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NEETS and NEEDS

- A Baseline study in the RETHINK project

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Summary

The report presents the regions of Linköping and Zemgale. The text discusses theories of the changing society. Further, the report describes the development from a welfare society to a workfare-oriented society challenging welfare systems and organisations. The target group of the project is defined as NEETMI. The target group is present in both regions (Zemgale app. 17 percent) and in Sweden (18 percent born outside Sweden and six percent are born in Sweden). Further, the report describes the characteristics of the target group as heterogeneous in both regions carrying mental ill health and mental illness. The report exemplifies different programs of training and interventions and experiences made within the framework of professional organisations. The report presents a theoretical framework of human needs and satisfiers that might be used in the forthcoming process of the project. Finally, the report set forth a theoretical model of four platforms that contextualises and individualises the entrances to professional interventions. One conclusion made, that refer to both regions, is that training programs have to be tailor made to be successful.

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1. Introduction

The European Union/Central Baltic project named RETHINK lay focus on the social and economic exclusion people in two different regions in the area of Baltic Sea (Linköping/Sweden and Zemgale/Latvia). The target group of the project is young people between 18 to 30 years of age carrying a history of mental ill health. The intentions of the project are, in short, to develop a new support programme based on the experiences found in the professional service organisations in the two regions (Project plan 2018). One initial part of the project is to map existing research on the needs of the target group and the activities, such as interventions and support programmes made by the professional service organisations in the regions respectively. The question of how different needs and support hold together is significant in this initial phase of the project and it is the major question of this report.

The aim of the report is to put the target group on the map by outline the features of the changing society and describe the social and personal conditions of the group addressed by the project in the municipality of Linköping and in the region of Zemgale Planning Region. The report contains a backdrop of contemporary Sociological theory used to point out the liquid character of modern society, that is, changes concerning work, education and services provided by the welfare state. Further, the report will unfold the character of problems uphold by the target group in a generalised form, such as, mental ill health, interrupted school attendance and experiences of social exclusion. Another area of interest to the project is the services provided by the professional organisations. What kind of interventions are made in order to support young people and what are the experiences of effectiveness and results of interventions made? Finally, the report will approach the needs of the target group based on a theoretical model and discuss the effectiveness of interventions made by professional organisations. The report will use theoretical reasoning and explanations, research and programs alongside qualitative data collected by means of interviews and other inquires directed to people and organisations with experience of working with the target group professionally.

2. Mapping the social context

In recent decades, welfare organizations such as municipalities, the Social Insurance Agency, the Employment Service and the Healthcare services have been at the interface of the modern traditional welfare state and the emerging neoliberal, individualized and multicultural society (Meagher & Szebehely, 2019). As a result, we believe that the organizations challenge by new needs and requirements from both the individuals and the surrounding community. The journey from the traditional welfare society to the more difficult-to-describe society of the 2010s discusses with the help of three discursive ideal-typical social welfare models. This means that the analysis searches for general and abstract differences between different models. The purpose of this approach is to try to identify, describe and understand contemporary social conditions of the welfare organizations' work with the social needs of the inhabitants.

2.1 The Society of Rights

In traditional Swedish society, welfare organizations must together ensure that the economic and social safety net is well enough secured and strong to care for individuals who are in present, but also in the long term in need of support and service (Svallfors, 2007). Over the years, these safety nets have mainly supported individuals who live with traditional problems such as unemployment, illness and mental illness, abuse, children and families in need of support, and finally problems related to school and education issues. The demographic outcome of this society visualizes in a pyramidal form: The further down the social pyramid you are, the more likely you are in a situation of social and economic risk.

One of the cornerstones of the *Society of Rights* is to support individuals who suffer from a lack of welfare. This means, both practically and theoretically, that the individual does not necessarily have to work to live a reasonably decent life. This is the principle of *de-commodification*. We can understand the concept as the degree to which the individual needs to finance his own living expenses. In practical terms, this means that everyone who is a member of the welfare system has the right to be supported. Another fundamental point is that this society characterizes by compensatory strategies to handle systematic inequality structures. Above all and most clearly: individuals with high salaries paying more in income tax than individuals with lower income salaries do. (Esping-Andersen, 1990).

In practice, these two fundamentals mean that individuals who have higher income than those who have lower income, provided that those who pay income taxes are assured that those who do not pay would do the same if they were the ones with a better ability to pay. The willingness to pay is, in other words, central to the legitimacy of the *Society of Rights*. (Svallfors, 2007)

2.2 The Society of Obligations

In the society that began to emerge at the beginning of the 1990s, it increasingly speaks of a society and humans that moves away from the principles and values of the former traditional

society. The new human, it was said, is about to become more and more individualistic and self-oriented. This is about a person who no longer thinks and feels about the other people, despite if they are close or nearby geographically and socially, as a "we". This so-called individualization process does not have to mean that people in the new country, in principle, want to make themselves independent of what the former society offered. However, a destabilization of common social values is not the same as a simple journey towards individual freedom in the same way that a movement towards a more collectively organized society does not automatically lead to a restriction of said freedom. (Beck, 2003)

The individual's civic position in the *Society of Obligations* is subject to a political and social transformation. In line with general societal changes such as globalization and individualization, individuals' sense of solidarity and equality is affected. Both in society and among people in general, there is the discussion that traditional rights and obligations need to become more situational and resilient. Examples of this are the sharpened political tone towards individuals who, in the early 2000s, lived in need of financial and social support such as narrower diagnostic limits for incapacity for work; increased demands for activation in social insurance; generally higher political voices against people living in various forms of exclusion. We can understand these movements such as that the *Society of Rights* premises on welfare for everyone are about to be abandoned. In practice, this means that citizens do not necessarily have a universal right to live under equal conditions. (Beck, 2000).

We can say that the *Society of Obligations* has moved away from the collective ideological norms and values to situational and context-based incentives in the utilization of the welfare organizations' work. This movement began as early as the 1990s when Tony Blair's and Anthony Giddens "The Third Way's Politics" increasingly influenced the Swedish politicians and politics in the form of demands for more individual solutions and private alternatives. (Giddens, 1998). However, the emphasizing of the importance of collective solutions never decline totally. Later, in the beginning of the 2000s, the politics of the Third Way began in a relatively undisputable manner towards a more individual-oriented society, for example; the introduction of private pension insurance, more opportunities for the individual to choose healthcare services from the private sector; more flexible employment conditions, and subsequent attempts to dismantle job security legislations. This flexible individualism bears fruit in the form of the expansion of private staffing agencies, agencies who, over time, also made its way into the domains of the welfare organizations. (Furåker, 2007).

2.3 The Society of the Life-world

In the two societies described earlier, the figures of welfare work are relatively similar. There are people who is relatively easy to describe socio-demographically. Recently, however, this socio-demographic map has changed (Zuccotti & O'Reilly, 2019). The welfare organizations are subject to demands that are more complex than ever. This means that the welfare sector is facing new conditions and new problems. The organization of welfare has also changed. The

movement towards more private caregivers has continued and the individual can choose a private welfare provider in all areas: such as childcare; elderly care; health care.

In this upcoming society, the traditional welfare solutions are slow and not enough flexible. It is a new and complex society where the key issue is not only about who will do the work, but also on whether the work is evidence-based and resource-efficiently performed. In the *Society of the Life-world*, new vulnerable (precarious) groups have emerged, for example: young adults living with severe mental ill health; foreign-born illiterates; suburban youth who see a future in making a career in a parallel society; individuals who flee to the digitized world instead of going to school or looking for a job (Standing, 2011). The list is long and together this challenge the need for support in the society we live in today. For welfare operators, this is about finding a vantage point that does not have its main position in an economic and political landscape where political ideologies rather than effective and evidence-based practices are defended and maintained (Sage, 2019). This is a vantage point where, above all, the individual, with the support of regional and local actors, could expand its scope of action.

In the *Society of the Life-world*, it is difficult to reason in absolute terms, e.g. that society should ensure that the needy are assisted with equal resources up to the general standard of living. When we talk about welfare and needs, it has to be more modernized and individualized. The groups that need help and support ought not to be defined on the same scale. What the individual need is so much more difficult to understand in this society. Welfare work also needs to focus more on preventive work and focus on improving the individual's entire life situation rather than short-term reactive work. The new needs panorama now appears much earlier and more powerful. The child born in an unfavorable situation must manage not only with the parent's poor economy but also with language difficulties and structural discrimination. Here we can talk about a new inequality that *The Society of the Life-world* must adapt to and prepare for. Below we present a special group of young adults that lives in *the Society of the Life-world*.

3. Mapping the Target Group

3.1 New categories evolve

During the 2000s, some new terms for the target group emerged. Target groups in general describes as heterogeneous in the sense that age, gender, cultural backgrounds vary, and that the individuals in the group often have a multifaceted problem (FoU working report 29:2018). Characteristically, however, is that the individuals show signs of mental ill health. Experiences made in several social work projects state that individuals do not necessarily lack insight into the difficulties of their own. It is rather an intentional act not to seek attention by the care providers. Another issue is that individuals in project target groups may seek care for many different symptoms that treaties separately from each other, without penetrating the actual cause of the symptoms. Individuals may be socially evasive, isolated and living with an unresolved neuropsychiatric problem. Illiteracy and language barriers occur as well as abuse, crime and addiction in various forms. This is comparable with the experiences made by the professionals in the interview section.

Linked to the growing proportion of individuals in the target group 18-35 years "new" groups of individuals have been developed to which the social safety net is not strong enough. The Rethink project's target group is NEET, which also lives with some form of mental ill health, here called NEETMI. Internationally, NEET (not in employment, education or in training, in Sweden, the acronym UVAS (young people who neither work nor study) is used (The Swedish Agency for Public Management, 2019:12). Such groups describes as people who are stuck at home in front of the computer, caught up in an interactive world, developing difficulties with their own identity and capability to socialise with other people in real life. Experiences of the target group show that NEET and Hikikomoris usually are Swedish born, living with unresolved mental illness. Reasons why the group excludes from society explains as insufficient knowledge of self-care shortage of self-understanding and inability to demand community intervention.

In Sweden 2018, approximately 71,000 were included in the NEET group. The target group describes as young people who: "... more often than other young people [are] low-educated, foreign-born and dependent on allowance for their living. They more often have disabilities and more often suffer from mental ill health." However, due to changed selection principles, it is difficult to show statistically whether the NEET group has increased or decreased over the past 5 years. The relatively large group of migrant youths who do not have a residence permit is not included as belonging to the NEETs. In 2018, NEET distributed as follows. (The Swedish Agency for Public Management, 2019:02):

Table 1. Statistics of the NEET group in Sweden and Linköping

	15-24 years				25-29 years			
	Sweden		Linköping		Sweden		Linköping	
	n.	%	n.	%	n.	%	n.	%
Women	20423	4.9	247	2.9	24738	9.0	321	6.4
Women (born abroad)	12668	14.4	178	11.0	19664	24.3	314	22.5
Men	25653	5.9	360	3.8	26341	9.0	368	6.1
Men (born abroad)	12506	11.3	194	9.6	15087	17.8	242	16.9

What we can learn from table 1 is that there are fewer home-born NEETs in Linköping compared to what the average looks like in Sweden. A total sum of 979 young people registered in the group aged 15-24. In the older age group, there are a few more: 1245. For born abroad, the numbers in Linköping are on a par with the Sweden's national numbers. We can also read that almost one in four born abroad women aged 25-29 are outside the labor market.

3.2 NEETs living with mental ill health

This project will include young people and young adults who have mental ill health, the group we call NEETMI. As a subgroup the NEETMIs is not statistically well studied. The reasons for this are several. One reason is that the concept of mental illness itself contains a variety of symptoms and disorders. Regarding to the generally used definitions the concept divides into three spheres: First, mental disorders and disabilities that limit the individual in everyday life, e.g. anxiety, stress, and difficulty sleeping. Second, the psychiatric condition: "... where several symptoms meet the criteria for a diagnosis". The third dimension embraces both the disorder, disability and the disease spectrum. (Public Health Agency of Sweden, 2019).

Another reason why it is difficult to identify NEETMI is that it is unclear if the municipalities have an obligation to register the individual's health in connection with decisions on support payments or other measures. This problem also includes an unclear legislative domain where the Social Services Act (SoL), the Health Care Act (HSL) and in some cases the Act of special support and service (LSS) can be said to be responsible for various parts of a hypothetical NEETMI. The last-mentioned difficulty in framing NEETMI concerns the group of young people and young adults living with different types of neuropsychiatric functional disorders (Npd) such as ADHD, Autism and Asperger's. This group is common in the broad NEETMI group, but it is not easy to define Npds as a group that automatically has mental disorders or ill health. Individuals from the diagnostic groups are also different both within and between each other. (Statistics Sweden, 2019).

However, what is relatively established is that the registered number of young people and young adults in the "Patient Register" (both in open and in closed care) has increased during the

2010s. Regarding gender differences, it is a statistically fact that females experience poorer mental health than males do. On the other hand, individuals born in Sweden indicate largely than born abroad that they have mental ill health. Note that this refers to numbers at a national level. There are no reliable statistics broken down by the different age groups at the municipal level. (Public Health Agency of Sweden, 2019).

3.3 Characteristics of the target group

The target group, described by professional service providers in Linköping, are people between 18 and 24 and in some cases up to 30 years of age. Largely the background is similar between individuals and a description will take on a few alignments. The major problem in the group seems to be personal and concerns habits of everyday life. The target group of the project describes as having difficulty sleeping and as a group that do not take part in physical exercise on a regular basis. Another problem is a lack of healthy eating habits.

The everyday problems also concern the respect of oneself. The suffering from low self-esteem is apparent and may take alternative directions, for instance in relation to education and attendance at school. One recurrent feature in the history of the target group is the dropouts from school without finishing with a diploma. The lack of self-esteem seems to be the main obstacle in proceeding with one's education.

One complex of problems within the target group concerns the family settings. Members of the target group often derives from dysfunctional family situations. A family situation that describes as tinged by different forms of addiction from alcohol to drugs and who carries a history of psychological illness, receipt of social care as well as welfare. Unexpectedly not, the family situation of the members of the target group does not offer support from adults since parents and relatives are missing in everyday life. The target group also fails support from associations. In general, the group lacks supporting social networks or only having feeble informal networks in working order. Despite that, a large number of professionals may surround the individuals of the target group the functionality is not the one of a traditional family. The staff will also change constantly. Descriptions of the target group draws on the topic of social exclusion. Individuals often experience alienation from society, the professionals claim the target group being benighted basic societal conditions, for instance, ignorance of authorities, and they are unable to contact such organisations.

Unfolding the question of distribution, in terms of sex and typical problem of the sexes, a few conditions ascertains. In general, the distribution between women and men are fairly equal assuming on a long-term perspective. However, the distribution between sexes may vary periodically as well as the ethnical division within the target group. Notably, authorities may not keep record of clients that suffer from mental ill health. Some of the professionals brings forward a division between different ethnical groups and problems, for instance, the intensity of the notion of honour and the expectations from families. The interviews and the inquiries made with professionals demonstrates some tangible differences between sexes and typical problems. The use

of drugs distributes equally between men and women as well as selling sexual services. However, the former is more likely to be involved in criminality and men are over-represented as a group occupied with solitary computer gaming.

In Latvia, only a minor proportion of adults with mental and behavioural disabilities are employed (16 %). Scrutinising the Zemgale Planning Region (ZPR) approximately 3, 000 individuals have some form of mental disorder and among them are 52% men and 48 % women. The potential target group poses approximately 500 individuals in the age between 18 and 30. The target group is depicted as substantially heterogeneous according to status of health, social and economic situations, family conditions and place of residence.

3.4 Interviews with the target group in Linköping

The conversations with the youths strengthen the image described above by the professionals. What is common is that they are in a precarious position to use Guy Standing's concepts. In addition to a low level of security and safety in the labour market and a mental illness, the youths in the target group usually also have an incomplete schooling. This group have a triple precarious situation. This means that the group often lack both material and immaterial resources to improve their position in society on their own.

Young people in the target group live in a different world of life than many of us do. Small simple barriers for established adults can be insurmountable obstacles for the young ones living with mental ill health. In some cases, this is about the passivation of young people in the absence of demands and support from the adult world – in other words, they have created their own reality where formal activities such as training and job search are neither interesting, relevant nor perceived as necessary. In research, we call this “learned helplessness”. In other cases, due to neuropsychiatric barriers, they have a low ability to – without support – live up to the demands of an adult world. There are also, of course, youths who fall into both these categories.

The interviews visualizes that several of the young have either few social contacts or contacts that live approximately the same life. However, this picture is not as sharp as above, but there is reason to believe that many young people's social networks help to keep them in a precarious situation. There are also previous studies in Linköping that show that in some cases social vulnerability is inherited (Bredmar et. al., 2014).

The target group's triple-precarious situation puts them in adulthood at risk of falling into negative social currents (trajectories) that take them further away from a self-sufficiency. As an example, the project manager and the researcher had to get used to the fact that the young people did not come to about a third of pre-arranged meetings. It was also common for them to have double-booked themselves and that they had to cancel to prioritize other meetings. This lack of time management also put them into a risk of streaming away from support measures that in this case the Rethink project offers.

The interviews also revealed that the target group are under intense pressure from the authorities. This expresses in some cases in a more or less active opposition to the authorities. The previously referenced Guy Standing (2011) argues that the Precariat are dangerous because they in their insecurity are ready to join any group that offers some kind of group-safety. From a social psychological perspective, this is not very peculiar but rather natural (Elias & Scotson, 2011). People need safety and they will seek safety if they do not have it, but there is also a risk that these young people in the search will end up in streams that take them further from the life that the majority society oblige of them.

A final aspect is that many in the NEETMI group are in a moment-22 situation. In order to receive financial aid or allowance, they need to activate themselves, finish secondary upper school and search for a job. However, when they make an effort to jump into the currents of the adult world, they risk even more ill health. It is a widely known fact that we humans do not feel good about living under requirements over which we do not have reasonable control (Theorell, 2012). Moreover, for people living with neuropsychiatric problems, too high demands – from the authorities, for example – might be counterproductive.

3.5 Interviews with the target group in Zemgale planning region

The interviewees in the municipalities of the Zemgale Planning Region are in the age range of 17 and 30 carrying various forms of mental disorders ranging from ill health and no certain diagnosis to mentally retarded. The target group is in general exposed to the risk of social exclusion due to unemployment or without education or training programmes as well as low income, lack of skills and knowledge in order to adopt an independent life. All of the interviewees had received some form of education, although not always workable. At the time of the interviews, ten out of seventeen interviewees had employment, including seasonal work and the work of supporting neighbours and relatives. The other part of the group are described as not capable or motivated to work and lack confidence to engage in social activities.

The study from Zemgale shows a number of causes that may hinder the target group to take part in education or receive employment.

First, the social settings of the individual, such as, relatives, support providers, employers and the wider society in general do not look into the situation of the individual profoundly. For instance, the health conditions and inherent disorders are left unnoticed as well as knowledge of the individual's skills, interest and motivations.

Secondly, significant humans, such as the family assume an "over-caring" attitude towards the well-being of the individual of the target group. The approach prevents the autonomy of the individual and undermine the employment and education mind set. The individual is socialised into helplessness and a lack of independent decision-making.

Thirdly, making one's living out of social assistance/benefits habitually will counteract the incentive to employment and hinder the motivation to earn ones on living. Also, inability to work full time or receive well-paid employment increases the risk of a "welfare-trap", since it becomes easier to live on welfare rather than employment.

Fourthly, access to workplaces, education and training facilities and other services are restricted due to geographical distance. This condition becomes evident in rural areas and in small municipalities located far from urban centres. In addition, the target group may not possess driving licence or access to public transports, which will further limit the opportunities of employment.

Finally, ignorance of social service rights and the lack of information of education and work chances may be a problem to the target group. Ignorance is also substantial among the wider society (for instance entrepreneurs and employers) on how to integrate individuals into the labour market and the society. One cause is that preconceptions still prevails among employers.

3.6 Comparing the target groups in the project

Comparing the target group descriptions in Linköping and in Zemgale demonstrates overlapping features as well as a few differences. From a general perspective, it can be said that the target group are heterogeneous concerning health, social- and economic conditions and the actual living situations. Heterogeneity is tangible between the groups in both regions as well as within the groups respectively. One distinct disparity is to what degree the individuals carry mental problems. In Zemgale one part of the target group is mentally retarded and/or with no certain diagnosis. In Linköping, the target group have a history of mental ill health and no diagnosis of mental illness. One conclusion made is that the common features of the target groups are sufficiently consistent in order to proceed with the development of an intervention model. Briefly looking into the question of similarities between the target groups in the two regions the criteria of age is completed as well as the criteria of social vulnerability; the participants in the target groups are living on allowance, staying at home or are taken care of within social services. The majority of individuals are unemployed (only executing plain informal services/work) and/or are not involved in any form of education. In general, the individuals of the target groups lack social skills and have difficulties in taking care of themselves. The individuals experience social exclusion, suffer from low-esteem and lacks motivation and adequate knowledge to make life-changing reforms of their own.

4. Mapping the Context of Training Programs

4.1 Entrances

In this part, we will discuss what initiatives there are for the NEET group in the municipality of Linköping and Zemgale. Since most of the services and supports are broad entrances targeting all residents who is in need, it is not relevant to make a separate list of entries for young people living with mental ill health. What we are presenting in table 2 are the main entrances for young people who need different forms of support in general. In table 3, the potential supporting services and the relevance of such services from Zemgale are presented in categories. Age is not considered in table 3.

Table 2. Main entrances in Linköping

16-18 years	18-30 years
<p><u>Introduction program</u> Educational support for young people who are not eligible for the upper secondary school.</p> <p><u>Municipal activity Responsibility</u> According to the school Act, the municipality is obliged to support young people who need to pursue their education.</p> <p><u>The Centre for Consultation and Support</u> This is the municipality's broad entrance for residents seeking help and support. There are three main entrances: 1) Daily activities, 2) Social Psychiatry, 3) Individual and family care.</p> <p><u>Labourmarket Centre</u> This is a municipal activity, which primarily assisting citizens in getting closer to the labour market.</p> <p><u>Region Östergötland</u> This is the broad entrance of health care. In Linköping, there is a regional based hospital and a few public and private primary care clinics. There are also separate services for young people with mental ill health.</p> <p><u>Project</u> This is a map in itself. Private companies and municipalities can gain financial support from both international (e.g. EU), national (e.g. SoS), regional (e.g. Coordination Association) and local (e.g. Municipality) authorities.</p>	<p>When young people turn 18, the map is bigger and more diverse.</p> <p><u>The Centre for Consultation and Support</u> This is the municipality's broad entrance for residents seeking help and support. There are three main entrances: 1) Daily activities, 2) Social Psychiatry, 3) Individual and family care.</p> <p><u>Labourmarket Centre</u> This is a municipal activity, which primarily assisting citizens in getting closer to the labour market.</p> <p><u>Region Östergötland</u> This is the broad entrance of health care. In Linköping, there is a region based hospital and a number of public and private primary care clinics. There are also separate services for young people with mental ill health.</p> <p><u>Swedish Public Employment Service</u> This is the big entrance when it comes mainly to labour market related interventions. The Swedish Public Employment Service is a government Agency.</p> <p><u>Private support services</u> In Sweden, the private sector is well developed. For the most part, private operators are working on assignments from the municipalities.</p> <p><u>Project</u> Same text as in the previous column: "This map."</p>

Table 3. Entrances in Education, Employment and Social inclusion (ZPR)

Potential support service	Estimated relevance to the target group and anticipating confinements
Municipal Social Services	Relevant to the target group. The individual has to be a client of the Social service.
Professional rehabilitation services and Vocational education training programs.	Relevant to the target group. Assessment of career choices. Requires basic education and complementary education may be required based on individual conditions.
Employment Agency Motivation programs for Job-seekers Long-term mentoring services Supporting services	Relevant to the target group. Subsidies work for individuals with disabilities. The individual has to be registered in the State Employment Agency. Requires long-term unemployment Based on the individual's motivation and will to cooperate
Day Care Centres Group homes or apartments Half-way houses	Relevant to some extent Requires independence, basic skills and commitment in "out-of-home" activities Residence of young people lack options for independent living Fractionally relevant to the target group For individuals leaving institutions and require basic skills to societal inclusion
Workshops (experts) Support groups and activities Consultation and individual support Projects and activities in order to de-institute Project "mind and do" Social enterprises Institutions and enterprises which are employing individuals with disabilities	Relevant to the target group Relevant Relevant Fractionally relevant to the target group Fractionally relevant Relevant to the target group Relevant in case of willingness to employ

The most significant drawbacks of the support services in the Zemgale can be summarised accordingly; (1) *A lack of "tailor-made" solutions due to large-scale projects.* The service may lack resources to make assessments in order to find out the capability, desires and motivation of the individual. (2) *The requirements of services provided may not match the specific problems of the target group.* Support services may not be given to young people with mental ill health, who does not match the traditional target group carrying severe mental illnesses. (3) *Formal work- and training programs may not satisfy the needs of the target group intellectually.* Programs may force individuals into formal education situation not considering the special needs (e.g. practical elements) of the target group. (4) *Labour market in general does not provide low-skill employments.* Subsidies employment still requires special skills and knowledge, which may exclude individuals from the target group.

Services that may have an impact on the target group are the Support Service, The Social Integration State and Employment Agency followed by Specialised Workshops (aiming for integration with labour market), Subsidies work and Social enterprises. The combination of several support services will increase the chance of a long-lasting outcome. In addition, the families of the individuals in the target group are important as well as the distribution of knowledge and information to employers in order to secure a long-term success.

4.2 Theories and theoretical models used in training programs

Theories and methods that are used in training programs carries in general a health-promoting approach that, on an individual level, supporting an individual with a disability or illness to a life changing intervention. A health-promoting approach is characterised by strengthening the individual's confidence in managing and preventing illness and encouraging participation and responsibility for one's own health. One theoretical model used in health-promoting work is KASAM (Antonovsky, 1987). The model estimates three concepts; comprehensibility, manageability and meaningfulness. High values of these components show that the individual can handle challenges of life. One additional concept is the motivational call (MI), which is an evidence-based and person-centred method, used to elicit motivation for change within the individual. It can be said that health literacy involves the individual's ability to read and understand information as well as be able to relate to, and evaluate and communicate, information. Research shows that low health literacy is more common among weaker socio-economic groups. Supported education and Supported Employment are models that assist, prepare and support individuals with mental disabilities in the individuals' stated goals of attaining study or work. The idea is that a coach guides the individual in different occupational roles, seeking work, engaging employers and securing support in the workplace. Within these models, Individual Placement and Support (IPS) are used, which in turn is an experience-based method that incorporates principles of inclusion and collaboration. Inclusion involves supporting individuals according to their needs and working towards normalization. Collaboration is a fundamental tool that focuses on collaboration between, for instance, psychiatry and education coordinators. Case management is a model that coordinates and supports an individual through investigations, planning and efforts from various actors. The model concerns supporting the individual based on his / her own needs, conditions and ambitions. The idea is that a case management may bring with it an increased collaboration between different actors.

An experience-based model is the “Staircase” developed in Linköping Municipality. A similar model is also used named the “Road”. The basic idea of the model is to visualise the relationship between incapacity and ill health with activity and work ability. The model illustrates different levels (steps) of activity (abilities) linked to work and social requirements and thus describes the way to work or study. The first step in the Staircase (P-ADL) is denoted by the fact that the individual has difficulty coping with the most basic activities of everyday life. At this first level activities involves, for example, taking care of personal hygiene, taking care of their meals and being able to communicate with others. Normally the individual finds it difficult to operate on a higher level (steps) without support. The second step in the model (I-ADL) handles activities

that are performed to pass their P-ADL. It can involve managing their housing, paying bills, planning their finances, seeking care when needed and having the ability to absorb information from authorities and health care contacts (health literacy). The third step is employment. At this level the individual should be able to continuously maintain planned activity outside the home based on a given schedule. Examples of efforts in employment may be to participate in preparatory and mapping efforts through the Employment Service, language training or activities for the unemployed through social enterprises.

4.3 Experiences of training programs

In recent years, several projects and studies have been carried out in Linköping addressing a targets group that is situated far from the labour market. Mental ill health is not the main characteristic of the projects target groups. However, the problem of mental ill health may be a part of the context of the projects. In the project P-100, which took place in Linköping Municipality (2014-2015), was the aim to develop a methodology and try it out in practice to make 100 individuals employable with long-term support. The target group was women and men who had social security support and were enrolled in the employment services as well as in the job and development guarantee. The results indicate that factors for success were the individual's previous skills and experience from professional roles as well as their own established networks. Furthermore, a good collaboration between the Department of Social Security and Social Security was a success factor together with close collaboration with the employment services, accessibility and flexibility and time to meet and follow up the individual and the employer.

Experiences and results from the project Compass involve the strengthened support for 45 women and 19 men towards their own livelihood through dialogue and activities to increase the individual's knowledge of their ability. The project was about developing the business, for example through practical cooperation and planning between different working groups within and outside the social service. The results of the project thus indicate that information gathering and discussions with investigators and resource mobilisation of various actors provided sufficient basis for a continued action plan for half of the participants. The participants have made a step closer to the labour market and, in total, 21 of the 64 participants were no longer relevant for support payments.

One additional project is MODD (2012-2014, EU / Social Fund), which was a development program for young people where the majority did not complete upper secondary education. The aim of the project was to give young people a timed action plan in ordinary activities, a broad health perspective to give courage and knowledge to choose their future, knowledge of opportunities and obligations and be able to influence their own and others' situation. At an organisational level, the project concerns developing existing business, collaboration and innovative ideas. The results show, among other things, that it is important to have a predictable structure and a broad health perspective with possible activity and functional assessment. Furthermore, the business should be designed as far as appropriate based on the customer's wishes where the target group knowledge and commitment is important.

The Pieces project (2010-2012, EU / Leonardo) aimed to make individuals employable or to continue in education by trying out a concept derived from Scotland. The project sought new ways to overcome formal structures and regulations for people to gain employment in healthcare. Tools used were a form of mentoring to transfer learning between workplaces and training providers. The results indicate that organisational learning between the project actors had taken place and that knowledge of existing structures and formal barriers had been increased, the lack of procedures for this type of cross-border activity could have been highlighted and pointed to cost-effective solutions. Not least, the project had increased the participants' self-esteem.

The aim of the project PRIME (2017 -2019, EU/ Interreg. Central Baltic) was to develop a cross-border network in order to facilitate and implement a training program for young immigrants in the age of 18 to 30 years. The challenge of the project was the risk of social and economic exclusion due to low skills and qualifications, linguistic difficulties, lack of culture understanding and social supporting networks in the destination country. The proceedings of the PRIME project involved a programme that promoted suited and flexible learning options. The programme comprised informal learning, such as sports and cultural experiences as well as formal learning, such as vocational training and work place learning. The PRIME project also constructed a mentor programme to support the learning of the individuals in the target group. The actions of the PRIME project demonstrate an involvement of a large number of participants and mentors that surpasses expectations and the project succeeded to construct a flexible and holistic training programme that aimed to meet the risk of exclusion of the target group in both Sweden and in Latvia.

5. Structured Needs Analysis

From a national level, several documents have been produced for guidance in the work on developing a structured needs analysis (e.g. Instruction / template 2017-05-31). In short, the idea of structured need analysis involves conducting a survey, making a needs analysis and identifying initiatives that can be financed by co-ordinating organisations. The model describes a process that goes from individuals (inputs) to results (outputs) through efforts carried out by the Employment Service, the Social Insurance Office, the Municipality and the County Council. Results that are identified in the model are work, studies, work experience and other efforts. Furthermore, the model points to the need for collaboration between these organisations and interventions funded by the coordination organisation. The instruction recommends the use of both quantitative and qualitative data. The former linked to mapping and the latter to describe the needs of people.

Needs can be seen from different perspectives and approaches. A general view of the concept of "Structured needs analysis" mainly leads to two areas of activity: personnel work and the healthcare sector (notable is different orientations within the latter). A search for "needs analysis" directs towards management and consulting, as well as therapy / life coaches (both within and outside the public sector). In the former, it is often about hard data (GAP analyses) aimed at companies and work organizations' needs for resources, skills and external knowledge. In the latter softer knowledge relates to individuals and groups. In this later dimension the individual's need for increased security, security, appreciation and confirmation is represented. Not least, needs analysis concerns individual and personal development.

Within Social Work the reasoning about structured analysis is found in the concept of Systematic follow-up by the National Board of Health and Welfare. Systematic follow-up involves knowledge production at organisational and individual levels. A systematic follow-up, the authors believe, provides benefits in a wider perspective as it provides, among other things, the basis for decisions on resources and efforts. Systematic follow-up provides knowledge of the organisations efforts in relation to target groups, for example, the types of interventions that different client groups receive the age and gender distribution for different interventions, which ones follow up and which interrupts. It is considered important that the goals, content and scope of the efforts are also documented. It gives an idea of the organisations range of interventions and which of these interventions the clients can take part in. Such knowledge can, for example, show that there are no efforts made for certain groups. The Systematic follow-up report emphasises that the approach can describe what is happening in the organisations and for individuals and groups but does not explain the reason for change taking place within individual clients. Rather, the measured changes can be seen as indications that some type of effort may have contributed to an improvement or a deterioration. We will return to this problem in the end of the report.

5.1 A theory of Human Needs and Satisfiers

In recent years, several models have been used to describe the needs of people involved in training programs and interventions. One frequent model used in the project context of Linköping is the one of the Staircase described above. The Staircase is not surprisingly based on the psychologist Abraham Maslow's definition of human needs (2013). In addition to Maslow's theories a broader perspective on (basic) human needs provides other inputs. We choose here to present the psychologist Rosenberg's as well as the Sociologist Max-Neef's (1991) models of ontological human conditions. Like Maslow, Rosenberg and Max-Neef reason about basic physical (and mental) needs such as food and health. Rosenberg sees such basic needs as a starting point to develop other needs, such as feeling of security, love and empathy. Rosenberg then follows the individual's need for leisure and recreation as well as social exchange (a collective dimension). Finally, Rosenberg sees creativity, autonomy and meaningfulness (to feel meaning in one's life) as basic human needs.

Max-Neef (1991) identifies nine different categories of needs in his model. They are subsistence, protection, affection, understanding, participation, leisure, creation, identity and freedom. Unlike Maslow's description the human needs stated by Max-Neef are not hierarchical, that is, one need is not a prerequisite for another. Max-Neef also regards the needs as interactive, that is, needs may interact with each other without a given order or that one need presuppose another. An important difference between Max-Neef and other theories of human needs is his focus on conditions. An interpretation of his theoretical model is that we cannot satisfy needs since we rather create the right conditions for the individual to satisfy needs. The reasoning disrupts traditional institutional thinking of satisfying needs. For instance, employment is not a need of the individual – it is rather a prerequisite for satisfying the human need to cooperate with others, to learn to take initiative and responsibility in both working life and everyday life. Below we present an overview of the categorisations that Max-Neef does in his model Human Scale Development.

Max-Neef also talks about different types or forms of Satisfiers. One category concerns the fact that satisfaction of needs can have an opposite result in so far that we expect the intervention to satisfy the need but in fact it has the opposite effect. Max-Neef describe this category of satisfiers as violators. A second category is the satisfaction of needs which has only a small or weak effect on the individual's conditions (Pseudo satisfiers). A third category is interventions that result in an overdose and thereby directly inhibiting other conditions for satisfying needs (Inhibiting satisfiers). A fourth form is efforts aimed solely at one need or category of conditions (singular satisfiers). The last form is about actions or Satisfiers that carry synergy effects. The intervention creates the conditions for simultaneously satisfy a need and at the same time contributing to satisfying other needs of the individual.

5.2 The complex of needs (in the target group)

Interviews made in the context of Linköping among other inquiry data display a number of training activities. In general, activities aim to support the living of individuals such as developing routines and practical structures of everyday life. Training activities may be categorised

in activities that focus on needs intimately related to the individual and needs that may help the individual to orientate towards the social surrounding. The former may involve basic practical needs such as support to wake up in the morning (develop of a diurnal rhythm) taking care of personal hygiene, eat and drink and communicate within the social setting.

Activities directed towards social surroundings concerns support to manage living, learn to cook, tidy, planning consumption of commodities and to develop routines to uphold work or education. In this category the support may concern accompany of the individuals to employment service and/or National insurance office. The interviewees state the importance of informal face-to-face interaction and explain informal conversations in everyday life as well as conversational therapy as supportive to the development of the individual. One aspect of support is to help the individual develop balanced and sustainable social networks. On aspect of networking is to work with parents parallel with the support of individuals.

The many needs of the individual denoted in Zemgale can be organised in three main categories. The first category concerns fundamental material needs, for instance to have an employment, which in turn may satisfy the need to live independently. The needs in this category may be regarded as fundamental due to the material prerequisites. Max-Neef denote this form as a need of Subsistence. A second category involves the personality of the individuality, for instance to improve one's self-confidence and cultivate the desire to realise oneself. According to traditional hierarchs of human needs the fulfilment of oneself is the most desirable.

However, the needs described by Zemgale involves a number of conditions that have to be satisfied in beforehand. For instance, to be able to take care of oneself and others or to be able to develop an identity preceding the fulfilment of oneself. A third category relates to endorsements in different areas, such as childcare or information. The need of the individual is directed towards institutions and authorities. The third category may be described as preconditions to fundamental needs. See table four on the next page.

Table 4. Needs of the target group in ZPR

Material/fundamental needs
Employment (live independently) Education (continue education and training in order to acquire a profession) Improve living conditions (financially) Driving licence (facilitate transports) Economics (develop knowledge to manage personal finances, budget)
Self-oriented needs
Self-confidence (improvement), (self-realisation, desire to be useful) Responsibility (to be able to take care of oneself and others) Personal development (Motivated, engaged, finding a personal approach) Self-care (develop skills for personal hygiene)
Institutional needs
Support (communication with authorities, institutions) Support childcare (combining education, work and childcare) Support at work (workplace adjustments) Support of information (identify opportunities)

Max-Neef argues that needs are interactive. In this case one need leads to next and so on. For instance in order to obtain independence, which may be one central need to the individual, the individual have to have an employment to secure material needs. In order to receive an employment the individual have to return to school in order to acquire an occupation. The different needs are interactive – but not hierarchical. Education is not more important or valuable than employment to the individual.

A similar picture arises when analysing the needs described by participants in the project in Linköping. One of the central needs of the individual is to be able to manage by themselves, that is, independently without supporting contributions. Fundamental and material needs concerns accommodation and employment (a steady income). Employment draws on the problem of incomplete schooling and so forth. The participants of the project in Linköping refer to needs in the third category of institutional support. For instance, they need help to develop routines and practical structures of everyday life. They also require conversational therapy and support to develop social networks.

A similar picture arises when analysing the needs described by participants in the project in Linköping. One of the central needs of the individual is to be able to manage by themselves, that is, live their lives independently without supporting contributions. In this fundamental and material needs concerns accommodation and employment (a steady income). Employment draws on the problem of incomplete schooling and so forth. Notable is that the participants of the project in Linköping refer to needs in the third category (institutional needs). For instance,

the participants in the project need help to develop routines and practical structures of everyday life. They also require conversational therapy and support to develop social networks.

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The Zemgale Planning Region point out some areas of needs in which efforts are less conceivable. First, it is difficult to change or improve living conditions (the economic situation) and to support the individual in combining studies, work and childcare. Further, to support the individuals' responsibility for oneself and others as well as teach the individual to handle personal economy are other areas of impediment. On the other hand the project actors in ZPR promote mentoring (develop a support plan), consultations with a specialist and support from social workers as efforts likely to succeed within the framework of Rethink project. Furthermore, the Rethink project should consider the requirement of profound investigation of a single individual's needs, capabilities, health and desires.

Table 5. Satisfiers based on Max-Neef (1991)

Satisfiers of needs	Character
Violators and destructors	Counterproductive
Pseudo-satisfiers	Weak effect
Inhibiting satisfiers	Overdose
Singular satisfiers	One-sided
Synergic satisfiers	Simultaneous effects

Table five depict the satisfiers of Max-Neef and can be used to analyse existing interventions and support activities made by the project partners in the RETHINK. The table of satisfiers is useful in planning forthcoming support activities. In this, project actors should consider the character of satisfiers and preferably strive for synergic satisfiers. For instance, to change the mind-set of an individual may impact the person's will to commit in education/acquire work and in doing so fulfil the actual need of independent living. Accordingly, work and education is only pre-requisites to fulfil a need, which make employment a mean to fulfil the need of autonomy. We may also learn that support activities (institutional needs) are means to fulfil the need of independency and that stable social networks are a means to fulfil needs of participation and affection.

In planning support activities one should separate actual needs described by the individual from means to fulfil the needs. Needs carry a complex nature and it is necessary to conduct an individual investigation in order to “tailor-made” efforts in every single case. One aspect on the subject of needs and conditions is time. We have to separate short-term from long-term needs and conditions and figure out what is a sustainable efforts to an individual in the long run. The creation of durable conditions may increase the chance of successful fulfilment. For instance, it may be counterproductive (violating satisfier) to interrupt conversational therapy or terminate childcare support in beforehand. Support should be based on the individual’s needs rather than available institutional resources or the ending of a project such as the RETHINK project. In this work, the description of different human needs and satisfiers by Max-Neef may be helpful.

6. Conclusions: The Four Platforms of Training Programs

As we have seen, there is both in Linköping and in Zemgale a wide range of training programs for young people who need help and support. We chose here to categorize these efforts into four different platforms (Figure 1). We call the first platform *Work*. Here we have training programs aiming at strengthening the work ability and employability of the individual.

The second Platform is *Education* at which a wide range of programs exists aiming either to assist the NEETs to complete their regular upper secondary school or to help them find new learning possibilities. On the first two platforms, the focus is to assist people with supports to help them become self-sufficient in a rather short-term perspective.

On the other two platforms, the primary purpose of supports and training programs are not to speed up the path of the young to the labour or education market. Here it is rather a question of strengthening the human resources of young people in order to help them further to the *Education* or *Work* platform. At the third platform, *Life*, we place services and programs such as housing and social support, motivating programs and mentoring. The last and fourth platform *Health* contains programs that specifically address the needs of NEETs in health related matters.

Figure 1. The Four Platforms of Training Programs



When it comes to the upcoming training programs in the Rethink project, it is important to consider as much as possible what the participants need on an individual level. We have seen in the analysis that the youth in the target group is asymmetric regarding background, health and so on. While some need hard focusing training on the *Work* platform, others need help with health related issues, and further other needs assistance on several platforms simultaneously. From this point of view, we state that it is important that the training programs are “Platform sensitiveness”. We also believe that it is important to consider – on an individual level – the

ability of the training program *per se* to make a difference for young people. The risk is otherwise that the new training programs will be dissatisfying and violating (Max-Neef, 1991; Urban, Boman & Lögdlund, 2011; Boman & Lögdlund, 2017). We call this the importance of being “Outcome sensitiveness”.

We have also learned that it is important not to set high demands for some of the young people in the target group. For some of them it can be counterproductive with too high demands. It is important that the demands from the project (for instance from the Mentors) balance well towards the youths ability to cope with them. We call this the importance of being “Demand sensitiveness”.

All together, we state that the training programs – for both Linköping and Zemgale – should be tailored to the needs of young people, but at the same time it is important to take into account the project's finances and personnel, which is the general reality for projects. In other words, the content of the training programs should be tailored to both the needs of the target group and the project resources.

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