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RISK FACTORS ASSOCIATED WITH BECOMING
NEETS:
A REVIEW OF THE LITERATURE APPLIED TO
THE DEMOGRAPHICS OF THE FENLAND AREA

**REPORT FOR CAMBRIDGESHIRE COUNTY
COUNCIL**

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NOVEMBER 2011

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Part 1: Literature Review

1. Introduction

NEET is a government acronym for people currently "not in education, employment, or training". People under the designation are called NEETs (or Neets). In the United Kingdom, the classification comprises people aged between 16 and 24 (some 16-year-olds are still of compulsory school age); the subgroup of NEETs aged 16–18 is frequently of particular focus. The "NEET group" is not a uniform set of individuals.

This literature review explores some of the risk factors that are known to contribute towards NEET status in young people and looks at the interventions that have been implemented to address these risks. It also explores the specific demographics of Fenland in relation to NEET figures and offers an overview of the background and circumstances of young people and their families in that district which might be linked to the development of NEET status.

This literature review was carried out in response to the Cambridgeshire County Councils' interest in the early identification of children in Fenland who might be at risk of becoming NEET. In light of the limited data available on young people in Fenland, this review may be used to inform future research bids. This review aims to draw together current knowledge and research in this area and also to identify any gaps that exist within the literature.

2. Methodology

Literature Search

Initial searches were conducted using Google Scholar where the search terms 'Neet risk factors' were entered. This yielded a small amount of papers and the references of which were reviewed to source further articles. Variations of the search terms were used in order to limit the search to the UK and Europe and because the term NEET is relatively new, adaption's in the search terms were changed to include 'young people not employed.' Various databases were also used in this search which included PubMed, PsychINFO, ASSIA and JSTOR. The journals of 'Child and Adolescent Mental Health' and 'Journal of Clinical Child and Adolescent Psychiatry' were also searched directly.

The limited scope of NEET specific literature meant that the search had to focus on emotional and behavioural difficulties of children in school in light of the fact that this appeared to be linked to educational attainment, which in turn was linked to becoming NEET. A range of articles were found in this way, again using Google Scholar as a basis. Current interventions were sourced using Google Scholar which proved comprehensive in identifying those which address the behaviour of children with behavioural difficulties. In evaluating the data sources especially in relation to Fenland, the national office of statistics was the primary source of data.

Application to data on Fenland

Data on deprivation in Fenland was sourced in a variety of ways. This included using the Office for National Statistics, which was the source for a large majority of data presented here. The Office for National Statistics offered a range of data and links to other sources on health, labour market information and key demographic information as well as information on publications. From here, information on lifestyle and health for Fenland and other areas were explored through the Association of National Health Observatories webpages and labour market information searched for on NOMIS (Official Labour Market Statistics). Information found in the Health Profile for Fenland, Cambridge and South Cambridgeshire, was linked to the

English Indices of Deprivation. Additionally, Fenland District Council's website as well as Cambridgeshire County Council's website were used to source specific publications in relation to key data.

3. Known Risks for NEET

The literature revealed a cluster of works that have explored the early experiences of NEETS, predominantly using longitudinal data. Several works have used the 1970 British Cohort Study (Bynner and Parsons, 2002, Yates et al, 2010) and others used The Scottish School Leavers Survey (Raffe, 2003 and Furlong, 2006). The majority of the literature in regards to this is contemporary, most of which only published in the last 5 years.

a. Poor educational achievement

Poor educational achievement and factors that might lead to this are an ongoing feature of the literature. Bynner and Parsons' (2002) analysis of the 1970 birth cohort identified that young people with no qualifications were six times more likely to become NEET than those with qualifications. Raffe (2003) and Furlong (2006) also show that being NEET is strongly aligned with educational deficits. Another useful article '*Early Occupational Aspirations and Fractured Transitions,*' (Yates et al, 2010), links the relationship between early occupational aspirations and educational achievements with NEET status. It concluded that 40% of the cohort held occupational aspirations which exceeded their educational achievements. It also concluded that misaligned and uncertain aspirations were significantly widespread for young people from lower socioeconomic groups. Coming from a low socioeconomic background increased the risk of NEET for young men with misaligned aspirations by 90%.

Factors which can be linked to poor educational attainment have been included as well. Truancy and its links to being NEET has been explored in various works (Payne, 2000, Furlong, 2006 and Raffe 2003), however, causes of truancy have not been significantly researched. One study conducted by

the Learning and Skills Development Agency compared variation in NEET's across two regions: South East with Humber and Yorkshire (Sachdev, et al, 2006) identified factors which may result in poor academic attainment in their study of regional variations of NEET's, including negative school experiences and lack of self confidence and self esteem.

b. Low socioeconomic status

Another common feature in the literature was the link between NEET status and low socioeconomic status and the wider implications of this. Both Bynner and Parsons (2002) and Yates et al (2010) report that young people from lower socioeconomic groups are at significant risk of becoming NEET. Bynner and Parsons also identify further factors related to this such as growing up in housing estates marked by poverty and lacking good schools. Raffe's briefing on NEET's conducted from the Scottish School Leavers Survey (2003), observed that being NEET is mostly associated with social disadvantage. Another article that draws on the same data indicates that those who do not become NEET are more likely to come from advantaged family backgrounds where parents are more likely to have obtained degrees and own their own homes (Furlong, 2006). This view is also supported by Sachdev's study of regional variations of NEET's (2006). Even though NEET numbers were less in the South East compared to the Humber and Yorkshire region, the profile of NEET's in the South East, despite its relative affluence, still lies in areas of low cost housing and as well as poor educational performance in certain schools.

Interestingly, a study which compared NEET figures and predictors across Western Europe (Robson, 2008) found that as household income increases, the likelihood of being NEET is reduced, except in the UK. This study is very limited in that it has not used any data on parental education, truancy, bullying or any information about the circumstances under which young people grew up. It does indicate that further research into the link between household income and NEETS in the UK is needed.

4. Routes to Becoming NEET

Sachdev, et al (2006) identify a range factors linked to becoming NEET, some of which are not mentioned in other sources. In addition to the 'typical' reasons known for risk of NEET (including poor educational attainment and low socioeconomic status), they draw attention to the impact of:

- Discrimination;
- Young people not seeing the benefits of being EET, (In Employment, Education or Training);
- Lack of family support;
- Lack of information on various professions.

The research used focus groups of young people, however, numbers were small ('up to 15') with information supplemented by Connexions workers who were asked their 'opinions' on why they thought young people become NEET.

Male/Female NEET

The literature indicates that there are different categories of NEET's with different risks associated with becoming NEET. In particular there are marked differences in risks for NEET status for males and females. Bynner and Parsons (2002) draw attention to the fact that for males the risk lies in growing up in city housing estates but for females it is residing in families where there is little educational commitment. Additionally, Sachdev et al's (2006) exploration of regional variations of NEETS indicates that teen pregnancy's and motherhood are significant for NEET status in females. Interestingly as well, the articles draw attention to the fact that females are more likely to spend longer periods of time in NEET. (Payne, 2000 and Robson, 2008)

Regional Variations

Sachdev et al's study (2006) in its comparison of the South East with Yorkshire and Humberside, indicate distinct regional variation in possible reasons for individuals becoming NEET which are fairly distinct from one another. In the South east, NEET figures are at 5.6% compared to Yorkshire and Humber, at

9.3%. In the South East, low cost housing with large numbers of looked after children as well as areas of poor schooling linked with very low educational attainment and poor transport links appears to be central in contributing to the numbers of NEET's in the region. Although Humberside and Yorkshire has in common with the South East its number of care leavers and those with disabilities contributing to NEET status, it also includes large proportions of young mothers and large ethnic minority groups whose NEET numbers are higher than the average.

5. Adverse Childhood Experience and Conduct Disorders

There is limited information on links between behavioural or conduct difficulties and emotional disorders and NEET status in the literature. This of course may be due to the fact that the term NEET is relatively new and data tracking the presence of these issues and NEET status is not yet possible. However, as the literature indicates the prevalence of poor educational outcomes with NEET status, exploring factors that might lead to poor academic performance is useful in providing some understanding of the risks that may contribute to NEET status in young adults.

Consistent links have been made between *poor educational achievement* and *negative behaviours* or *emotional difficulties* in children which provides a useful starting point in the absence of NEET literature on younger children. Whilst the general consensus is that behavioural difficulties in childhood impact significantly on the academic achievement of young people, conclusions appear to point out that it is only behavioural difficulties in combination with poor IQ and attention difficulties that are significant in poor achievement. Both Fergusson and Lynskey (1998) and Breslau at al (2008) conclude this from their studies. The latter was conducted in the USA from a sample of 693 children and the former, in New Zealand, used a 1977 Birth Cohort comprising of a sample of 969.

Another very important finding from the New Zealand study establishes a link between anti-social behaviours of boys and poor psychosocial outcomes in

adulthood. (Moffit et al, 2002) In particular it discusses the outcomes of those who exhibited different levels of severity in their negative behaviours and compares the consequences. A definite link is made between poor behaviour in childhood with poor prospects and performance as adults. Those who showed only one antisocial problem behaviour age 5 to 18 were most likely to be college educated compared to those who were most violent in adolescence, with poor work histories leading to low unskilled jobs as adults.

There have also been some significant explorations into links between *poor mental health* and *educational attainment* as well as longer term outcomes relevant to our line of enquiry (Rothon et al, 2009, Hasse and Fosse, 2008, and Fergusson and Woodward, 2000). Fergusson and Woodward have explored the link between depression in young people ages 14-16 and adverse psychosocial outcomes ages 16-21. Although they conclude that adolescents with depression were at increased risk of school failure, reduced likelihood of entering university or pursuing other forms of further education, higher rates of unemployment and early parenthood, they indicate that other contextual factors such as problematic social, familiarly and personal factors often combine with adolescent depression resulting in such outcomes. Conversely, Rothon et al's (2009) study which used the Strengths and Difficulties Questionnaire found a distinct association between psychological distress at age 13-14 and achievement at GCSE level. It must be noted that this study did take place in a largely deprived area of England and as already discussed, much of the literature has drawn attention to links between deprivation and poor academic achievement. A USA longitudinal survey of a youth was analysed by Hass and Fosse (2008) and showed that adolescents experiencing poor health are less likely to make vital educational transitions with long term implications for further education or employment. Again however, this study only goes as far as age 16 so does not allow for concrete conclusions as to longer term consequences.

One thing that is central in the literature is the prevalence of NEET status among those who have had particularly adverse childhoods (Akister, Owens and Goodyer, 2010). Stein's study, *Leaving Care, Education and Career*

Trajectories (1994) is particularly relevant in that it enables us to track links between those in care with educational attainments, further education, employment and training routes. In his study, Stein found that 70% of care leavers had no qualifications at all. According to Stein, nearly all young people in the leaving care study (1986) reported feeling that they were different, the subject of curiosity or experienced teasing or abuse. Of course this study lacks currency, in that it was conducted in 1986, but nonetheless some of its conclusions can be applied to current research into NEET's.

The literature indicates that whilst there has been a range of research carried out into externalizing behaviours and conduct disorder, there are very few pieces of research which track relationships between these behaviours and the futures of young people in terms of education and employment. Likewise, the very few studies that have attempted to link poor mental health to poor academic achievement are not conclusive and no direct links have been made between psychological distress and dislocation of young people in the labour force or further educational or training routes.

6. Interventions targeting risk factors of *becoming* NEET.

An initial search revealed that literature in relation to interventions addressing NEET's focuses on government policies aimed at tackling NEET's only when they have arrived at NEET status. For instance, Educational Maintenance Allowances, New Deal for Young People, Modern Apprenticeships and E2E (Entry to Employment) programmes are frequently mentioned (Bynner and Londra, 2004, Maguire and Thompson, 2006, and Maguire and Thompson 2007). For the purpose of this literature review these will not be explored, as the aim is to focus on interventions aimed at addressing risk factors of *becoming* NEET.

Greenberg, Domitrovich and Bumbarger (2000) produced a review of the evaluations of prevention programmes aimed at addressing mental disorders in children in North America. They highlight that although there is public policy

to use empirically-validated, effective models of intervention few studies meet the criteria for fully validated programmes. They specifically identify the lack of effective research including lack of replication of studies, limited follow-up studies charting progress of programme participants in later years, little focus on factors in the child or in the family environment that might moderate the impact of the intervention and little exploration of how the implementation of the programme affects outcomes. Bearing this in mind we will focus on interventions mentioned in the literature relevant to the UK, although some US studies will be included.

a. Primary School Level Interventions

Interventions relevant to the known risks of becoming NEET, including interventions aimed at combating social exclusion, education failure and emotional and conduct disorders were explored. There is very limited literature on interventions aimed at primary age children within the UK (Broadhead et al, 2009, Bentley and Gurumurthy, 1999 and Fletcher-Campbell and Wilkin, 2003)., but there have also been several articles reporting on research studies in the North America (Tremblay et al, 1996, Greenberg et al, 1995 and Webster-Stratton and Hammond, 1997). Interventions may be school based or home and school based

School based interventions

Fletcher-Campbell and Wilkin (2003) have outlined some of the current interventions within primary schools in their review including:

- Circle Time;
- Assertive Discipline;
- Nurture Groups.

Assertive discipline seeks to increase time spent on task in classrooms and reduce disruptive behaviours. There have been some small scale studies that have found positive outcomes in terms of lessened disruptive behaviours and

increased 'on task' behaviour in relation to assertive discipline. (Swinson and Melling, 1995 and Swinson and Cording, 2002)

Circle time too, has been widely adopted in UK primary schools with an aim to address difficult behaviour in children using solution focused approaches placing pupils at the locus of control. In one study, Kelly (1999) found that whilst circle time did not eradicate difficult behaviour completely, serious incidences did lessen and student's confidence and self reflection on their behaviour improved.

Nurture groups were introduced to the UK in the 1970's, aimed at providing nurturing relations between children and teachers in light of the perceived poor attachments of children to their caregivers. Nurture groups aim to bring together the home and school life of the child and parental involvement is encouraged (Bennathan 1997). Connor and Colwell (2002) studied 68 children across two infant and three primary schools across the London Borough of Enfield to ascertain the short and long term impacts of nurture groups. They found that there were significant reductions in the emotional and behavioural difficulties of the children involved on exit of the groups, allowing them to return to normal classrooms. They deduce that the fact that the children have stayed in mainstream education following the intervention, means that nurturing groups are successful in their aim. Whilst these studies produce some interesting insights into interventions at the primary school level, they are very small scale and there exists no long term evidence to substantiate claims.

A selection of other interventions used with primary age school children including Reading Recovery, The Seattle Social Development Project and the Bullying Prevention Project are covered in Sutton, Utting and Farrington's research brief (2004). The Reading Recovery Project was carried out in England between 1992 and 1996, targeting children in the bottom 20% of the class. Plews (2000) provides a useful summary of *The Reading Recovery Project* and concludes that although there were effective short term gains for children who were falling behind, after 3 years of no further intervention, no differences were found.

Combined Interventions

Another early intervention programme that has shown benefit is '***Sallywags***' (Broadhead et al, 2009) aimed at children aged 3-7 exhibiting conduct disorders. Using basic cognitive behavioural approaches, combined with a solution focussed framework, it offers support in both the educational and home setting as well as a behavioural parent-training group. They conclude that children on the scheme show reduced conduct problems, improved social skills and improve self-esteem. The intervention appears to have very successful but there has not been an opportunity to track the long term results into adolescence and adulthood yet.

A significant longitudinal study, ***The Montreal Prevention Experiment***, (Tremblay et al, 1996) took place in Canada, which addressed negative behaviours of children ages 7-9 using a combination of interventions targeting parent behaviour as well as children's social skills. This study saw positive impacts at follow up where boys were less likely to engage in fighting and more likely to be well adjusted. Additionally, at ages 11 to 15, the individuals were less likely to report gang violence, drinking excessively or report taking illegal drugs. Although the subjects in this study were male, it is another example where a combination of parent and child interventions are responsible for its success.

PATHS (Promoting Alternative Thinking Strategies) is another intervention that originated in the USA but is now used in UK schools to target children with emotional and behavioural difficulties (Kelly et al, 2004). This particular study had a very small sample size of only 25 children between the ages of 9 and 10. Seven children showed marked emotional and behavioural difficulties. Kelly and her colleagues conclude that there were strong gains in emotional vocabulary and in understanding the control management and expression of feeling. Again, however, the study is limited to one year and does not allow us to track some of the long term implications of the intervention. Another study

using the Paths Curriculum involved 286 children ages 6-10 in the USA, reported similar results (Greenberg et al, 1995). Among children at behaviour risk, there were significant improvements in teacher ratings of frustration tolerance, assertive social skills and positive peer relations.

b. Secondary School Age Interventions

The literature search demonstrated that considerably more time and energy has been spent on interventions aimed at older adolescents who exhibit difficult or problematic behaviours. There are a wide range of interventions that have been implemented, especially in the USA, to address anti-social behaviours among young people age 11 to 16. Greenberg et al.'s review, in 2000, raises questions as to their effectiveness and as to whether outcomes are sustained in the longer term.

School based interventions

Connexions and the work it carries out with NEET's is a dominant feature of interventions aimed at tackling NEET's ages 16-19 in the UK, however, as it works with young people as young as 13, in the context of schools, it is highly relevant for this review. *Connexions* advisers are one of the main sources of support for young people aged 13-19 and as they are available to all young people, they should be dominant in addressing risk behaviours that contribute to NEET status. This should apply to those with specific challenging behaviours but also for those that are at risk of drifting into NEET status.

Evaluations of the impact and success of *Connexions* are extremely limited, comprising small scale studies involving questionnaires with young people. Luck (2009) evaluated some of the difficulties facing young people ages 16 to 21 in Warwickshire using 28 young people as a basis for the analysis. In the sample, a lot of the young people had not even heard of *Connexions* until after leaving school and considered it to be a service that offers guidance or counselling for young people with difficulties such as with social issues or with

learning needs. Conversely, this article indicates that for those young people who are at high risk of social exclusion and marginalisation, the support they received from Personal Advisors was invaluable and favourable compared to other school and family supports. For truants however, the service is virtually inaccessible.

Another review undertaken by the Department for Education and Skills (Joyce and White 2004) involved a sample of 79 young people. From the outset, this review indicates the nature of connexions to do most of its work with young people post 16, but our main focus here is interventions pre-16. The article summarises that contact with Connexions increases confidence levels, improves interpersonal skills and results in positive changes to behaviour in young people. This is also validated by a quantitative survey where 46% said that contact with connexions made them feel more confident. Another 64% strongly agreed that Connexions had a lot to offer young people in that it offers them a place to go to discuss personal difficulties in confidence. The results are however inconclusive when it comes to analysing the long term impact of the interventions Connexions undertakes with young people at risk.

Exclusion and Alternative Curriculums

Other interventions that have targeted young people in schools environments have been comprehensively valued. One particular programme is ***Youthlink***, managed by Surrey Education Services, set up in 1986. (Bentley and Gurumurthy, 1999). It consists of an inter-disciplinary team of educational psychologists, youth workers, teachers and education welfare officers. The scheme includes a range of activities such as day trips, and sporting activities as well as family mediation and counselling services. In particular the programme has been highlighted for its ability to get young people with school problems to access wider learning opportunities through alternative curriculums which include work based environments as well as classroom education. Other alternative curriculum programmes such as *Step Forward* in Derbyshire and the *Youth Action Initiative* in South Glamorgan are also

highlighted by Bentley and Gurumurthy. (1999) The Youth Action Initiative programmes is tailor made to the individual in order to meet their English and Numeracy needs and results show positive outcomes with 78% going into training or employment.

Hallam and Castle (2001) have reviewed two types of interventions aimed at tackling exclusion figures: Multi-disciplinary behaviour support teams (MDBST's), made up of a range of professionals including Educational Psychologists, Social Workers and Specialist Teachers, and In-school Centres (ISC's) for pupils at risk of exclusion. They conclude that these interventions could be successful in reducing school exclusions. Nonetheless, for the year 1996-1997, for MDBSTs, the reduction in exclusions was 20% and for ICSs, 4.3% which compares favourably to the national increase in exclusions of 2% (DfEE 1998, cited in Hallam and Castle, 2001). Hallam and Castle link the successes of these programmes to parental involvement, open communication throughout the schools and support from senior school management.

Pupil Referral Units (*PRU's*) exist as education centres for young people who have been excluded or cannot attend mainstream school for other reasons such as teenage pregnancy or through illness. PRU's have been largely unsuccessful in providing a substantial curriculum and reintegrating secondary age school children back into mainstream education. (Morris, 1996 and Fletcher-Campbell and Wilkin, 2003)

Mentoring Approaches

Forms of mentoring young people are growing in popularity in the UK and are increasingly popular interventions for young people in the USA as well. The ***Big Brothers, Big Sisters*** Programme demonstrates the potential of such mentoring programmes. Grossman and Tierny (1998) have evaluated the impacts of the programme using a sample of 959 young people, ages 10 to 16 and conclude that initial results indicate a significant impact on adolescent's academic performance as well as their behaviour. The subjects recorded less

incidents of hitting someone and less skipping of school 18 months on. Further studies would need to be undertaken to track the long term impacts of the programme. Successful mentoring programmes in the UK include the Youth at Risk Project, the Weston Spirit and the Dalston Youth Project as reviewed by Bentley and Gurumurthy (1999). These programmes involve residentials' where physical activities, and therapies are combined with a concentration of the goals of young people.

Multi-Systematic Therapy

Multi-systemic therapy (MST) is something that is frequently mentioned in literature from the USA but has only been recently introduced in the UK. It echoes other combined interventions mentioned above in that families are central and goals are set by individuals. As a community based intervention which takes place at home as well as in the community, it targets specific problem areas through a strengths focused approach. MST has been recognised for its ability to improve family relations (Henggeler, 1986, Henggeler, Rowland et al, 1999 and Borduin, 1995) as well as decreasing anti-social behaviours. MST has also been significant in addressing drug use in young people, increased school attendance (Henggeler, Rowland et al, 1998) and resulted in decreased psychiatric symptoms in young people (Borduin, 1995). Despite these studies, Littell et al (2005) assert that whilst there may be some positive effects of MST, the evidence is inconclusive in demonstrating the strength of MST compared to similar interventions.

In the UK, MST has only recently been piloted so in terms of its impact, evaluations are very limited. The first UK evaluation pilot was led by Dr Geoffrey Baruch in 2003 and MST is currently being piloted across 10 sites in the UK. Additionally, Cambridgeshire County Council has also been funded to set up a MST Child Abuse and Neglect programme for families with children aged 6-17 which was launched in 2009. One small study in the UK (Wells et al 2010) uses three case studies to substantiate claims of MST's effectiveness. Using case material from a violent young person convicted of robbery, a young person with a history of serious self harming behavior and

hospitalisation and a young person who persistently smokes cannabis, results show improvements across all cases. Additionally, all the young people were integrated back into the education system. The long term effectiveness of these interventions is yet to be evaluated

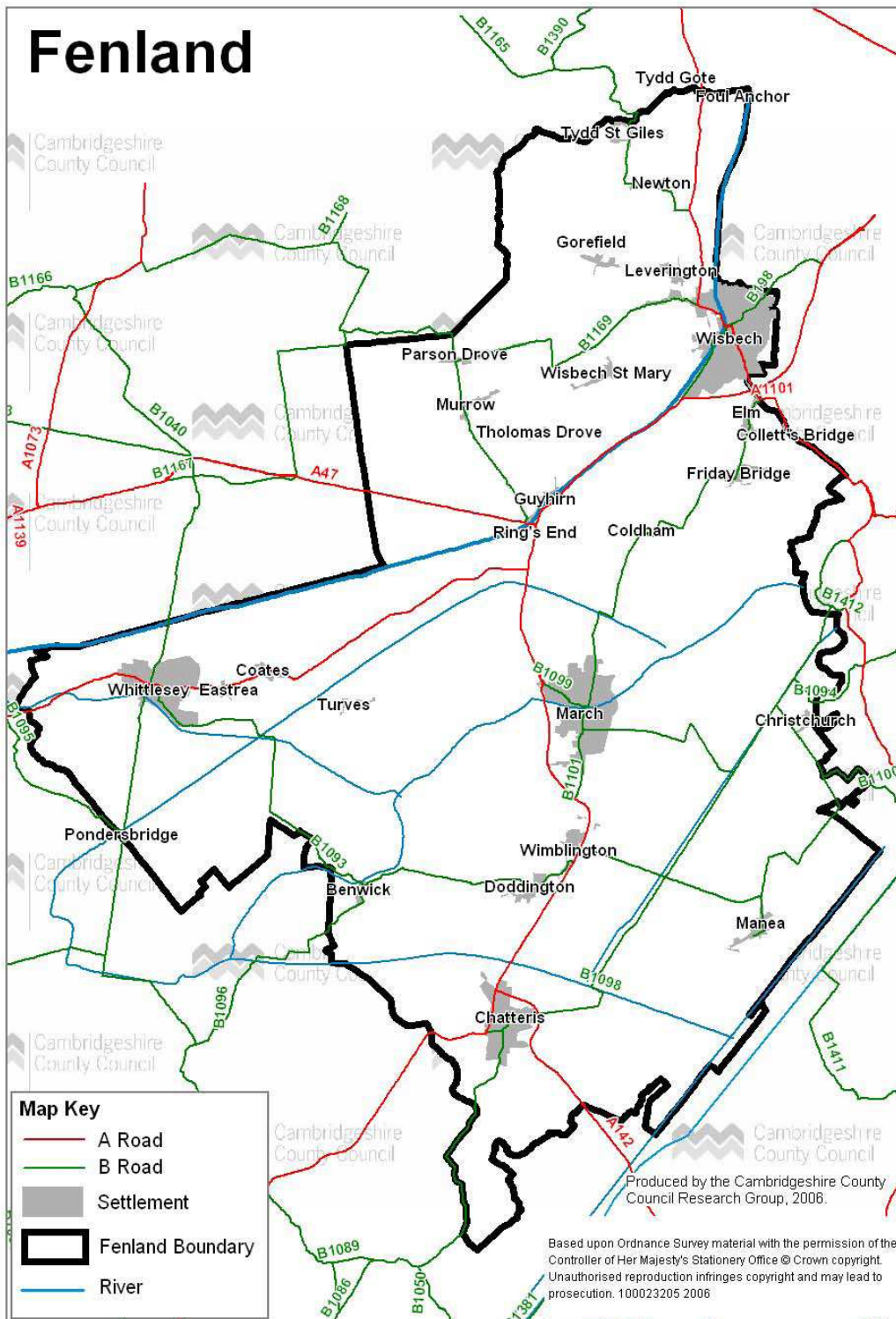
What Makes Interventions Successful?

There are reviews that have explored other family mediation approaches (Kazdin, 1987, Sutton, Utting and Farrington, 2004) and also interventions that involve parental focus (Scott et al, 2001, Dishion and Andrews, 1995). Family mediation approaches alone appear limited in their ability to impact on the negative behaviors of children and young people. Kazadin (1987) notes that treatment at the level of the family does not appear to be sufficient enough to alter antisocial behaviour. For programmes that involve child and parental interventions the outcome is different. A study which compared interventions that involved 'teen focus' and 'parent focus' found that teen focus groups on their own do not have improved outcomes one year on, but combinations of teen and parent focus groups produce the best outcomes (Dishion and Andrews, 1995). Scott et al (2001) produced a paper to ascertain whether behaviourally based group parenting programmes are effective for anti social behaviour in children. They conclude that children age 3-8 in the intervention group showed a large reduction in antisocial behaviour compared to those in the waiting lists, whose behaviour did not change. Given the limited short term impacts in Dishion and Andrews's study from those who were only involved in the parent group, it would appear that interventions that involve teen and parental group interventions are more successful. Both articles indicate that combined child and parent groups have the best capacity to reduce anti-social behaviours in children but longer term data would need to be gathered in order to verify these conclusions.

Literature that evaluates the success of interventions with children and young people is limited and further studies are required to draw conclusions as to what interventions work. It is clear however, that there is a larger focus on

interventions aimed at adolescents and older teenagers aged 16-19, rather than primary aged children when risk behaviours can be first identified.

Part 2: Fenland - Demographics Related to Risks for NEET



With a population of 83, 519, (Census, 2001) Fenland is a rural district in North East Cambridgeshire and its main towns include March, Whittlesey, Wisbech and Chatteris. The ethnicity breakdown in Fenland reveals it is predominantly made up of a White British population. The population at the time of the 2001 Census revealed that for Fenland, 96.87% were White British, compared to the whole of England, where only 87.5% were White British. Additionally, only 0.38% of the population were Asian/Asian British compared to 4.36% in the whole of England.

7. Levels of Deprivation in Fenland

Whilst Cambridgeshire is identified as a relatively affluent area, there are three areas in Cambridgeshire that fall within the most 10% deprived areas in England and all three are in Wisbech. A further 6 areas fall within the most 20% deprived of areas nationally and these are in Wisbech, March and Kings Hedges. In 2010, 11 of Cambridgeshire's most deprived areas were in Fenland, 7 in Cambridge City and 2 in Huntingdonshire.

Table 1: Levels of Deprivation across Cambridgeshire

LA NAME	Indices of Multiple Deprivation Rank 2010	% Rank 2010
Cambridge	188	58%
East Cambridgeshire	269	83%
Fenland	94	29%
Huntingdonshire	276	88%
South Cambridgeshire	321	99%

Source: *English Indices of Deprivation 2010 and English Indices of Multiple Deprivation 2010: Summary Report* (Cambridge County Council Research Group, 2010)

Fenland remains Cambridgeshire's most deprived district (ranking 94th most deprived local authority out of 326 nationally) in stark contrast to other districts within the County.

8. Income and Employment in Fenland

Levels of income deprivation can be seen by comparing a cluster of data from Fenland with the rest of Cambridgeshire and England. In particular, the number of car owners, the type of jobs held and the income of households are relevant here.

Data taken from the Office of National Statistics for 2010 (**Table 2**) demonstrates the low levels of income of those in Fenland compared to nearby areas in Cambridgeshire. For Cambridgeshire as a whole, gross weekly income figures are at 547.8 and at 501.8 for England. For Fenland however, they are comparatively low at 440.6. (NOMIS, 2010)

Table 2: Economic Activity

	Fenland	Cambridgeshire	England
Population	91,900	616,300	60,462,600
Working age population	56,100 (61.0%)	65.7%	64.8%
Economically active	42,600 (71.6%)	79.1%	76.2%
Economically inactive	16,500 (28.4%)	20.9%	23.8%
Not wanting a job	12,200 (21.1%)	16.5%	18.1%
Gross weekly pay (£)	440.6	547.8	501.8

Source: *NOMIS* (2010)

Of the working age population in Fenland, 28.4% are economically inactive compared to only 20.9% over the whole of Cambridgeshire. The fact that 21.1% of individuals in Fenland stated that they do not want a job might help explain this figure to some degree. Considering that Cambridgeshire itself is an area of relative affluence, the fact that the figures for Fenland for economic inactivity are higher than the national average indicates that this as a significant problem for Fenland.

Another factor that enables us to draw conclusions as to the relative poverty of Fenland compared to the whole of Cambridgeshire is the number of car owners. Data from the 2001 Census shown above (**Table 3**) shows that whilst the number of car owners in Fenland is above the national average, they are

low compared to South Cambridgeshire. Significantly 19.5% of all households have no car in Fenland compared to only 11% in South Cambridgeshire.

Table 3: Car Owners

Car Owners	Fenland		South Cambridgeshire		England	
All Households	35,193		52,181		20,451,427	
No van or car	6,860	19.5%	6,179	11%	5,488,386	26.8%
1 car or van	16,439	46.7%	21,178	40.6%	8,935,718	43.9%
2 cars or vans	9,284	26.4%	19,194	36.7%	4,818,581	23.6%
3 cars or vans	1,983	5.6%	4,231	8.1%	924,289	4.5%
4 or more cars or vans	627	1.8%	1,399	2.7%	284,453	1.4%

Source: Census 2001, Office national Statistics

The proportion of families receiving means tested benefits is also relatively high in Fenland at 19.8% compared to only 10.9% in East Cambridgeshire and 8% in South Cambridgeshire (DH Health Profile, 2011). Whilst the national average is 20.9%, these comparisons do show that in a generally affluent county, deprivation levels are proportionately high in Fenland.

9. Health Deprivation and Disability in Fenland

The Department of Health's profile on Fenland and Cambridgeshire (2011) on its inhabitants showed some significant information on the life of people in Fenland compared to that of East Cambridgeshire, South Cambridgeshire and England as a whole. **(See Table 4)**

Although the incidence of teenage pregnancy in Fenland is below the national average, it is considerably higher in Fenland compared to East Cambridgeshire and South Cambridgeshire. Per 1000 females aged 15-17, the teenage pregnancy is 36.7 in Fenland compared to only 20.1 in East Cambridgeshire and 20.5 in South Cambridgeshire.

Childhood obesity also appears to be a significant issue in Fenland with 19.7% of children in Fenland being Obese. In South Cambridgeshire, this is

only at 13.5%. Other data taken from The National Child Measurement programme in 2008/09 showed that the highest rates of childhood obesity in Cambridgeshire were in Fenland in both reception (8.6%) and in year 6 (20.0%) compared to the lowest rates in South Cambridgeshire for reception (6.8%) and year 6 (12.7%).

Table 4: Health Profile for Fenland, East Cambridgeshire, South Cambridgeshire and England, 2011

	Fenland	East Cambs	South Cambs	England Average
GSCE Achievement (<i>% achieving key stage 4</i>)	45.6	60.4	68.8	55.3
Long term unemployment (<i>rate per 1000 population</i>)	7.4	3.2	2.3	6.2
Proportion of children in poverty (<i>% of families receiving mean-tested benefits and low income</i>)	19.8	10.9	8	20.9
Violent crime (<i>per 1000 population</i>)	14.2	7.4	6.4	15.8
Obese children (<i>% of children in year 6</i>)	19.7	17.3	13.5	18.7
Teenage pregnancy (<i>under 18 conception rate per 1000 females age 15-17</i>)	36.7	20.1	20.5	40.2
Physically active adults (<i>% age 16+</i>)	9.1	10.0	12.3	11.5
Hospital stays for self harm (<i>rate per 100,000 population</i>)	232.7	147.8	240.6	198.3
Hospital stays for alcohol related harm (<i>rate per 100,000 population</i>)	2026	1449	1607	1743
Drug misuse (<i>estimated number of drug users of crack or opiates age 15-64 per 1000 resident population</i>)	8.9	4.5	1.9	9.4

Source: DoH (2011)

Levels of alcohol and illegal drug use in Fenland also seems to be problematic: Hospital stays for alcohol related harm are at 2026 per 100,000

population compared to only 1449 in East Cambridgeshire, 1607 in South Cambridgeshire and 1743 in England. Additionally, the number of individuals abusing drugs aged 15-64 is recorded at 8.9 per 1000 in Fenland but only 1.9 in South Cambridgeshire and 4.5 in East Cambridgeshire.

From what we know about the risk factors of becoming NEET and its links with low socioeconomic backgrounds, the above data regarding Fenland offers some explanation for the NEET figures in this region.

10. NEET Figures in England

A Longitudinal study of young people in England taken in 2010 (DoE, 2010) has yielded some interesting results in regards to NEET status.

According to the data, **(Table 5)** Pakistani and White British young people are more likely to be NEET for longer than 12 months. Conversely, Indian and Black African young people, only a small percentage is likely to be NEET for long periods of time.

Table 5: Length of time in NEET by Characteristics

	Weighted base	0 months NEET (%)	1 to 12 months NEET (%)	Greater than 12 months NEET (%)
Gender				
Male	7,521	66	25	9
Female	7,192	73	20	8
Ethnic Origin				
White	12,558	69	23	9
Indian	350	79	19	<u>2</u>
Pakistani	354	67	23	10
Bangladeshi	149	66	26	8
Other Asian	178	79	18	*
Black African	262	83	15	2
Black Caribbean	214	69	23	8
Parental Occupation				
Higher Professional	1006	79	19	2

Lower Supervisory	1170	67	23	10
Routine	2479	59	27	14
Other/Not Classified	1706	54	25	21
Parental Qualifications				
Degree	3220	76	22	2
At least 1 A Level	3187	75	20	5
Below A Level/Not Sure	8297	64	24	12
Free School Meals Year 11	<u>Weighted base</u>	0 months NEET (%)	1 to 12 months NEET (%)	Greater than 12 months NEET (%)
No	11899	72	22	7
Yes	1685	51	29	20
Year 11 GCSE Qualifications				
8+ A*-C	6847	82	17	1
5-7 A*-C	2065	72	23	4
1-4 A*-C	2998	64	28	9
5+ D-G	1541	50	32	18
1-4 D-G	711	31	30	39
None Reported	543	27	28	45
Truancy year 11				
Persistent Truancy	544	38	29	33
Occasional Truancy	3640	59	30	11
No Truancy	9874	76	20	5
Ever Been excluded by year 11				
Permanently Excluded	156	24	35	40
Not Excluded	12941	72	21	6

Source: Longitudinal Study of Young People in England (2010) Waves 4, 5 and 6 and Youth Cohort Study Cohort 13, sweeps 1, 2 and 3. (DoH, 2010)

Also from Table 5, the link between coming from lower socioeconomic backgrounds and NEET status is supported here, seen in data that indicates 72% of those who did not receive free school meals did not become NEET and only 7% were NEET for longer than 12 months. For those young people who did receive free school meals, about half did not become NEET, but 20% remained NEET for longer than 12 months.

The link between poor educational attainment and NEET status is strongly evidenced by this data too. Those with high attainment at GCSE grades were highly unlikely to enter NEET status and of those that did enter NEET status (17%) the large majority remained NEET for less than 12 months. This might be explained by what we know about periods between gap years and entering full time higher education. Conversely, those with very low grades attaining only 1-4 GCSE's Grades D-G were more likely than those with higher grades to remain NEET for more than 12 months.

The Labour Force Survey undertaken in 2008 also revealed some interesting information about the reasons for young people being NEET and the attitudes of young people to work. (Barham et al, 2009). In women aged 18-24, 72% of inactive women aged 16 – 24 gave their reason for activity as looking after the family or home. For men, 57% of young people gave their reason for inactivity as other. This suggests that clearly different factors affect men and women in their status of NEET.

5% of young people ages 18 – 24 who were not in education or training, stated that they definitely would not work in the future, whereas only 1% of those who were in education or training said they definitely would not work in future. Across the range of ages (16 – 24) 95% of those in education or training felt they would definitely work in the future, compared to those who were not in education or training, where only 65% felt they definitely would work in the future.

11. Fenland and risks associated with being NEET

Taking what we have learned about NEETs and risk factors from the literature and the above data, comparisons with Fenland data can be made to understand NEET figures in that district.

Table 6 shows NEET numbers across Cambridgeshire and England from 2007 to 2009. Although NEET rates for Fenland have decreased from 2007 to 2009 and rates for Cambridgeshire overall have increased, NEET numbers in

Fenland still remain higher than anywhere else in Cambridgeshire. For 2007 and 2008, NEET rates in Fenland were also above the national average

Table 6: Number of People Not in Education, Employment or Training (%)

District	2007	2008	2009
Cambridge City	7.3	7.4	7.0
East Cambridgeshire	5.1	4.5	4.7
Fenland	8.1	7.7	7.5
Huntingdonshire	5.2	4.5	5.5
South Cambridgeshire	2.7	2.9	3.6
Cambridgeshire	5.0	5.2	5.4
England	6.7	6.7	----

Source: Connexions (JSNA, 2010)

Poor educational attainment has been linked to NEET status across the literature and in data gathered from the Longitudinal Study of Young People discussed above. **Table 7** below indicates the low levels of educational attainment at GCSE Level in Fenland compared to the rest of the region and in England as a whole. Only 41.2% of young people in Fenland attained 5 or more GCSE's Grades A*-C in Fenland compared to 54% in Huntingdonshire which is very close geographically to Fenland. Even in England as a whole where there are consistent areas of deprivation, rates were higher, at 50.9%.

Table 7: Percentage of Secondary pupils achieving 5+ A*-C at GCSE including English and Maths

District of school	2009
Cambridge City	54.9
East Cambridgeshire	56.0
Fenland	41.2
Huntingdonshire	54.0
South Cambridgeshire	68.7
Cambridgeshire	56.2
Statistical Neighbours	55.3
England	50.9

Source: DCSF in SFR 01/2010, SFR 34/2009 and SFR 27/2009

Another concern in regards to NEET is teenage pregnancies. The conception rates of females under 18 years between 2006-2008 are displayed in **Table 8**.

Table 8: Conceptions in females aged under 18 years, 2006-2008

Local Authority	Average number of U 18 conceptions per year	Rate per 1000
Cambridge City	52	28.6
East Cambridgeshire	30	20.7
Fenland	63	38.0
Huntingdonshire	87	27.0
South Cambridgeshire	45	17.8
Cambridgeshire	276	26.0
England	39,429	40.9

Source: Teenage Pregnancy Unit and Office for National Statistics

Whilst the rates for teenage pregnancy in Fenland are just below the national average, they are noticeably higher than the rates found in the rest of the County. Even compared to Huntingdonshire and in Cambridge City, where there are areas of deprivation, rates per 1000 are higher in Fenland. This of course may contribute to the prevalence of NEET numbers among young people in Fenland.

Table 9: Pupil Absence in Schools, Referenced by Location of Educational Institution

	Fenland %	South Cambridgeshire %	England %
Unauthorised Absence in Maintained Primary Schools	1.68	0.67	0.67
Persistent Absentees in Maintained Primary Schools	3.2	1.9	1.4
Unauthorised Absence in Maintained Secondary Schools	2.36	1.11	1.38
Persistent Absentees in Maintained Secondary Schools	6.3	3.6	4.2

Source: Neighbourhood National Statistics 09/10

Truancy is another factor that has been associated with NEET status and again, in Fenland unauthorised and persistent absences in both primary and

secondary school are higher in Fenland than in South Cambridgeshire and nationally (**see Table 9**).

For secondary schools, the rate of persistent absentees in Fenland is at 6.3% and only 3.6% in South Cambridgeshire. The rate is also significantly higher in Fenland for primary school aged children.

Considering what the data from the Longitudinal Youth Study has demonstrated in regards to the relationship between NEETs and their parents' occupation, the Occupational breakdown of the working age population in Fenland and Cambridgeshire is interesting.

Table 10: Occupational breakdown within the working age population (%)

Occupation	Fenland	Cambridgeshire	England
Higher managerial/professional	9.2	21.7	14.3
Lower managerial/professional	19.6	26.0	22.5
Intermediate occupations	6.3	5.8	6.7
Small employers and own account workers	13.8	11.9	11.6
Lower supervisory and technical occupations	12.7	10.3	10.5
Semi-routine occupations	14.5	9.3	11.6
Routine occupations	15.6	9.3	11.1
Never worked and long-term unemployed	3.1	1.7	4.7
Not classified	5.3	3.9	7.1

Source: Census 2001, Office National Statistics

Those with Routine occupations are more likely than those in managerial or professional positions to have children who are NEET. **Table 10** indicates that compared with Cambridgeshire and England, Fenland has a low percentage in managerial/professional positions and higher numbers in routine

occupations. Additionally, in Fenland, 3.1% have never worked, or are long term unemployed but this only applies to 1.7% of people in Cambridgeshire as a whole.

12. Conclusion

In the literature, there is comprehensive identification of factors that might lead to NEET status in young people even if at times further research is needed to confirm the findings. Collectively, the literature search has revealed the multiple risks that lead to NEET status and the prevalence of different categories of NEET including gender, ethnicity and location. Poor educational attainment and low socio-economic status are key factors.

Although emotional and behavioural difficulties are identified in primary age children, there appears to be no concrete identification of possible NEETS in primary school aged children and interventions aimed at this age group are limited. The large majority of interventions are aimed at adolescents, and are primarily concerned with young people who present consistent difficult and anti-social behaviours.

The presence of poor mental health in children and young people is disconnected from discourses on interventions that relate to NEET status.

The literature review indicates that interventions are successful when they combine both the child and parent in their tasks and take place both at school and at home, working from solution focused, strength based perspectives. This is seen in the contrasting studies and also where system interventions have been implemented. Mentoring approaches might also be of some value. Furthermore, there is very little in the way of interventions aimed at addressing the different needs of young people and those who are at risk of merely *drifting* into NEET status. The problem with the literature is that no longitudinal studies have been conducted and most of the interventions have been short term with isolated impacts identified. Interventions undertaken in

younger children are not necessarily enough if not repeated or continued when required and interventions that take place in adolescence would appear to be 'too little, too late.'

Data searched as a part of this review has validated and confirmed the studies which have made conclusions as to known factors of becoming NEET for young people.

Patterns have been found between the lives of young people and their families in Fenland and the identified risks for becoming NEET generally. As an area of deprivation, Fenland is an area characterised by factors affecting the lives of young people that are known to increase the risk of becoming NEET as young adults.

Further longitudinal studies are required in order to clarify current research and also to investigate what interventions are likely to work with young people at risk of becoming NEET and whether these children can be identified at an earlier age.

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