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Youth outside the labour force — Perceived barriers by service providers and service users: A mixed method approach

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ABSTRACT

Background: Young people who are neither in employment nor in education or training (NEET) have received increasing attention in Western countries. While some young people in the labour force are unemployed because of a shortage of jobs, others would be without employment even in periods of economic growth, when more jobs are available. The latter group is referred to as neither in the labour force nor in education or training (NLFET), and such people need intervention to improve their chances of work participation. However, this group is poorly understood, and more knowledge is needed to develop efficient measures. The purpose of the study is to investigate the NLFET population and to identify barriers to education or employment.

Method: Interviews were conducted at all labour and welfare offices in a representative county in Norway, and an internet-based survey among 586 persons aged 18–29 years who met the NLFET criteria was conducted. Sixty case managers of young service users and 30 managers/assistant managers were interviewed at the 25 offices in the county.

Results: The local labour and welfare offices prioritize young clients, and some have designated follow-up teams for young service users. Three main barriers to education or employment were identified through the interviews at the offices: client motivation, the sense of lack of achievement/defeat, and unrealistic expectations about working life. A survey of the young people revealed other barriers, such as health problems (60%), low education (55%), lack of work experience (41%), the feeling of being exhausted (38%), low self-esteem (36%), feeling depressed (35%), sleeping problems (35%), and very often a combination of these barriers.

Conclusions: Health problems, social and other problems are highly prevalent among the NLFET population. The majority of the population wanted to find a job or to complete their education. We conclude that mental health problems often camouflage social problems. Treatment of complex problems should not be left to mental health services. Given the nature of the barriers identified, follow-up by strong multi-professional teams, including social work and health professions, should be part of the measures allocated to the NLFET population.

1. Background

Young people who are not in education, employment or training (NEET) have received increasing attention in western countries. While some young people in the labour force are unemployed because of a shortage of jobs, others are without employment even in periods of economic growth, when more jobs are available. They have health problems, social issues or other barriers to normal education or employment. The latter group is referred to as NLFET, neither in the labour force nor in education or training, and they need intervention to improve their chances of work participation. Studies have confirmed that both health and other problems in youth and adolescence predict weak labour market participation later in life (De Ridder et al., 2013a; Pape, Bjorngaard, Holmen, & Krokstad, 2012; Winding, Labriola, Nohr, & Andersen, 2015), but it is unclear how mental problems and other problems are related and how they influence the services provided to facilitate labour market participation. Thus, the problems of this group are poorly understood, and more knowledge is needed to develop efficient measures. Estimates of the size of the NLFET population do not exist but more is known about the NEET population. About 5–10% of youth aged 15–24 years are recorded as NEET in the Nordic countries (Halvorsen, Hansen, & Tägtström, 2012), and similar rates are found in Switzerland (Baggio et al., 2015). In the UK, there are nearly a million 16–24 year-olds who are recorded as NEET, i.e., 13.5% of the total (Maguire, 2015).

The NEET term is often used in academic and political debates

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(Serracant, 2014). In 2011, the Eurostat, the *Directorate-General for Employment, Social Affairs and Inclusion* and the Member States reached an agreement to define the concept of NEET. It refers to non-employed and inactive people who are not undergoing any form of training or education, and is applied to young people aged 15–34 years. Their objective was to identify the group of unemployed young people that was not acting to develop their human capital. The term "NEET" was distinguished from "NLFET" in the 2013 report on *Global Employment Trends for Youth* by the International Labour Organization (Serracant, 2014). NLFET stands for "neither in the labour force nor in education or training". It is similar to NEET, but it excludes unemployed youth (who are part of the labour force).

In Spain, the descriptive acronym NEET has become a negative label that has stigmatized the entire younger generation (Serracant, 2014). The media and popular understanding of this group is often that it consists of people who neither want to study nor seek to work. Thus, NEET people are linked to shortcomings such as idleness, effort avoidance and ultimately, a "values crisis" (Serracant, 2014). In Norway, it has been argued that the generous unemployment benefits and extensive labour market interventions found in the Nordic welfare states shield young people from the most severe consequences of economic inactivity, thereby failing to encourage workforce participation (Lorentzen et al., 2014). However, the majority of young beneficiaries do not receive the most generous benefits, and recent research has shown that less generous unemployment and social assistance benefits have become the most important form of income protection for young people (ibid). The reason that many do not receive unemployment benefits may be that most of the inactive young population have not previously worked, so they are not entitled to unemployment benefits. It is therefore necessary to study inactive youth who are not receiving unemployment benefits because they now constitute the majority of the inactive youth population.

A study in Australia showed that NEETs were more likely to be male, older, have a history of criminal charges, risky cannabis use, higher levels of depression, poorer social functioning, a greater degree of disability and economic hardship, and more severe mental illness than those engaged in education, training or work (O'Dea et al., 2014). A cohort study in Switzerland showed that previous mental health problems, cannabis use, and daily smoking were reported to increase the likelihood of being NEET (Baggio et al., 2015). Two British cohort studies associated poor childhood mental health with later unemployment (Egan, Daly, & Delaney, 2015). A Norwegian register data study used detailed grade transcripts from compulsory education at age 16, measuring "cognitive" skills using average grades in mathematics and science, and "non-cognitive" skills using average grades in "practical and behavioural" subjects (arts and crafts, food and health, music, physical education) (Falch, Nyhus, & Strom, 2014). That study found that low non-cognitive skills were the most important predictor of receiving welfare benefits at age 22, while high cognitive skills were most important for college enrolment (ibid).

A study of young people's perceptions of "social inclusion" showed that informal structures of recognition, such as knowing that someone trusted or believed in them, were important in young people's sense of inclusion and belonging (Rose, Daiches, & Potier, 2012). Another study reported that low levels of physical activity and factors such as "enjoyment", "appearance" and "feeling good" were deemed important (Poobalan, Aucott, Clarke, & Smith, 2012). Because most studies target the NEET population, little is known about the NLFET population. When a large proportion of the NEET population is unemployed, but otherwise do not need help to stay in the labour market, these studies cannot provide sufficient information about the NFLET population where unemployment is more likely to be a consequence of other underlying factors. It is important to consider those with complex problems to increase their participation in education and the labour market. The nature of these problems should be studied both from the perspective of the NFLET population and from the perspective of the service providers who initiate measures to facilitate labour market participation. Therefore, we were interested in studying the NLFET population and answering the following research question: What are the barriers to continuing education or entering the labour force for the NLFET population? In order to identify these barriers, we need to understand more about the services provided to youth by the welfare state in general, and especially how the services contribute to the NLFET population's effort to continuing education or entering the labour force. We are also interested in a potential discrepancy between barriers observed by the service providers and the perception of barriers among the youth.

2. Data and method

2.1. Setting

In Norway, all users of labour and welfare services are entitled an assessment of their needs for assistance from the services. The users are categorised into four types: Standard effort (can obtain work on your own), Situational effort (can obtain work with some assistance), Customised effort (can obtain work with extensive assistance) and Permanent customised effort (small chances of obtaining income-earning employment). Those with need for *Standard effort* are regular job seekers, they are unemployed but are economically active and are part of the labour force. Service users with need for *Situational effort or Customised effort* are also unemployed, but are typically economically inactive. They are typically not previously employed, and do not have the necessary skills and knowledge required by the labour market and are therefore outside the current labour force. These two groups of youth come closest to the NLFET population because they are neither in the current labour force nor in education or training. The last group, those with the need for *Permanent customised effort* is typically far from the labour market due to severe illness, permanent disability or for other reasons not able to work.

Data were collected from case managers in labour and welfare offices and their young clients in Sør-Trøndelag, one of the 19 counties of Norway. Sør-Trøndelag is located in the central part of Norway, and covers about 6% of the national population. The population of Sør-Trøndelag is representative for the total population of Norway for variables like population density, age distribution, labour market characteristics, and level of education. About 59% of the population of 313,370 live in Trondheim, which is the third largest city in Norway. A total of 456 local labour and welfare (NAV) offices are spread across Norway. The local NAV offices include employees from the local authorities (welfare) and the central government (labour). Sør-Trøndelag has 25 local NAV offices. The following two sources of information were targeted: employees and managers at NAV offices and the NLFET population. Data collection was conducted during the spring of 2014.

Youth unemployment rates are low in Norway compared to most other countries. However, the observed increase in youth receiving health related benefits might indicate hidden youth unemployment. The Norwegian labour and welfare services assess the needs of every user, and we are therefore able to identify persons the system assesses as outside the labour force who are in contact with the services because they are without a job and not in education (NLFET).

2.2. Data collection

A mixed method approach was chosen to obtain information from NAV offices and young welfare service users. NAV office employees and young service users took part in interviews and a digital survey, respectively. The choice of method for data collection was based on number of potential participants. We were able to contact and interview all office managers and case managers who follow up young service users in the county, but we were not able to get in contact and interview all young service users. The NAV County office have a register of all

service users, and could send an invitation to participate in a survey on our behalf based on the inclusion criteria, i.e. in need of Situational effort or Customised effort and below 30 years of age.

2.3. Interviews at 25 Sør-Trøndelag NAV offices

Office management and case managers were interviewed. The management either represented by the manager or by the assistant manager, were interviewed at all 25 offices. Managers and/or assistant managers were interviewed separately from the case managers. Each interview with office management included one to four people, and the interview method was chosen based on the size of the offices. In large city-based offices, focus group interviews were held. At small rural offices, the single manager was interviewed using a semi-structured interview guide.

Interviews were conducted with case managers who followed up young people in need of special attention—not regular young job seekers, but rather those at risk of being marginalized and excluded from the regular labour market, i.e., the NLFET population. All case managers following up NLFET were invited to be interviewed and four persons in total were not able to participate because they had other obligations at the time of the interviews. However, the offices decided the date and time for the interviews themselves in order to include as many case managers as possible. Focus groups were conducted in most offices, as several employees were involved in the follow-up of young service users. In four small offices, only one person had this role, and he/she was interviewed using a semi-structured method. Thus, each interview with the case managers included one to eight people.

A total of 30 managers or assistant managers and 60 case managers were interviewed at the 25 local NAV offices. In all, 53 interviews were conducted, and the length of the interviews varied from 1 to 4 h. Nobody declined the invitation to participate.

2.4. Survey of the NLFET population

During the same period as the interviews, we conducted an internet-based survey of young users of the same NAV offices. The survey was designed in co-operation with a group of young service users attending a local NAV programme, where the main focus is motivation and self-development. We met with the service providers of the programme and discussed the content of the questionnaire based on their knowledge of the NLFET population. Next, we invited young programme participants to comment on a draft of the questionnaire and provide feedback, which typically came in the form of comments such as “we do not understand what you mean here” and “it is very hard to answer this”. After we revised the form according to their comments, these young participants completed the questionnaire to test the form. After a few revisions, we ended up with the following six main topics: 1) Background information, 2) Questions for those who have left school without completing, 3) Individual goals and dreams, 4) Experiences with the NAV office, 5) Experience with other actors and 6) Health and lifestyle. Forty-four questions were included, of which 10 were open ended.

The web-based survey was open from April to June 2014, and people under 30 years of age who fulfilled the NLFET criteria were invited to participate when they visited one of the 25 NAV offices in the county. The inclusion criteria were that respondents should be service users with need for special attention (Situational effort or Customised effort) and not older than 30 years old. The national directorate arranged access to the survey on all public computers in all 25 NAV offices. However, there were limited responses during the first month because few actually had to attend the NAV office in person. After 6 weeks, the NAV offices also emailed clients that fulfilled the inclusion criteria and invited them to participate in the anonymous survey (answers were not linked to email addresses).

We do not know how many service users the NAV offices invited to participate, but we estimate that the county has about 3000 people in the NLFET category. A total of 586 young service users responded, i.e., an estimated response rate of approximately 20%.

2.5. Analysis

Interviews and analyses were performed in Norwegian language. All interviews were recorded and transcribed. A 10-step method was used to sort and structure all interview data (Ose, 2016). The ten steps are 1) Collect the data, 2) Transcribe the audio files, 3) Transfer the text from Word to Excel, 4) Prepare the Excel document for coding, 5) Code in Excel, 6) Prepare the coded interviews for sorting, 7) Sort the data, 8) Transfer quotes and references from Excel to Word, 9) Sort the text into a logical structure based on the coding and 10) Analyse the data (ibid). Qualitative conventional content analysis (Hsieh & Shannon, 2005) was conducted using an inductive approach rather than a deductive approach, i.e. important themes were derived directly from the text data without any theory or hypothesis at the beginning of the process.

The specific content areas were “essential service characteristics related to the NLFET population” and “barriers to activity for the NLFET population”. STATA/MP 11.2 for Windows from StataCorp LP and Microsoft Excel was used for analyses of the survey data.

3. Results

Service characteristics as described by employees at the NAV offices are first described followed by results on perceived problems of the clients and barriers to activity and lastly by the young clients themselves.

3.1. Service characteristics based on interviews at NAV offices

Employees and managers of the local NAV offices reported several typical reasons for clients to contact the labour and welfare system:

- Dropping out of school below the age of 16 years and needing a job
- Needing economic support because health problems have reduced their earning ability, typically combined with diffuse mental health problems
- Transition from child psychiatric treatment to adult services at the age of 18 years—the local welfare and labour office often receives notification from health services
- Registration on a clients' 18th birthday, accompanied by parents (need a job and money)
- Referral by the criminal administration system to the welfare office because of concerns about a young person involved in criminal activity

While these initial reasons to contact the welfare and labour services may be similar to those that existed earlier, the services related to the NLFET population has changed in recent years due to two important trends as reported by the respondents. They reported that young clients were increasingly prioritized and the offices had to handle more complex cases than before.

3.1.1. Prioritizing young clients

Young clients have received increased attention from the welfare and labour services in Norway during the past 4 years. In the interviews, both office managers and case managers strongly supported the national strategy for prioritizing young clients. However, they were in a dilemma because other clients also needed their support:

> If they [central authorities] talk about whom we must prioritize, they must also talk about who should not be prioritized. If they are motivated, I try to support clients regardless of their age.
>
> (Case manager)

The most important reason to prioritize young clients is typically explained in relation to the consequences of not doing so:

> It is important to focus on the youngest, because periods without activity are much more damaging for the future when you are young compared to the consequences of passive periods when you are older.
>
> (Case manager)

3.1.2. Clients with more complex problems

The respondents explain that the young service users, they meet, usually have more problems than earlier. The problems they mention in their young clients are often related to health, and more often to diffuse mental health issues than somatic health problems. One reason is that the increased use of the Internet for seeking information, registration of applications and other self-services has changed the characteristics of service users who attend the local offices. Today, many clients handle much of the administration of their own cases, thereby releasing local office resources for more complex cases:

> Those turning up at the NAV office today typically have more complex cases than they had five years ago.
>
> (Office manager)

> The traditional rehabilitation case is gone. From working with people who had fallen and injured themselves or something else that led to job change—it is completely different now. There is much more prolonged monitoring of cases.
>
> (Case manager)

This was confirmed by many of the employees at the local NAV offices. Many now find the job much more demanding than previously because service users often have diffuse problems and mixed diagnoses, including mental health symptoms and problems. The services may not be adequately structured and organized to provide effective assistance in these cases. Moreover, according to the respondents, many more people with language problems now visit local NAV offices. Gradually, the technical solutions will be made available in more languages so that immigrants can use more of the self-services. We asked whether the trend towards more complex cases had changed the service's need for specific competencies, to which one of the managers responded:

> It's not necessarily the formal background of the case manager that is important when it comes to the young clients, it's much more personal skills—being able to meet the person on his or her own terms.
>
> (Office manager)

A further selection of complex cases occur as some clients arrive at the NAV office but are “turned around at the door”. They belong to a group where the case managers see the potential to find a job on their own or continue their education. Many respondents emphasize the importance of identifying those with a high probability of finding a productive activity on their own, thus avoiding unnecessary “clientification” of young people. They typically stipulate some requirements if the young person wants to apply for economic support, such as daily meetings at the NAV office, participation in job-seeking or labour market programs. The case manager typically recommends that they contact a temporary staff recruitment agency, but they are “turned around” before they enter the welfare system. There are also typical short-time clients who apply for unemployment benefits but find a job on their own and exit the system without receiving any support. Young people who enter the system and remain for several years are typically far from a job in the ordinary labour market.

3.2. Barriers to activity based on interviews at NAV offices

Three main barriers reported by the service providers concerned the nature of health problems, medicalisation of the young client's problems and motivational issues.

3.2.1. Health problems or other problems

In many of the interviews, the respondent referred to mental health problems as the reason for or contributing factor to young people becoming clients in the first place. We followed up these answers to gain a better understanding of what the case managers describe as mental health problems. One case manager reflected as follows:

> Interviewer: Could you please explain a bit more what problems are typically involved when you refer to mental health problems among the young clients?
> Case manager: Depression, anxiety
> Interviewer: Do you know the situation behind these problems?
> Case manager: Parents with substance use problems—their parents are divorced, economic hardship, bullying at school in early age, lack of self-confidence, repeating experience of defeat in school, coping problems, resignation, etc.
> Interviewer: But aren't these problems typically social problems that need to be managed and not mental health problems?
> Case manager: Yes, I try to deal with difficult home situations by talking with the young client about them, assist them to change to a more stable living situation, and if they have been exposed to bullying, I try to talk with them about how they feel about it now. If they have a probationary period of work, they often get good feedback from the employer, and I support them strongly. I often have to be a supportive companion when they are insecure and afraid to try something new.

However, the causality of mental health or other problems is not always clear:

> Some of the young clients have mental problems before they come to the welfare office, but others might develop problems if they are inactive for a longer period.
>
> (Case manager)

Several of the respondents questioned the effect of “treatment” by the local mental health services:

> Well, I think—they go to a psychiatric nurse and talk with her once every second week. I find that, well, the psychiatric nurse is not concerned with the lack of activity—they just say “poor you, I feel sorry for you”.
>
> (Case manager)

If the case managers believe that many of the young service users' problems are related to their mental health, the demand for specialist mental health services will be high:

> We have had good co-operation with the district psychiatric centre, and we see that some of these young people are either on a waiting list for treatment or referred to specialist mental treatment by their GP without actually needing the treatment.
>
> (Case manager)

Some of the case managers reflected on the observed increase in some specific diagnoses:

> Unbelievably, many of them [young service users] have a social phobia diagnosis—maybe this is in fashion and is used as an easy excuse for dropping out of school and for not completing anything.
>
> (Case manager)

In general, the interviews indicated that the NAV offices have extensive co-operation with specialist mental health services, but not with specialist somatic health services. One possible explanation for this is that many of the young service users with mental health problems are not assessed as “sick enough” to get treatment in specialist mental health services. As described above, some case managers also doubted

the effectiveness of mental health care and suggested that other problems than mental health issues should be addressed to help the young clients.

3.2.2. Need for a diagnosis and medicalisation

Many of our respondents are concerned about the diagnostic focus in the systems operating around the young person entering the welfare system:

> Something has happened…to get some sort of in-school facilitation, they have to have a diagnosis.
>
> (Case manager)

There are two types of economic benefit schemes available to young people: medical benefits and non-medical benefits. To be entitled to medical benefits, a diagnosis from a doctor is necessary. Medical benefits are more generous and have a longer duration than non-medical benefits, so they are more attractive:

> We are starting to be very afraid of the trends—between one in four and one in three of the youth population has a diagnosis, maybe ADHD, attention deficit hyperactivity disorder, or depression. We should not medicalise youth in this way and give them an excuse for not managing their lives.
>
> (Case manager)

The case managers do not differentiate between mental health and behavioural diagnoses; mostly they note mental health symptoms and not illnesses. Several of the respondents implied that giving the youth a diagnosis is much the same as giving them up, because they find a reason for their maladjustment in their diagnosis. However, they also added that the gatekeeping role for medical benefits involves a difficult balance, because there are young people that have poor health and need this support.

3.2.3. Motivation and ambitions

When we asked the case managers about the motivation and ambition of their young clients, they reported natural variation:

> We have some of both. Earlier today, I had a consultation with a young client, and he was sitting there throughout the consultation answering every question with “I don't know”. He was only nodding and agreed to everything, but had no opinion on his own. But I also have those who during the conversation formulated their goals and planned how they would get there. Therefore, there are some of both. However, those who don't know anything about what they want in life are very difficult for us supervisors, because we don't know where to start. Sometimes I feel like I’m putting words in their mouths, and that is not the right way either.
>
> (Case manager)

> Well, I think everybody has been motivated at some point, but quite quickly, they become demotivated. [.] … They isolate themselves and procrastinate—a bit like a downward spiral.
>
> (Case manager)

The respondents also emphasized the young peoples' almost desperate wish for normality:

> All, I think, wish to be normal and ordinary. Few of them want to stay outside the norms. So that is in some ways the starting point, I believe.
>
> (Case manager)

The case managers commonly claimed that many of the young service users have unrealistic expectations about their opportunities in the labour market:

> We also have to give reality orientation, because many of them [the young service users] have not reflected much on their own situation. Why you are where you are today, why did you drop out of school, why did you not attend school more than you did. They rarely have answers right away.
>
> (Case manager)

> We focus a lot on building their self-confidences and especially on giving them a reality check about their opportunities in the labour market.
>
> (Case manager)

In one of the last interviews, we tried to summarize what we had learned from the previous interviews as follows:

> After everything we have learned from the interviews, are the three main topics concerning the young clients motivation, sense of lack of achievement/defeat and the need for a reality check?

This was confirmed by the respondent and later in a workshop with the county office, where the preliminary findings were discussed.

3.3. Barriers to activity based on survey among young service users

About 57% (n = 335) of the sample of 586 young clients, who completed the survey, were female (mean age: 24 years; age range: 17–30 years). Most of the respondents (54%) received a work assessment allowance, which is a medical benefit for beneficiaries whose work ability has been reduced by at least 50%. The others received ordinary unemployment benefits (11%), social benefits (10%) or benefits associated with specific supported activities (9%), or had not received any benefits at the time of the survey (8%).

3.3.1. Health problems

Health problems were experienced by 61% of the sample, 12% were unsure and 27% answered that they had no health problems. Among the 315 respondents who reported health problems, 99 (31%) were male and 214 (68%) were female. The majority of the respondents that reported a health problem (58%) reported having more than one. Of those who reported problems, 39% reported only somatic problems, 35% only mental health problems and 26% both somatic and mental health problems.

Common somatic health problems were back problems, migraine/headache, pain, fibromyalgia and other musculoskeletal problems. Many respondents just wrote “mental health problems” without any further specification. Those that did provide more detailed descriptions typically cited emotional disorders (a mood disorder or symptoms, a depressive disorder or symptoms) or behavioural disorders such as attention deficit hyperactivity disorder (ADHD/ADD), bipolar disorder, social phobia, eating disorder, obesity, or obsessive-compulsive disorder. A few mentioned autism, Asperger's syndrome, drug or alcohol addiction and Tourette's syndrome. Very few mentioned severe mental illnesses such as psychosis, schizophrenia or severe depression.

Prescription medicine was used by 47% (n = 271), with the most frequently mentioned medicines being Zoloft, Ritalin, Antidepressiva, Lamictal and Cipralex, which are used to treat mental disorders. Approximately one-third of the respondents (32%) were receiving medical treatment at the time of the survey, and 11% were waiting for treatment (Table 1). Some of these (5%) reported that they were both receiving and awaiting treatment.

3.3.2. Other problems

In addition to health problems, many of the respondents reported having social or other problems. Approximately 63% of the respondents were content with their housing situation, 27% were not and 8% did not know whether they are satisfied; 2% did not respond to this question. Economic problems were highly prevalent among the respondents: 36% reported frequently having problems, 28% occasionally having problems, and 11% seldom having problems. A total of 75% of the respondents reported having money problems. Credit card debt was an issue for 22% of the respondents.

Table 1
Current activity.

	n	%
I receive medical assessment/treatment.	188	32
I am working/in training at a workplace.	137	23
I participate in a labour market course.	121	21
I receive help in applying for jobs (such as in writing a CV).	92	16
I do not participate in any activity, but I am in need of something.	75	13
I participate in a labour market enterprise initiative.	71	12
I am awaiting medical assessment/treatment.	65	11
I do not participate in any activity, nor do I need anything.	40	7

Loneliness was also highly prevalent, and 70% of the respondents had been lonely to some degree lately: 20% reported that they experienced loneliness frequently, 13% quite frequently and 37% somewhat frequently.

3.3.3. Goals and activities

Half of the respondents (50%) stated that their primary goal was to get a job, and 23% wanted to complete their education. Other goals were chosen by 19%, whereas 7% of the respondents had no specific goals. Typical answers from those with other goals were to become healthy enough to work, to achieve short-term goals to prepare for education or work (such as becoming certified to operate machinery or taking courses) or to live a happy life. Of our respondents, 23% participated in normal or unpaid work in the regular workplace, while 12% participated in activities arranged by labour market services (Table 1). We also asked whether the respondents experienced long waiting times between activities or measures, and 58% of the respondents confirmed this. Of the respondents, 46% exercised less than 3 h per week, and 19% reported that they did not exercise at all.

Reasons for not having a job or not participating in education

Fig. 1 shows the reported reasons for not having a job or participating in education. In fact, the most common reason for not having a job besides health problems was lack of education (55%). There was no limit on the number of answers, and many respondents reported several reasons for their lack of participation in education or work. Many of the reasons were infrequent, such as eating disorders (6%) and drug addiction (3%), but the range of problems was considerable and diverse. Other common barriers were lack of work experience (41%), exhaustion (38%), low self-esteem (36%), feeling depressed (35%), and sleeping problems (35%), and very often a combination of these.

4. Discussion

NAV personnel characterized the problems of their young clients as complex in terms of both health factors and other factors. This was confirmed by the young clients, who described a multitude of health and other factors as their main reasons for not participating in education or work. However, the perceptions of the NAV personnel of the young clients' problems differed to some extent from those of the clients themselves. NAV personnel described mental health problems, motivational issues, unrealistic ambitions, low self-esteem, and health services, which confirmed their focus on the functional limitations of their patients as opposed to their abilities. The young respondents more commonly reported somatic rather than mental health problems, and specifically reported a range of social or personal problems such as shyness, exhaustion, poor memory or writing skills. This complex mix of service users is somewhat consistent with the fact that earnings-related unemployment cover only 45% of unemployed Norwegians aged 24 years or younger, and that the share of those with rights to earnings-related benefits has been decreasing over the last two decades (Lorentzen et al., 2014).

4.1. Health problems

The most prevalent barrier to education or work participation reported by the young clients was health problems. The health problems of the young clients more often appeared to be related to diffuse mental health problems than to the somatic health problems as reported by the case managers. This was only partly reflected in the survey of young service users who reported more somatic problems, but this may be because of selection bias in the survey data. Another explanation is that the supervisors have more contact with people with mental health problems than with those with somatic health problems because the latter group may be more self-reliant and obtain the support they need from health services.

Both health problems and many of the other risk factors for low labour market participation may be identified in childhood, or many years earlier in adolescence. In the Young-HUNT 1 study in Norway, poor self-rated health in adolescence predicted both school dropout and receiving social insurance benefits in a 10-year follow-up period (De Ridder et al., 2012). In a 5-year period, a 27% high school dropout rate was reported among those with poor health in adolescence compared with 16% among those with good self-reported health (De Ridder et al., 2012). Obviously, other factors such as reading and writing difficulties, which may increase the risk of receiving social benefits, also appear in childhood (Pape, Bjorngaard, Westin, Holmen, & Krokstad, 2011).

The Young-HUNT study also reported that the risk of high school dropout at age 24 is associated with somatic disease, somatic symptoms and psychological distress in adolescence, in addition to increased risk associated with insomnia, concentration difficulties and obesity (De Ridder et al., 2013). Pape et al. (2012) focused on anxiety and depression in adolescents and found an odds ratio of 1.65 for receiving medical benefits (in a 10-year follow-up period) by comparing siblings who reported a one point difference in scores on the Hopkins Symptoms Checklist-SCL-5. Receiving medical benefits was even associated with parental anxiety and depression, indicating the importance of barriers such as poor mental health issues at a young age for future labour market participation (Pape et al., 2012). This confirms the significance of mental health problems as a barrier for work participation, but it does not resolve the issue whether diagnoses of mental health problems may be a consequence of medicalisation, as indicated in our study.

4.2. Mental health problems versus other problems

In Norway, an increase in health related benefits is observed among persons under 30 years old, and mental health problems accounts for the majority of the increase.[1] Our findings suggest that the distinction between mental health problems and social and other problems might be difficult for the case managers to assess. Addressing the social problems might be more difficult than referring the young service user to mental health services for treatment. Our findings based on the interviews with the case managers, also suggest that mental health problems due to social problems to a greater extent than before are treated as illness instead of addressing the problems behind the mental health problems. Supporting this picture, the use of antidepressant consumption increases in Norway and in other countries. OECD suggests that the increase is observed because the course of treatment lasts longer than before, and because antidepressants are now prescribed not only for severe depression, but also for mild depression, anxiety, social phobia, and more (OECD, 2015).

4.3. Consequences of social and other problems

Social or personal factors may be the underlying cause of mental health problems, or may contribute to their consequences for

[1] National statistics published on www.nav.no 21th of October 2016.

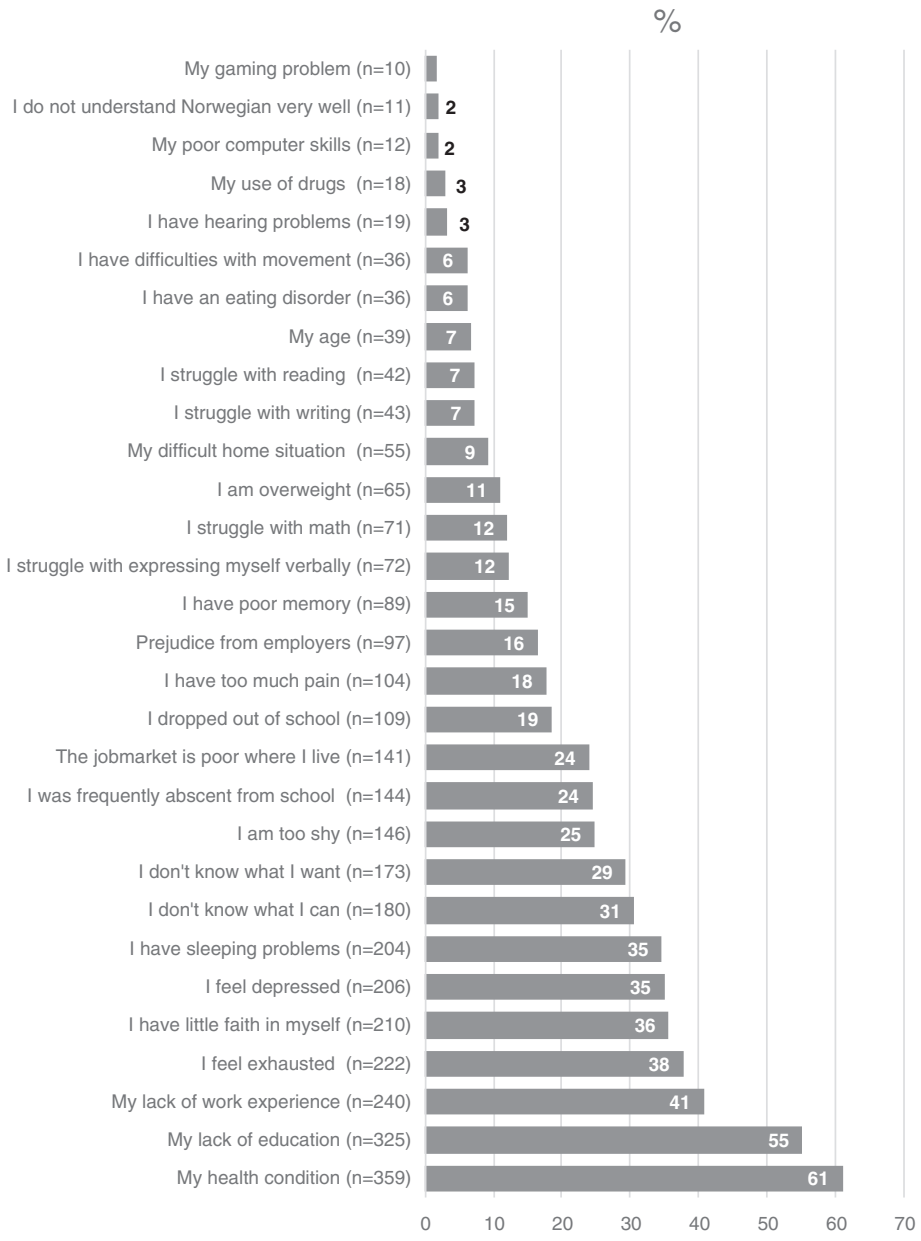

Fig. 1. Self-reported reasons for not participating in education or work.

participation in social activities, such as education or work. In the present study it was not possible to examine whether factors that were barriers for education and work were identical, but we assume this to a large extent, because education is almost a prerequisite for labour market participation.

It has been suggested that positive engagement coping is associated with lower levels of inflammation, but only when adolescents are challenged by significant stress. Mental health, health behaviour, physical health, and mortality risk affect both the number and quality of social relationships (Umberson & Montez, 2010). It has also been suggested that clinical interventions to enhance engagement in positive reappraisal in combination with goal-oriented behaviours may benefit adolescents facing significant life stress, particularly those of low socioeconomic status (Low, Matthews, & Hall, 2013).

In a Danish cohort study, low self-esteem at age 15 was associated with experiencing high demands and lack of trust and fairness at work at the age of 21 (Winding et al., 2015), and being bullied in school was the strongest risk factor in being bullied at work later (Andersen, Labriola, Andersen, Lund, & Hansen, 2015). In the same cohort in a study that also confirmed a social gradient in completion of education, family conflicts and poor social relations with teachers and classmates in adolescence were related to dropout from secondary education by the age of 21 (Winding & Andersen, 2015). Dropout from education is clearly a risk factor for low labour market participation. In the Young-HUNT study, dropping out of high school strongly increased the risk of receiving sickness and disability benefits between the ages of 24–29, irrespective of health and family factors in adolescence (De Ridder et al., 2012; De Ridder et al., 2013b). Negative life events such as parental divorce or abuse also influenced the probability of labour market participation among young women (Lund, Andersen, Winding, Biering, & Labriola, 2013). These studies indicate that the personal and social problems of young clients may have been present many years before their contact with NAV. Accordingly, these problems are probably better dealt with earlier in life, but without this possibility, the welfare and labour service may need to develop new measures to meet young service users, that are better tailored to include these clients in communities in general and working life in particular.

4.4. Normality

The young clients seemed to strive for normality, but their strategies appeared to be based on helplessness, passivity and lack of hope. Case managers, who are not typically skilled in dealing with such problems, concluded that the young clients often needed a reality check to achieve normality. Clearly, this was the perspective of the traditional welfare system based on the norms of the labour market. Normality as it is perceived by the young clients may not be entirely similar to labour market norms, but this could not be studied here, based only on survey data from young clients. However, it indicates also the helplessness of the service system, which points towards the need for young clients to change attitudes and behaviour, rather than focus on improvements within the service system itself. Experience of defeat may demotivate these clients, thus hindering their improvement and personal development. The adult "normality" perspective prompts calls for interventions that may strengthen the young clients' coping strategies and self-belief. Another perspective is to question whether the problems experienced by the young clients deviate from "normality". Almost one-third of the respondents expressed ignorance of what they could do or what they wanted. Thus, their problems are associated with normal existential processes in the early phase of adult life, when people search for meaning and their own identity. However, they seemed to face more problems than they could manage alone, so they sought financial support and needed help to overcome these obstacles. This may call into question the presumed expectations of the labour market and educational system, which are unsuccessful in including young people with social problems, who become marginalized. This perspective was not mentioned by the respondents, but it seems fair to ask whether it is only young people who need a reality check?

4.5. Competences in NAV

The NAV offices prioritize young clients, a decision taken by the central labour and welfare administration. Office managers and case managers agreed to this priority to a certain extent, but some questioned the rights of other service users who receive a lower priority. Therefore, it seemed an important task for the NAV supervisors to turn the client around at the door if they anticipated that the person could find a job by him/herself. This may also indicate a belief that the person has what it takes to find a job and thereby build self-esteem. If the NAV supervisors are able to identify these people correctly, they gain more time for follow-up of the more complex cases and reduce clientification and system dependency. Clientification or clientism has been found to be a significant obstacle to the implementation of strength-based social work practices and service delivery (Cowger, 1998). Automatization and development of self-services at the local NAV offices also influence the clientele of the offices, and thereby change the demand for competences of the NAV personnel. Eventually, the offices may serve a more socially deprived client group that needs more help than others. This would change the competence needs of the NAV offices towards social work professions and less towards competencies in administering medical insurance schemes and traditional case management. This is underlined by the reported problems of the respondents in the present survey. There is a probable bias in the respondent sample, whereby those with the worst health and lowest self-esteem may not have participated, raising the possibility that the challenges of the labour and welfare administration are even greater than is seen in these data. However, the data do indicate which competences are required to help young clients participate in normal adult working life.

4.6. Limitations

A major strength of the study is that we interviewed employees and managers at all 25 local NAV offices in the county. The young service users were from the same county, but the response rate was low, even though the total number of survey participants was sufficiently high to report detailed information about perceived barriers to labour market participation. The selection bias in the survey among the young service users is probably in the direction of underestimating social deprivation, severe health problems and writing and speech problems. Consequently, the percentage of responders with specific problems should probably not be interpreted as representative for the entire NFLET group, most likely these problems are more prevalent than indicated here.

The office managers and the case managers we interviewed all had a clear focus on their young service users. We do not know if local offices in other counties have the same focus, but the national guidelines from the national labour and welfare authorities are clear on giving the young service users the highest priority.

The county was representative with respect to key indicators such as population density, age distribution, labour market characteristics, and level of education. However, the representativeness might be low on unobserved indicators.

The first author, a senior scientist trained in qualitative and quantitative research, conducted all interviews used in the study. However, as always the quality of interviews is dependent on individual skills of the researcher and may be influenced by the researcher's personal biases and idiosyncrasies. The norms and values of the researchers would clearly resemble those of the employees at the NAV offices more than those of the young service users due to similarities in age and labour market experience.

5. Conclusion

Young people outside the labour force typically have health or/and social and other problems. Early intervention is needed to remedy non-medical problems among young people and reduce negative consequences such as mental health problems. Otherwise, many of the young service users will be referred to mental health services without receiving assistance for other problems. The status of health problems in relation to other problems in the young population and in the benefit system may systematically camouflage such factors as social problems underlying mental health problems. The treatment of complex problems should not be left to mental health services alone. Given the nature of the barriers identified, follow-up by strong multi-professional teams including social workers and health professionals should be among the measures adopted with the NLFET population.

Abbreviations

NEET	young people who are neither in employment nor in education or training
NLFET	young people who are neither in the labour force nor in education or training
NAV office	local labour and welfare office

Ethics approval and consent to participate

The study was approved by Norwegian Social Science data services (approval number 37391). No participants were younger than 17 years old and no information that would personally identify the respondents was collected. Written information about the study was given in the invitation to participate.

Consent for publication

Not applicable.

Availability of data and material

The data can be made available by agreement with the first author.

Competing interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Authors' contributions

Both authors contributed to planning and designing the study. SOO was responsible for the data collection process, the analyses and drafted the paper. JC contributed substantially to the writing of the manuscript.

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