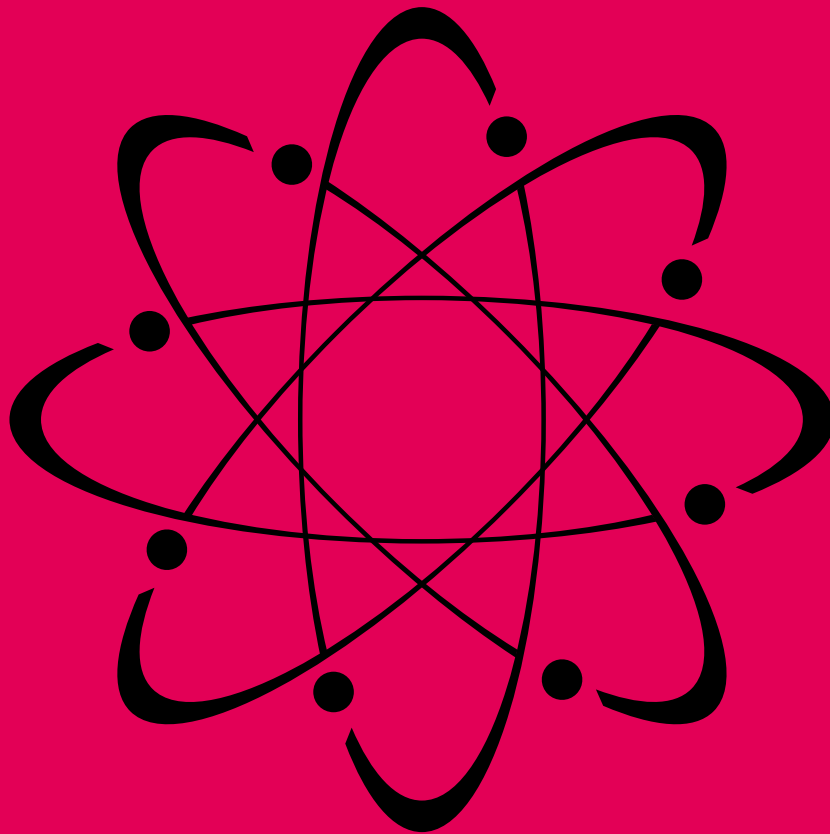


Fit for the Future?

Exploring the health and well-being of disadvantaged young people



start a chain reaction



Prince's Trust



CLARENCE HOUSE

I am delighted to welcome the publication of my Prince's Trust's report, "Fit for the Future", which shows that The Trust makes the most enormous difference to the health and well-being of the young people on their programmes.

It is, to me, immensely encouraging to know that young people supported by my Trust say that having "a reason to get up in the morning" changes their lives for the better in so many ways – emotionally and physically. I happen to believe that if young people are given a purpose in life, they will feel healthier, happier and more satisfied with life overall. By offering young people structured programmes such as those offered by my Trust, I believe that we can make a significant contribution to improving their self-esteem and motivation and, in turn, encourage them to make sensible choices themselves about how to live their lives.

I hope that the findings from "Fit for the Future" – and the on-going lessons learned from my Trust – will help us to give more young people the chance of a longer and more fulfilled life.

Acknowledgements

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The research was managed and written by Katharine Danton of The Prince's Trust.

We would like to thank all the young people who gave their views and personal experiences. In particular, we would like to extend our appreciation to the young people featured as case studies in this report.

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Executive Summary

The findings from this research suggest that The Prince's Trust has a direct impact on the health and emotional well-being of disadvantaged young people. In turn it found that better emotional health made young people more motivated to succeed.

A reason to get up in the morning

Young people supported by The Trust said that having clear goals and “a reason to get up in the morning” contributes to their well-being. They were more likely to feel responsible for their health, eat more healthily, take more exercise and less likely to smoke, drink or take drugs. As a result, they felt healthier, happier and more satisfied with life overall. This made them more motivated to get work or go back into education or training: young people on Prince's Trust programmes were 40 per cent more likely to be motivated to work.

By challenging young people – while giving them the support to achieve through structured programmes – The Prince's Trust can make a huge contribution to encouraging healthy lifestyle choices in areas where young people still face considerable barriers.

Poor areas, poor health

Young people are often more likely to make unhealthy lifestyle choices: with smoking, alcohol and drug abuse, sexually transmitted infections and obesity all on the increase in younger people. Government policy¹ acknowledges that there is much still to do to improve their overall health and well-being, with five aims for children and young people to be: physically healthy; mentally and emotionally healthy; sexually healthy; have healthy lifestyles; and choose not to take illegal drugs.

But young people from deprived communities have further to go to achieve these aims. Our research with over 1,100 young people confirms the continued inequalities they face.

Life satisfaction

Disadvantaged young people were consistently more likely to have an unhealthy lifestyle. Young people from deprived neighbourhoods were more than twice as likely as their peers to say their health is only fair or poor. They were less likely to feel happy about the way they looked and more likely to report long-term limiting conditions like asthma or bronchitis. Inequalities in levels of emotional well-being were also evident, with disadvantaged young people less likely to be satisfied with their accommodation, job, school or college, their health and life overall. And they were less likely to feel safe in their communities, with many saying it has a direct impact on their mental well-being.

Young people with experience of care are particularly affected: they were three times more likely to have been diagnosed with stress or depression and much more likely to be dissatisfied with their lives overall.

A registered problem

There was a lack of urgency among young people to take care of their health, only becoming a problem when their own health, or the health of those close to them, led to an illness. Although the majority of young people were registered with a GP, young people from deprived areas were less likely to be registered. And almost one in four disadvantaged young people was not registered with a dentist.

Counting the cost

Taking a proactive approach to health by exercising and eating healthily was seen as expensive and young disadvantaged people felt the range of different sports and activities available was limited. The long-term effects of smoking, drinking and taking drugs were overshadowed by perceived short-term physical and social gratification. Young people from all backgrounds were less aware of the long term effects of drinking, in contrast to awareness of smoking and taking drugs. Those who did drink regularly were more likely to see it as harmless but a third of young people still drank heavily despite recognising it as harmful.

Young people said they felt pressured to take part in unhealthy activities and acknowledged the impact of friends and the media on their behaviour. Other factors such as stress, depression and general boredom also contribute to young people choosing less healthy activities. Young people from deprived areas were less likely to see themselves as responsible for their lifestyle choices putting them at much greater risk for health problems.

But young people who were involved with The Prince's Trust were less likely to rely on advice from their peers. They were also better at looking after their health which suggests that by boosting confidence and providing a structure, organisations like The Prince's Trust can make an enormous contribution to improving the health and well-being of young people in deprived communities across the UK.

¹ 'Every Child Matters: Change for Children'. DfES, 2003

Introduction

The relationship between disadvantage and poor health is clear. Poor communities are more likely to suffer unemployment, ill health and have higher levels of poor mental health – this is particularly true for younger members of the community. These problems influence and reinforce each other, so the solution to overcoming inequality must lie in tackling them together. The Prince's Trust aims to help young people overcome barriers and get into work, education or training. But in an environment where education and employment is the main focus, other positive outcomes for young people can be overlooked. This report was commissioned because the young people who finish our programmes often highlight their improved mental health and general sense of well-being. Many say that if it was not for The Prince's Trust they wouldn't be here today.

This research explores the health and well-being of disadvantaged 14-25-year-olds, providing an insight into their health and life-style choices. The report:

1. Investigates the health and well-being of disadvantaged young people.
2. Explores how young people's health and lifestyle choices are influenced by their circumstances and those around them.
3. Identifies interventions which can help these disadvantaged groups to improve their health and well-being.

Structure of the report

In Chapter One we look at how young disadvantaged people view their own health and well-being. The second chapter explores the services available to these young people, the level to which they access them and how safe they feel in their communities. The final chapter explores who they feel influences their health behaviours and illustrates how young people can be empowered to make healthy choices.

We spoke to over 1,000 young people who were unemployed, educational underachievers, offenders or from a care background. These included young people who had been helped on a Prince's Trust programme, who tended to face increased levels of multiple disadvantage compared with the rest of the sample. We also spoke to a group of young people not from these backgrounds as a control sample. Details of the research methodology are provided in Appendix 1.

The United Kingdom ranks in the top 10 per cent of the world's countries for life expectancy but despite the overall good health of the UK population, life chances are not equal. Poorer communities die younger and experience worse physical and mental health than those coming from more affluent backgrounds.

Young people are often at the centre of these inequalities. The Government White Paper, *Choosing Health*², explains that whilst we have seen improvements in health, there remain important challenges, particularly for children and young people. The Youth Green Paper, *Youth Matters* reinforces this, highlighting that at a time of transition, young people face many difficulties, including those relating to health and self-esteem.

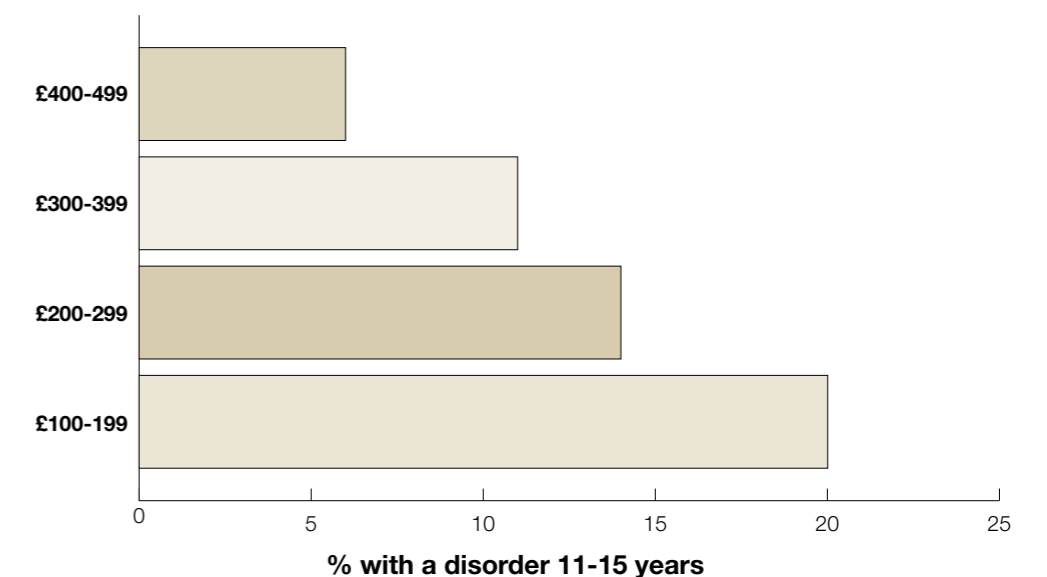
² *Choosing Health: Making Healthier Choices Easier*. Department of Health, 2004

Poor nutrition and low activity levels are putting young people at risk in later life, making them more susceptible to diseases like diabetes and coronary heart disease³. The Health Survey for England warns that a staggering 19 per cent of boys and 22 per cent of girls aged two to 15 will be obese by 2010⁴. The Government are so concerned about the impact of poor lifestyle choices, they have appointed a "Minister for Fitness" who will be tasked with getting people to boost their activity levels in the UK.

Smoking, binge drinking and poor sexual health are also a cause for concern. Despite the increasing evidence of the harmful effects of smoking, a significant proportion of adolescents are regular smokers⁵. Binge drinking and general alcohol consumption in the UK is one of the highest in the Europe⁶, causing a range of effects from physical problems like liver damage to broader social problems like antisocial behaviour, even violence. And it is estimated that one in ten sexually active young women may be infected with Chlamydia, just one of a number of growing sexually transmitted infections in young people.

There has also been a measurable increase in the experience of mental health problems amongst young people in the last three decades. The Health Development Agency states that as many as a quarter of children and young people have a mental health problem at any given time. Youth suicide is a major global public health issue and consistently ranks as one of the leading causes of death for adolescents. Suicide accounts for 30 per cent of deaths in the 15-24 year age group⁷.

Figure 1: Mental Health by Gross Household Weekly Income



³ Adolescent health. British Medical Association, 2003

⁴ National Centre for Social Research/ Department of Health, 2006. *The Health Survey for England*

⁵ Blenkinsop S, Boreham R & McManus S (NFER) (2003) *Smoking, drinking and drug use among young people in England in 2002*. London: The Stationary Office.

⁶ Alcohol Concern (2002) *Alcohol and Teenage Pregnancy*. London: Alcohol Concern

⁷ Youth Suicide Prevention, Health Development Agency, UK and Ireland Public Health Evidence Group, 1st edition, 2004

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

World Health Organisation

The Social Exclusion Unit lists the risk factors influencing the development of mental health problems as including: unemployment, poor educational attainment, being a lone/teenage parent and being a member of a minority group⁹. Figure 1 illustrates the clear relationship between mental health problems in adolescents and household income.

The high cost of these problems is hard to ignore. People with mental health problems have the lowest employment rate of any disabled group⁹ and long-term mental health problems account for 38 per cent of Incapacity Benefit claims. With the number of men and women under the age of 25 who are claiming Incapacity Benefit rising dramatically since 2000¹⁰, there is every reason to be concerned about the prospects for young people. Even less severe forms of mental health problems can have an impact on employment. In a report looking at the impact of self-esteem, young men with low self-esteem were found to experience longer periods of unemployment and earn less during their twenties¹¹. Sadly, longitudinal studies have shown that mental health problems in childhood can continue well into adulthood¹².

But through positive intervention many of these problems could be alleviated. In fact, there is evidence to suggest that other areas of young people's development could be saved from disruption. The national Healthy Schools Programme has highlighted the impact that their work can have on the learning outcomes of young people, including getting better results at Key Stage 1 assessments¹³.

The huge social and economic costs of poor health make the need to address these problems effectively more urgent. Government policy¹⁴ highlights the importance of being healthy with five aims for children and young people to be: physically healthy; mentally and emotionally healthy; sexually healthy; have healthy lifestyles; and choose not to take illegal drugs.

This research seeks to understand young disadvantaged people's attitudes to their own health and emotional well-being*. It identifies which groups of young people are particularly vulnerable and identifies the factors which influence lifestyle choices, including the effects of poor emotional well-being. Finally, it looks at some practical solutions to these problems, drawn from empirical evidence and the voices of the young people themselves.

* For the purposes of this report, the definition of mental health is "a state of well-being in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community." World Health Organisation

⁹ Mental Health and Social Exclusion: Consultation Document May 2003. ODPM

⁹ Social Exclusion Unit 2004, featured in Lord Layard PMSU Strategic Future paper December 2004

¹⁰ Discussion Paper: Incapacity Benefit Claims – The Hidden Unemployment? S Watson. 2005. Prince's Trust

¹¹ Self-esteem; The costs and causes of low self-worth

¹² The health of children and young people: Office for National Statistics, March 2004

¹³ National Healthy School Status; A Guide for Schools 2003

¹⁴ Every Child Matters: Change for Children. DfES, 2003

1.0 Young, fit and healthy?

Summary

- Young people do not feel their health is a high priority.
- Young people from disadvantaged backgrounds are more than twice as likely as their peers to say their health is only fair or poor.
- Respiratory conditions were the most frequently reported long-term limiting conditions. Seventeen per cent of disadvantaged young people reported a diagnosis of asthma or bronchitis.
- Young disadvantaged people were less likely to feel happy about the way they looked (46%) compared with the control group (54%), and more likely to feel they were slightly overweight.
- Poor self image was highly correlated with low satisfaction with life and low self-esteem.
- Young people who were in or leaving care were three times more likely to have been diagnosed with stress or depression than young people from other disadvantaged backgrounds.
- On each aspect of life surveyed, those in and leaving care were more likely to be dissatisfied, making them five times more likely to be not at all satisfied with life overall compared with other disadvantaged young people.
- Young people from deprived areas were twice as likely to want to move out of their current accommodation and more than twice as likely to want to start a job or a course.
- Forty-five per cent of offenders or ex-offenders had low self-esteem and 39 per cent of those who were unemployed indicated they were unhappy or depressed.

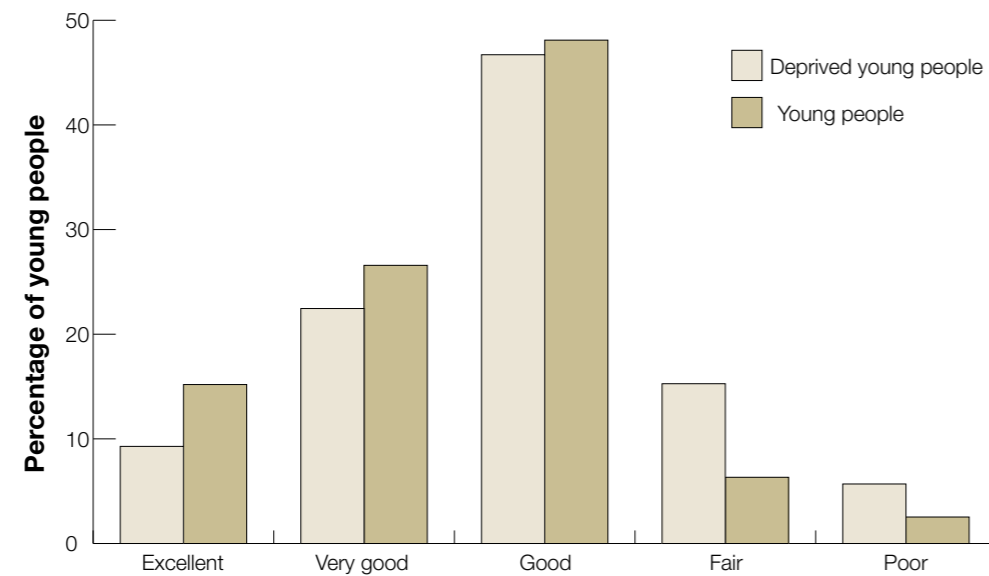


1.1 Fighting fit

The majority of young people surveyed perceived their health to be good to excellent. However, there were distinct differences between those coming from different backgrounds.

Forty-two per cent of young people who do not experience disadvantage feel their health is very good or excellent; this was true for only 32 per cent of disadvantaged young people. They were more than twice as likely to report their health as fair or poor, at 21 per cent compared with 9 per cent, as illustrated in Figure 2.1.

Figure 2.1: Perception of Health



The unemployed (excluding those who were unable to work due to sickness or disability) were more likely to state they had poor or fair health than those in employment. Indeed, only 16 per cent of those who were unemployed said their health was very good or excellent, compared with 52 per cent of those who were employed.

The young people from deprived areas who were in the older age groups (18-21 and 22+) were more likely to have poor health. This suggests that the effects of deprivation on health are more likely to become evident as people get older. Women appear to be hardest hit, with young women from deprived areas twice as likely to indicate poor health as their male counterparts. This finding was not present in the control group.

Health was not a priority for most of the disadvantaged young people we surveyed. There is a lack of urgency amongst young people of all ages to adopt a healthy lifestyle. For some young people, health is not an issue until they have a specific health problem like weight gain or chest pains.

Maintaining good health was much more at the forefront of young people's minds when they had family members who were experiencing poor health. Young people from disadvantaged groups face many other issues which become their main focus, for example coping with unemployment or looking for permanent accommodation. Physical health is an area which becomes more important once other issues are

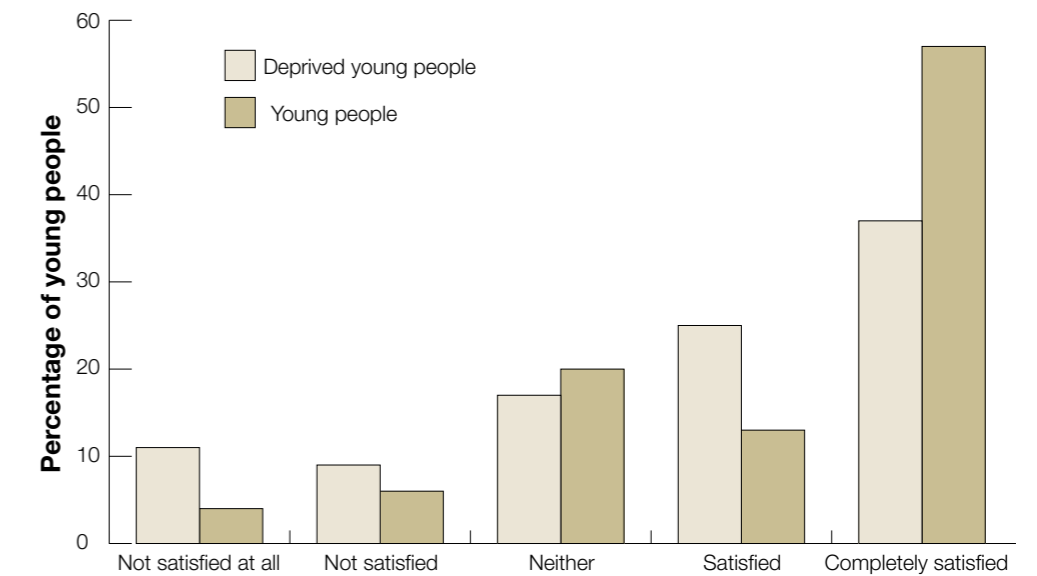
“It is only when you start getting a problem that it registers up there.”

female, 18, unemployed

resolved. The Design for Living Study of 16-25 year olds¹⁵ reinforces this finding. The choice of a healthy lifestyle ‘competes’ with a number of other concerns about school, work and family relationships. Health risks appear to be ranked in terms of their short and long-term effects.

Although disadvantaged young people felt their health was not a top priority, they were less likely to be satisfied with their health compared to the control group. As illustrated in Figure 2.2, only 37 per cent of disadvantaged young people rated high satisfaction with their health, compared with 57 per cent of other young people. In fact, they were almost half as likely to be completely satisfied with their health.

Figure 2.2: Satisfaction with Health



Long-term limiting illness

Thirty per cent of young people from deprived areas reported a diagnosis of at least one long-term limiting illness. This compares to 17 per cent of those who were not from deprived areas.

Respiratory conditions were most frequently reported, with one in six young people from deprived areas reporting a diagnosis of asthma or bronchitis. Just over a quarter (26%) of respondents aged 26-30 from the disadvantaged groups reported a diagnosis of stress or depression compared with 14 per cent of 22-25 year olds and 9 per cent of 14-21 year olds. Young people who were in or leaving care were three times more likely to have been diagnosed with stress or depression than young people from other disadvantaged backgrounds.

¹⁵ Design for Living: Research to Support Young People's Mental Health and Well-being

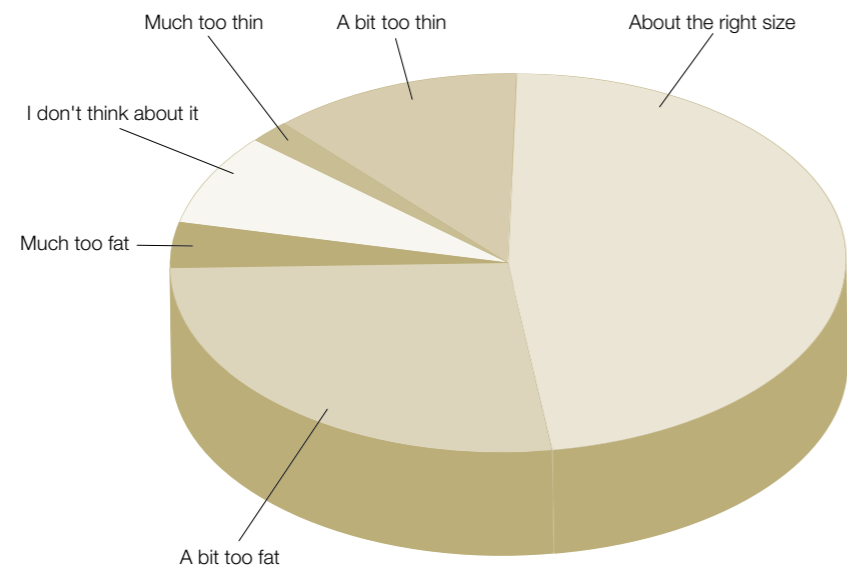
Table 1 – Long-term Limiting Illness		
Condition	Young People%	Disadvantaged%
Diabetes	1.3	1.8
Bronchitis/Asthma	7.6	16.8
Arthritis	1.3	2.4
Cancer	2.5	0.9
Heart Disease	1.3	0.3
Stress/Depression	5.1	12.6
Epilepsy	1.3	2.1
Ulcerative Colitis	0	0.3

While they recognised certain limitations, the young people who mentioned specific medical conditions (asthma, for example) did not feel that it had a major impact on their ability to be physically healthy.

1.2 Looking good

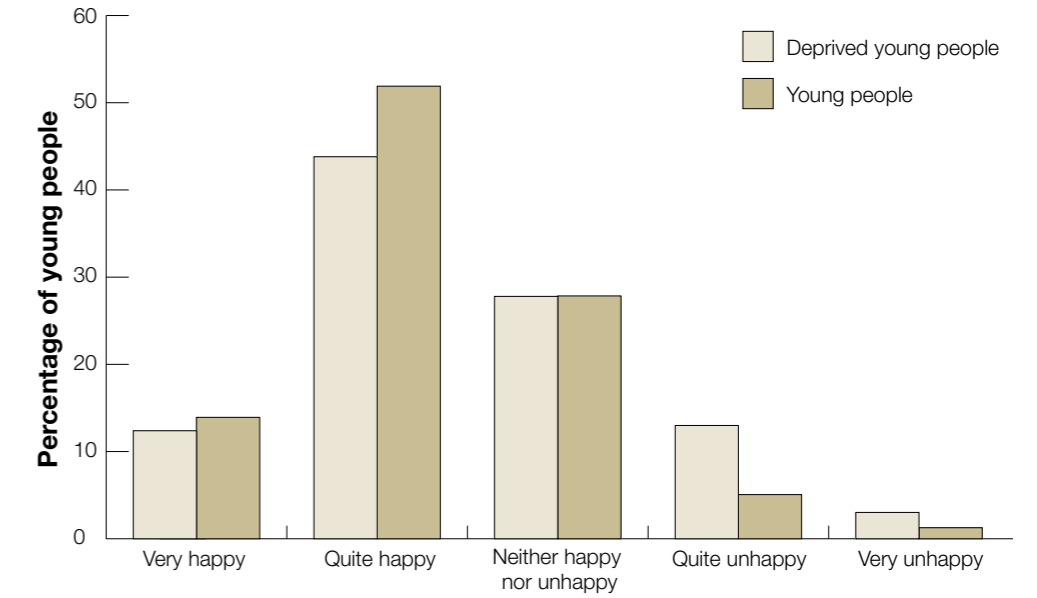
Young people have mixed views on how they look. Of all young people surveyed, nearly half felt they were about the right size and a small proportion said they 'don't think about it'.

Figure 3.1: How do I look?



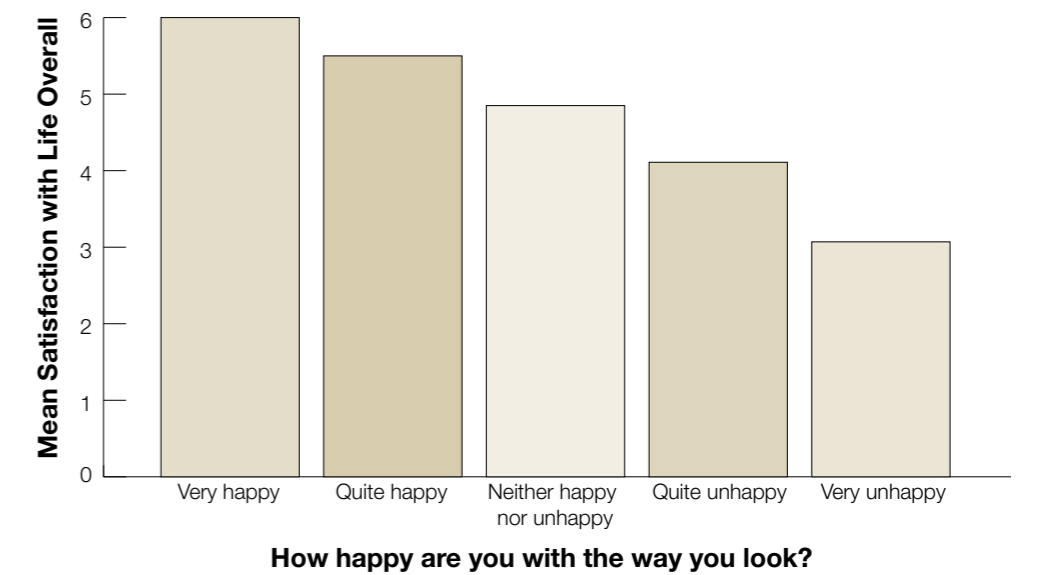
Young people from deprived areas were less likely to feel happy about the way they looked (46%) compared with other young people (54%), and more likely to feel they were slightly overweight. Young women, in particular, were more likely to be unhappy with the way they look. At least twice as many females as males felt their body was 'a bit too fat' or 'much too fat' in each of the samples. Older respondents (22 years old or more) were also more likely to report a negative body image.

Figure 3.2: Self Image



On the whole, young people agree that physical health is not really about physical appearance. But our survey found that those who weren't as happy with their appearance, were less likely to be satisfied with their lives (Figure 3.3), and had lower levels of self-esteem. This was found to be true for both males and females.

Figure 3.3: Self Image and Life Satisfaction



Case Study: Caroline Moses

Aged 25, Caroline Moses was diagnosed with the debilitating long-term illness ME. Because of this she was unable to find work for nearly five years, making it increasingly difficult to convince employers of her suitability.

I was always full of energy. At school I'd be the class joker and the one playing sports every spare hour. It was the same in my late teens. This made it all the more difficult when I started feeling ill. When I was 25 I was diagnosed with chronic fatigue syndrome, also known as ME - a condition that overwhelmed me, affecting every muscle in my body and giving me problems with concentration.

There's also a stigma attached to ME with some doctors not recognising it as a condition. This didn't help, making me feel worthless and depressed. But there's nothing much you can do when you can't physically walk across the room without every muscle aching and a dizziness that makes you feel sick to the stomach.

I had to leave my call centre job, moving onto incapacity benefit. For five years I had to visit patronising doctors to prove I was genuinely ill. I wish it had been a joke.

I'd have periods where I thought I was getting better, not so tired as the previous day. I'd start dreaming of having a proper life again, getting a job, a nice flat and starting afresh. But you soon realise that being out of work for years on end makes it almost impossible to get a job, no matter what you say in the interview.

I realised that starting my own business was the only way I could ever have a good quality of life. I knew no bank in the world would give me a loan, but I had a friend being helped by The Prince's Trust, so I decided to get in touch with an idea for a landscape gardening company. By this time, I had grown to understand my ME I learned to pace myself, which meant I could focus on setting up my own business.

Every journey starts with a step and I was walking into a world completely unknown to me, but I was determined to get something out of life.

A business adviser looked at my business plan, which led me to receiving a low-interest loan from The Trust to get my business off the ground.

Three years later and my business is going well. The work can be anything from clearing a garden that's been left for years, to complete makeovers like the ones on TV. My ME means I have to be realistic about how my business might grow, but as long as I'm in the fresh air with muddy hands I'll be happy.

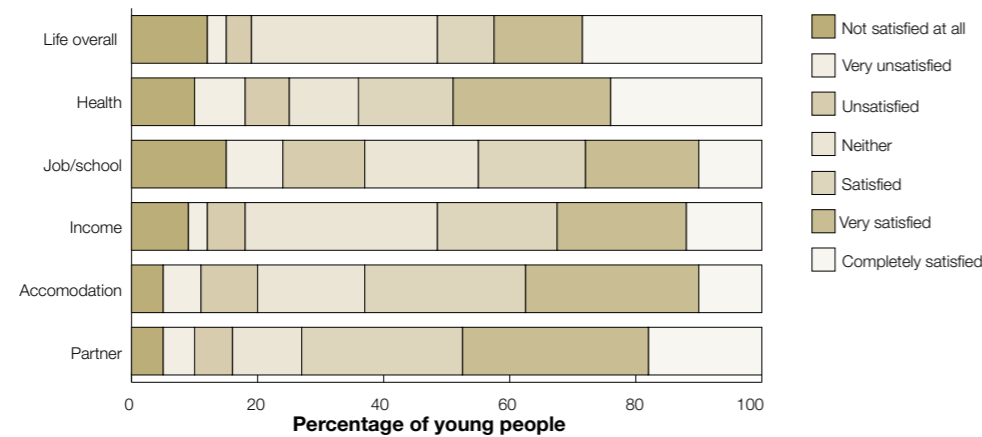
I also got married recently. We have a home together where I can sit back with a satisfied feeling buzzing through me and not a muzzy head.



1.3 Feeling fine

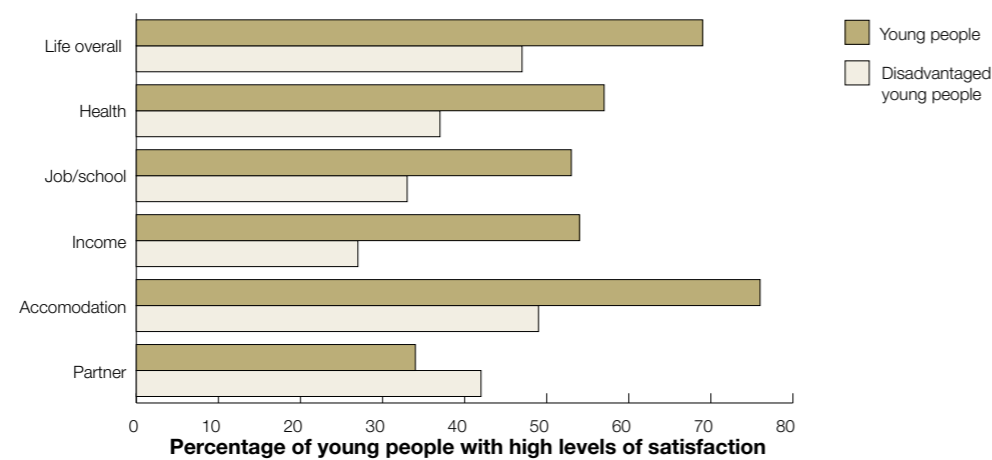
Young people were asked to rate their satisfaction with different aspects of their lives. They are generally satisfied with their lives and are more likely to say they are happy than not. However, a significant difference is evident between those who are facing disadvantage than those who are not: 47 per cent of young people from deprived areas were able to say they were satisfied or completely satisfied with life overall, compared with 69 per cent of the control group. This makes them more than twice as likely to report dissatisfaction with their lives.

Figure 4.1: Satisfaction with Life of Disadvantaged Young People



As illustrated in Figure 4.2, disadvantaged young people are also less likely to be happy with their job, school or course; their accommodation; their health; and the income of their household. Their partners weren't as likely to be an issue as for those in the control group. So it is those aspects of their lives where they face real barriers, which causes them the most concern.

Figure 4.2: High Satisfaction with Life



“Not having a home, that pure stresses me more than money, more than anything, just not having an actual base where you can call home.”

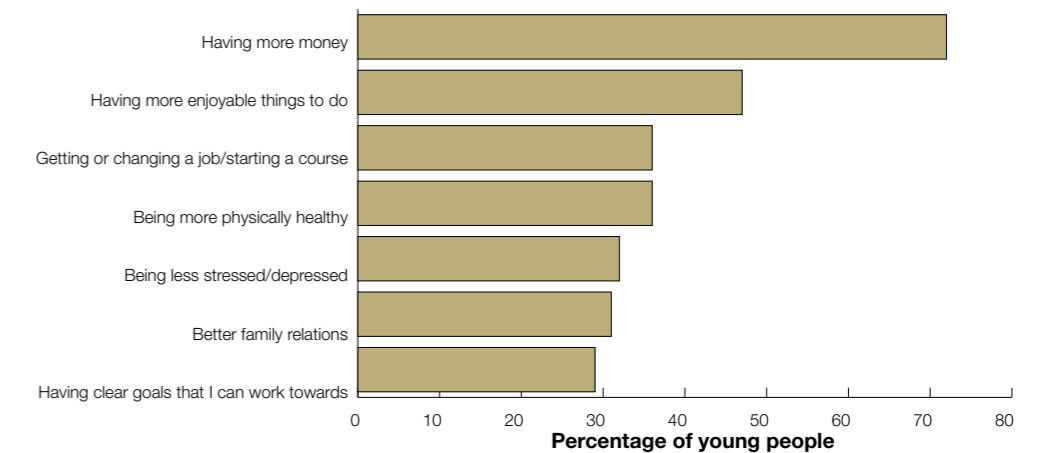
male, 26, unemployed, Glasgow

Accommodation was a particular concern for the young people we interviewed in focus groups. Most of them wanted to leave the places where they currently live. For those young people who had experienced care, satisfaction with accommodation was particularly low, which almost certainly reflects the inadequacy of the housing arrangements for careleavers. They were almost three times as likely to be completely unsatisfied than those facing other kinds of disadvantage.

Those in and leaving care were particularly likely to be very dissatisfied with their household income – 40 per cent indicated that they were not at all satisfied compared with 13 per cent of other disadvantaged young people. Indeed, on every aspect of life, those in and leaving care were more likely to rate dissatisfaction, making them five times more likely to indicate dissatisfaction with life overall than those disadvantaged young people who had not experienced care. This is consistent with our earlier finding that young people in or leaving care are three times more likely to have been diagnosed with stress or depression.

Figure 4.3 illustrates what would make young people feel happier. A range of aspects were identified around work, relationships, health and stress. Young people from deprived areas were twice as likely to want to move out of accommodation and more than twice as likely to want to start a job or a course. But what young people wanted most, whatever their background, was to have more money.

Figure 4.3: What would make young people happier



Anxiety, depression and low self-esteem

‘Generalised Anxiety’ and ‘Mixed Depression and Anxiety’ account for the largest proportion, by far, of those suffering mental health problems¹⁶. And poor mental health can influence exercise, eating patterns, body image, substance abuse and sexual behaviour¹⁷. This research attempts to explore the emotional health of young people, as measured through general happiness and overall satisfaction with life, as opposed to the presence of clinical disorders.

Even so, a third of all the young people we spoke to indicated they were currently suffering from anxiety or felt unhappy or depressed. Disadvantaged young people are

¹⁶ SEU 2004

¹⁷ Adolescent health. British Medical Association, 2003

only slightly – but consistently – more likely to feel depressed or anxious, compared with other young people. This was particularly an issue for offenders, those in and leaving care and young people from ethnic minority groups. It is worth noting that 72 per cent of male and 70 per cent of female sentenced prisoners suffer from two or more mental health disorders – 14 and 35 times the level in the general population respectively.

Young people from deprived areas were less likely to indicate high self-esteem when completing our survey than other young people. They were less likely to feel they were "playing a useful part in things recently" and more likely to think of themselves as a "worthless person". Care leavers, in particular, felt this way with 64 per cent indicating low self-esteem compared with 22 per cent of those facing other aspects of disadvantage. Offenders also reported low self-esteem, although not to the same degree.

54% of lone parents said they felt anxious

45% of offenders or ex-offenders had low self-esteem

39% of those who were unemployed indicated they were unhappy or depressed

No differences were found for those with no or low qualifications

2.0 Who can we trust?

Summary

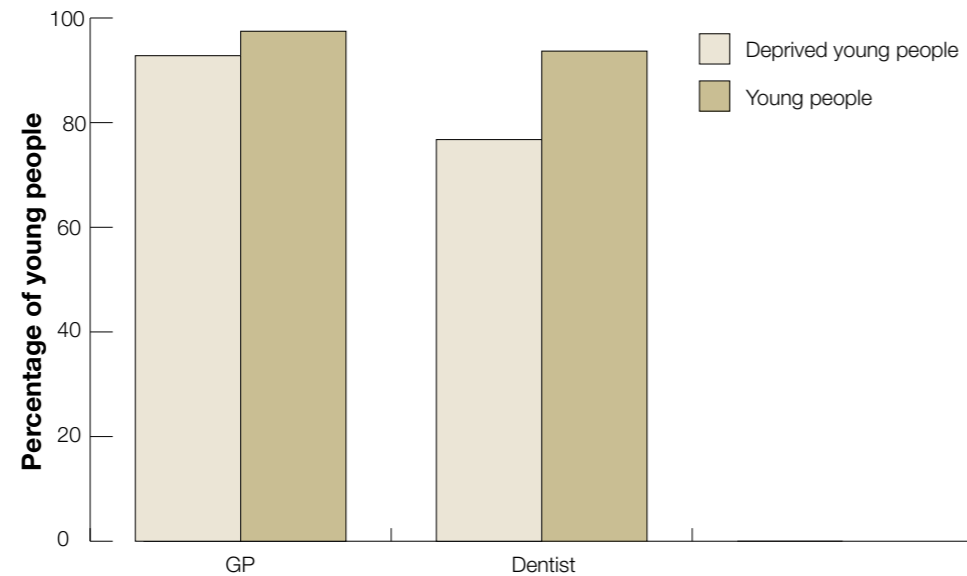
- Most young people are registered with a GP, but rates varied between affluent and deprived areas.
- The group least likely to be registered with a doctor were those in and leaving care – one in five was not registered.
- Almost one in four disadvantaged young people do not have access to dental care.
- Most young people would seek advice about sexual health but six per cent said they would not seek any advice at all.
- A third of young people from deprived areas felt that more money to spend on healthy food (35%) and exercise (32%) would encourage them to become healthier.
- Even when some sporting facilities were available, they were perceived as limited in range.
- The Government was shown to be the source of information least likely to influence disadvantaged young people.
- GPs and other health professionals were seen as the most reliable source of information about a healthy lifestyle by young people, regardless of their background.
- Over 80 per cent of all respondents felt either 'very' or 'quite' safe in their neighbourhoods but those from deprived areas were less likely to feel very safe.
- Young people living in run-down areas recognise the impact this can have on how safe they feel and on their mental health.



2.1 Access to health care

Over 90 per cent of the young people in our research were registered with a General Practitioner. Reports of registration were higher amongst young people who were from affluent areas at 98 per cent, falling to 93 per cent for young people from deprived areas. Likelihood of registration rose with age and young men were less likely to be registered than women, a finding which was more pronounced amongst disadvantaged groups. However, the group least likely to be registered with a GP were those in and leaving care, at 81 per cent.

Figure 5.1: Registration with Health Services



Whilst reports of registration with a dentist remained high for young people not facing disadvantage they decreased to 78 per cent for those in less fortunate circumstances. This means that almost one in four disadvantaged young people do not have access to dental care.

84% of those who have been in trouble with the law stated they were registered with a GP

50% of those in or leaving care stated they were registered with a dentist

55% of those who had been in trouble with the law stated they were registered with a dentist

“People see you going in there and then they’re going to start talking and asking questions.”

female, 14, living in rurally isolated & deprived area

Young people in our focus groups told us that nerves and ‘horror stories’ stand in the way of them visiting a dentist regularly. Some would only go to the dentist if they were in pain, others would be motivated if they could access free dental care more easily.

Focus group discussions also revealed that young people aren’t necessarily comfortable accessing all health services, although most would access them if they really needed to. One in five young people from deprived areas use their dentist only occasionally or rarely, compared with around one in ten other young people.

One of the identified barriers for young people accessing sexual health services is visibility. Focus group participants, particularly young women, were uncomfortable about being seen accessing family planning clinics or sexual health services.

“There needs to be more of these places. There needs to be more family planning clinics because around here everyone goes to the same one.”

female, 18, unemployed and living in a rural area

Added to this is that not all young people know where to go to access services, particularly family planning clinics or sexual health services for younger people.

38% of young people would go to their GP for sexual advice

28% would go to a GUM or Sexual Health Clinic

34% would go to a family member

6% would not seek any advice at all



Case Study: Claire Mansfield

Anxiety was a major problem for 19-year-old Claire Mansfield preventing her from finding employment after dropping out of college. Depression soon set in and Claire felt life was hopeless.

It's hard to pinpoint when things started to go wrong. I always was introverted at school but I got good grades. I took a year out straight after as I had a few problems at home.

I began studying sports science at my local college, but I didn't get on with my classmates. By this time I was a couple of years older than all the others and, while that doesn't sound like much of an age gap, they'd treat me differently; alienating me from the usual banter you get between classmates.

I wasn't getting much out of the course, so I left thinking I'd be able to get a job. I got plenty of help from places like Connexions to arrange job interviews, but I used to get incredibly nervous when it was time to sit in front of the employer and talk about myself. Sometimes even getting to the interview was an ordeal.

I remember being at home, looking in the mirror wearing my best clothes and working out what they might ask. My stomach would churn, the nerves washing over me and I'd go to the toilet every five minutes. I'd think of the journey there, what if the bus got caught in traffic? What if I met someone I knew? What if I couldn't find out where I needed to be in time?

Was it the fear of failure or the fear of success? I wasn't sure. But I was becoming familiar with the symptoms that would result in feedback like 'too shy' or 'lacked confidence'.

I was shot to pieces. Why wouldn't they just give me a trial period to prove myself? Why did I have to go through these nerve-shattering interviews when the job was working at a gym or looking after kids?

My mum was pressuring me. She wanted me to go back to college, but I didn't like the place. I knew it would be a waste of time and I'd drop out again. I really wanted to get a job, but you can only get turned down so many times before you start to give up. I felt life was hopeless.

Connexions in Northampton told me about The Prince's Trust. They had this course to help with motivation and confidence. The two things I needed more than anything else. I wanted to make new friends too. I didn't have that many.

As part of the programme I got some work experience at Northamptonshire County Cricket Club - they were giving me a chance to work without being pulled to pieces in an interview. I did a few different things like help coach school children and working in an office. I proved to myself, more than anyone, that I could work.

I really got a lot out of the programme. As well as the work experience, I made new friends and got a few more qualifications. But more than anything else, I felt more determined and strong. They made me believe in myself.

I'm currently volunteering as a mentor to help improve my CV. I now know I'm going to get a paid job sooner or later. In fact, they'll have to prove to me that the job is good enough, rather than the other way round.

*Claire was helped by
The Prince's Trust Cricket
Initiative supported by
The Lord's Taverners,
The Professional
Cricketers' Association
and the England & Wales
Cricket Board.*



“For me living in a hostel, there’s no point me cooking meals for one.”

female, 21, unemployed and homeless

The high price of healthy living

The financial cost involved in taking part in healthy activities was perceived to be high. Healthy food was seen as expensive, as was the cost of memberships to clubs and gyms. A third of young people from deprived areas felt that more money to spend on healthy food (35%) and exercise (32%) would encourage them to take part in these activities.

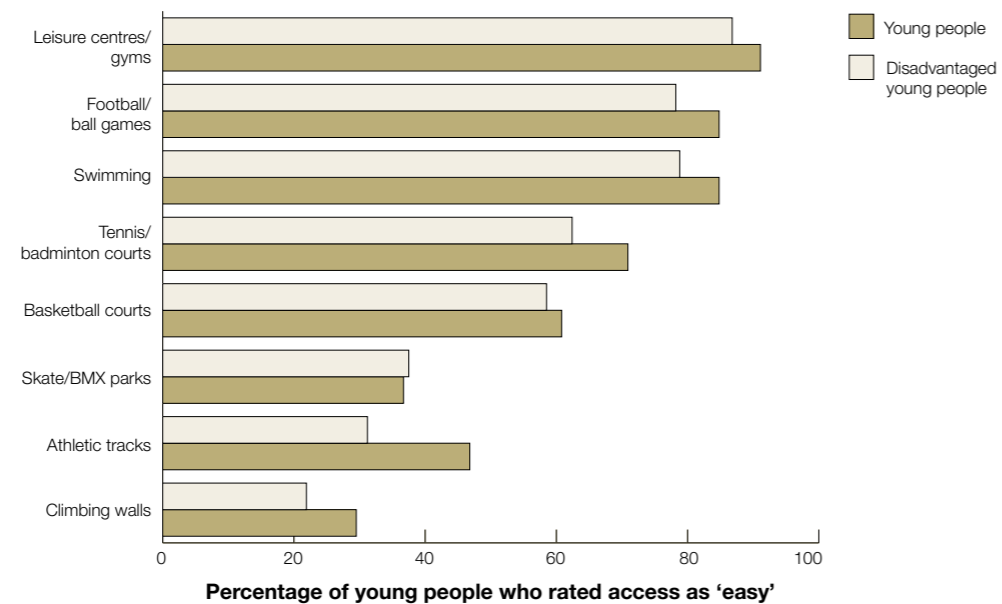
“I want to join the gym but it is too expensive.”
male, 19, unemployed

In addition to cost, lack of time and the nature of young people’s lives were also seen as barriers to eating well:

“It takes a lot of time to cook a healthy meal, sometimes you just want to put something in the microwave and then just eat it because you are so tired.”
female, 21, unemployed

The young people we spoke to generally enjoy exercise and recognise the positive mental health benefits. But those from disadvantaged backgrounds were less likely to find it easy to access leisure and sports facilities. Those in rural areas found some facilities less easy to access than others, such as leisure centres. Even when some sporting facilities were available, they were perceived as limited in range.

Figure 5.2: Access to Sport Facilities



“If my doctor told me to stop smoking, I would stop smoking.”

male, between 19 and 25, unemployed

2.2 Seeking advice

GPs and other health professionals were seen as the most reliable source of information on healthy living by young people, regardless of their background. Although young people do not always like their doctors, they are most likely to trust them concerning their health.

“If doctors advised you to do something, I’d be more likely to listen to them as they know what they’re talking about.”
female, 18, unemployed

Over a third of young people from non-disadvantaged backgrounds also felt that ‘family’ was a reliable source of information. This dropped slightly for those from disadvantaged groups, particularly for those in and leaving care.

After GPs and family and friends, the next most significant influence was professional sports coaches and celebrities, with between one in four and one in five respondents citing these as a reliable source of information. Young men were significantly more likely than young women to report a professional sports coach or sports celebrity as the most reliable source of health information.

Table 2: Who’s seen as reliable source of information about a healthy lifestyle?

	Deprived Young People	Non Deprived
A doctor or other health professional	60%	65%
Family	23%	38%
Friends	20%	24%
A professional sports coach	22%	25%
A professional sports celebrity	15%	23%
TV/Radio/Magazines	14%	15%
A teacher or a youth worker	9%	9%
Social/Support workers	6%	6%
Charities like the British Heart Foundation	8%	6%
The Government	5%	9%

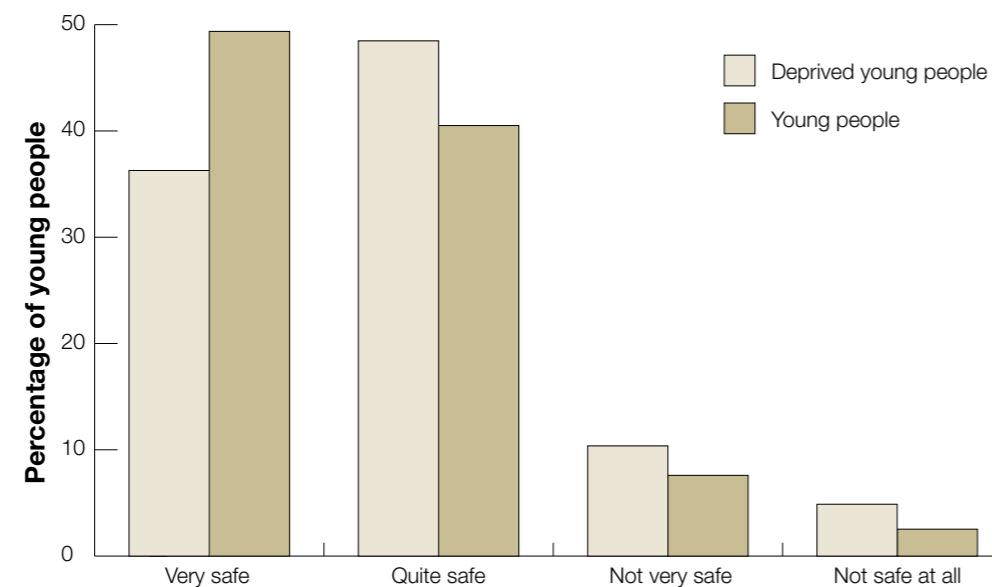
The Government was the source of information least likely to influence disadvantaged young people. Less than one in 20 (4.8%) said they would rely on government for health information. Although those from non-disadvantaged backgrounds were more likely to rely on government information, figures remained low, at only nine per cent of the sample. Charitable organisations like the British Heart Foundation were viewed as reliable sources of information by one in thirteen young people.

Encouragingly, most young people (over 90 per cent) were likely to seek sexual advice if needed, whatever their background. But almost 10 per cent of males, compared with three per cent of females, would not seek advice about sexual health from any source. Family, Friends, GPs and GUM clinics were most likely to be consulted but other sources, including the Internet, were also used. Disadvantaged young people were more likely to seek advice about their sexual health from friends and official sources rather than family members. This was not found amongst other young people.

2.3 Keeping safe

Over 80 per cent of all respondents felt either 'very' or 'quite' safe in their neighbourhoods. Those from deprived areas were less likely to feel very safe, compared with other young people. Respondents who said they don't feel safe where they live, mostly reported violence and gangs in the vicinity. Many young people also reported instances of crime locally, in some cases the young people or members of their family had been victims of crime themselves.

Figure 6.1: Safe Neighborhoods

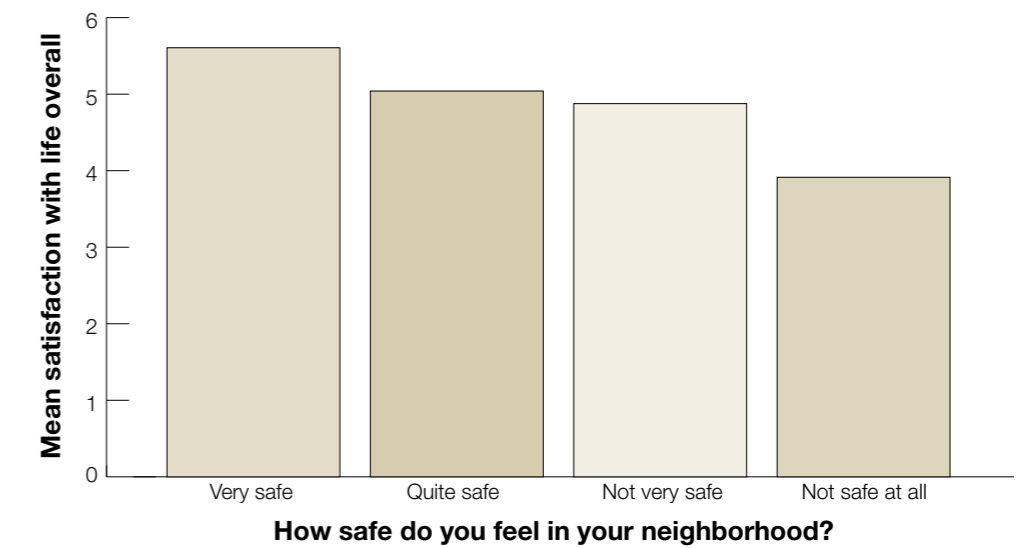


Young people living in run-down areas recognise the impact this can have on how safe they feel and their mental health. Their comments are confirmed in the survey responses, as illustrated in Figure 6.2. Those who do not feel safe where they live rate lower levels of satisfaction with life. Whilst many of the young people in the focus groups did not feel safe where they live (one person had been robbed recently), they tended not to let this affect the way they lived their everyday lives.

“There’s police there every night, people with big machetes and knives waiting for everyone to come out... my room got robbed the other week.”

female, 17, unemployed and homeless

Figure 6.2: Safety and Life Satisfaction



Criminal activity and cultural tension, not surprisingly, led to young people feeling unsafe. And living in a run-down area can generally make people feel depressed. A lack of things to do in an area also created tensions; young people discussed how boredom often led to arguments and unnecessary conflict with other residents.

Peer pressure to join in anti-social activities compounds the vulnerability of these young people.

“It affects you because of the way they’re running around acting. If you have to mix in with them it is even worse.”

male, 15, ex-offender

In addition to the negative impact run-down neighbourhoods can have, the quantitative research also revealed that unsafe accommodation is a real problem for many young people. Young people living in hostels discussed crime and the potential for meeting past associates – who they would want to avoid – as having a negative impact on their well-being.

Tensions with parents when young people live at home were also an issue; in some cases young people had left home because of the breakdown of family relationships.

3.0 Happiness breeds success

Summary

- Small but significant differences were found between how likely young people with and without disadvantaged backgrounds would be to take part in healthy living.
- The pressure from peers to take part in unhealthy activities such as smoking, drinking and taking drugs was identified.
- Additional factors make young people use illegal drugs or drink including stress, depression and boredom.
- Young people were able to verbalise the long-term impact of smoking and taking drugs but found it more difficult to do the same with alcohol.
- Young disadvantaged people who had taken part in a Prince's Trust programme, were much more likely to see themselves as responsible for their own health.
- Prince's Trust clients were also better at looking after their health – they were more likely to be registered with a GP and a Dentist.
- Prince's Trust clients were less likely to rely on advice from their peers compared with other young people from disadvantaged backgrounds.
- Prince's Trust clients were more likely to state they were healthy and happy with their lives.
- Prince's Trust clients were 40% more likely to be motivated to work compared with young people from other backgrounds.
- Motivation was highly correlated with life satisfaction. Young people who are happier with their job, school or course are much more likely to be motivated to work.



3.1 Healthy choices

Small but significant differences were found between how likely young people with and without disadvantaged backgrounds would be to choose a healthy lifestyle. This applied to the proportion of healthy and fast food meals they would eat, the amount of times they would exercise in a week and the extent to which they would smoke, drink and take drugs. Disadvantaged young people were consistently more likely to have an unhealthy lifestyle compared with other young people.

Table 3: Unhealthy lifestyle choices

	Deprived Young People	Non Deprived
Smoke regularly	50%	24%
Drink regularly	45%	38%
Take drugs regularly	15%	10%
Don't exercise	11%	3%
Eat fast food regularly	22%	16%

Focus group discussions highlighted several reasons why healthy lifestyle choices were not necessarily the easiest. A mixture of factors were identified including the influence of those around them and the general nature of their lifestyles.

In addition to some of the barriers to living healthily identified earlier – like cost and availability – young people identified the influence of the media, their friends and their family. If their family ate healthy food, for example, it was felt that they would be more likely to eat healthily.

The pressure from peers to take part in unhealthy activities such as smoking, drinking and taking drugs was identified by the research. Young people are influenced by what is happening around them: the culture they are living in, the media and their family and friends. It takes a great deal of self-control not to be influenced when the instant benefits are more clearly felt than the long-term effects.

A number of factors were thought to make young people use illegal drugs or drink including:

- friends do it 69%
- stress or depression 50%
- boredom 48%

93% of young people think drugs are dangerous

Young people were unable to verbalise the long-term health hazards of drinking in contrast to their awareness of the dangers of smoking or taking drugs. Survey respondents who drank regularly were more likely to see drinking as not a particularly dangerous activity. Although one in three still drank heavily despite the fact that they saw it as very dangerous.

A significant proportion of young people recognised the responsibility they have for their own health choices.

Case Study: Darren Gardner

Darren Gardner, 23, lived and breathed football with his older brother and Tottenham Hotspur defender Anthony Gardner. But while Anthony excelled and was spotted by scouts, Darren left school with only two qualifications and couldn't find a steady job.

I've always loved football. My brother and me were always playing it, either with mates, for our school or Sunday league football. I was a pretty good defender, but my brother was better. It was funny, growing up together and hearing people talk about Anthony all the time. We all knew he would make it and he made it big. I was 13 at the time he went to Port Vale's youth academy aged 15.

I left school with two qualifications - one in drama and the other in sports studies. I liked acting because I could mess about in class, make plays up and not get told off by the teachers for being stupid. I'd hang out with my mates, get into mischief and generally have a laugh. Looking back, it wasn't such a bad time. I didn't have a care in the world.

College wasn't for me, so I started looking for a job. I'd open up the job section in my local paper - all the possibilities all wanting someone who's done the job before. I wasn't sure what I wanted from life. I was spending most my time at home or just out and about, but that wasn't going to get me far.

Signing on for unemployment benefit was an experience. You'd wait an hour for your first appointment, fill out a form; wait another hour, fill out a form. I could tell who wanted a job and who was just going through the motions to get their fifty quid. The staff were suspicious of everyone. Even me. But I didn't want to spend another minute watching daytime TV.

I was stuck in the rut. I could feel the energy going to waste. I couldn't get to sleep at nights because I hadn't done anything all day. I started getting used to the feeling. All I had to look forward to was football training through the week and a game on the weekend.

It was like my final whistle had been blown aged 22. I had to do something about it and spending time on the dole wasn't an option.

I got a job in a prison near me. It was just a short contract, but it was a job. I never thought about working in a prison before, but there I was keeping my eye out as a guard, watching TV screens like back at home but at least I was getting paid.

I'd speak to my brother, see how he was doing down in London. Footballers can get a bad press, but my brother was just the same as always. It was good to hear him doing well. And I don't mean the money. He was doing something he'd always wanted to do.

The prison contract ended. I knew the day was coming and I wasn't sad to leave, but it meant more trips to the job centre and a daily look in the paper. That's when I saw the advert for The Prince's Trust at Stoke on Trent College.

In the first week I was told about maybe getting some work experience at Stoke City Football Club. It was like kick-off. I had to get it.

Darren was helped by The Prince's Trust Football Initiative supported by the FA Premier League, PFA and Football Foundation

I was voted Project Leader by the others, raising money to redecorate a room in the college. We did a sponsored walk, a fundraising bag pack and a car wash. It felt like I had some responsibility.

I got my work experience helping Stoke City's Community Department. It was great to be able to work for a proper football club. I was walking tall.

We took a bunch of primary school kids to an indoor training ground. It really made me realise what I wanted to do in life - to coach football and sports to young people.

After the placement I was more determined and focused. I got a few qualifications in First Aid and Health & Safety, which helped me apply for my Level One coaching badge. I now feel like I can go and achieve something in football just like my brother. To have a career doing something I love.



3.2 Taking responsibility

Young people from deprived areas were less likely to feel responsible for their own healthy lifestyle choices than other young people. But young disadvantaged people who had taken part in a Prince's Trust programme were much more likely to see themselves as responsible for their own health and well-being. This applied to all areas of health including eating well, exercising and avoiding legal and illegal drugs.

Table 4: Unhealthy lifestyle choices and Prince's Trust clients

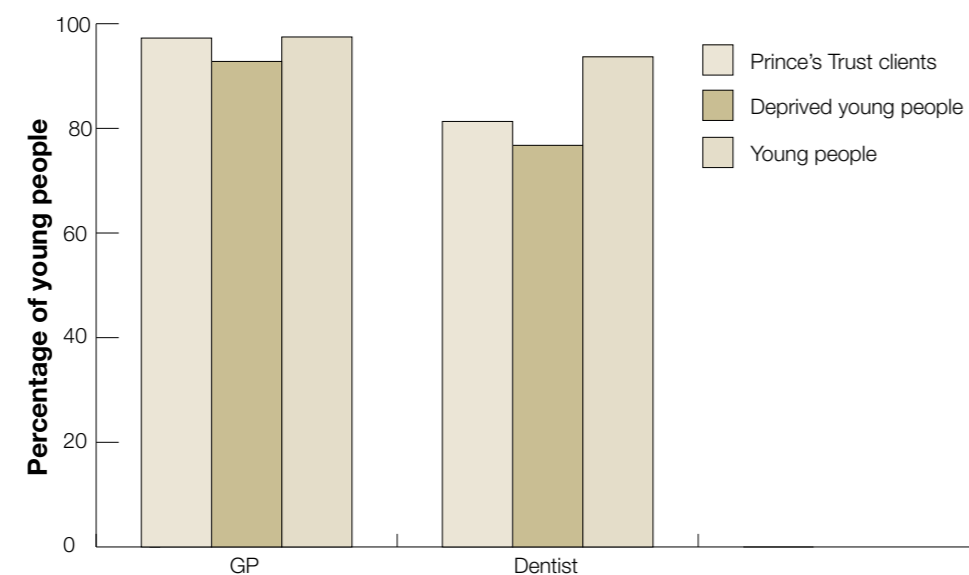
	Deprived Young People	Prince's Trust Clients
Smoke regularly	50%	35%
Drink regularly	45%	20%
Take drugs regularly	15%	4%
Don't exercise	11%	5%
Eat fast food regularly	22%	15%

The exact reasons for this are not immediately clear and the possibility of a response bias must be considered, particularly in association with taking illegal drugs. However, when asked to list which drugs they felt they had a problem with; both groups were equally willing to indicate a wide range of drug use. This sat in stark contrast with the control group and suggests that Prince's Trust clients were not shy to report their drug use.

Prince's Trust young people were less likely to be influenced by their friends – when it came to eating healthily and taking more exercise – than disadvantaged young people who had not had Prince's Trust help. They were also more likely to take note of official sources on healthy lifestyles, such as doctors, support workers and charities.

In turn, Prince's Trust young people were more likely to look after their health. For example, they were more likely to be registered with a GP and a dentist.

Figure 7.1: Registration



Although they are no more likely to trust official sources of information for healthy living, Prince's Trust clients are more likely than other disadvantaged young people to take note of advice from others such as charities or professional sports representatives. They were also more likely to want to have better access to sports facilities and more money to spend on eating well and taking part in activities. This suggests that these young people have a greater interest in becoming healthier which is supported by how they feel responsible for their own health.

When asked who would encourage them to take part in healthy activities, Prince's Trust clients were 41% more likely to state "myself" than other young people from deprived areas.

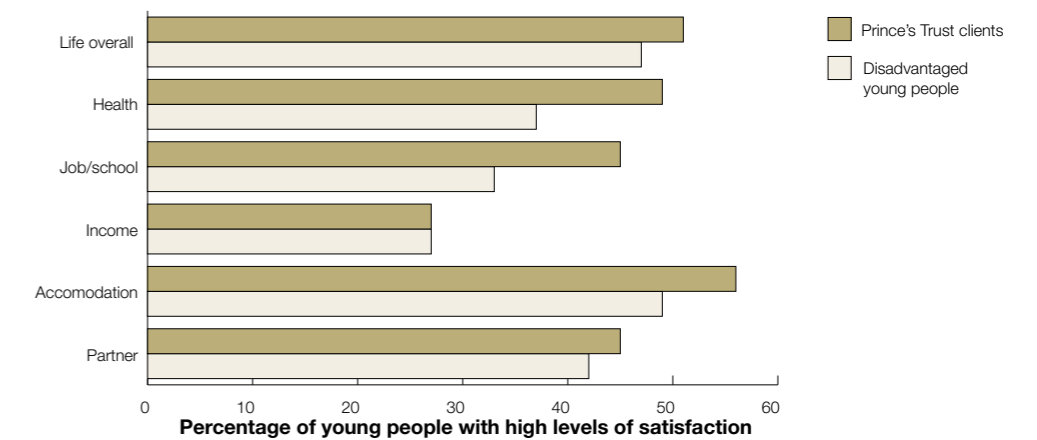
Prince's Trust clients were 41% more likely to see themselves as responsible for eating healthily

They were 31% more likely to see themselves as responsible for becoming active in sports

They were 27% more likely to see themselves as responsible for their attitude towards smoking, drinking and drugs

These results suggest that taking part in Prince's Trust activities can have an overall impact on the health and well-being of disadvantaged young people. Prince's Trust clients were twice as likely to think they were in good health than other young people from deprived areas. They were 67 per cent more likely to be very happy with the way they looked. In fact, they were more satisfied with life overall.

Figure 7.2: Satisfaction with Life



3.3 Motivated to succeed

A key feature of Prince's Trust programmes is that they empower young people to take control of their lives. By providing goals, support and positive activities, The Trust gives young people the opportunity to fulfil their potential and succeed.

"I was drinking, taking drugs all the time and then when I started this [the Team programme] it got me motivated 'cos I knew I had the responsibility the next morning."

male, 19, unemployed and homeless

Many young people live chaotic lives, lacking structure to help them develop and achieve. Having concrete goals provides a framework which helps to sustain their motivation. Prince's Trust clients were more likely to recognise the benefits of having goals: one in three said having clear goals to work towards would make them happier, compared with one in five other young people.

For those involved with The Prince's Trust, developing new skills and achieving short-term goals has helped to improve motivation and self-esteem.

"Looking back on things you thought you couldn't do and have now done."

female, 18, unemployed

Prince's Trust clients were 40 per cent more likely to be completely motivated to work compared with young people from other backgrounds, illustrating the enormous impact The Trust can have on young people's lives.

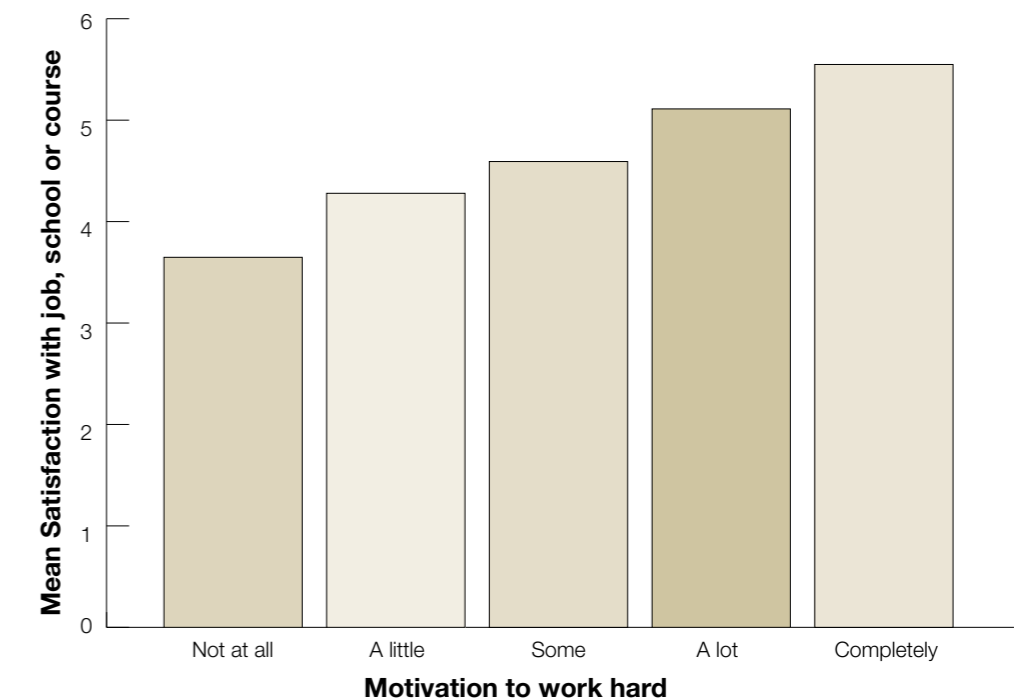
And many young people want to prove to themselves and their families that they can improve their lives.

"Proving to my mother that I'm not just sitting around wasting my life."

male, 19, unemployed and homeless

Motivation was highly correlated with satisfaction with life. Young people who were happier with their job, school or course were much more likely to be motivated to work.

Figure 8.1: Satisfaction with life and motivation



As part of the regular review of the outcomes for young people completing its programmes, The Prince's Trust asks young people how they feel they have developed three months after participation*. Ninety per cent feel they have developed their confidence to some extent or more. Eighty-nine per cent say they have increased motivation, and 83 per cent feel they have developed in their levels of taking responsibility†.

Our research shows that organisations like The Prince's Trust can have a positive impact on emotional well-being. By providing the structure and support, The Trust's programmes give young people the confidence and motivation to take their lives forward.

* Or a year for those taking part in the Business and Group Awards programmes.

† Analysis of surveys received 2004-2005.

Motivating through sport

The Prince's Trust uses football, cricket and rugby to encourage young people to join programmes and help with their personal development.

Rugby

More than 260 young people at risk of exclusion from school have benefited from RBS 6 Nations with The Prince's Trust, harnessing rugby's team-based values to improve attendance, self-esteem, motivation and social skills.

14-to 16-year-olds at xl clubs in schools based near Twickenham, the Millennium Stadium and Murrayfield are given rugby sessions, access to players and leadership coaching. RBS 6 Nations with The Prince's Trust is supported by the Rugby Football Union, Welsh Rugby Union and Scottish Rugby Union.

Football

Since 1997, almost 11,000 young people on the Team programme have benefited from over 60 football clubs providing behind the scenes tours, motivational talks, signed merchandise and player appearances. Selected clubs are also supporting the Get Into... scheme by providing young people with tasters in specific industries like hospitality and retail. The Prince's Trust Football Initiative is supported by the FA Premier League, the PFA and Football Foundation.

Cricket

More than 1,000 young people on the Team programme have improved their motivation and confidence thanks to 14 County Cricket Clubs across the country. Last year, 68 per cent of young people who completed the course went on to education, employment or training.

The Cricket Initiative, supported by The Lord's Taverners, The Professional Cricketers' Association and the England & Wales Cricket Board, was first piloted in 2003.

Case Study: Phil Kavanagh

Phil Kavanagh, 25, hit rock bottom when he was addicted to drugs and in debt. The birth of his second child gave him the strength to do something about his life.

Three years ago I hit rock bottom. I was unemployed, addicted to drugs and suffering from depression: all at the age of 22.

It crept up on me. I had a troubled upbringing, leaving home at 15, which made concentrating at school pretty hard. When I was 24, I was diagnosed with ADHD, but I got alright grades considering and found employment selling double glazing. I even started renting a flat with my wages.

I'd have a few mates round and I'd get my decks warmed up. Soon, they'd be bringing their mates round and other stragglers too. We were just enjoying ourselves really, but we would drink, smoke and do drugs.

The sessions would go on all night. By 6am there'd be a weird vibe, but you didn't want the night to stop. The sun would come up and reality would hit. The come downs got worse and worse. I'd get a horrible taste in my mouth and my skin would creep.

I lost my job. I was turning up late or not at all. On the odd occasion I was still high trying to sell double glazing. It wasn't a pretty sight and I'd get paranoid. To get over it I'd take drugs on my own.

My debts were rising and I was tied into a flat I couldn't afford anymore. Even the drugs weren't working. In a desperate bid to end it all, I took a series of overdoses – attempting suicide twice.

It's a miracle I didn't end up dead or in prison. My life couldn't have been in a bigger mess. It took the birth of my second child, Lewis, to snap me out this cycle of abuse. I've never seen my first child and I didn't want that to happen again. I needed to get my life back on track.

That's when I heard about The Prince's Trust. The first stage was to get me motivated on their Sound Live course. I've always loved music and could drum a bit as well as DJ.

I went on this music residential course and just practised from morning until night. It was one of the best things I've ever done - I felt focused and useful. I even met a DJ from the Ministry of Sound who gave me a few tips. This gave me the idea of becoming a DJ instructor.

I bought some equipment with a Prince's Trust Development Award and started working in the local boys' club, motivating excluded school kids with music, using my experiences to help them. Things started to look up.

But my story doesn't stop there. I lost my job after becoming ill with stress and anxiety brought about by my growing debts, family problems, housing issues and not eating properly.

I ended up in hospital three stone under weight with gastritis – my stomach was eating itself. The doctor said this was a result of all the stresses I was under. I wasn't earning enough money at the boys' club to pay my debts and support myself.

After a week in hospital I contacted my Prince's Trust mentor who visited me in hospital and spoke to my medical social worker. They've helped contact Housing Support, Citizens Advice and local church organisations to help me look after myself again. Eating, claiming benefits and looking for work.

Between us we've contacted people able to help me with employment, to teach DJing in and around Leeds. We're in the process of completing a reference to work for Community Links. We're going to get this sorted out.

The Trust is helping to sort out my debts and, one day, I hope to join their Business Programme. I know it's down to me to push myself, but The Trust has given me the confidence to keep going and get where I want to be.



Conclusions

This report illustrates the continued inequalities in health and well-being suffered by those who live in deprived areas in the UK. These young people are less likely to be physically healthy or feel happy with their lives which in turn makes them less likely to take part in healthy activities.

Respiratory conditions, stress and depression were more likely to be reported by disadvantaged groups. They were also less likely to report good health in general and there was a lack of urgency among these young people to take care of their health. All young people spoke of the peer pressure to take part in unhealthy activities such as smoking, drinking and taking drugs; the long term affects of smoking and taking drugs were far outweighed by the short term gratification. The impact of good and bad role models remains evident.

The relationship between mental health and deprivation was reinforced by our findings. Significant differences were found in young disadvantaged people's satisfaction with their accommodation, work or place of study, their income and their health compared with other young people. Disadvantaged young people were less likely to feel safe and less likely to be satisfied with life in general. These factors impacted on other aspects of their lives, such as self image and motivation to work.

What can be done?

The Prince's Trust's programmes are designed to help disadvantaged young people get into employment, education and training. This research shows that these programmes have a wider impact on young people: designed as employability programmes, they also deliver improved health and well-being.

Prince's Trust clients are less likely to take part in unhealthy activities such as not exercising, eating fast food and smoking and drinking. They report higher levels of registration with a GP and dentist. They are more likely to take note of official sources such as doctors, support workers and charities. And this means they feel healthier and more satisfied with life.

The evidence from this study suggests that Prince's Trust programmes have an impact not just on young people's levels of confidence, but also on their emotional well-being, their perception of their own health and their lifestyle choices. The exact reasons for this are outside of the scope of this research but our survey did highlight several underpinning factors.

Young people talked about the benefits of having clear goals and a structure to their lives; they spoke about being given a reason to get up in the morning. By being responsible for their own actions, in a supportive environment, young people are able to achieve their goals and see for the first time that they have a measure of control over their lives. As the Government's Public Health White Paper² states, people are more likely to take control of their health if they feel more in control of their lives generally.

This research indicates that interventions such as those The Prince's Trust provides can promote health and well-being, as well as assist in the appropriate referral of young people with more severe clinical mental illness. Such interventions should be part of integrated solutions for improving mental health and preventing mental illness amongst vulnerable groups of young people.

The impact of role models on young people's choices comes through strongly in both the quantitative and qualitative research. Young people listen to those around them, particularly their friends and families and the media. The types of messages young people receive around lifestyle choices are mixed but by taking young people out of their day to day situations, organisations like The Prince's Trust have a unique opportunity to have a real impact on young people's perceptions of themselves and their lifestyle choices.

Some Trust programmes use the power of sport to motivate and inspire young people. Our partnership with the FA Premier League, Football Foundation and the Professional Footballers' Association, helps us to boost the learning outcomes on one of our core programmes, Team, by offering personal development opportunities for participants both in and around football clubs. The support of such prestigious partners also allows young people to benefit from motivational talks about healthy lifestyles, football skills days, mini tournaments and other sport-related activities.

In our XI clubs, sessions on health and nutrition help young people who are underachieving at school to learn more about food and the impact it has on their health. Our Get Into initiative helps young people get into specialised areas of work, including the catering industry. On these courses, young people are given the opportunity to learn about food and health.

But the greatest impact of our work is in our ability to help young people gain confidence and motivation, building a sense of worth. The Trust makes a real difference to young people's health and well-being, which contributes to their motivation to get work or go back into education and training, which in turn makes them feel better about their lives. A virtuous circle.

The evidence from this research suggests that increased levels of confidence, motivation and recognition of their own responsibilities allows young people to overcome very difficult circumstances and achieve.



² Choosing Health: Making Healthier Choices Easier. Department of Health, 2004

Appendix 1

Who we spoke to

More than 1,100 young people were consulted during the course of this research. The project used quantitative and qualitative methods to explore the health and well-being of disadvantaged young people.

The research covered four categories of disadvantaged young people aged 14-25;

- The unemployed
- Educational underachievers
- Ex-offenders and offenders
- Those in care or leaving care

A control group of young people who were not from disadvantaged backgrounds was also included to compare and contrast outcomes.

The qualitative research consisted of 13 focus groups, four of which were pilot discussions to inform the questionnaire design. The young people we spoke to included educational underachievers; ex-offenders; unemployed young people; young people leaving care; homeless young people and young people who are living in deprived, rurally isolated areas. Many of the young people we spoke to faced multiple barriers. Discussions were held in Scotland and Wales as well as in the North East of England and in the Yorkshire and Humber region. Roughly half of the focus groups were run with young people who had been helped by The Prince's Trust.

The quantitative research was undertaken in Scotland, England and Wales and Northern Ireland. 1,147 young people were interviewed. Samples were stratified by target group (including a control), age, gender and ethnicity. 334 disadvantaged young people were interviewed to compare to a control group of 80 young people who were not disadvantaged. All reported effects were tested for statistical significance and, where relevant, co-variables such as age were accounted for. 734 disadvantaged young people who had intervention from The Prince's Trust were then interviewed to compare to the 334 disadvantaged young people who had not had assistance from The Prince's Trust.

Table 5 – Demographic composition of sample

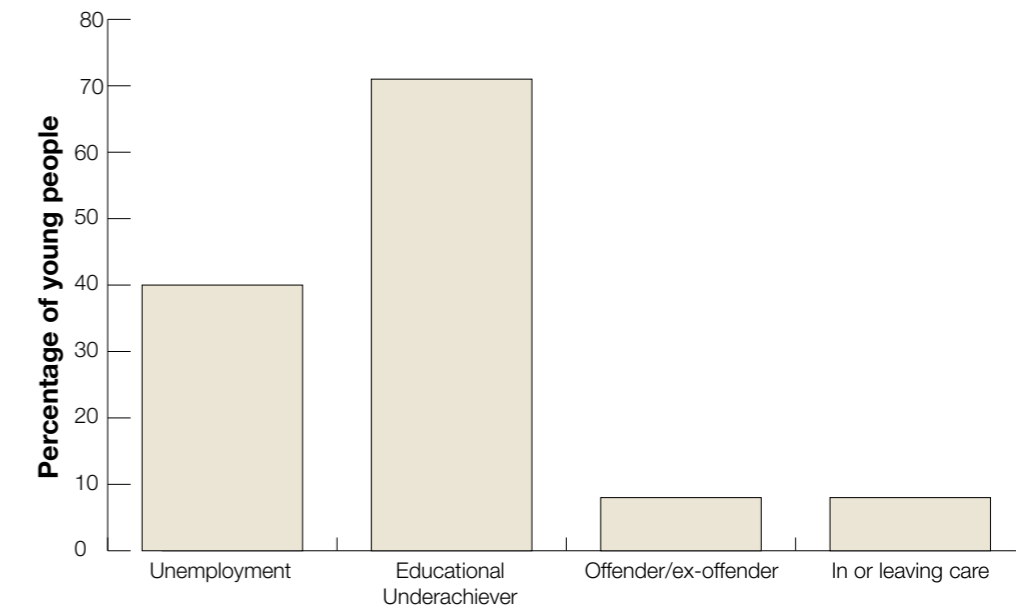
Male	574	51%
Female	560	49%
14-17	580	55%
18-21	272	26%
22+	205	19%
Minority Ethnic Group	122	11%
Total	1,147	100%

Note there were a small proportion of non-responses to demographic questions (<1%).

Sample composition

The sample composition of disadvantaged young people according to Prince's Trust target groups is illustrated in Figure 9.1.

Figure 9.1: Target Group Composition



Many of the young people sampled identified themselves as being within more than one target group. Sixty-four per cent of the unemployed sample had no or low qualifications. Half of those who had been in trouble with the law were unemployed. Eight out of ten young people who had experience of care had low or no qualifications.

Disadvantaged young people who did or did not have intervention had similar target group composition, although a higher proportion of Prince's Trust clients faced multiple disadvantage than those from the non-intervention sample.

16% of young people were disabled

2% of young people were refugees or asylum seekers

4% of young people were lone parents

Helping change young lives

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