues. Name of child) dad's alright at supporting. Sometimes. But he's looking for work at the moment. He's ok with supporting us emotionally but helping out and stuff when it comes to money I can't really rely on him for support. If it comes to money troubles I rely on my dad quite a lot.

(20-year-old with daughter, living alone and separated from her daughter's father)

Young mothers living with their families sometimes mentioned clashes between personalities within the home or over shared space and resources, where the young woman was expected to pay her way and she resented house rules her mother laid down. Nonetheless, family tended to be named over friends as a source of support. As previously discussed, it could be difficult for young mothers, carers and those with health problems to maintain friendships. Young women who were 'in transition' were more likely to talk about seeing friends regularly. Those young women who were estranged from their family and had few friends could become quite isolated. One young woman who had missed out on a lot of her education and had been a young carer said "I just bottle it all up, just do it all myself." Another described how isolation developed into loneliness.

If you were to look to someone for support, who would you go to?

I haven't got anyone.

There's no one you would speak to if you needed help with something or to bounce ideas off or anything like that?

No, no one.

Where relationships with parents broke down, or family were not living in the same country or city, several young women related how this disrupted their lives because it pushed them into unsuitable or unsafe housing. It was common that they had found that the alternative of children's or adult social care systems had not offered a stable environment.

One young woman had experienced sustained and violent bullying in an adult home where she was referred because of her mental health and was the only female resident. Another young woman was kicked out of her home and slept rough before becoming dependent on legal highs before being finally offered accommodation in a young person's hostel at the age of 16. Another young woman who had made herself a looked-after child after a rift with her family, described how she lacked stability in care. These experiences continued to reverberate through young women's present daily lives as they lived with the effects of the disruption to their mental health and support networks.

Yes, because when I was put in care, I moved from one house to another to another to another to another. So, I moved to five houses within five weeks and I got put into a children's home. I stayed there for ten months and then I got put into this place and stayed there for a year and a month... It does impact your life, it really does, because you get put in once place and you think oh, that's it. They move you again. So, you don't really get that much time in one place to settle... To be honest, I just really want Social Services to stop moving me... Let me settle down, get myself sorted out before they move me again.

(18-year-old who spent two years in care and was moving into supported housing because of her mental health issues)

Where there was adequate alternative accommodation available in the event of family or partner relationship break down, young women were better able to take advantage of basic and vocational skills training offered by charities. A number of young women without children had left their family home but moved in with other relatives or had become a looked-after child. One young woman had ended up in a YMCA hostel, which she liked. Another described how she needed to get away from her mother to reorder her life.

I started with drugs and alcohol and then mine and my mum's relationship just started to go and then because of the drugs, I assaulted my mum last September, so obviously I moved out, removed myself from the situation, got off drugs, got off alcohol and now I'm in a better place than what I was this time last year.

(17-year-old living with her boyfriend's family)

No friends?

I don't speak to anyone anymore so I'm just by myself.

What's that like for you? Is that difficult?

It's horrible cos everything stresses me out, but I'm just lonely.

(20-year-old with one child)

A couple of the women with children had recently left abusive partners with whom they had been cohabiting. One was living in a refuge and the other was staying at her mother's home, with her mother's partner and younger children, in a 'stressful' situation. This upheaval to their living arrangements had led to different priorities for each woman. The young woman living in the refuge was most concerned about finding work before a child protection conference in a month's time, as she was worried that without a job, her daughter would be taken into care.

How long do you think you will stay in the refuge?

Until I get the job, get the paper. As quick as I do that, the quicker I leave there, get my own place.

(22-year-old with daughter, staying in a domestic violence refuge)

For the young woman whose housing situation was more secure, although overcrowded, living with her mother and her mother's new family, the priority for her was to apply for housing and to continue to lobby the council. She also mentioned trying to 'keep herself busy', in order to stave off her symptoms of depression.

I am going to apply for housing now that I have turned 18 but I've wasted a lot of time. I wish that things had been moving already.

The priority is to move out and to find something to do during the day?

Yes, definitely.

(18-year-old living with her daughter, mother, mother's partner and their children)

Professional support networks

For young women who were not able to call on family support, or preferred not to rely on it, there were a number of professionals who were sources of practical and emotional support. These included health visitors, charities with which they went to groups/training, employment support professionals, key workers, social workers and youth workers.

These regular meetings with a supportive figure who they liked and trusted often gave them a space to think about health and wellbeing, and future work or training, away from the on-going responsibilities of, for example, being a young mother. They could also give young women practical support when it came to dealing with different authorities or services. This ranged from helping them negotiate the benefits and housing systems, to advocating for them at schools or colleges, or paying for essentials for the most vulnerable young women.

It has got better - it was just that I was not doing much with my life and I had a younger one and I was struggling financially, because everything is so expensive and I just struggled. I saw my health visitor and she could see that I was getting worse and she said 'We have got to do something. We have got to get you out of the house.' That is the thing that gets me going - to get me out of the house. She rang college once and they never seemed to ring her back. And then she rang here and I came in for an interview.

(20-year-old with anxiety living with husband and son and pregnant with second child)

What have they done to help? She's just supportive, without my social worker I wouldn't have got my flat and stuff and when I were going through bad times, they took me to court and stuff and helped with finances because I couldn't do it myself, physically afford to even go to court. So they did instead, they came with me and paid for it and stuff like that, and when I've got no food they'll borrow me money.

(19-year-old care leaver with mental health problems who had her child taken into care)

This should not imply that all social workers, health visitors and so on were consistently a source of support to the young women. Some young women related criticisms of their social workers, for example, that they were hard to contact or had upset them in the past. It was the quality of the individual relationship and not the job title accompanying it that dictated its value. Likewise, if young women attended a youth group or studied part-time then they also talked about the importance of spending time with their peers, as well as getting out of the house and occupying themselves.

My midwife referred us here... It just sounded nice to have people to talk to cos I had noone to really talk to after I left my job. Cos my friends were at school and it was just me and my mum. And I'd just rather have people my age.

(18-year-old with 2-month-old baby)

In daily life, young women also came into regular contact with other professionals: doctors, mental health professionals and JCP work coaches. However, they did not describe a particularly positive or close bond with them. Sometimes young women would need support to go to health appointments or to negotiate with health professionals, as exemplified in the examples given in some of the accounts of the daily lives of young women with health problems. Likewise, young women were neutral or negative about their experiences with Jobcentre Plus, as discussed in Chapter 5.

Summary

This chapter has discussed a number of elements in young women's daily lives that impede and help them to overcome to their ability and capacity to leave economic inactivity. These include:

- the large amounts of effort and time the young women spend in the important and valuable work of caring for children or relatives;
- how ill-health disrupts young women's efforts to maintain regular daily routines but how mental health provision especially is often inadequate to support them;
- young women's reliance on family (in general) for emotional, practical and material support;
- the disruptive effect that family strife can have on young women's housing, education or work, and their emotional wellbeing and health;
- how friendships take second place to managing daily responsibilities or to family relationships, with the potential to leave young women isolated;
- the resilience and resourcefulness of many young women to support themselves and in many cases, their own children and/or members of their wider family network, in often very challenging and difficult circumstances; and
- the positive effects for young women from establishing and sustaining a sympathetic and friendly relationship with a professional who can direct them to the right practical or material support, while maintaining their trust.

Chapter 4: Experiences of education, training and work (EET)

This chapter provides an analysis of the data collected on young women's experiences of education, employment and training (EET). It covers their school experiences and post-16 education and training, as well as their exposure to the world of work within their local labour markets. The respondents were asked to reflect on the formal sources of guidance and support that they had received (if any), which ones had helped them to make decisions about their future EET options, and the influence of family and friends on their decision-making.

The findings present illuminating evidence about:

- their fractured learning experiences due to school and college exclusion;
- the effects of bullying in schools;
- coping with the challenges surrounding their diagnosis of ADHD and dyslexia;
- pregnancy and childcare;
- mental health issues (both their own and the responsibility they carried for caring for a parent with mental health issues);
- physical health problems;
- leaving care; and
- disabilities and homelessness.

It is telling that, despite the challenges experienced by many of the respondents, the overwhelming majority had acquired qualifications in school, before undertaking post-16 learning and qualifications. In contrast, their employment histories highlighted a prevalence of short-term, temporary work in sectors such as caring, retail, hairdressing and catering. This finding resonates with evidence from earlier research on the experiences of young people in insecure work.⁸ Any independent, impartial information, advice and guidance (IAG) they received tended to be restricted to a one-off interview in school, without significant post-16 support. Furthermore, access to IAG varied between geographical locations, with respondents from areas in which Connexions Services had been retained being more likely to cite positive experiences. It was also evident that the importance of family and friends in shaping young women's post-16 EET decisions should not be understated. Their inputs were highly influential, in terms of the type and location of their post-16 options.⁹ This included helping young women to find work within family businesses or in sectors where existing family members were employed.

Experiences of school/post-16 education

Young women were invited to discuss their experience of school from primary level. While no significant issues were raised about early learning experiences (apart from a small number who had moved schools several times due to domestic issues), problems had surfaced at secondary level for a significant majority. Most had experienced bullying, as either the recipient or the perpetrator. This tended to occur in Years 9, 10 and 11, leading to a dislike of the school environment and, in some cases, an unwillingness or reluctance to attend.

'Oh yes. You're either bullied or you're a bully. It's not an in between kind of thingI was bullied definitely...Yes, it was horrible. I was either skipping school because I did not want to go or I was hiding in a corner because I just hated being there.'

(17-year old with 6-month old child. GCSEs English B, Maths C. Dropped out of a post-16 digital design course after two weeks).

For some, dislike of the school environment had led to permanent exclusion from school due to non-compliance, non-attendance and disruptive behaviour. A common issue, for those who complained about the way they were taught in school, was being 'expected to sit down all the time'. In a small number of some cases this had led to temporary home schooling or being moved to a local Pupil Referral Unit, where they had completed their learning until the end of Year 11. One young woman had become disruptive in school, following the death of her mother, resulting in her permanent exclusion and removal to another school:

'It was nice. I was good at school – well, primary school and then I got to high school and I wasn't good there. I just went in with the wrong people and ended up getting kicked out when I was 15. Then I went to a different school, but I was better at that school. It was a Catholic school and I think the way that they treat you is different to a normal school, if you know what I mean.'

(Aged 20 with a two-year old son and pregnant. 5 GCSEs grade C and above, including Maths and English. Completed Level 2 Health and Social Care)

The overwhelming majority of the young women interviewed had completed Year 11, obtained GCSEs and had some experience of post-16 learning. The exceptions to this included: two young women who had returned to the UK, having completed their schooling in Spain and Portugal respectively; one young woman who had dropped out of school at 13 and never returned, due to a chaotic home life; and another who had undiagnosed mental health and learning disabilities. The sample included some Year 11 high achievers and two young women who had completed A levels and dropped out of higher education courses.

Despite the sample comprising young women under the age of 24 years, there was evidence that some respondents already regretted what they perceived as their 'under performance' in school and wished that they had worked harder and not 'messed about' at school. In some instances, they had failed to collect their examination results and certificates and were, therefore, not aware of whether they had achieved any qualifications at school.

The analysis of the data showed that, within this sample, the disruption to the young women's lives had occurred primarily during the post-16 phase, and had led to their current NEET and EI status. Reasons given for their inability to carry on in full-time learning included:

- their own mental health problems (depression and anxiety);
- caring for parents with mental health problems (depression and anxiety) and/or alcoholism;
- drug and alcohol issues;
- pregnancy and childcare responsibilities;
- physical health problems, and
- homelessness or simply dropping out of post-16 education or training.

In some cases, young women faced one or more of these issues and had experienced difficulties for a protracted period, while, for some, individual decisions had resulted in other challenges occurring in their lives. For example, a 'critical moment', such as dropping out of sixth form, had led to a radical change in direction, despite the young woman being classified as having made a 'successful' post-16 transition. The trajectories of two young women since leaving secondary education are set out below to illustrate this point.

Rachael is 19 years of age, has a one-year old son and lives alone

'I got 11 or 12 GCSEs. All A* to C.'

She left school after Year 11 and went to a local sixth form college to take 3 A Levels, but dropped out after four months.

'I kind of regret that now...I'm dead shy and none of my friends went there. And I didn't make any friends and it was horrible during the breaks and stuff. So I didn't really go. And then my attendance was crap and I was dead behind. Then I thought 'I'm just going to get an apprenticeship or something.' So, I just left. But then I got an apprenticeship in the February. It was alright. It was me and this other girl who started at the same time, both apprentices. And it was a little shop so it was a bit boring cos it was a brand new shop and we didn't have many customers. It was a Korean make-up and skin careWell, I fell pregnant in, well, June when I found out and then I stayed on until I was about to pop.'

She completed 11 months of the apprenticeship and returned to work part-time after having her baby.

Kirsty is 17 years old and lives at home with her parents

'It was alright (school). High School was tough. It had been up and down since I was in infants school.' Why was High School tough?

'Because my ADHD did not get diagnosed until about Year 8/9. Year 7 was fine and then puberty kicked in, going through that and bullying, losing friends and blah, blah, blah. It was tough but it made me who I am today. My mum tried to get me diagnosed when I was 7 but the doctors did not listen. So, it wasn't until I was misbehaving – getting detentions, getting sent home and being hyper – things like that. Just bad behaviour and people said let's get assessments I took all my GCSEs. I got my B in English. I've always loved English. My English lessons were always the ones that I would focus on the most. I got a G in maths – middle grades in the rest. I got two Bs in Health and Social Care.

'How did you end up at ** College?**

'It was a Teaching Assistants Course, so I thought that might be good to get me in. On my first day, I had a massive panic attack. I have never had one before but it was overwhelming. It was such a big place...I left that course and went to the **** campus and did Creative Digital Media. It was so bad, it was rubbish. It was not anything that I was interested in and I thought there is literally nothing else that I can do. I ended up with nothing.'

The two dominant issues that faced a significant number of young women were pregnancy and/or problems with depression and anxiety. While the challenges of teenage pregnancy and the impact this may have on young women's ability to participate in EET are well-documented in research evidence,¹⁰ less is known about the prevalence of mental health issues. While in recent months there has been an explosion of press coverage about the shortage of youth mental health service provision and the requirement for young people and their families to travel considerable distances to access in-patient care,¹¹ the scale of mental health problems encountered by young people remains largely unquantified.

Certainly, within this sample, many young women spoke about their problems with depression and anxiety, their treatment programmes (if any) and how their mental illness inhibited their ability to participate in EET. In some cases, there was evidence of long-standing issues, which had started in school, while in others their problems had been triggered following a period of post-natal depression. Issues mentioned by small numbers of respondents included: hospitalization for mental health problems; self-harming; suicide attempts; and mental health issues being linked to alcohol and drug problems.

'With my mental health, they haven't done anything for a long time and that's why it's got to like it has, because they just left me to deal with it, and then diagnosed me something in November last year. So I got left for a while, so that's what made me not be able to go to college and stuff, because I didn't have anything to help me at the time.'

(20 year old care leaver, whose own daughter has been taken into care. She gained 3 GCSEs, and was excluded from school and FE college)

In contrast, there were examples of young women who reported receiving valued professional support from Child and Adolescent Mental Health Services (CAMHS), Health Visitors, Community Psychiatric Nurses (CPNs) and Youth Workers to help them re-engage with EET.

Participation in post-16 provision was dominated by Level 1 and Level 2 vocational courses in hairdressing, health and social care and childcare, which were undertaken at local FE colleges and, to a lesser extent, with local training providers. Very few interviewees had either embarked upon or completed Level 3 vocational courses. Some young women had completed both a Level 1 and a Level 2 programme in the same vocational area, while others had taken a number of different vocational courses at the same level. Although there was evidence of exclusion from post-16 provision due to non-attendance or disruptive behaviour, this was far less prevalent than in mainstream schools. What was evident, however, was the 'churning' between different post-16 courses, often without any clear progression route, such as moving into employment in the same vocational area, being apparent. This was due to young women in the sample being unable to secure jobs, despite undertaking qualifications on the expectation that they would lead to job opportunities in related areas. Also, many young women had 'drifted' between different types of provision, without any clear understanding about how particular courses or qualifications would translate into tangible progression routes. This enabled them to stay 'in the system', but reflects the need for enhanced, impartial guidance and support services for young people, in order to improve EET progression rates.

Another issue was the drop-out from full-time post-16 provision,¹² which was mainly attributed to: a) courses or colleges not being what had been expected by respondents; and b) a change in their circumstances, such as pregnancy, homelessness or ill-health. A significant finding relating to those young women who had dropped out of full-time provision was the lack of advice and support from guidance services or educational establishments, coupled with an apparent lack of expectation that they had any entitlement to such provision. This is particularly relevant for those in the under 18s group, crucially, while they have no entitlement to mainstream welfare support, there is a statutory responsibility for post-16 providers to inform local authorities (LAs) about early leavers on a regular and timely basis, as stipulated under the Raising of the Participation Age (RPA) guidelines. This lack of awareness among young people of the role of LAs, alongside post-16 providers' lack of diligence in carrying out their statutory responsibilities, may result in young people dropping out of full-time programmes and effectively 'slipping through the net' to become of 'unknown' status. The lack of independent financial support available to many young people under the age of 18 is another factor. Financial support, such as the Education Maintenance Allowance (EMA) and financial incentives paid to young people who enter the NEET group,¹³ has proved to be an effective 'carrot' in encouraging young people to engage with EET providers and support services.

Access to employment and training

While the vast majority of the respondents had participated in some form of post-16 education, their experiences of apprenticeships and the world of work more generally were much more limited. There was little evidence of young women progressing from school into full-time work or from full-time vocational courses, such as those in, for example, health and social care or hairdressing, into full-time apprenticeship programmes or jobs in associated sectors. This raises questions about the value and currency of their post-16 vocational qualifications to secure related or equivalent level jobs in their local labour markets or training opportunities that would enable them to progress from their qualification attainment base.¹⁴ For example, the rationale for completing some vocational courses, their value for money and the credibility attached to qualifications is called into question when some young people are unable to secure related, sustained and meaningful employment opportunities. However, other factors, such as pregnancy or health issues, were also preventing some young women from moving from full-time learning into work or further training.

Apprenticeships

Any apprenticeship training experienced by the respondents tended to be restricted to the retail and care sectors, call centres and reception work. The small number who had completed apprenticeships failed to secure employment with the employer with whom they trained, while some dropped out or were asked to leave during the course of their pregnancy. This highlights that, in order to encourage completion, there is a need for a greater degree of support to be offered to young women who become pregnant during apprenticeship training. Also, reports of some young women being subject to undue pressure to drop out because of their pregnancy raises legal issues and warrants further investigation. There was no apparent relationship between the types of apprenticeship training undertaken and prior vocational learning or academic attainment levels. Moreover, there was evidence of young women accepting relatively low-level apprenticeship training, despite leaving Year 11 with high GCSE scores.

'I was at *****, the milkshake bar. So, I was on my feet constantly. So when I was 20 weeks pregnant, I think it was just before 20 weeks pregnant, so I was trying my hardest to work, and they were just like 'No, we can't keep you on.'....It was awful because like...my manager was the first person to find out I was pregnant. She was really supportive at first and was like, we'll do everything to support you. And then it was fine for the first two or three weeks and then they just did not care anymore.'

(Aged 19 and lives alone with 8-month-old daughter. She has 11 GCSEs, completed a full-time Veterinary Assistant course and dropped out of a full-time childcare course).

Interview participants had mixed views about the quality of the training that they had received, which mainly comprised on-the-job training accompanied by visits by representatives from training organisations to check their progress. One young woman who had dropped out of sixth form had secured a Level 3 Business Administration apprenticeship in a local medical practice, where she was trained in reception work. She remained at the placement for sixth months until she was eight months pregnant.

'Yeh, it was nice. I really liked it, the people were dead nice. The only thing was the patients, because it was the doctors, weren't very nice to you. With us being pregnant it got a bit stressful and stuff at times. They were just very demanding. I kind of left because it was getting too much for us to be honest.'

(Aged 18 with eight-week old baby and lives with a parent. She obtained GCSEs before dropping out of sixth form).

While pregnancy was a factor in curtailing progression from apprenticeship training among some young women, there was also evidence that they felt that, even if they had completed their training, they would not have been offered employment with their placement employer, and would simply have been replaced by a new trainee. Indeed, one interviewee, who had successfully completed a Level 2 apprenticeship in retail, spoke enthusiastically about her training and her enjoyment of interacting with customers and assuming responsibility within her role. She failed to secure permanent employment with the national retailer at the end of her training period and was seeking retail work within her local area.

Employment

As indicated earlier, experience of paid work was far less prevalent than participation in full-time post-16 learning. It was also confined to short-term, low-skilled jobs, often with precarious working conditions in sales, caring and catering. Examples of sustained periods spent in paid, permanent, full-time employment were notably absent. Instead, respondents gave examples of sporadic employment patterns, which, as well as unskilled work in factories, included working in pizza bars, cinemas, shops and football grounds, on a part-time, casual and sometimes seasonal basis, alongside completing or following periods spent in full-time post-16 learning. Some of this work was secured via agencies or working for a relative on temporary or variable hours contracts. There was no evidence that the young women had built upon their academic and vocational qualifications to secure related, equivalent or higher level employment opportunities. In some cases, they reported juggling a number of part-time jobs to earn sufficient income.

'It was box office at my uncle's events doing nightclub work and then the other one was babysitting for my auntie, which I do quite often but I kind of class that as self-employment because she just pays me. Then I have AFC (name of football club) I just want to get a better job. I want to still stay at AFC (name of football club) but I also want a part-time job that's more hours and kind of like a permanent thing but it's really hard to find and if you do not want to do bar work or waitressing, which I kind of want to get out of.'

(Aged 18 and lives with her parents. She is a carer for her mother, who has bipolar disorder. She completed a BTEC National Diploma in Performing Arts)

'I look for jobs, but I've been looking for jobs since I was 16 years old. I've had two jobs in the past seven years...I worked at Country Style Food, which is a factory for food that goes to Morrisons and Greggs and that; and I worked at Matalan. I was there (part-time) for three years I couldn't hack it. Well, I could but I can't stand heat and they had no air con. Working there in all black on a day like this; you're sweating.'

(Aged 22 and has a son (11 months), who was taken into care. She completed GCSEs and one year of a hairdressing course. She was excluded from school and FE).

Among young women who were looking for work, the frustration of not being able to secure a 'decent' job within their local area, and being reliant on welfare and/or family support was evident. In some cases, respondents blamed themselves for their inability to find employment, which they attributed to their health problems or failure to complete post-16 education provision. These findings are not peculiar to young women or to young people. They resonate with wider research evidence on the impact of unemployment and economic disengagement on self-worth. ¹⁵

'It's horrible, it's horrible not being able to work, it's horrible not having the chance and no one giving you the chance anymore, because of your past and stuff like that straight up. You try to go in college, you stop because of my past, try to go into work, I can't because of my head and the fact of my past has stopped me. It's just draining, watching all these people to be able to go out and get all this money, and then you're sat here having to be on benefits, because you can't. It's physically draining.'

(Aged 19 care leaver with her own child taken into care. Excluded from school and FE. Mental health problems).

Short-term courses

The majority of respondents who were recruited to take part in the research were participating in programmes or interventions targeted at NEET and EI young women, which were run by local and national charities. These included short courses for young mothers and/or post-16 education and training programmes targeted at tackling some of their barriers to EET, such as:

- maths, literacy and functional skills provision;
- intensive support to address self-confidence and anxiety issues;
- vocational taster programmes; and
- employability skills training, including access to work experience and volunteering opportunities.

Participation on short course provision was voluntary, with young women continuing to receive their welfare support. Bus fares, access to free childcare provision and, in some instances, bonus payments for exemplary performance or conduct were the only additional financial returns.

Young women found their way onto programmes via referrals from health visitors, CPNs and social workers, or as a result of their friends attending the same course or programme. One organisation had sent a member of staff to a local Job Centre, in order to identify young people who may benefit from their provision. Respondents overwhelmingly acknowledged the benefits they had derived from their participation, notably their sense of connection with a support worker or an organisation which was 'flexible', 'responsive' and 'better able to understand their needs'. The informal, small-group environment was a huge draw to many young women, especially those who had struggled with formal learning situations in the past.

'My teenage pregnancy woman, she brought me here because obviously if you come here, you get Care to Learn. You get a taxi, and you get your baby put in the nursery and then you come here. At the time, I didn't want to go to ***** College, because everyone who was at school would be there, so I was very ... I wasn't very sociable after I had the baby, so this is why I came here.'

(Aged 18 and lives alone with 2-year old child. Obtained GCSEs.)

'Getting out of the house' and 'having somewhere to go and someone to talk to' were cited as key benefits, with some programmes being successful in engaging with young women who had not left their family home for a number of months or even years.

'I have had quite a lot of help here. I am dependent on this place and that is not what I want. I am more confident now. I used to be scared to walk through the door. I wish that it was longer than 6 months that you could stay here. Six months is not enough. This place really did change my life. I've never had friends before and now I have friends. It's weird – it is like a family.'

(Aged 17 and lives with mum and sister. Home schooled since Year 9. She has autism).

In addition, respondents had acquired further qualifications and skills and some had participated in work experience and volunteering activities. Two respondents had found full-time jobs through their work experience placements, one in a hotel and one in a pub, which was managed by a family member. There were also examples of young women who experienced anxiety, depression or ADHD expressing positive feedback about undertaking volunteering activities as a mechanism to develop their self-confidence and motivation. This included participating in the Manchester Youth Panel and the National Citizenship Service (NCS). Among the participants who benefited from either work experience or volunteering as part of their programmes, most did not have dependent children and were largely supported within their family homes. One exception was a young woman who did volunteering work to help her cope with the demands of looking after her physically disabled son.

'I think with what's happened to my son when I sit in the house I just get depressed really when I sit by myself, so if I volunteer it gets me out the house and I meet people and then I talk to them so I don't get depressed and sad.'

(Aged 24 and lives alone with her 5-year old son. Left school without GCSEs and completed Level 3 in hairdressing).

The short-term nature of the programmes resulted in many respondents being apprehensive and uncertain about their next steps. Among young mothers, the end of their programmes resulted in their childcare and nursery provision being terminated, due to its funding being linked to the length of the programme or provision on offer. Their inability to self-fund nursery costs beyond the length of the programme meant that their children's care was also disrupted, bringing with it added anxiety.

Sources of support and advice

Young women in the sample were asked about their experiences of receiving careers advice and guidance in school and beyond, the influence of the family and friends on their decision-making and how they went about finding education, employment or training (EET) opportunities. Most respondents could recall receiving some careers advice at school, which typically consisted of a short interview from a careers officer visiting their school. There was little evidence that independent, advice and guidance (IAG) had played a significant role in influencing their post-16 decision-making.

'I had one meeting with someone from Connexions about what to do next. They told me I should go for an apprenticeship – but there wasn't really any apprenticeships to do with art and I didn't really want to do an apprenticeship that year – it just wasn't me. So, I thought college would be the best option, because it's more like high school but it's a bit different.... Well, two of my friends had done (name of provider). They were saying 'Oh, it's brilliant. You should go and you should do it. I think you'll really enjoy it.' So before I left college, I'd done an interview with them and applied there before I left college.'

(Aged 17, lives at home and has a 6 month-old son. She obtained GCSEs and dropped out of an FE course).

It was also evident from the data that the amount of independent IAG received appeared to vary between different areas and, where local authorities had retained their Connexions service, there was some degree of awareness about the advice and support available. For example, Connexions workers had referred young women on to local short course provision and were supportive in helping them to define their next steps. However, in most localities, there was a noticeable absence of IAG given to those who had dropped out of post-16 options, which may have provided them with support and made them aware of other opportunities.

'No, no, I just searched for job websites, like for people my age that have just left school, and obviously I'd put on my CV that I've just left school, so they could see my CV and stuff and I've just found Indeed, because I think Indeed's the best place to apply for jobs.'

(Aged 17 with a 7-month old child and lives at home. She obtained GCSEs and completed one year of an apprenticeship in hairdressing).

The major influence on young women's decision-making was the advice received from their family and/or friends, which reinforces existing recent evidence.¹⁶ Thus, their decisions in relation to the type of occupation they should seek, whether to remain in full-time learning and where and how to find work, were guided by informal sources. Several respondents mentioned that they had chosen a particular course because their friends had recommended it or were attending the same provision.

'I think it was because it was local and friends were going there. I didn't want to be on my own, especially because before I started, I knew that I was pregnant, so I didn't want to be on my own and things like because I know that people would have something to say about me, being a young mum and everything like that. I wanted support from friends, so I chose the one that they were going to.'

(Aged 18 and lives alone with 14-month old child. She obtained GCSEs and left a Health and Social Care course due to pregnancy).

In some cases, caring for parents with mental and physical disabilities or experiencing their own mental health and social problems had led respondents to choose careers which would involve helping and supporting others.

In terms of accessing the labour market, the use of various websites, social media and mobile 'phone apps, and handing out CVs to local shops and businesses, were mentioned as methods of job searching. Also, several young women had secured employment, whether as apprentices or in part-time and full-time work, in a sector or with an employer where a family member was employed. Family members also helped with CV development and job applications. In contrast, the use of job centres was largely mentioned with regard to benefit claims and queries, as opposed to help with job-seeking. Among the very small number of respondents who had been in receipt of JSA, one young woman reported negative experiences relating to her regular visits to the job centre.

'I prefer not to go (to the Job Centre). It's just stressful. You get there on time, because you have to be there on time, and then they won't see you for another half hour. I sit there, talking to the other staff members, but if you're two minutes late, you get into trouble for it. It's just like, what's the point? You're doing all your job search and that and they still put their nose up.'

(Aged 19 and lives at home. No qualifications and was a young carer to her mother with schizophrenia. Diagnosed with depression)

Another young woman, who was under the age of 18 and unable to access welfare support in her own right, had come under some pressure from her family to contact the local job centre in order to find work, but had found the process of phoning the job centre daunting.

'My mum and my nan did say, 'Just ring and just get' - because they was like, 'Just go to the Job Centre! I was like 'No, I'm not going to sign on'. They was like, 'No, you don't just go for that; they help you down there'. So, I do need to do that but I rang and I didn't understand on the 'phone because you have to go through the process on the 'phone. I really didn't understand so I put the 'phone down.'

(Aged 16 and lives with grandparents. Did not pick up GCSE results from school. Dropped out of post-16 maths and English provision).

Among young women who were receiving professional support from, for example, social workers, health visitors, CPNs, and teenage pregnancy coordinators, many reported having a positive and sustained relationship with one key worker, who helped them to navigate the system, in terms of applying for benefits, securing accommodation and/or accessing EET.

Summary

This chapter has exposed a number of barriers to participation in EET among young women who are NEET and EI. These include:

- Childcare responsibilities, a reluctance to leave pre-school child(ren) and the high costs of childcare, which often makes undertaking EET opportunities uneconomic;
- Caring responsibilities, in particular, caring for parents with mental health problems;
- Mental and physical health problems, including fears among young people with mental health issues about the 'trauma of change' to their welfare payments and health stability, if they return to EET
- A desire among young mothers to return to work or learning when their child(ren) reach school age, although the pathways to access a return were unclear;
- The absence of clear progression routes between different types of education and training provision and their qualification outcomes;
- A mismatch between the types and levels of qualifications attained by young women in the sample and their ability to secure jobs at equivalent levels in related vocational areas in their localities;
- The lack of high quality, sustainable local employment opportunities;
- Limited access to impartial IAG in schools and, in particular, following participation in post-16 provision and a sense that many young people are 'left to fend for themselves';
- The availability and quality of guidance and support varying considerably between different geographical areas, so that where you live can be a determining factor in your ability to access IAG;
- An over-reliance on informal sources, such as family and friends and other non-specialist key workers, for EET guidance and support; and
- The limited and diminishing range of external support services that are available and equipped to identify and meet the needs of young people.

Chapter 5: Money

Young women were asked about their access to financial support, the frequency and amount of money they received and their budgeting. The sample can be segmented according to whether the young women were:

- in receipt of independent welfare support or totally reliant on their parent(s) or partner;
- which types of welfare support they received and why;
- the frequency of welfare payments; and, crucially,
- whether or not they had their own children to support.

There was evidence of severe financial hardship, particularly among young mothers and those who were living alone. This was especially likely to occur following a change in circumstances, such as changing a welfare claim held jointly with an ex-partner, which had a huge impact on their finances until reassessments were in place. As well as practical and emotional support, all young women had a high dependence on financial support from family members, when this was available, although this could bring its own problems, in terms of feelings of continued reliance and lack of independence. Wherever possible, young women avoided getting into debt. However, there were examples when this had occurred, for example, due to moving home, accumulated rent arrears or borrowing to furnish a new house or flat. Among young mothers, spending priorities centred first and foremost on meeting their children's needs, with the odd treat or new item of clothing for themselves.

Sources of income

There were discernible differences in the types and level of support received by young women, depending on whether they were under or over the age of 18 and whether they had dependent children.

Those in the sample who were under 18, had no children and were living at home (13 in total) were entirely dependent on their parent(s) for financial support. They were unable to claim any form of welfare support until they reached the age of 18. The majority of young women in this group had working parents who gave them weekly handouts or pocket money to cover going out to meet friends and the cost of mobile 'phone bills etc. One young woman, who had completed an apprenticeship in retail, was desperately trying to find another job, as she had valued the financial independence she had enjoyed during her training period, as well as the opportunity 'to get out of the house'.

'It started at £3.30 per hour, but just before I left it went up to £5 an hour..... Yes, when I wanted to do something I could do it without having to rely on my mum and dad any more and I liked that freedom, because if my dad said no to giving me the money, I couldn't go.'

(Aged 17 and lives with parents and sibling)

Some young women who were attending NEET EI provision on a full-time or part-time basis were provided with travel costs and, in some cases, small bursary payments for regular attendance. Income was also derived from casual work, such as babysitting or working for a relative.

'I get £20 (from mum) on the weekend every Friday and then, say Tuesday and that, if I want to go out, then I get money, a couple of pounds just to go out with.'

(Aged 16 and lives with mum and siblings. Suffers from depression. Mum has own business)

'She (my sister) used to be like, 'Oh right Wednesday will you be able to help me' or, 'Tomorrow do you want to help me' or, 'Later do you want to do some paperwork?' I don't know, she'll just ask me when the time is right £6 per hour... She wouldn't pay me at the work's wage because her office is hers, so she'll give me £15 for two hours or something.'

(Aged 16 and lives with grandparents)

One young woman had claimed Severe Hardship Payments (£115 per fortnight) because she was estranged from her parents. She was pregnant at the time of interview, had moved in with her boyfriend's parents, and subsequently switched her welfare claim to Income Support (IS). Two young women were under the care of the Local Authority (LA) and received support and living costs until they reached the age of 18. One respondent was at the point of transitioning into independent living.

'Because I signed the Section 20 agreement,¹⁷ I get money from the Social, which is £58 per week. From that I pay my rent, which is not bad at the YM(CA) – with rooms, it is £9 and for a flat it is £11. It is not that much. If you get housing benefit, it covers it as it is £200 per week. But because I am not at the age where I can get housing benefit, the social pay for it.'

(Aged 17 and lives at YMCA. Suffers from anxiety and depression)

'The Support Worker and Social Worker give me money. I get £57.90 per week for food and travel and they pay my rent, water, gas and electricity and for the actual flat. But now that I am turning 18 (this weekend), it is time to get a job and pay my own bills.'

(Aged 17, left foster care and moved into her own flat. Suffers from depression and made a suicide attempt)

The under 18s group with children (n=4) were in receipt of Income Support, at a lower rate, Child Tax Credits and Child Benefit. They were all living with a parent. In addition to living at home and being supported by a parent, one respondent received £50 per week from her partner. The issue of young women under the age of 18 with children being paid a lower rate of IS than the post-18 group was raised and queried as unfair.

'They said that it was because of my age and because of the benefits that I claim. When I turn 18 – because I get less than what everyone else gets, Because I'm under 18. So, when I turn 18, I get £150 a fortnight instead of £115, which I don't get at all. I'm in the same boat as everyone else, it's just my age.'

(Aged 17 with six-month old son. Lives with mum and siblings)

One 17-year-old single mother was trying to manage on Child Benefit payments (£80 per fortnight), as well as being supported by her mother. She had recently split up with her partner, left their shared accommodation and, consequently, their joint claim for welfare support was being reassessed.

'I've been waiting. All I get is my Child Benefit, which is £80 per fortnight. Me and (name of partner) had a joint claim. He was claiming Working Tax and I was claiming Child Tax. But when he stopped me seeing her (their daughter) for a week, he started a fresh claim. I have been waiting for two months for my money to come through. I have been relying on my mum and stuff. It is not easy.'

(Aged 17 with eighteen-month-old child. Lives with mum and siblings. Diagnosed with depression)

The over 18s group without children (n=20) were claiming a variety of benefits, depending on their circumstances. These included: Universal Credit (UC); Jobseeker's Allowance (JSA), although this respondent considered herself to be EI; Personal Independence Payment (PIP); Employment and Support Allowance (ESA) for young people primarily with mental and physical health problems; and Income Support (IS). Six young women over the age 18 stated that they were not in receipt of welfare support. This group included a young woman who cared for a parent with alcoholism, three who continued to live at home and rely solely on their parent(s) for financial support, and two who supported themselves on an ad hoc basis through casual work, including babysitting, shifts at a local pub and working at a local football ground on a seasonal basis.

There was a prevalence of personal mental health problems and caring responsibilities for parents among this group. Those in receipt of ESA and PIP due to long-term mental health problems, as well as being continually supported within their family home, were the most financially stable group. Two respondents in receipt of UC balanced caring for parents alongside trying to find work. For young people living independently, financial management was particularly hard when changes to their benefit receipt were experienced.

'When it comes to money, at the moment I'm really struggling, because so many things to pay for, so many bills that have been delayed because of how they stopped my DLA (Disability Living Allowance). So, to manage things right, at the moment it's very, very difficult. So, I'm really struggling at the moment with all that ... Well, my sister helps me, but at the same time, she's got her house as well.
(Aged 22 and lives alone. Physical and mental disabilities)

The over 18s group with children (n=20) and living at their parental home (n= 5) typically received a combination of IS, Child Tax Credit (CTC) and Child Benefit (CB), while those living independently or with a partner who was not working, were also in receipt of Housing Benefit (HB). Eight young women spoke of being supported by a partner or ex-boyfriend, in addition to receiving welfare support. In some cases, this additional support was sporadic, while others expressed certainty about receiving ongoing support. One young woman was supporting herself and her child on Child Benefit payments and a regular monthly income received from her ex-partner (£500 per month). Young mothers living with a partner who was in full-time work (n=2) were claiming Housing Benefit (HB), Working Tax Credit (WTC), Child Tax Credit (CTC), and Child Benefit (CB), which reflects the fact that their levels of income were generally low.

One young mother was in receipt of Carer's Allowance because of the additional responsibility of caring for a young child with a disability. A single parent was living in a women's refuge. Her entitlement to welfare support was subject to review, due to her Polish citizenship and, until her application for welfare was assessed, she was working cash-in-hand as a cleaner, to supplement her Child Benefit entitlement (£80 per fortnight).

Experiences of claiming welfare support

The process of applying for, receiving and changing welfare support was discussed. Services and professional support were available and active in some localities, while, in others, possibly due to local funding priorities and budget cuts, they were far less prevalent. It was notable that, in some geographical locations, Citizens Advice and Teenage Pregnancy Support Workers were mentioned in relation to supporting benefit applications. This included advising young women about their entitlements and helping them to complete applications for support. Family support was again very much in evidence, in terms of helping young women to navigate their way through application processes. The perceived complexity of form-filling and the period of waiting for claims to be processed caused particular problems and financial hardship in many instances, specifically among young women who were living alone or supporting children.

'I think I did it myself originally, and then I got rejected. So then we were like 'Oh, right. What do we do?' So then we went to Citizens Advice and from then on we always go to them; because they know what they're filling out; whereas, how ESA (assessors) mark depression and anxiety, and stuff like that, just isn't reliable. It's basically: do you leave the house on your own? Yes or No. Right, you're not depressed then. I remember I was crying really bad at the time: I was crying, I was self-harming, and it was really upsetting, this medical assessment I couldn't talk at first- my mum was talking for me. They were like 'No, she has to speak for herself'. Then they marked me down for myself; even though I spent the entire time worked up, crying, not knowing what to do. They said that I was fit for work. Then as soon as we went to Citizens Advice and did an appeal, they were like: 'Oh, full support group.' It's a very stupid system.'

(Aged 24 and lives with mum and sibling. Claiming ESA)

Also, the process of being re-assessed to qualify for PIP to replace Disability Living Allowance (DLA) payments was singled out as a particular difficulty among young women coping with mental or physical health problems. In addition, there were some harrowing reports about the treatment a small number of young women had received at Jobcentres, in relation to their benefit claims.

'I had a really hard time, actually getting benefits; because when I was 29 weeks (pregnant), I went to the Jobcentre and they were like: Oh, you need to see under 18s advisors.' ...He (under 18s advisor) was like: 'You're not entitled to any money. You can't have any money because your mam claims child benefit and tax credits and tax credits for you 'you're not allowed to claim. If you claim they'll just knock you back. 'I was like: Just give me the form and send it off for me. I don't care what you say So he finally did and I got money. I was like: I could have been claiming for all those months. I could have had money for my son and you were the one who basically was stopping us from getting money.'

(Aged 17 with six-month old son. Lives with mum and siblings. Claiming IS, CTC and CB)

Among the small number of women who had been or were in contact with the Jobcentre and were actively seeking work, they commented that their relationship with Jobcentre staff was variable and depended very much on the personality of different advisers, with regard to the way they were treated.

'To be honest, I liked my other one (work coach) before: she was full on, she'd check everything. Don't get me wrong, this one's lovely as well but she is new so you can't blame her, yes Well, if it's a new one then it's a bit tricky because then they don't know what is really going on. You have to keep asking them if there's anything coming up or anything...'

(Aged 24 and lives with parents and siblings. Claiming UC)

The evidence showed that once benefits claims were 'up and running', the receipt of payments was relatively stable. Given that the overwhelming majority of the sample who were welfare claimants were classified as 'economically inactive', their contact with Jobcentre staff was limited. For example, young women who were in receipt of IS, usually because they were caring for their child(ren) were subject to six monthly reviews, in order to determine if their individual circumstances had changed. There was no evidence to suggest that these reviews were felt to be daunting or threatening. In contrast, turbulence within households and living arrangements, emotional distress and financial hardship were experienced in cases where:

- benefit applications had been turned down or delayed;
- appeals had to be made;
- sanctioning had occurred (JSA or UC claimants); and
- individual circumstances had changed and welfare entitlement was subject to reassessment.

One young mother described how, despite living in the UK since she was six months old, she failed a habitual residency test, following an application for welfare support due to her pregnancy. It resulted in a court case, which she won, but which resulted in a twelve-month delay in receipt of benefits. She reported that her benefit payments were subsequently backdated to cover a three-month period. During the appeal process, she and her baby were supported by her mother, who had UK residency. In another case, a young woman recalled being sanctioned during her pregnancy, while in receipt of JSA:

This man (at the Jobcentre) was shouting in my face and then I never went back after that. That was when I was probably about four months pregnant. So they've sanctioned me since, since I've been about six months until ... Well I'm still sanctioned now, partly, but I'm having a lot more than I did before. That's giving me £99.40 a month to live off (It was) Because I had a 'phone call off someone (at the Jobcentre) asking me to go for an interview for a job and I thought as I was pregnant, because obviously with care, it was lifting ... and he started to have a go at me and I was like, 'It was not my fault' I haven't had to go in since. I've had to bring in my son's birth certificate, so about 3 months ago I think.'

(Aged 20, four-month old baby and lives with parents. Claiming UC)

The most common cause of anxiety and distress among young mothers in receipt of welfare support was the delay and disruption which occurred when claims needed to be reassessed and/or a new claim needed to be made. Typically, this had happened when they left their parents' home to live alone or when they had left a partner and lived alone. For example, one young woman described the financial hardship she and her baby faced following her partner's imprisonment. Again, she relied on her parents until her single claim for welfare support was sorted out.

'So, I was on a joint claim and I didn't know this was going to happen but he went to jail so all my benefits stopped but they just say that it's my fault that he's done that. Then you've got to wait ... I was skint for weeks and I had a four-month-old baby, but we got things, like food parcels and stuff ... Yes, they stop your Housing Benefit, they stop everything and even I didn't know. I just went home when it happened ... so being on a single claim is much better and he had loads of debts as well.'

(Aged 21 and lives alone with 3-year old son. Claims IS, HB, CB and CTC)

My mam and dad helped me loads, and then my mam was claiming for me and the baby up until last year. Obviously, she helped me with everything, she got me everything. Then, when I started claiming, then I started getting him stuff, and stuff like that, but it is hard because obviously I've moved out now. I'm paying for all the bills and everything, so I'm skint at the minute.'

(Aged 18 and lives alone with 2-year-old son. Claims IS, HB, CB and CTC)

'Just benefits really, But my Child Tax has just been taken off us because I've had to go from a joint claim, so I'm missing £60 odd quid a week until they sort it out. So, I've literally got nothing to last us until two weeks when I get paid again.'

(Aged 19 and lives alone with one-year-old son. Claims IS, CTC, CB and HB)

The payment schedules for receipt of different types of welfare support impacted significantly on money management and budgeting patterns. For example, a number of single mothers in receipt of IS, HB, CB and CTC talked about 'good' weeks, which was linked to the fortnightly payments of some benefits, most notably IS. Having more money one week over the next necessitates careful budgeting within the household over a two-week period.

'Like on a Thursday – on my good week, my Income Support week, I get my income Support and I get Child tax which is £115 and the £63-odd and then on a Saturday I'll get my Child Benefit Yes, every fortnight I give my mum £50. If she's struggling, I'll give her a bit more, then the next fortnight, I'll give a bit less one fortnight. I make sure my son's got baby jars in...'

(Aged 17 and lives at home with her 7-month old son. Claims IS, CB and CTC)

Among the five young women in the sample who were in receipt of UC, the monthly payment schedule was mentioned in a positive way by only one recipient. She lived at home with her parents and looked after her physically disabled mother. This respondent had 3 A levels, had dropped out of higher education and suffered with mental health problems.

'It's actually better for me (UC) because I can work out throughout the month what gets paid and when and it's just like 'right, I'll leave the money in', or, if I don't need to, then I'll know what I'm pulling out and what I'm not. It seems easier to plan my month than to plan two weeks.'

(Aged 24 and lives at home with her parents. Claims UC)

Spending priorities and patterns

Unsurprisingly, spending patterns and priorities were dictated by young women's sources of income, whether they lived alone and if they had dependent children. For example, among the under 18s group who lived at home and continued to rely on their parent(s) for financial support, their financial commitments were modest because they were not liable for paying rent and household bills and continued to receive often sporadic amounts of money from their parent(s) to cover the costs of going out to meet their friends, buying clothes etc. However, what remained untested in the research was the extent to which households who continued to financially support young people under the age of 18, within the context of existing household budgets, were facing their own difficulties because of the financial and practical support they offered. The withdrawal of Child Benefit because their son or daughter was not participating in full-time education and training may cause acute problems in many households, including added financial pressure and practical issues relating to young people being at home and not engaged with external sources of help and support.

'My mum gives me money ... I'll just ask ... I just (spend it) on bus fare and then I have to save it up I babysit loads for my niece and nephew but I don't get paid.'

(Aged 17 and lives at home with mum)

In terms of young women in receipt of welfare support, those with children to support and, especially, those living alone, faced the greatest level of financial hardship. Stringent budgeting was a key feature of their daily lives. They reported constant juggling, in order to keep their 'heads above water' financially. First and foremost, their priority was to meet their child(ren)'s needs and to pay the bills. Having a night out or buying clothes for themselves were perceived as luxuries that they could ill afford and were considered by some to be an extravagance.

'I get £820 per month but £320 of that is for my rent. That's my Housing Benefit, cos all that's paid in one and I have to take £320 out ... And then I have to pay an extra £45 on top of that for housing. And I have to pay my gas and electricity, kind of depends how much I pay for that, just because of the weather and stuff obviously. But I normally put £30 on each and then I like to top it up during the month. But then I need to buy my daughter's stuff and milk is £9 a tub and obviously she's on formula with her being only 8 months old. Then I have to buy her nappies, so that's like £20 on nappies and £50 on milk. She's on food so, jarred food and I think it's £25 or £30 to buy jarred food. And that's her stuff. And then I've got like my internet bill to pay and my TV licence. My internet is £25, my TV licence £12 ... And then I have to keep an emergency money to get my daughter to hospital, to doctor's appointments and God knows what else. And then I've got food shopping ... Sometimes I might have to spend a bit less on food shopping or sometimes I try and keep £20, £25 per month for me to go out with my friends and do something. Sometimes I have to go without that and not really have that.'

(Aged 19 lives alone with 8-month old daughter and claims UC.)

Almost all young women in the sample who had children, whether or not they continued to live at home or alone, relied heavily on their extended family and, in some cases, a partner for financial support, help with shopping, buying clothes, assistance with paying bills and so on. Some young women spoke about the difficulties they had encountered when they left home and now lived alone with their child(ren), in terms of taking responsibility for paying their own bills, as well as budgeting for food and clothing even when they received practical and financial input from their families. Again, this raises important questions about the impact of continued support on relationships and finances in households where parents are supporting their children and grandchildren.

'Well, (name of ex partner's) Mum helps out sometimes. Cos (name of ex-partner) sees (name of son) twice a week now and she comes with him. We'll go to Morrison's and she might buy a few bits and bobs for (name of son), like food. And then my mam and dad help us out a lot, when they can.'

(Aged 19 and lives alone with one-year-old son. Claims IS, CTC, CB and HB)

The two young women who lived with partners who worked full-time also reported difficulties over budgeting. Indeed, one young mother, whose partner worked full-time as a lorry driver, spoke extensively about the scale of rent arrears they faced and the need for them to find cheaper accommodation. Their arrears had emanated from her partner losing his job and she spoke about the disruption that this had caused to their finances, until he could secure agency work and eventually, through this route, full-time permanent employment with a local haulage firm. Her partner's mother had agreed to act as a guarantor, in order for them to secure a new home due to the insecurity surrounding their financial circumstances.

'And because (name of partner) obviously lost his job and because he was on agency, nobody would give him a place. They would say 'No, you need a guarantor, because you've not got a set job'. Even though he was getting more money on agency than he was in proper work, they said it's not a set thing, so you can't get the house because you're not earning enough ... So that's why we got his mum to be the guarantor. That's why she's going to step in and do it. Even though they know that he's got a full-time job there, and just signed a contract yesterday, he's still got to work there for, I think it's for two years he's got to work. So, it was a bit of a pain, but he's going to get there.'

(Aged 20 and lives with partner and child. Claims HB, CTC and CB)

Spending patterns and priorities were much more chaotic among young women over the age of 18 who were not in receipt of welfare support. In some cases, they relied on unpredictable casual earnings from their partner (or ex-partner) or from picking up casual and cash-in-hand work themselves. In one case, a young woman who had recently split up from her partner was receiving £500-600 per month, as well as rent for her flat from him, in addition to eligibility to £82 per month in Child Benefit payments. Her expenses included food and clothing costs for her child and herself and a monthly mobile 'phone bill. However, she was unsure how long her financial stability would last, as she no longer had any direct contact with her boyfriend, who had returned to his parents' home.

Another significant finding was the extent to which young women in the sample were reconciled to their limited finances and generally had low expectations about being entitled to more money and better prosperity until they could find a decent job (see Chapter 6). This is exemplified in an interview with a young woman who had recently left her parents' home (although she continued to rely heavily on their support) and was asked about how much money she needed in order to make ends meet:

How much money do you think you want, realistically?

To be honest, about £3,000.

£3,000, a month?

No. Just £3,000. I think that'd just set me up for ages. I just think I'm always skint I always can't afford things so I have to scrape around for money. If I had money what would last me for over the year. What just could be there when you're struggling, just go into it and take a bit out, and stuff like that

(Aged 18 and lives alone with two-year-old son. Claim IS CTC, CB and HB)

Borrowing

Despite the limited amount of financial resources available to young women in the sample, the levels of reported debt were confined to a very small number of respondents and usually resulted from a change in circumstances, such as splitting up from a partner and/or moving into new accommodation. Some respondents mentioned taking out Hardship Loans from DWP to fund the furnishing of basic requirements for a new flat or a house, such as a bed, a settee or carpets. The amount owed was deducted from their welfare benefit on a fortnightly or monthly basis, which, in turn, led to reductions in the money they had available for food, rent and utility bills for a considerable period of time.

By far, the primary source of borrowing was from family and friends. This ranged from borrowing the 'odd tenner' from a parent or a friend to tide them over until their money arrived, to the experience of their family being there to support them if, for example, a large utility or household bill was due for payment. Repaying borrowed money to family and friends appeared to happen on an ad hoc basis. In some instances, the stress of living at home and relying on parental support had led to strained relationships and the need to secure independence.

'She buys a bit but then she hounds us for weeks afterwards telling me how much I owe her. And that stresses me out...I've been trying to move out since I had (name of child) but because I had rent arrears from when I kept losing my jobs. I kept missing rent because I couldn't get housing benefit. As I've got rent arrears, the council's not letting me apply. And then it's going to be too crowded living with my mum, so I don't know what I am going to do ... I feel stuck at my mum's, it's stressing me more. I'm just stuck.'

(Aged 20 with 9-month-old daughter. Lives at home with mum. Claims IS, CB and CTC)

However, the analysis also showed that some young women loaned money to parents, as well as borrowing money, depending on their individual circumstance. For example, in households where family members were receiving money at different times of the month from wages and/or benefits, young women were loaning money to their parents to help them through, which impacted on their own lives.

'But sometimes it can be a bit annoying because if your parents need money and you're like "Oh, what do I do?" Do you know what I mean? That's the only problem sometimes but ... So say if I'm trying to manage for myself and then my parents need some, then I have to give it them and then I can't do what I want to do, yes.'

(Aged 24 and lives with parents. Claiming UC)

Summary

- Age, access to welfare support, and type of support received, responsibility for dependent children, whether living independently, and support from family and friends have a huge impact on available financial resources;
- Applying for and changing benefit claims, and associated delays to accessing financial support, cause significant amounts of financial hardship and anxiety;
- Young women, whether or not in receipt of welfare support, continue to rely on family networks and friends for financial and practical support, yet the impact that this has on wider household resources and resilience remains largely unknown;
- Young mothers put the interests of their children first when prioritising and budgeting; and
- Young women have low expectations, in terms of their financial worth and entitlement.

Chapter 6: Aspirations and expectations

This chapter focuses on the young women's hopes and ambitions for the future; their perceptions of the opportunities and barriers they face; and the support structures available to help them to achieve their goals. It also presents evidence about what they felt they needed, in terms of help and support, to exit EI status. Finally, they talked about their local areas, whether or not they were prepared to move away and their perceptions of the scope of opportunities open to young people in their localities.

What is evident is that young women in the sample did not lack ambition or a willingness to change their circumstances in the future. Many spoke of a desire to secure a 'stable' and 'secure' income from meaningful work as a primary goal, which would enable them to remove their dependence on welfare support and the associated stigma. A pervasive finding was the respondents' overriding sense of a 'lack of entitlement' to money, support or a decent lifestyle until they could secure financial independence through decent paid work. Crucially, however, this ambition was being undermined by the following significant obstacles, which locked them into their status quo:

- the high cost of childcare;
- a reluctance to relinquish responsibility for caring for pre-school children;
- lack of self-confidence and self-esteem;
- the availability, within their localities, of training and work which translated into decent pay and sustainable jobs;
- the risk of endangering their welfare support for 'unstable' work and training, which too often had little or no financial return; and
- the challenges of managing mental health problems, most notably anxiety and depression.

Future Plans

The respondents were asked about their future plans and how they hoped to achieve them. For many of them, the discussion focused mainly on their ambitions to: achieve financial security, independence and stability; to move away from money worries, hardship and constant budgeting; and to provide for their children.¹⁸

'I just want a normal life where I know I'm happy, I know that I've got everything there. I don't have to think I haven't paid this, I haven't paid that, or I need to get her (daughter) this, or muddling my brain and thinking how am I going to do this. I don't want that life. I want a life where I'm stable. I've got a house on mortgage, I've got a nice car, my daughter's got everything she wants. I want my daughter to have her bedroom nice, everything. I want her to feel like she's everything.'

(Aged 18 and lives alone with 11-month-old baby)

The route to achieving these goals was through obtaining meaningful and secure work in their own localities. Career choices were often shaped by their personal experiences, such as caring for others or having received support for mental health problems. Consequently, many young women mentioned nursing, teaching, care work, social work and counselling as potential career choices.

When you've been thinking about what you want to do now, which is mental health, what led you into that decision?

'I grew up with my mum with mental illness and I've got an insight in what you do and stuff like that. I give my mum the medication, I take her out, I make sure she has a bath and I clean the house and that for her.'

(Aged 19. Lives with mum and step-dad)

Having a 'decent' job, which meant that the young women did not have to rely on welfare support or family and friendship networks was a goal for most respondents, although the timescales set for achieving this target varied according to their individual circumstances. For example, among the under 18s group without children, finding work or apprenticeships in the near future and in the local area was their aspiration. However, it was evident that many young women lacked any real understanding about both how to go about it and how to access any external help and support. There was a sense of frustration among them that their job seeking strategies, which generally relied on using the internet for job searching and help with CV construction, informal advice networks, and handing out CVs, was resulting in few or little returns, in terms of moving forward.

'Yeah, like I applied for 15 the other day. And it's like no one wants you because you're not old enough and so I don't think there's enough jobs and young people like me I only want to start earning money, like that's what I want to do like get me a job and to do stuff like that so I don't rely on my mum but I've tried so many times to get a job and there's none.'

(Aged 17. Lives at home with mum)

For this group, the balance between taking a work and training opportunity and its financial returns was less pronounced in their thinking, because most were still living at home and not claiming welfare support in their own right. They also commented on the wide availability of training courses and education programmes and a noticeable lack of job opportunities for young people.

'Well there's hardly no jobs for young people but the training courses and stuff like that, the education that people get and are offered is really good. There's so much out there, but the jobs, there's hardly nothing there for young people. I think if there were more summer time jobs and stuff like that, I think more kids would be willing to go into education because they've had time and stuff to experience what it is like. So if there was more out there, then people would want to go into education to get where they want to be.'

(Aged 17. Lives with boyfriend and his parents)

Escaping the boredom of staying at home with 'nothing to do' was another key factor in the young women's ambition to find work or a suitable training opportunity. This was exemplified in an interview with a seventeen-year-old, who had completed a one-year retail apprenticeship and was desperately trying to find work, training or volunteering, in order to regain her own independence and to 'get out of the house'.

'Working, to be honest, or anything that gets me out of the house to be honest, courses, volunteering, I really wouldn't care, I'm just sick of being stuck in the house, literally as soon as someone says, do you want to do something, now I'm out of the house because I'm sick of being in there. It's got that bad. I'll do nothing all day and then my dad picks up my sister from work at half-past five. I'll get in the car with him at five o'clock and go for an hour ride with him, just to get out of the house, which is absolutely pointless because I just sit in the car and play with my 'phone, but it gets me out of the house for that hour, if you know what I mean?'

(Aged 17. Lives with parents and siblings)

The group facing the greatest number of challenges, in terms of carving out a future for themselves and leaving EI, was young mothers.¹⁹ They reported a number of vexing issues that they faced, and which locked them into EI status and welfare dependency for considerable periods of time. The following reasons for this were cited as:

- anxiety over leaving pre-school children, due to concerns about the quality, cost and availability of childcare provision;
- the precarious nature of many local employment opportunities and the risk of fracture, disruption and uncertainty to their welfare support;
- the low pay associated with apprenticeship training, which would make this option unfeasible to young mothers, and
- the stigma attached to lone motherhood and the perceived discrimination that they felt they would receive from some employers.

Many young mothers commented on their ambition to leave welfare support and expressed concerns about the negative label they perceived they carried because they claimed benefits and were lone parents.²⁰ In particular, they were sensitive to assertions made in the press and in their communities that they were both scroungers and feckless.

'I feel like people with kids, there's always that stigma of you're too young, you don't know what you're doing. So, they're thinking, well you've been foolish enough to get pregnant at a young age, and then they're like, 'Well, why would you want to give someone that has that stigma of a young mum attached to them, or a young parent.' Instead of saying, 'Oh yes, someone coming from college.' It sounds better than saying 'Oh well, it's a young mum.' Do you know what I mean?'

(Aged 19 and pregnant. Lives at home with parents)

'It winds me up really because my son has got a disability and we don't want him to have a disability, he doesn't want a disability, I want to work but I can't because of him. We don't want this life of living on benefits ... Yes, just (want to) work ... because I don't want to be labelled dole dossier or anything like that.'

(Aged 24. Lives alone with 5-year-old son)

One young mother with high GCSE attainment (11 A*-C) had an ambition of going to university, in order to achieve personal fulfillment but also to negate the feeling of disappointment that she had caused her own mother when she had dropped out of sixth form and become a teenage parent.

'I don't know. I'd feel dead important with a degree. Cos my mum when I was pregnant, she was alright with it when I told her but she always used to make sly digs like your friends have passed their driving test and going to uni and you're pregnant and stuff. It was horrible. I feel like I don't know, I'm going to cry. I think I'd feel proud and stuff. [crying].'

(Aged 19. Lives alone with 1-year-old son)

Any personal goals or ambitions which were mentioned were tempered by the underlying premise that, first and foremost, they wanted to be good parents and to look after their children. They felt it was important to be 'there' for their children. Setting aside the high cost of childcare and the reality that most young mothers would be unable to secure jobs that would make them better off financially, a number of respondents were also worried and anxious about leaving their pre-school children to go to work. These findings chime with the evidence presented in the Year 1 report, which also found that some young mothers felt that they would be deemed to be 'bad mothers' if they left their pre-school children.²¹

'No, I feel confident about it (working) but I don't feel confident about leaving her in somebody else's care unless, obviously, it's school. I wouldn't like to go and just drop her off at a childminder's house or whatever. I know obviously they're more checked and whatnot but it would just be, I think, the thought of leaving her, so I can go to work for the end of the week, pay the childminder the majority of the money, what's the point when I may as well have her?'

(Aged 22. Lives with partner who works full-time and two children)

Despite struggling with the money available to them from welfare payments to support themselves and their children, most young mothers could not see a route into earning more money through paid work until their children reached school age. As indicated earlier, the high costs of childcare and the possibility that any added financial benefits from working would be wiped out by childcare and travel costs were key concerns. Furthermore, they would have to assume greater responsibility for household bills, such as Council Tax payments.

'I don't think it's difficult to budget. I just think that the amount that they give you, it's not realistic ... it's becoming a point where when you go into work, the money that you're getting when you're working is less than what you get on benefits. It's even worse. So it doesn't make people want to work because you're not benefiting anything. Some people who go back to work have to pay for childcare. It's like you're working to pay for childcare. You're not even working to pay for your bills.'

(Aged 19 and pregnant. Lives with parents)

For two young mothers the inadequacy of the pay rates meant that they had ruled out apprenticeship training as a viable option.

'But again, I couldn't go into an apprenticeship because everything's like £100 per week what you're receiving but then again, you've got to pay your bills, your childcare, and especially when I'm living on my own, too, then you've got home bills to pay. It's not really fair ... I didn't have (name of child), if I wasn't a mother, then probably yes, I would go for that straight away.'

(Aged 18. Lives alone with 14-month-old baby)

Among young women who were EI because of physical and/or mental health problems, the biggest challenges that they faced in fulfilling any goals and ambitions related to stabilising their health conditions before taking even small steps back into education, employment or training. One young woman could not see beyond the immediate issue of developing the self-confidence and self-belief to move forward.

What do you think the barriers might be for you to realise your goals?

'Well, obviously my mental health and self-sabotage. I'm very good at that! I'm definitely my own worst enemy, so it's just having self-belief and having people that I can go to for support or reassurance definitely. Just having someone say 'you are capable, you can do that it's OK to be scared, it's OK to feel these feelings' but know that you can do it.'

(Aged 18. Lives at home with mum)

Another young woman who suffered with mental health problems was concerned about the high costs of returning to education as she had acquired student debts before dropping out of a degree course because of her health problems. While some respondents had started a journey towards re-engagement in EET activities, for example, through undertaking voluntary work for a few hours each week, some were fearful about the impact these activities may have on their entitlement to benefits. They worried that it may lead to reassessments and a withdrawal, or a reduction, of the financial support they received. A fear of compromising existing welfare claims or 'coming under the spotlight' for potential reassessment with the attendant insecurity, uncertainty and negative impact that this would have on financial and living arrangements, was a significant barrier to re-engagement in EET activities.

'Yes, I'm worried about any minor changes makes them go: 'Right, you can go into full-time employment', because even though I do volunteering, at this point in time, I can't maintain full-time employment. I've told my doctor: 'I don't want to be like this; I want the support and I want to get the help to get better - but am I going to be stuck like this forever.' I told them. I said 'I want to work full-time. I want to be able to do that and I just can't.'

(Aged 24. Lives with parents)

Access to support and guidance

Respondents were asked to make suggestions about what needed to change and what needed to happen in order to improve both their own futures and the prospects of young people in their circumstances more generally. Many of them were reconciled to their individual circumstances and had low expectations, and little sense of entitlement and worth, in terms of money, work and personal fulfillment. They felt strongly that they were locked into their own world until such time as they could make the changes needed to improve their own lives and, in some cases, those of their children. However, when asked for recommendations, they were emphatic about the need for greater access to external support and guidance covering the following areas:

- Financial awareness and support, including having more help available to young people at school and beyond, in order that they are better able to manage money, save and apply for student finance;
- IAG to help them navigate their way through EET options (including access to on-line services), self-employment, application processes and, crucially, to support their access into employment through one-to-one guidance from professional staff 'who understood young people';
- Understanding labour market options. This could be acquired through work experience, mentoring, taster programmes and short courses to provide them with stepping stones back into the labour market;

- Professional support. While many young women spoke positively about developing an effective and sustained relationship with a key professional, such as a pregnancy advice worker, social worker or health care professional, there were requests for independent and external support to be made more widely available to EI young women, regardless of whether or not they are facing acute circumstances; and
- Mental health support, including quicker assessments and more ongoing support being made available to young people who encounter mental health problems. Concern was expressed about the focus being on young people attaining EET outcomes without offering ongoing mental health support:

'I don't feel that we do have the support. We have to do something even if you don't like a job, you have to have it. People don't take account that people have mental health (issues) and there isn't jobs that you can just put people with mental health issues into. It is hard, even if you do a job in a factory, you may still need counselling. The government thinks that you have to do education, work or training and nothing else matters.'

(Aged 17 and lives at home with mum and siblings)

Reflections on local opportunities

Most young women in the sample assumed that they would remain in their local communities, where they hoped to set up their own homes and find work. This was largely due to the fact that many continued to rely heavily on their family networks (where they existed) for ongoing help and support and the security that their known community offered:

'I could not see myself leaving Middlesbrough. It's where I grew up. All my family live down here. Considering my mum hasn't got a car or anything, I wouldn't want her to travel too far just to come round or anything and my boyfriend's family lives in the area as well. It's best staying somewhere you know as well.'

(Aged 18. Lives alone with 2-year-old daughter)

Moreover, the lack of any financial independence did not make it feasible or practical to move to other locations. Many young women also spoke of the need to find work or training locally because of the requirement for local childcare arrangements and the associated costs and viability of taking jobs that incurred significant travelling to and from work.

Summary

The key findings with regard to the young women's aspirations and expectations were:

- There was no lack of ambition or willingness to change their situation, in accordance with their individual circumstances;
- Securing a decent job with an adequate income in the future was seen as essential in order to become financially independent of welfare support and to divest themselves of the stigma this brought;
- A job was also seen as providing an escape from staying at home with 'nothing to do';
- The main obstacles to achieving this ambition were perceived to be: childcare costs (where applicable) and a desire to look after their child and be seen as a 'good mother'; a lack of knowledge about how to go about accessing education, employment or training; a scarcity of jobs which would provide a sufficient income to offset the loss of benefits; and, for some, health issues, such as depression and anxiety;
- Most young mothers were reconciled to being restricted to their current circumstances, at least until their children had reached school age;
- There was wide recognition of the need for more external support, ideally on a one-to-one basis provided by someone with whom they could empathise and trust. Areas in which this support was required included: money management; job search and career guidance; and medical problems, notably anxiety and depression; and
- Respondents overwhelmingly expected to remain in their local areas, close to their family and/or friendship networks for the foreseeable future.

Chapter 7: Conclusions and recommendations

This final chapter draws together the evidence generated from the second year of the research and presents recommendations emanating from it. The research built on the findings from the Year 1 study, which gathered evidence from a number of different perspectives (the literature; key informant interviews; quantitative data analysis; and case study research) in order to elicit a greater understanding of what constitutes economic inactivity within the NEET group and to explain why this status disproportionately impacts on the lives of young women. Year 2 of the study essentially comprised 'drilling down', through in-depth qualitative interviews with young women, to explore EI status from the perspective of individual experience, together with quantitative analysis of the Understanding Society dataset.

The quantitative results robustly reinforced existing evidence that parenthood has a massive impact on the propensity of young women to become EI. In contrast, comparing men who have fathered a child in the past year with men who have not, there is no statistical difference in their likelihood of becoming EI. The analysis also demonstrated how mental illness poses an equal risk to both sexes, in terms of heightening their chances of becoming EI. Additionally, while high educational attainment acts as a buffer to young people's risk of becoming EI, the likelihood remains a lot higher among young women, regardless of their qualification level.

The qualitative interviews provided a rich resource, through which a much deeper understanding about the lives of young women who are defined as NEET and EI can be derived. The fieldwork was conducted in nine localities across England, which provided a good geographical mix. Recruitment of the young women interviewed was generated by referrals from local organisations which worked with NEET EI young women. While this approach enabled the research team to achieve its targeted sample size, it also alerted us to the reality that there are many more young women who are NEET and EI who were beyond our reach, due to their lack of current engagement with local provision. We should also note that the sample of young women included in the study lacked sufficient representation from black and minority ethnic groups. Nonetheless, the NEET and EI young women who did come forward to take part in the research provided an illuminating insight into their world. Crucially, their day-to-day lives differed significantly according to four key factors - their:

- reason for being EI – motherhood, caring responsibilities, physical or mental health problems;
- household composition – whether living with a child/ren, alone, with parent(s) or with a partner;
- entitlement to welfare support (IS, PIP, ESA, JSA, UC or none at all);
- support networks - notably, parent(s), partner, professional work or none at all.

An overarching finding from the research was the extent to which many young women faced multiple barriers. For example, while a young woman may be in receipt of welfare support for caring for a child, this often sat alongside recognised problems with depression and anxiety and/or caring for other family members. That is to say, while their EI status may have been attributed to one factor, other recognised 'causes' or consequences were also present.

The majority of young women in the qualitative interview sample relied heavily on their family for practical, financial and emotional support – most were living with or near their close family network. Among those who were independent from family support, the ability to establish and sustain a positive relationship with a key professional, such as a youth worker, a social worker or a CPN, was crucial in helping them navigate their way through welfare entitlements, housing issues and day-to-day living.

Beyond the confines of family and/or professional support, young women were often devoid of wider social contact, with limited friendship networks, social activities and lacking the means to travel. Somewhat contrary to conventional perceptions, most young women in the sample had academic and/or vocational qualifications, with the majority having undertaken post-16 provision. However, what remains disturbing is the extent to which they were unable to build on their qualification base to progress into higher level educational provision or good quality and sustainable training and employment opportunities. Many had 'churned' between Level 1 and Level 2 provision with a range of providers. While this lack of progression could be attributed to the disruption caused by an unexpected pregnancy, child care responsibilities or health issues, the lack of opportunity for many young women to access independent guidance and support, as well as secure 'small steps' or pathways towards economic and social independence, is a significant finding.

Another key feature of these young women's lives was their lack of money and reliance on welfare and/or family support. In particular, some found it a real struggle to make or change benefit claims, and consequently faced financial turbulence and insecurity. A common cause of such disruption was when switching benefit claims as a result of changes in personal circumstances or new types of welfare support, such as PIP and UC, being introduced. Financial difficulties were also acute when young women lived alone and/or were lone parents.

Coupled with financial hardship, the evidence presented in the first-year report²² about young women who are NEET and EI being isolated, disconnected and hard to reach was reinforced by this in-depth study of the lives of those interviewed in the second year of the research. Their reliance on small family networks within confined communities, with little access to external support or recognition, was confirmed. In addition, low levels of self-worth and self-esteem were commonplace. To these young women, particularly those with children, their journey back into the world of work was strewn with unassailable obstacles, notably:

- their lack of self-confidence;
- the challenges of securing and funding reliable childcare; and
- finding employment in local economies where opportunity structures appeared to be stacked against them.

The final word must be that, while young women included in the study faced multiple challenges and barriers, the overwhelming majority did not lack personal ambition or a willingness to change their circumstances in the future.

Key recommendations

Our analysis of the wealth of evidence generated by this research over two years leads us to propose the following key recommendations:

Understanding and championing the NEET and EI cohort

i. Labels for NEET and EI

The expansion of the term 'NEET' to a much wider age cohort across the UK, and the distinction between the categories 'economically active' (EA) and 'economically inactive' (EI), must be accompanied by a far more in-depth understanding and knowledge of the population it is seeking to label. The research has clearly highlighted that the NEET EI group is not homogenous. The Department for Education should spearhead this process of relabelling in the UK.

ii. Improve NEET data

While a range of NEET data is currently produced, it requires quantitative analysis skills and resources for local and national providers to use it to see how ethnicity, gender and age intersect and relate to NEETs, unknowns, unemployment and economic inactivity. DfE and partners should work towards collating such data nationally in a way that allows local and national service providers to make consistent comparisons between local authorities and regions and which covers the whole age range 16-24.²³

iii. A Ministerial Champion for the NEET agenda

The issues affecting NEET and EI young women are spread across multiple policy areas. To tackle economic inactivity effectively there is a need for one person with a grasp of issues surrounding young people's education, skills, employment, health (mental and physical), local government and welfare at national and local level. Alongside their ministerial role, this Ministerial Champion should drive forward solutions to economic inactivity and bring together the agenda where it straddles different departments. Since the Department for Education is presently the lead department for NEET young people, it should take the lead in appointing the Champion to their role.

An immediate initiative should be the setting up of an Independent Review to examine the different needs and requirements of the 16-24 NEET group.

Support for EI young women

iv. Targeted interventions

Young people who are classified as NEET and EI due to childcare, caring responsibilities or physical and/or mental health issues require a greater degree of specialist support and intervention.

v. One to one support

Presently large numbers of NEET and EI young women are marginalised to long-term welfare receipt and limited support or intervention. This should be rectified with the offer of one-to-one personalised support/mentorship to engender external contact for young women and to promote their wider social and economic engagement. Given young women's mixed or negative experiences of JCP to date, they are more likely to trust a figure who they can contact on a flexible and informal basis and who is not connected to any benefits they receive. Multiple stakeholders have a role in identifying those young people most at risk, and referring them to the appropriate support once it is available. These range from local authorities, colleges and alternative provision facilities, to health visitors, social workers, community practice nurses and JCP work coaches.

vi. Designed with young women

EI young women should be involved in designing the services that are created for them. They are ideally placed to advise on how services can most effectively reach other women like themselves and on the elements of support that they consider essential for them to leave EI status.

vii. Sustainable funding and flexible access

Provision to support EI young women is often linked to time-limited funding streams and is confined to supporting young women for fixed periods of time. Sustainable funding, coupled with the flexibility for young women to access ongoing or intermittent support (if they require it) beyond the length of targeted interventions, are required. Such flexibility would allow services to intervene before young women reach 'crisis point'. Related to this, the first year of this project revealed the need for a clear plan from the Department for Education and the Department for Work and Pensions to replace European Social Fund provision at local level.²⁴

Access to welfare

viii. Welfare support

The DWP needs to address the financial precariousness that surrounds applying for or changing welfare claims, including Universal Credit. The research highlighted the financial difficulties this caused young women and their families. It is essential to reduce the time taken to process claims. The fear that young women experience about changing their claims should be countered through JCP staff providing consistent and accurate information to claimants. Advance cash payments – grants rather than loans - should also be offered to those young women who are at risk of destitution while waiting for new claims of Universal Credit and other benefit types to be paid. All this would go some way to engendering a culture of support.

ix. Restructure age-contingent welfare entitlement

Disparities between the level of benefit payments made to young women on IS below and above the age of 18 with children need to be redressed. The inadequate amounts paid to those under 18 were found to be causing acute hardship and poverty, in particular among those who were living alone with their child(ren). Differential payment structures also exist within Universal Credit, between those under 25 and those over 25, despite expenditure patterns being consistent across different age cohorts.²⁵

Childcare

The availability of affordable, accessible and sustainable childcare, which takes account of different cultural expectations, to support young mothers' (re)engagement and to reduce isolation, is a baseline requirement.

x. 30 hours childcare policy

The funded 30 hours must be available for those who need it most, including those on zero hours contracts, apprentices and students. Otherwise, the new policy risks simply helping those who can already afford to work. The government also needs to address the underfunding of the policy which has made it unaffordable for childcare providers to offer the funded hours to parents.

xi. Extending Care to Learn

Care to Learn funding enables eligible women under 20 to continue their studies or retrain while their children were young. Extending Care to Learn to 20-25 year olds would enable more young mothers to retrain while they are caring for their children, speeding up their entry to work in the long-run.²⁷ Care to Learn should also be extended to all young parents aged 25 and under who are on apprenticeships.²⁸

Post-16 education and training

xii. Enhanced support in post-16 education and training

Post-16 education and training providers need to offer greater levels of support to returning students, in particular young mothers. This should include:

- a) enhanced priority status, in terms of accessing financial support through Learner Support Funds;
- b) the provision of on-site crèche facilities;
- c) greater flexibility surrounding attendance requirements to account for their caring responsibilities; and
- d) access to sustained mentorship throughout their post-16 journey.

xiii. Greater support and flexibility in apprenticeship training

More support should be given to young women who become pregnant during apprenticeship training, in order to reduce drop-out rates and to develop flexible and accessible re-entry routes among young mothers.

Since low wages deter young women from taking up apprenticeships, the government should significantly increase the apprentice national minimum wage, so more people can afford to undertake apprenticeships. In addition, the government should renew guidance on part-time apprenticeships and promote the potential for part-time apprenticeships so that young mothers have them as an option alongside their caring responsibilities.²⁹

xiv. Address 'churning' between levels, clear pathways and gender stereotyping in vocational education

The ongoing review of technical education and the impending roll-out of T levels in England needs to:

- a) address the high incidence of 'churning' between Level 1 and Level 2 vocational courses;
- b) establish clear pathways to achieve higher level EET outcomes; and
- c) consider why, as the research highlighted, too many young women are still locked into stereotypical and poorly paid vocational areas, namely hairdressing, health and social care and hospitality.

Careers and the labour market

xv. Coherent early intervention and IAG provision

The establishment of: early intervention programmes in schools; access to impartial, gender-aware information, advice and guidance (IAG); work experience; and the availability of mentors should be delivered within DfE's new Careers Strategy. This will help to reduce the high rates of NEET and EI among young women (and increasing numbers of young men) and its associated social and economic inequality.

xvi. Address structural barriers

Far greater attention needs to be given to wider structural barriers that impede young people's opportunities. A fundamental requirement is investment in creating high quality and sustainable job opportunities. Accordingly, the government should revisit the Industrial Strategy so that it explicitly prioritises investing in jobs and skills for young women. This needs to be underpinned by flexible working hours, adequate pay to justify coming off benefits, and affordable and flexible childcare, to encourage a greater number of young women to leave NEET and EI status.

Mental health

xvii. Addressing mental health issues

Urgent policy attention and intervention is required to address the alarming number of young women (and young men) who are in the NEET and EI category due to anxiety and depression, and whose mental ill health is exacerbated by being NEET. For example, young people's charities and mental health charities should come together to pool knowledge and advise government and employers about the steps they can take to address the crisis in young people's mental health.

In summary, the research highlights a compelling case to develop a deeper understanding about the NEET EI and EA categories, and, crucially, to offer a greater level of tailored 'reach' and support. We must also revisit EET offers to ensure that they are equitable, progressive and 'fit for purpose', in terms of meeting the needs of both young people and their potential employers. Finally, we must acknowledge and address the current level of youth poverty.

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