



# Exploring Resilience with Families

## National Report for Croatia

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Innovate  
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**rEUsilience**



## **Risks, Resources and Inequalities: Increasing Resilience in European Families**

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## Abstract

This report presents the analysis of the primary research conducted in Croatia for Work Package 4 of the rEUsilience project. It outlines the methodological approach taken to data collection and data analysis and presents the findings of the empirical work undertaken. The report's underpinning evidence was obtained through seven focus groups conducted with 55 members of families in different parts of Croatia between January and May 2023.

The focus of the research was on family-related risks and so the participants were chosen by virtue of potentially or actually experiencing risks or difficult situations. In particular the participants were drawn from families on a low income, lone-parent families, families living in a rural area, families from a Roma background and families containing an unpaid care-giver to someone with significant health or disability-related needs. The evidence was analysed using thematic analysis. The study provides insights into the obstacles preventing families from responding to labour market risks when caring for children and/or other adults, as well as the resources and skills people mobilise to overcome the pressures faced.

The following are the over-arching findings:

- Families experience profound difficulties in making ends meet in the face of increasing costs of living combined with low salaries, insufficient welfare benefits and absence of other income resources.
- Income pressures threaded through various aspects of everyday life and needs. The costs of child-related expenses, housing and rent, utilities and bills, food, groceries and clothing were listed as primary budget items that increased the income pressures.
- In the majority of cases, planning ahead, saving for the future or preparing for a potential shock were not in sight. Living by the day was common across all groups.
- A structured support system was absent from many participants' lives. The positive experiences of support were limited. A sense of isolation and of being left alone with their own battles for endurance was widely observed.

- Participants also expressed a sense of being neglected, dismissed, or, at times, 'othered' during the discussions. Loaded with complaints and frustration, participants blamed the government for its incapacity to provide adequate services.
- The social protection system was perceived as incoherent, and a lack of knowledge about potential welfare entitlements was observed. Even in the cases when they sounded knowledgeable about the rules of the system, they seemed perplexed by the complex logic of the system.
- Insecurity of income was intensified by tenancy status and lack of tenure.
- Children were primary family members to provide care for, and related expenses were among the core of the financial pressures. A strong sense of child-centredness was evident.
- Owing to their limited financial resources and capacity to generate income, child benefits were an important source of income and the loss of the benefit caused upset among those who had been previously beneficiaries.
- In some cases, children were associated with security for the future, a guarantor of better days, a promise even. Motherhood was perceived almost as sacred, conferring status and giving meaning to their lives and contributing to resilience.
- Regional variations in the type of benefits and opportunities became evident across different groups, with rural residents facing greater restrictions concerning job opportunities as compared with those in other areas.
- Managing their limited budget and finances required them to be resourceful. The kitchen was where the most creativity was present. However, they were aware that their diet was not healthy enough.
- The participants felt the absence of an adequately-supported institutional welfare system and made pleas for broadening access to benefits and services. With income pressures felt very keenly by participants, their suggested policy changes were directed towards an expansion of financial support. Minimum income, universal child benefit, and rent subsidies were the main policy tools mentioned.

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## Introduction

The rEUsilience project, launched in September 2022, it features a number of interconnected Work Packages (WP) that seek to answer the following overarching research questions:

- What challenges and difficulties are created or exacerbated for families by labour market risks and demands in the ‘new world of work’ and how do families try to overcome them?
- How do policies contribute to family resilience, especially in terms of their inclusiveness, flexibility and complementarity?

Work Package 4 (WP4) centres on the experiences and coping behaviours and strategies that families put in place to overcome labour market risks, especially as they intertwine with care, the resources that they have access to and those that they require to avoid negative (socio-economic and other) outcomes, as well as the trade-offs and decisions that people face with respect to the mobilisation of those resources.

The research questions to be answered by WP4 are:

- What strategies do families use to cope with risks?
- What resources do they need to avoid negative outcomes?

The focus of WP4, therefore, is on strategies and resources for coping with risks and avoiding negative outcomes. The information to answer the research questions was gathered through focus groups held in the six countries covered by the project: Belgium, Croatia, Poland, Spain, Sweden and UK.

This report presents the results of the work conducted in Croatia between January and May 2023. It is one of six reports on the individual countries included in the project. An overall comparative report will be produced as well.



## National Policy Background and Key Developments

This section outlines the policy context and background within which participants in the study secure their livelihoods and attend to family exigencies and relationships. It focuses especially on the family policy as well as outlining the significant changes to the Croatian welfare state more generally.

The responsibility for implementation of the major elements of the child- and family-oriented policy measures is divided among several ministries and institutes, as well as among central and local government. There is a high degree of institutional fragmentation and weak coordination among different ministries and institutions as well as levels of government, including some parallelism of social programmes. The main characteristics of various programmes relevant to this fieldwork are mapped below.

### Care Services

#### Early Childhood Education and Care Services (ECEC)

There is no legal entitlement to a regular ECEC programme at any age. However, since September 2014, all children who were not included in regular ECEC programmes must attend a short preschool programme of at least 250 hours in the year before entering primary school at the age of 6/7 – as preparation for school (minimum of 150 hours if a local community cannot organise an entire programme for objective reasons). It is mainly the children of parents of lower socio-economic status who attend the preschool programme (Dobrotić 2013), and implementation varies among local communities, with mostly less developed and rural areas providing a minimum programme of 150 hours (Dobrotić et al. 2018). ECEC services are provided within a unitary setting structure and coherent governance of a single ministry in charge of education. Services are provided by highly-qualified professionals for under- and over-3s, following a predefined curriculum (European Commission/EACEA/Eurydice 2019). The ECEC system is decentralised, meaning that within the context of high territorial fragmentation with 556 cities/municipalities of different fiscal capacities and a lack of inter-territorial fiscal equalisation mechanisms for ECEC provision, the development of the ECEC network has been regionally uneven, with richer areas performing much better (for details, see Dobrotić and Matković 2023).

The system of subsidies is not unified across the country, and each Local Government Unit (LGU) can regulate its own subsidies. A total of 80% of children live in local self-government units where parents participate in the cost of ECEC programmes at circa EUR 66 to 93 monthly per child. The economic price is higher in more developed areas, but in these areas, LGUs provide higher subsidies, so parents' participation in the economic price of ECEC programmes is similar throughout the country. However, regional differences in salary and standards of living make ECEC programmes less affordable to parents in less-developed areas. Considering that ECEC fees can be a great burden on the household budget, some LGUs subsidise a larger share of ECEC costs for some groups of children. The most common practice is



that the right to a higher subsidy is granted to parents with several children who all attend ECEC programmes. Also, 50-60% of all preschool-aged children live in LGUs where it is possible to exercise the right to reduced participation in the price of ECEC programmes on the grounds of receiving social benefits, disability, or being a lone-parent family. More developed towns and municipalities usually define a number of criteria allowing parents to exercise the right to a higher subsidy in accordance with the higher fiscal and administrative capacity of these local self-government units (Dobrotić et al. 2018).

ECEC enrolment criteria are extremely diverse. The criteria prescribed by law are most frequently applied, yet there is a high autonomy of LGUs on how and to what extent they are going to apply them.<sup>1</sup> Only a small number of LGUs apply all the criteria prescribed by law. The largest number of municipalities/cities generally respect the legal provision giving enrolment priority to children of working parents (81%), followed by children of lone parents (66%), children of victims of the Homeland War and those disabled as a result of that conflict (62%), children from families with three or more children (60%), children who will start primary school in the next year (59%), children with disabilities (52%), children in foster care (52%) and children of child-benefit beneficiaries (50%). Few LGUs have clear scoring criteria. However, towns and LGUs that are more developed enrol on average a larger number of groups of children who have priority. Apart from the matter of enrolment, an issue for parents working outside regular working hours (7 a.m. to 5 p.m.) might be the fact that only a minority of ECEC service providers offer services before or after regular working hours. An even greater problem affects parents working in seasonal jobs during the summer, when many ECEC service providers close or work at limited capacity (ibid.).

In the pedagogical year 2021/2022, there were 28.4% of nursery-aged children (0 to 2) and 69.6% of kindergarten-aged children (3-6) in ECEC (Dobrotić and Matković 2022). Children of unemployed/inactive parents and parents with a weaker connection to the labour market (e.g. in occasional jobs, on temporary contracts) typically remain outside ECEC. This is also the case for children in need (for more details, see Dobrotić et al. 2021). Although the availability (and affordability) of ECEC is one of the crucial conditions of its use, the parents' decision regarding the appropriate form of care for their child rests not only on the financial and physical accessibility of ECEC programs in their area but also on other circumstances (e.g. the availability of informal and unpaid forms/sources of care – primarily the grandparents or the mother) and dominant norms and beliefs, which is especially the case with regard to nursery-age children (Dobrotić 2013). Concerning gender roles, according to research conducted by Dobrotić and Pećnik (2013), the majority of mothers state that they, rather than the father, take on all or most childcare

<sup>1</sup> Enrolment criteria were modified with the last law amendments, however, they did not affect the participants of the focus groups (and they were also probably not aware of them at the time of the focus group; there is a chance they may affect them in the future). Namely, currently, there is an enrolment of children in ECEC for the pedagogical year 2023/2024 and, according to the new provisions, priority must be given to children 4+, which may cause difficulties for parents of younger children (even those who were already in ECEC).



activities and housework. This tendency is more pronounced for mothers with lower levels of education and lower socioeconomic status.

### Afterschool Care (ASC)

Afterschool programmes are especially necessary in Croatia, since, for most of elementary school pupils, school shifts are shorter than regular working hours, which means that many parents are not able to provide care during part of the time when the child is not in school. Afterschool programmes are typically provided for children in the early years of primary school (years 1 and 2, and in some cases year 3). Children start school at the age of six or seven. There is no systematic monitoring of the access of children in the lower grades of primary school to afterschool programmes, but a mapping exercise carried out in 2023 indicated a regionally uneven approach to this service, which was subsidised by local government in 60% of cities and 25% of municipalities in Croatia (Central State Office of Demography and Youth 2023). In addition to the low availability of this service in many areas, the practice where parents need to co-finance the service (typically between EUR 20-100 per month) can be an additional barrier to participation for children of lower socioeconomic status.

### Long-term Care Services (LTC)

LTC services are poorly developed in Croatia (Dobrotić and Zrinščak 2022). The eldercare sector was developed within the social care system characterised by a social assistance orientation and has remained marginal, fragmented and underdeveloped in terms of infrastructure. The state is not a strong actor here and care is predominantly left to the family, which means that it is usually done by women. Provision relied initially (in the socialist period) heavily on state-owned residential homes, while community-based care was almost non-existent. Over the last two decades, the expansion of institutional eldercare capacities (residential homes) in Croatia has continued to rely primarily on the entry of private service providers (market) into the system, within a sub-regulated institutional framework and a non-transparent subcontracting process (e.g. undefined service charges, absence of public calls for new service providers) (Dobrotić 2016). In spite of the expansion, the available capacity is still far below the actual need, which is evident from the long waiting lists for residential homes. The fact that there are no transparent criteria for admission to residential homes makes the system unfair and prone to clientelism (ibid.).

In the past, there was a lot of uncertainty around home-care services provision (see details in Dobrotić and Zrinščak 2022), which has been somewhat mitigated since the mid-2010s through EU funds. Home-care services are now mainly provided through the programme 'Zaželi.' Funds are allocated in project-based cycles, where eligible applicants are local/regional administrative units or non-profit organisations, while the local/regional office of the national employment service and the social care centre act as partners. The goal of the programme is both to provide the necessary care to the elderly or others in need of regular care, particularly in more sparsely populated rural areas, as well as to enable women from vulnerable, 'difficult-to-employ' categories to enter the labour market. This programme has brought



important improvements in eldercare coverage rates, especially in rural areas. However, the programme has weaknesses, particularly in relation to the long-term sustainability of services. Gaps between the project cycles result in employment insecurity for the carers (note that only women can be employed through the 'Zaželi' programme), as well as a critical discontinuity in care provision for the beneficiaries (Dobrotić and Zrinščak 2022).

There is a social benefit scheme for people who are outside of the labour market because they are caring for a household member who is fully dependent on others for care. Eligibility for this benefit is limited to people caring for a person who requires medical-technical procedures to maintain vital functions or has no mobility even with the use of orthopaedic aids or has multiple types of impairment of the highest degree (physical, mental, intellectual or sensory) making them dependent on others to satisfy their basic needs (Milić Babić et al. 2023). The benefit is primarily aimed at parents caring for children with difficulties or disabilities (regardless of the child's age), although the law now states that one can become a carer for any member of the same household (ibid.), meaning that the status could (at least in theory) be used to care for a parent or other elderly relative who satisfies one of the abovementioned criteria.

Older persons in need of care may also be entitled to a supplement for assistance and care (means-tested in most cases). However, this is a very low benefit and in most cases it serves more a social assistance function than care needs. Since January 1, 2023 it is also possible to take up to five days of unpaid leave per year (carers leave) in order to care for a close family member with a serious illness, and the worker has the right to be absent from work for one day in a calendar year because of a particularly important and urgent family reason caused by illness or an accident (i.e. force majeure leave) or to request flexible working arrangements.

## Parenting Leaves

Parenting leaves in Croatia are divided into maternity leave (28 days before the expected date of birth and until the child turns six months of age at 100% of the previous salary for those fully socially insured), paternity leave (10 working days paid at 100% of the previous salary for those fully socially insured), and parental leave (4 months per parent for the 1<sup>st</sup> and 2<sup>nd</sup> born child and 15 months per parent for 3+ children, 2 months of leave are non-transferable, and there is a ceiling on parental benefit). There are also more specific types of leaves aimed to cover short illness periods but also leaves aimed at parents of children with serious health issues or disabilities. In practice, the mother typically takes most of the leave. That is, the mother would typically use what she can (e.g. leave until the child turns one in the case of the first- and second-born child). Paternity leave is a new right (implemented in August 2022), so there is no data on take-up. Despite the quotas (but note the ceiling on parental leave benefits), the number of fathers on parental leave usage is not large (fathers typically comprise some 4-5% of fathers of the total number of parental leave beneficiaries). Since July 2017, the ceiling on parental leave benefits was raised



several times. Leave benefits for parents in precarious employment and unemployed/inactive parents have also increased (but to a lesser extent; for details see Dobrotić 2022, 2023).

## Income Support to Families

Family benefits offered to families in Croatia include:

- A means-tested child benefit until the child turns 15 (and until later ages if the child is at secondary school or disabled);
- A tax deduction to all who are liable for personal income tax for all dependent children, including those over 18 who attend regular education or have a disability. The same applies to a dependent partner or parent;
- Universal birth grant (one-off payment of EUR 309). There are also local birth grants, which can be high in certain areas (e.g., EUR 8,000 for the third child on some Dalmatian islands).

In line with the Social Care Act, families living in poverty have the right to means-tested social assistance (the guaranteed minimum benefit) and housing allowance (the latter being additionally defined and paid through local communities). They may also become entitled to lump-sum assistance aimed at covering basic living costs in some specific situations such as the birth of a child, education, illness or death of a family member, unexpected events etc. (the social worker has a discretionary power here, although this is becoming more and more limited with different informal rules being followed throughout the country, e.g. a person can receive this type of assistance only once or twice per year although this is not specified in the law). Children without parental care and children living in lone-parent families can be entitled to education-related benefits (e.g. financial assistance aimed to cover their housing costs in dormitories or travel costs related to education).

## Local Policy Context

As the focus groups were held in six different locations, including larger cities, smaller towns and a rural area, the 'local welfare system' is relevant. LGUs (cities or municipalities) have the autonomy to introduce 'local social programmes', alongside the state-defined ones outlined above.<sup>2</sup> The primary responsibility for the provision of care services lies with LGUs (see Dobrotić and Matković 2023; Dobrotić and Zrinščak 2022). The available evidence makes clear that: most local social expenditures are directed towards cash benefits (over 87%), while only a fraction goes to services (less than 3% in municipalities and counties; and only around 10% of social expenditures in cities); most local expenditure focuses on the social protection function of family/children (45.8%), and then social exclusion (25.5%), housing (10.2%), old age

<sup>2</sup> Croatia has 556 municipalities and cities with different fiscal capacities and local social programmes.



(9.3%) and disability (5.3%); less-developed areas have less-developed services and receive lower social benefits (Šućur et al. 2016). Also, 'new' services, such as services for people at risk of poverty and social exclusion (e.g. teaching assistants for children with disabilities or Roma children, learning assistance, and parenting support) are predominantly provided by civil society organisations on a project basis and are neither stable nor certain.

## Methodology

This section outlines the methodology that was followed, detailing the sampling strategy, describing the profile of the participants who were recruited for the focus group discussions, and explaining the steps followed in the data collection and data analysis phase.

### Approach to Sampling and Recruitment Criteria

Participants were selected based on two sets of inclusion criteria. The first such criterion was membership of a 'family,' with family understood as two or more individuals who are related and linked together through care obligations (note the lack of assumptions about co-residence and nuclear family). The focus was thus on persons with caring obligations, with this understood in a broad way, including for example where one partner is caring for the other because of age, health problems, or disability; parents with children; and adults with other family-related care responsibilities.

The second set of inclusion criteria was specific to individuals' family situation, ordaining that different family situations should be covered. On the basis of existing research on family-related risks and their distribution by family and household composition, the following five family situations were prioritised:

- Families living on a low income;
- Families led by lone parents;
- Families living in a rural area;
- Roma families;
- Families with persons acting as unpaid 'carers' (caring for their grown-up children with developmental difficulties or disabilities or for elderly/disabled relatives).

### Outreach and Recruitment Strategy

After obtaining ethical approval from the Faculty of Law of the University of Zagreb,<sup>3</sup> an outreach and recruitment strategy was implemented. Participants were mainly recruited through organisations (community-based or grassroots organisations and other civil society and humanitarian organisations),

<sup>3</sup> Faculty of Law of the University of Zagreb: January 10 2023.



but also through an educational institution, the municipal administration (in the case of the rural group where there is a lack of any other organisations) and the research team's personal contacts. Because of variation in the prevalence of the group in question and the organisations servicing them, the recruitment process varied for each group although the overall principles were observed in each case.

The following phases were followed in the outreach and recruitment of participants:

- **Step 1:** In a first step, relevant organisations and individuals were identified and contacted by telephone (and in some cases by e-mail). In many cases individuals (the research team's professional or personal contacts) with links to particular organisations or other actors helped to establish the initial contact, since this approach often proves more fruitful. A total of 28 organisations were contacted, as well as two educational institutions, three municipal administrations and one local stakeholder network for rural development. The research project and its objectives were presented during this initial contact, as well as the focus group format and the required characteristics and family types of the participants. Only two of those contacted did not reply at all and a further four organisations replied (albeit usually with a delay) that they would not be able to participate in the recruitment process. The others agreed to participate, although in some cases they emphasised in advance that they were not sure whether and how many participants they would be able to recruit.
- **Step 2:** In a second step, further phone calls and/or e-mails were exchanged with those organisations and institutions that had agreed to participate, in order to support and keep track of their recruitment process. This phase was typically the longest and, in many cases, resulted in the organisations deciding that they were not able to recruit any participants. In some cases, the organisation yielded only one or two participants. The process then reverted back to Step 1, either by picking a different location for the group in question or by contacting additional organisations in the same location (using *inter alia* snowball sampling whereby some organisations or individuals recommended that we contact others). In all, the potential participants at this second stage were recruited by a total of 14 organisations, one educational institution and one municipality administration.
- **Step 3:** In a third step, additional correspondence was conducted with the organisations to plan the focus group discussions, including logistical arrangements, specific times and dates, and so forth. Also, where possible (and especially in cases where several organisations were recruiting for the same focus group), telephone numbers of people who had agreed to participate were obtained (with permission previously given by the participants themselves to the organisation that recruited them). They were then contacted by the focus group moderator in order to explain in more detail the themes and the group format of the discussion, to make sure whether the participants satisfied the research criteria and to give them the opportunity to ask questions



about the discussion. This was a very important part of the recruitment process since it allowed for the clarification or correction of occasionally imprecise or inaccurate information provided to the participants by the recruiting organisations. In some cases, it resulted in people deciding not to participate after becoming aware of the group format of the discussion or because they did not satisfy the research criteria.<sup>4</sup> In the end, five people dropped out of the study.

Excluding those individuals who had agreed to participate but then withdrew or did not present, the actual focus group participants were recruited by a total of 12 organisations, one educational institution and one municipal administration. The organisations that were involved included advocacy and support groups for the family ‘types’ outlined above with activities mainly local or regional. Only in three cases was recruitment conducted by a single organisation and in one case by a municipality administration, while recruitment for the remaining groups required the engagement of three or four organisations in each case. Four participants (of different groups) also contributed to the recruitment process by recruiting a further five participants. A particularly useful instance was that of a participant in a low-income focus group who suggested that the rural group be organised in the municipality where she is from and who helped the research team establish contact with the municipality administration, thus ending a series of unsuccessful attempts to organise this group in different locations.

Specific efforts were made to diversify the geographical locations of the focus groups, so as to capture different experiences and recruit participants from various contexts including larger cities, smaller towns and rural regions. Efforts were also made to diversify participants in terms of gender, family situation and care responsibilities, by asking the host organisations to take into account these criteria when contacting and selecting participants.

## Organisation and Conduct of the Focus Groups

Eight focus groups (excluding the migrant group in Pula, which included an additional four participants but is not analysed because of small numbers) with a total of 58 participants were held in different parts of Croatia: three groups in the capital city Zagreb and one each in the cities of Rijeka (on the northern

<sup>4</sup> It is important to note that some of the potential participants did not feel comfortable to participate in a focus group discussion, while they indicated a keenness to participate in an interview. This might be due to a cultural difference, i.e. people not being used to ‘publicly’ sharing their personal or family problems (particularly people in disadvantaged situations). It, therefore, has to be borne in mind that some participants possibly withheld in the discussions certain information that they might have shared in a one-to-one interview.





Adriatic coast), Split (on the southern coast) and Osijek (in the eastern part of the country), a smaller town in the Šibenik-Knin County and a rural municipality (in the inner part of the Split-Dalmatia County). As is to be expected given the recruitment strategy, most of the focus groups were composed of persons associated with a community-based organisation or support group, or they were recipients of aid from a humanitarian group (Red Cross, Caritas); in some cases, a number of participants within a group knew each other to some degree. In one group, two members of one family participated (a couple).

Upon arriving at the location, focus group participants received an information sheet providing additional explanations regarding the study and the facilitator verbally explained the confidentiality rules. Participants were then asked to read and sign an informed consent form.

The discussion was organised according to the focus group guide provided in Annex 1 (which was common across the six countries). The groups typically lasted between one hour and 45 minutes and two hours. The questions asked were open-ended and thematically organised, focusing first on the difficulties faced by families (in general, then turning to money-related difficulties, employment related difficulties and care-related difficulties), the types of support that were considered to be helpful (or not) by participants, and the support received from extended family and government provision. Following these open-ended questions, a number of scenarios and related questions were presented for discussion to participants. Finally, participants were asked to complete a socio-demographic questionnaire and a short opinion questionnaire (provided in Annexes 2 and 3 of this report). These elements provided the research team with crucial data on the participants' key characteristics, as well as quantitative data on participants' assessment of the issues faced by their families, the sources of help that had been most useful to them, as well as the type of government support considered to be most needed. Using the opinion survey together with the transcriptions of the focus group discussions makes for a mix of qualitative and quantitative information, but the primary information is qualitative.

The researchers sought to provide a welcoming and relaxed atmosphere for the focus group participants. In some cases, the focus groups were held at the premises of a civil society organisation (not necessarily the same one that directly recruited the participants); in others, a room in a local library, hotel or educational institution or a community event room in the municipality/neighbourhood administration building was used for the occasion. Refreshments were available during the session, and a short break in the discussion was taken in two groups. There were three cases of participants arriving after the discussion had started and a few cases of participants having to leave earlier. In one group (the low-income group in Zagreb), the latter had a somewhat disruptive effect, as other participants also started asking to be given the questionnaire to fill in, resulting in only a few of them actually participating in the discussion toward the end. In two cases, participants brought a young child with them due to a lack of childcare options, and in one case an elderly participant was accompanied by her neighbour, who is a member of an organisation which was contacted to help with recruiting and who recruited the participant herself.



Discussions were characterised by a combination of personal stories and a more generic assessment of the underlying reasons why families face difficulties as well as the usefulness and relevance of various policy options. In general, the discussions favoured consensus over disagreement, with participants tending to agree rather than disagree with each other, although there were also cases of disagreements stemming from (at least seemingly) contradictory information regarding eligibility or access to certain benefits. This would sometimes spark debates that some participants would show a keen interest in, but which would lead away from the main themes of the discussion. Another tendency that was prominent in almost all of the focus group discussions was for the participants to engage in mutual information and advice sharing with regard to social benefits or assistance. It was also often apparent (and the participants themselves sometimes stated it explicitly) that these conversations had some therapeutic effect in allowing the participants to air grievances and frustration in a generally supportive group of people with similar experiences. While this is a relevant research finding regarding a perceived lack of community-based support, it sometimes reduced the time for discussion of the designated questions.

It was thus challenging to cover all of the questions in the topic guide in two hours (some participants started expressing impatience or fatigue after more than 90 minutes of discussion). Some participants regularly felt the need to share many (usually difficult) experiences and sometimes failed to react immediately to attempts to redirect the discussion. Although it might have been interesting and relevant to probe deeper into certain themes or experiences, this possibility was limited due to the number of questions. Also, sometimes it was necessary to skip certain questions which had already been addressed by some participants in the discussion (although they were not explicitly asked), in order to leave enough time for the other questions and the scenarios. In other words, instead of digging deeper into the specific topic that was mentioned in such a way, the focus was put on issues that had not been addressed at all.

The moderator played a crucial role throughout by ensuring that participants felt comfortable, and that a friendly, safe and constructive group dynamic was set in motion; by balancing power relations as they emerged and distributing speaking time; by focusing and guiding the discussion towards the key issues; and by deepening the discussion through follow-up questions and prompts. In two cases, a co-moderator was also present and assisted with various tasks, such as note-taking and supporting participants with completing the consent forms, socio-demographic questionnaire and opinion survey. During most discussions, notes were taken of the sequence of participants' interventions (by the moderator or co-moderator, if present) to facilitate the write-up of transcriptions.

The recruitment commenced in January 2023 and the field research was conducted between February and May 2023. The table below outlines key information about the organisation of the focus group discussions, including the location where the focus group discussion was held, the recruitment mode and the number of participants.



**TABLE 1 OVERVIEW OF FOCUS GROUPS**

<b>Focus group</b>	<b>Location</b>	<b>Recruitment</b>	<b>Number of participants</b>
<b>Low-income 1</b>	Organisation's premises	Via local organisation	11
<b>Low-income 2</b>	Local library	Via local organisation + regional section of the humanitarian organisation + participants	8
<b>Low-income 3</b>	Organisation's premises	Via local organisation + educational institution + local section of the humanitarian organisation	8
<b>Low-income 4</b>	Organisation's premises	Via local organisation	8
<b>Lone parents</b>	Organisation's premises	Via local organisation + research team's personal contacts + participant	4
<b>Rural</b>	Community event room in the municipality building	Via municipality administration	5
<b>Carers</b>	Local adult education institution	Via 4 local organisations + participant	11
<b>Roma</b>	Community event room in the neighbourhood administration building	Via Roma organisation	3

The coordination of focus groups was a collective effort. Local organisations, municipality administrations as well as the research team's personal contacts were used to recruit participants. Depending on the coordinating body, the discussions were held a variety of public locations, such as the local organisation's premises, at a local library, at a meeting room at the municipality, a local adult education institution as well as at a conference room in a hotel.

The categories were not hermetic; in other words, participants in one focus group shared characteristics relevant to the inclusion criteria of another focus group. For example, all of the low-income groups



included lone parents and several of the groups included 'carers' (for disabled or sick children or adult family members). While the focus groups were thus not mutually exclusive in terms of inclusion criteria and overlaps in circumstances were present, the application of the criteria ensured that participants in each group shared at least one key characteristic. This was also an important part of the research design, since the focus group discussion guide included two hypothetical scenarios (out of six in all), one of which was tailored to the different family "types" listed above.

The Roma and migrant groups were not analysed because of small size. This means that the evidence to follow is based on a total of 55 participants in seven focus groups which varied in size between 4 and 11.

The focus group discussions were transcribed verbatim using the audio recordings, supervised by the Croatian team. Verbal utterances and some nonverbal expressions (e.g., laughter, crying) were transcribed. The transcriptions were completed by Lorena Sabolić, Gabrijela Tipura and Lidia Vinković. The list of participants was anonymised, and participants given a number. Any personal details and other data that could potentially be used to re-identify participants (e.g., location, names of employers, addresses, names of children or other dependants, local organisations, etc.) were left out or replaced by a generic term to ensure anonymity. Passages that could not be deciphered based on the audio recordings were marked as inaudible – these were minimal, and usually consisted of individual words or brief phrases, or in a few instances passages where multiple participants spoke at the same time.

The transcriptions were cross-checked by a member of the team, who went back to the original audio recordings to check and improve where needed the accuracy of the verbatim accounts. The transcripts were then passed on to a commercial translation service for translation into English. This was done by *Riječ i Savjet* translation services. Once completed in draft form, the translations were checked by the Croatian team. Once a final version was satisfactorily completed, the anonymised translated documents were passed on to the Oxford team via a secure process for analysis. Throughout the process, strict ethical and data protection procedures were observed.



## Profile of Participants

The focus groups participants were predominantly women. As shown in Figure 1, the gender breakdown was 85% female and 15% male. While this uneven distribution could be interpreted as a sampling weakness, the similarity to other country case studies supports the underlying message of women being more open to participating

in focus group and other forms of primary research.

Interestingly, it was the carers group, of 11 participants, where, proportionally, male participants were most present (3 out of 11).

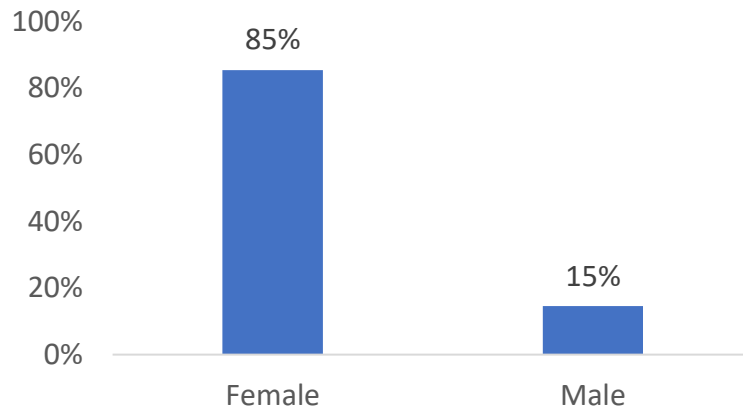
A majority of the participants were of working age group, one-third (31%) being in the

age bracket of 36-45 years, a further third (30%) between the ages of 46 and 55 and approximately a quarter (24%) between 56 and 65, as illustrated in Figure 2. The participants over 65 years of age, comprising 11% of sample as a whole, were proportionally more represented in the rural group, which also leaned the discussion towards aging-related issues more than other groups.

A significant majority of the participants (84%) was born in Croatia. Nine out of the 55 participants were born abroad and 12 described themselves as 'minority ethnic'.

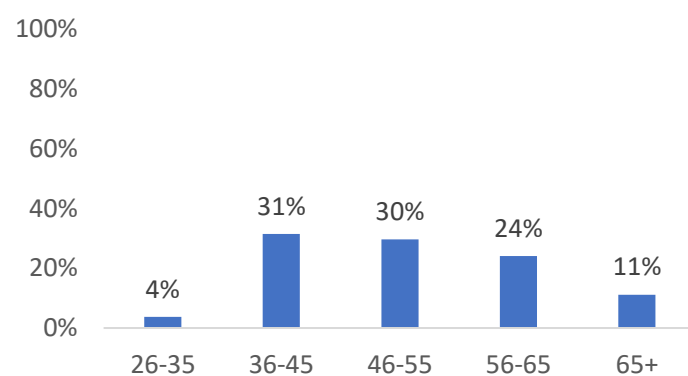
Nearly all participants expressed experiences of financial hardship and struggling to making ends meet (Figure 3). In response to the questionnaire, 91% found 'making ends meet' difficult or very difficult. There was only one person who said

**FIGURE 1 PARTICIPANTS' GENDER**



N= 55

**FIGURE 2 PARTICIPANTS' AGE GROUP**

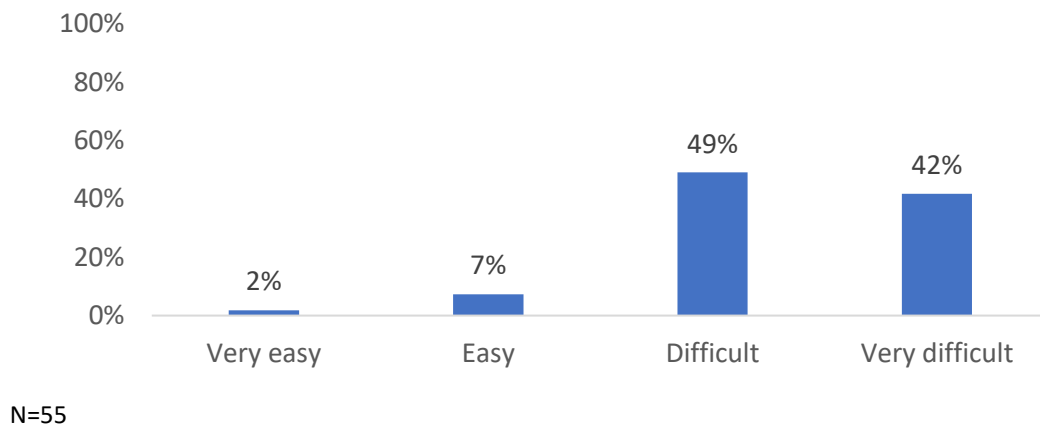


N=55



getting by was 'very easy', and four described economising as easy for them. With significant numbers of participants combatting financial difficulties, this descriptive picture already galvanises curiosity regarding the discussions and understanding the areas of hardships, the gaps in meeting needs and the resilience capacities of the families.

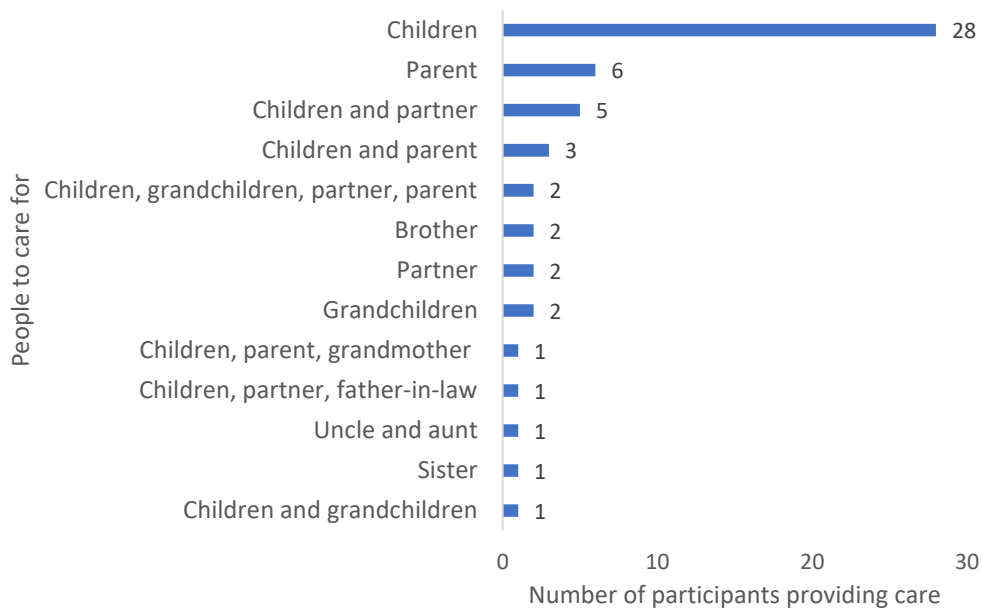
**FIGURE 3 PARTICIPANTS' RATING OF THE DEGREE OF DIFFICULTY FOR THEIR FAMILIES IN MAKING ENDS MEET**



All the participants had some caring responsibilities for family members, be it close family members or distant relatives. Almost one in every four participants was providing care for two or more family members whereas 76% cared for one family member. Children were the key care recipients for the majority of the participants (78%). Figure 4 below shows the variety of family members that the participants provide care for.



**FIGURE 4 PARTICIPANTS' CARE-GIVING RESPONSIBILITIES**



N=55

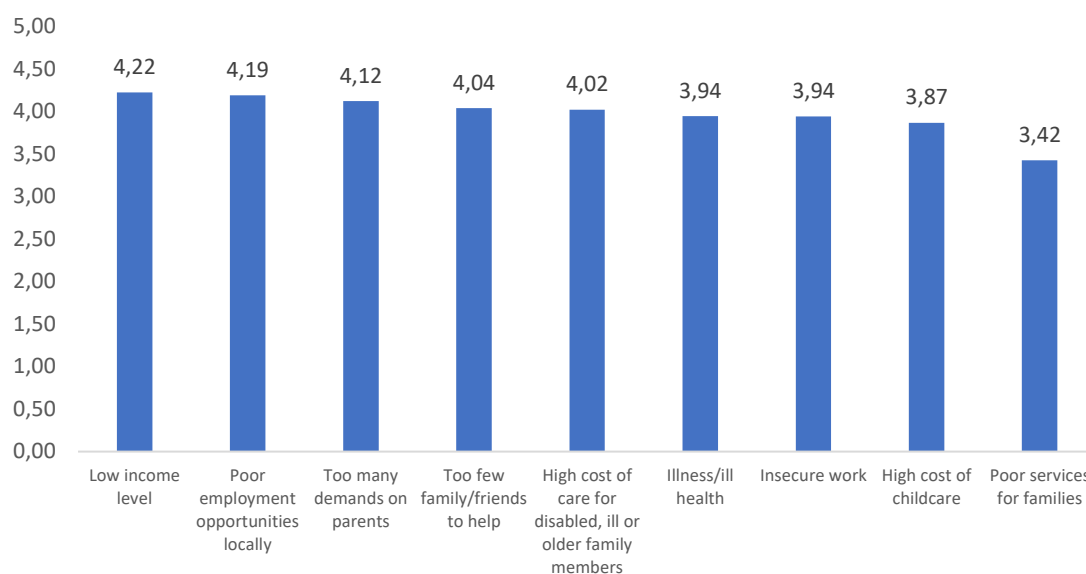
### Issues, Needs and Sources of Help

To discern the resilience capacities of participants, they were asked to rate the importance of the issues that they face, the sources of help that they reach out to and the desired forms of government support. This descriptive exercise complements the above picture as well as the detail to follow in the analyses of the qualitative information.

The first question asked participants to rate on a scale of 1 (low) to 5 (high) the extent to which their family experienced a range of stated difficulties (Figure 5). The resultant ordering underscores the lack of financial capacity of the families with low income placed at the top (4.22) followed by poor employment opportunities locally (4.19). The option of 'too many demands on parents' followed with an average score of 4.12, underlining the pressures that parents are facing with limited financial resources and restricted options to generate further income. Relatedly, lack of support network (4.04) was the fourth most highly-scored item. The scoring on the high cost of care provision within the family (4.02), issues with ill health (3.94), job insecurity (3.94) and high cost of childcare (3.87) emphasise the pressures related to income and care constraints. Poor services for families with an average score of 3.42 was the lowest scoring item.



**FIGURE 5 AVERAGE PARTICIPANT RATING OF THE DEGREE TO WHICH THEIR FAMILY IS AFFECTED BY DIFFERENT ISSUES  
(ON A SCALE OF 1 TO 5)**



“To what extent is your family affected by each of the following issues? Please rate each issue from 1 to 5, with 1 being the lowest and 5 being the highest.”

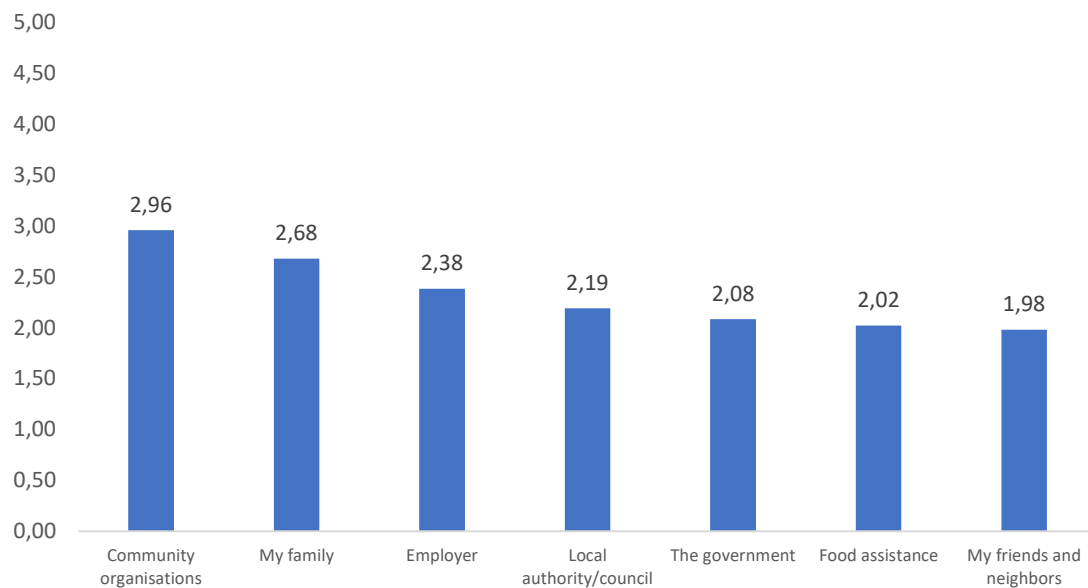
N=55

The second question on the survey asked people about their sources of help so as to understand the actual support resources that the families have. The low averages on a 1-5 scale, as displayed in Figure 6, give the first signals of how these participants and their families manage their struggles. The participants’ ratings placed the primary emphasis on community organisations (2.98) and family (2.68), followed by employer (2.38) and local authorities (2.19). The resultant ordering suggests that the first resource for help for these participants is their first-hand, relatively informal, contacts and networks. Food assistance (2.02) and friends and neighbours (1.98) are scored least.





**FIGURE 6 AVERAGE PARTICIPANT RATING OF THE DEGREE OF HELPFULNESS FOR THEIR FAMILY OF DIFFERENT SOURCES OF HELP (ON A SCALE OF 1 TO 5)**



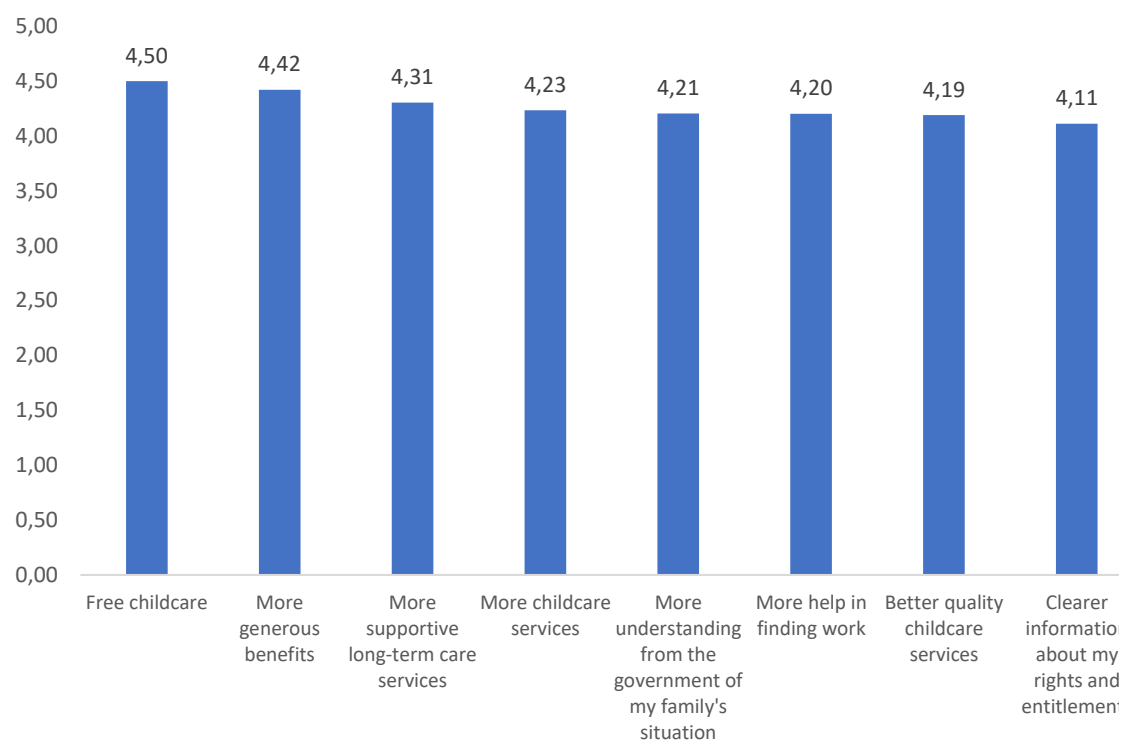
“Of all the sources of help that were talked about, which have helped your family the most? Please rate each source of help from 1 to 5, with 1 being the lowest and 5 being the highest.”

N=55

Suggesting weak support networks, Figure 6 indicates the importance of local and informal connections and a lack of a systematic, formal, institutionalised or government-aided support mechanisms. To obtain further detail, the last question on the rating sheet probed the areas of help that the participants would appreciate from the government, which, as shown in Figure 7, related heavily to care-giving-related constraints. Turning to the evidence in Figure 7, the most desired forms of support were free childcare (4.50), followed by more generous benefits (4.42), and better structured long-term care services (4.31). The desire for better support with childcare included the accessibility of these services (4.23) and their quality (4.19). Although to a lesser degree when compared to the other areas mentioned, the participants seemed to have a desire for better understanding of their situation by the government (4.21) and to have more support to find employment opportunities (4.20). Lack of awareness was also an issue that they needed help with, albeit placed at the end of the list with an average score of 4.11.



**FIGURE 7 AVERAGE PARTICIPANT RATING OF THE DEGREE OF USEFULNESS OF DIFFERENT SOURCES OF HELP FROM THE GOVERNMENT FOR THEIR FAMILIES**



“What sort of help from the government would be most useful to you and your family? Please rate each item from 1 to 5, with 1 being the lowest and 5 being the highest.”

N=55

## Evidence Analysis Process

All the analyses were carried out at Oxford. The evidence from the socio-demographic questionnaire and opinion survey (as presented above) was analysed using basic Excel functions. The qualitative data collected through the focus groups was analysed using an inductive process of thematic analysis (see Braun and Clarke 2006; Braun and Clarke 2021; Braun and Clarke 2022), assisted by NVivo software.

### Coding the Evidence

An inductive approach was adopted to coding. At Oxford, the researcher read and re-read all transcriptions to familiarise herself with the evidence. The team discussed the initial observations and regularly met to agree on the themes, and revisions were applied where necessary. Having gained an in-depth knowledge of the content of the focus group discussions, the data was transported into NVivo and the key text was coded into a set of initial codes. The objective of this step was to identify and organise



the data according to “the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon” (Boyatzis 1998 as cited in Braun and Clarke 2006: 88). This phase produced a long list of codes.

Having coded on an initial basis, the next step re-examined the evidence – both original and the codes - to identify overarching themes across the whole data set. In some cases, one code was found to correspond to a broader, overarching theme; in other cases, a number of codes were grouped together into one theme. An initial thematic map was produced to organise, illustrate and assess the key themes identified. In a further phase, the researcher refined the candidate themes, eliminating some that did not qualify as themes (mainly due to insufficient presence), requalifying and reorganising others and collapsing individual themes into a broader category as appropriate. Based on guidance from Braun and Clarke (2006), the aim was to maximise internal homogeneity and external heterogeneity of the respective themes.

### Producing the Report

When undertaking the analysis and presenting the findings, an overview, integrated analysis is aimed for in the sense that the evidence from the seven groups is treated together, that is emphasising the commonalities found and highlighting dominant patterns. Quotes from participants’ interventions are used to provide examples of such dominant patterns, selecting fragments of interventions that are as much as possible “representative of the patterns in the data” (Lingard 2019). In many cases, quotes have been edited for succinctness or legibility, with some short phrases (e.g. “I mean”, “ehm”, etc.) removed and replaced by ellipses. In some cases, a dialogue that occurred between two or more participants is presented to provide context for a given quote or illustrate a group dynamic. In addition, in few cases the quotes have been edited to protect anonymity and respect the conditions of ethical approval of the national research as well as conditions of the project’s Joint Controllorship Agreement. Where something has been changed, it is indicated in plain text and placed in brackets embedded in the quote itself.

After presenting the dominant patterns in the data, different sections include as appropriate more particular and sometimes focus-group specific views, opinions, situations or experiences that may have characterised only a few groups or even one. This is a way of doing full justice to the findings and also introducing nuance into the analysis by showing specific divergent opinions as well as themes that were common. In the main though, the analysis searches for common themes across the seven focus groups.



## Findings

The discussions started with a broad question aiming to understand the participants' viewpoints on the key and most common issues faced by families in Croatia. The early questions essentially asked them to think almost as an outsider, locating themselves as an observer rather than being affected by the issues.

Participants readily started relating to these matters, comparing their own situation and substantiating the issues based on their own experiences. Financial and care-related constraints were the two most mentioned and intertwined issues identified as key difficulties. Limited employment opportunities, or, when employment is found, poorly paid salaries were identified as the main drivers that make people linger in a cycle of poverty and create a reliance on welfare benefits. The opening discussions hinted at a trade-off between opting for employment and welfare benefits, since the poor payment conditions seemed insufficient to help them out of a low-income situation or ease their struggles.

## Compounded and Growing Pressures Facing Families as Defining Conditions of People's Lives

### Income Pressures

Increasing cost of living together with low income, inadequate wages and lack of support were discussed widely across all groups. The discussions revealed income pressures as threading through various aspects of their everyday life and needs. These were raised in relation to the costs of child-related expenses, housing and rent, utilities and bills, food, groceries and clothing costs. It should be noted that all of these are essential needs which amplifies the pressure on the participants.

The discussions revealed that the degree of income pressure varied among participants (although in the rating sheet most agreed that they were struggling). The participants stressed the surging prices, which seemed to be trapping people in their domestic spheres since their capacity to afford things was falling short. Housing-related expenses, such as rent and energy bills, were predominant as budget items inducing anxiety among participants. The example below appears as a representative case for the majority of the participants. Participants seemed to be experiencing rising cost of a range of necessities, whereas their income remained stagnant. In this example, the participant pointed out that with the increased housing-related costs, making ends meet became more challenging:

*“Everything is getting more expensive; for me the apartment and electricity and water have gone up, which means I have nothing left ... nothing. I spend everything on utilities, nothing, I live only on this, child benefit...”*

A common source of worry for participants was to be able to meet the needs of their children. These pressures were felt strongly by those with school-age children. The most repeated concerns were school-



related expenses, the cost of transportation and outfits, in addition to making sure to provide nutritious food. The discussions highlighted that price increases were experienced concurrently across several domains of their lives. The financial pressures were heightened even more for larger families. Moreover, they found the amount of child benefits insufficient. There was a gap between their income, either from salaries or welfare benefits, and cost of living. In fact, their perception was that this gap was expanding:

*“Well, for instance, all the income I get, I have, I get the 420 Kuna supplement for assistance and care, and child benefit, and alimony for my son, and a guaranteed minimum benefit... I pay for the flat and the water and ... and at the end I’m left with a single euro. I don’t have money for anything else.”*

Similarly, despite the increasing costs of living the participants did not seem to be experiencing an improvement in their earnings or any other income sources. The conversations stressing the surging market prices and difficulties in making ends meet also revealed dissatisfaction with low income and salaries. One participant’s comment on the pensions summarised the uneven growth between expenses and the income: *“Pensions are also going up, but when they go up by 5 percent, you get nothing.”* In a similar vein, another participant added: *“Work is not a problem. Small salaries, small contributions are a problem.”*

Rent constituted a sizeable portion of their fixed costs and the associated uncertainty about their living situation. The participants who were living in rented accommodation expressed concerns about the temporary nature or associated insecurity of their living arrangements, even raising the matter of the uneven power balance between landlords and tenants. Even though not always prominently, they seemed to be factoring in the possibility of a landlord forcibly evicting them should they fail to pay their rent or because of greed. The cost of rent was also perceived to limit their ability to upgrade to a better or larger flat, which they indicated was a need especially when there were teenage children in the family. However, when people preferred to remain in the same flat but struggled to keep up with the costs, they tended to resist moving to another location especially if they had school-going children. Underlying motives here emphasised their children’s well-being (which will be discussed in detail in the following sections), and a protective approach to avoid creating sudden disruptions in their living environment. The tensions about rent and housing led to a discussion, in almost all groups, of a need for government-subsidised social housing initiatives. The comments about inadequate social housing were grounded also in a criticism towards the institutions and officials in power and interpreted as ignorance:

*“Huge insecurity... they [can] increase your rent, tell you to leave, anything, whatever you can think of, because it is after all a private property. [the city I live in] is at a standstill with this public [housing] part, it’s halted for the reasons for which it’s halted. And here, yes, here it’s difficult when your child gets used to a school and that aspect, I*



*don't know, I can't say that – right now my situation is OK, but it can change overnight to something more negative.”*

Overall, a combination of housing-related hardships in paying the rent as well as utilities and bills were by far and away the main elements intensifying the income pressures on families. Poor housing conditions combined with instability of tenure and lack of space went beyond a physical issue and created a high degree of anxiety and feelings of insecurity. Especially for those who were squeezed in small flats with poor conditions, the focus group evidence indicates a significant lack of personal space which poses potential threats to children's individuality and development (see for example, Chu et al. 2004; Coley et al. 2013).

This enforced restrictive way of living was associated with multidimensional stresses, including isolation and mental pressures. The following response summarises several aspects of the struggles, which has been heightened by income pressures:

*“The prices are increasing, going crazy, I personally work in X [company name, retail] every day when I arrive: ‘update the prices,’ something's shifting, changing all the time. And here, a higher salary, you get a salary of 520, 530 Euro, your apartment is 350 Euro, daughter in ... school, you pay the rent, pay for utilities, that's 350 for the apartment without the utilities, and what are you left with? Nothing. If you don't work another job, you have nothing.”*

This kind of experience was common among participants. The financial pressures acted to prevent them from planning ahead let alone saving for future. At times, a sense of helplessness fuelled by the lack of financial capacity and falling short of payments was observed in the discussions.

## Employment-related Pressures

Employment conditions and related issues and pressures were also the key themes, discussed on 49 occasions across the seven groups. As the discussions delved deeper into the difficulties encountered by families with low incomes, a recurring pattern emerged in the form of employment-related stressors that further exacerbated the participants' daily hardships. The issues surrounding employment heavily focused on a set of issues including insufficient payment, precarity, health concerns and constraints related to care-giving duties.

Low wages and rising inflation were among the most widely mentioned factors. The participants talked about employment opportunities (or lack thereof) and low salaries. The wage-related discussions revealed comments around high inflation, rising prices and weakened purchasing power. Across all groups, the widening gap between pay and market prices was criticised. Here is a telling example: *“everyone is paying the minimum wage but you pray to God you get some on the side.”* Similarly, another participant described their situation as *“we have an abnormal amount of work. You get the same salary as if you didn't have to*



*do anything.*” Here the participant emphasises the intensity of the workload and inadequate pay that she is receiving. The comment transmits a perception of unfairness that the workload was too high yet her work was not valued.

Inadequate pay seemed to trap the participants in a state of struggle and make them evaluate their living conditions. One participant said: *“With our wages we can’t live normally – I won’t say in luxury, but normally, let alone those on this kind of lowest minimum wage.”* The incapacity to cope forced some of the participants to work extra shifts or take side jobs to be able to cover their expenses. One participant interpreted this as *“exploitation”*: *“...boy, do they exploit, they are killing you.”* One of the most palpable examples of this was expressed by another participant who was juggling care responsibilities and multiple jobs:

*“I work, with all the children I have, I also look after the children of two girls who work, one works in a [service sector]. I babysit extra children, well, in addition to my own children, I also babysit two children on weekends. I am cleaning for this one man, who has construction workers, so when the workers leave. All kinds of things on the side.”*

While the issues related to limited employment opportunities were similar many, including those in the low-income groups and the rural group participants, the situation of lone parents stood out in communicating relatively more secure and better paid employment conditions compared to the other participants in the discussions. This may just be related to the particular lone parents involved. But there was a key difference between the lone parent group and others in regard to planning capacity and behaviours. Participants in the low-income groups insistently stressed the impossibility of making plans ahead whereas those in the lone parent group had a firmer stance and capability on this matter.

Notably, despite the mention of juggling multiple jobs and irregular work schedules, the concept of work-life balance was not broached. Balance was discussed in terms of managing income and expenses, with a brief allusion to the informal sector and casual work. The issues mentioned were mainly about not receiving the payment on time or receiving some part of their salaries as cash rather than bank transfer in order to avoid higher tax payments.

### Care-related Pressures and Constraints

Care-related constraints were a further notable theme within the cluster of struggles and pressures. Care for children was mentioned on 46 different occasions by all of the participants. However, care-related constraints were not limited to children. Consistent with Figure 4, care concerns about parents or in-laws, grandchildren, partner and other family members were also shared.

The discussions on care-related constraints were heavily dominated by health-related problems and other family members’ dependency on care provision by participants. In regard to children, the constraints mentioned included direct care provision for young children, school drop-offs and pick-ups, and indirect



care provision related to concerns such as being able to afford the children's needs, school expenses or provision of nutritious meals. The evidence suggests that participants experience considerable anguish as a result of their inability to cater for their children. Here is a telling example summarising cumulative pressures leading to inability to provide for children:

*“Well, for me personally, so I can share my personal experience, for me the first thing is unemployment, second is the issue of housing, we are tenants, on guaranteed [minimum benefit], and this is the reason my child is here [at the NGO], because I myself simply could not afford certain things to her, she would not participate in any sports, nothing, no tutoring, no help with learning, so this is in fact huge for us in X [town that they live in].”*

Care constraints were not always about financial deficiency. The presence or absence of an actual care support system was also raised. In the excerpt below, several aspects of care-related constraints became apparent. For one, it is the mother who was seen as the primary carer to be contacted when the child needed immediate attention. Second, her work situation did not cater for an emergency. Third, the existence of the partner, in other words having the reserves to share parenting and care responsibilities, brought about a relief in meeting the child's needs at the time of the crisis:

*“I was on sick leave while I was working. So, I go to work, I work for five days, on the sixth day, the child goes to kindergarten for five days, on the sixth day he starts to sniffle. They call me at 9, like, and there's no one to replace me at 9. ‘Ma'am, come right away.’ But I say, ‘there is no one to replace me, I am alone, like, it's morning.’ ‘No, no ...’, so then call your husband, then he comes from his central office in X [another city] to pick them up, then they ask us to pick up the other one, that one ... I mean, terrible. Then it's mostly the husband, he had greater privileges [at work], then he mostly used sick leave, so that I wouldn't have to go.”*

In two focus groups, parent-educator (sometimes mentioned as mother-educator) policy was mentioned. This is a cash-for-care benefit incentivising stay-at-home parenting. Introduced by the City of Zagreb, the policy targets parents who are caring for at least three children. Provided the youngest child has not started school, a monthly cash transfer at the level of 65% of average gross earnings is paid to the care-





giving parent.<sup>5,6</sup> Since this is a benefit implemented locally in Zagreb, it was not mentioned in all focus groups. In the discussion where it was mentioned, there was ambivalence and conflicting perceptions. One participant exhibited gratitude for this benefit, saying:

*“We do not have large incomes. For example, in X [a foreign country] the salaries are much higher. Life is easier, better for those who get by like that. And I am saying, as far as the mother-educator status is concerned, it saved me.”*

In the same discussion, another participant expressed disapproval for this policy. The opposing argument was that this policy is enabling people to exploit the system, which, in his view, prevents the people who deserve this benefit from accessing it. As the conversation developed, it appeared that this father used to be a beneficiary of the programme himself but lost the right when his child started school. He was displaying his disappointment as he believed such support should be available for all children and he found it unfair that this benefit and enrolment at ECEC were mutually exclusive. Ceasing the benefit with the child’s enrolment in school was puzzling as the need for cash support remained as before. Some elements of this discussion involved the theme of perception of justice, which was observed also in other conversations across the focus groups and will be discussed in later sections.

As mentioned, care responsibilities were not only limited to children. Parents, including in-laws, and partners were among the most mentioned family members for whom the participants were providing care. Grandchildren were also occasionally mentioned as care recipients. The participants’ comments indicated that the provision of care to grandchildren bore structural similarities to the provision of care to children. Conversely, care giving for parents or partners was portrayed as distinct, as it frequently involved supporting a family member with a medical condition. This form of caregiving frequently encompassed an array of disorders, ranging from complex disabilities to the frailties of old age and a variety of illnesses, including alcoholism. At times, caring for an ill family member was seen to restrict the participants’ opportunities, especially when it came to paid work. Access to health- or disability-related

<sup>5</sup> Parent-educator policy is a generous cash-for-care scheme for parents of three or more children (at least one child has to be of preschool age at the time the right is granted), providing them with a monthly allowance of 65% of the average gross salary under the condition that the child/ren do not attend ECEC and the parent using this right does not participate in the labour market. In 2020, the monthly allowance for children was around HRK4,600 [EUR 611.66] net per month (social insurance contributions on this amount were also paid by the City of Zagreb, and a tax deduction could be withdrawn at the end of the year). This benefit can be paid until the youngest child in the family turns 15, and it is predominantly used by women (Grad Zagreb, 2020). See also, <https://www.zagreb.hr/en/parent-educator/108121>

<sup>6</sup> The parent-educator policy was introduced under the governance of the late mayor Milan Bandić without any public discussion. Since June 2021, Tomislav Tomašević has been the mayor of Zagreb and is gradually abolishing parent-educator policy due to its deteriorating effects on ECEC participation and children’s well-being, as well as gender equality <https://op.europa.eu/webpub/eac/education-and-training-monitor-2021/en/croatia.html>



benefits was observed to be ambiguous, leading to some participants in need not receiving them. This led some to share their negative experiences with the system articulating the barriers they faced when they had requested some of those benefits:

*“My mother died X [less than a year] ago. I was taking care of her 24-hours a day, she wasn't getting anything, a case was open for six months for assistance and care, and in the end, they were much quicker when she died, at the day of the funeral there were more people than ... so no one came. Her doctor didn't come to see her for over a year, nor did anyone from the X [social welfare] centre, because I wrote to them that she was immobile and I called them and everything. However they were much quicker to remove her from their registry than to write the report for her to her money.”*

Accumulated health problems and multiple family members suffering from ill health were recounted as elements of people's situation across the seven focus group discussions. Seventeen participants talked about their children's health problems. Some of these concerned disabilities, some related to chronic health conditions, and some were cold-like illnesses. Struggling with chronic illnesses and suffering from ill-health, as well as needing to care for a family member with a malady, was both a result of and reason for income pressures leading to intensified care pressures. The prevalence of poor health conditions required frequent visits to hospitals and this together with a dependency on public health care provision sometimes meant long waits and inadequate treatment.

For some, poor health conditions prevented them from being able to work, hence rendering them dependent on welfare benefits. For others, ill health meant an extra budget item that they needed to take care of. Some participants clearly linked their inability to afford quality food (blaming the high costs and low salaries) to their ill health. One participant said: *“We don't eat quality food. We eat cheap”* and another added: *“We don't eat quality [food] and we are the ones who have problems. We don't live long, we get sick fast, and that's that.”*

The analysis of pressures and struggles that the families faced made it clear that no one problem is independent of another. The issues discussed across the groups indicate situations of cumulating pressures and diverse problems. A cross-cutting theme was a sense of insecurity stemming from lack of resources and support systems to cushion them in times of adversity and unprecedented financial and care-related predicaments.



## Child-Centredness

As shown in Figure 4, the majority of participants had caring responsibilities for children. Except for a few cases where grandparents were foster parents of their grandchildren, these were their own children. The notion of child centredness emerged as a prominent and extensively discussed theme across all groups, with a total of 109 mentions, thereby making it one of the most emphasised topics. The discussions centred on various aspects, such as the needs of children, the level of expenditures and strategies to meet the needs of children, prioritising children over one's own needs, and the existence or absence of welfare benefits and support mechanisms.

Providing for children kept appearing as one of their most significant responsibilities. Such attitudes also generated multidimensional stresses for them in their situations of income, employment, and care-related pressures. Meeting their children's needs could be interpreted as their way of mobilising their skills and resources to manage and budget in a context of multiple demands within the family, which is delineated. In this section, focus is placed on the sacrifices and trade-offs that participants made to ensure their children were well looked after.

Ensuring a decent living standard for children, providing them with nutritious meals and meeting their needs was considered to be a priority for which sometimes people's own needs or pleasures had to be sacrificed. An example of this mindset is as follows:

*“Well, you deny yourself something. For example, I denied myself. I stopped smoking. I used to buy for myself, well, until I had children. And in the beginning, while I was still, let's say, in some kind of marriage. I'd buy myself 200 Euro sneakers, what the hell.”*

This quote demonstrates a change in priorities and giving up on personal leisure to meet the needs of her children. Similarly, another participant, also stressing the prioritisation of children, framed this desire as a demand for better welfare provision and social protection with the following words:

*“Such families, that want to succeed, who want to raise their children and educate them, they need a bit more protection. Those who really fight and sacrifice themselves and give everything.”*

This sentiment was echoed in another group:



*“In my opinion, every child, no matter how much you earn, has to get the child benefit. So, if I were in power, I would give every mother child benefit, it doesn't matter if you earn a salary of 10,000 or 3,000 Kuna. A child is a child, a child is entitled to child benefit.”*

A desire for children to have a better future than their parents was emphasised by some participants. But it can also be observed that some participants were imposing their own aspirations on their children. Here is a telling conversation by three participants:

Participant 1: *“Ma’am, I really give my children as much as I can and teach them. I really hope that at least they will be a little... I'm trying to persuade one to become a priest...”*

Participant 2: *“I am persuading too.”*

Participant 1: *“... always, to go, to be a priest, a priest. Priests earn the most. This other one I'm forcing to be a lawyer; this one here wants [to be] an artist... My lord, finance me.”*

Participant 3: *“I said that one is going to the seminary.”*

At times, the children-focused discussions turned into a series of mothers' own identity reflections and personal aspirations. Taking pride in their parenting statuses, especially in motherhood, and how well they were raising their children was a theme that developed naturally through the discussions. In fact, “denying” oneself, sacrificing own needs and desires for one's children were details that these women considered important, valuable, if not sacred. *“In motherhood there is no pride”* one mother said and then added: *“and my pride is in my motherhood.”* These participant mothers' strong identification with their maternal role engendered a sense of deservingness, compelling them to express the need for greater support from the state to fulfil their children's needs.

It is noteworthy that the focus of these requests was predominantly about meeting the essential needs of the children. The care of young children was considered equivalent to physical care provision and there was no emphasis placed on the 'educator' part of the parent-educator policy. Taken as a whole, these and other comments indicate how much children mean for the parents' own desires, wishes and future hopes. Parenthood seems to be considered as a respectable state or status. The responses to the hypothetical scenarios shared towards the end of the discussions, which are analysed in Section 5, also confirmed this attitude. It was commonly held by the participants that fulfilling the needs, providing for children, caring



for them, meeting their needs were not solely an obligation, but also the embodiment of leading a meaningful life.

## Life on Scarce Resources: Carrying Poverty from the Past to Present

A theme that subtly and sporadically emerged was participants' reflections on their own growing up experiences. This could be interpreted as one intergenerational disadvantage and personal histories that shaped their current circumstances.

It appears that a legacy of deprivation has been carried into the life course. In some cases, this was triggered by leaving the parental house at a young age and followed by making life decisions that were later seen as foolhardy.

Lack of resources and possible ways of coping with struggles enabled participants to contextualise their present situation and compare their present and past conditions. These comparisons took two forms. One was to compare different time points in their lives. In the example below a participant compares the level of child benefits in the past and current times:

*“The child benefit [more than three decades ago] was 300 Kuna. It used to be shopping trolley full of food in a supermarket for 300 Kuna. And today, 300 Kuna won't get you more than what you can bring home in your pockets. There's nothing you can do. Now it's 298 that I've got left, and it's for the next month or two while the child is still in school, right? I mean, it's pathetic. I mean, I'll no longer have it, and thank God, because I'm done now, like. I mean, 300 Kuna - plus years ago and now. As if nothing changed.”*

The point of lack of uprating was reiterated another participant: *“the child benefit has stayed the same for 20 years.”* Participants used their past experiences as a benchmark to evaluate their current situation. These comments signal the value and vitality of child benefits for overall family income. The child benefits were considered a basic source of income, despite being originally designed as a children-specific entitlement.

## Deservingness: Being in Competition with Others

During the course of discussions regarding the most helpful measures for supporting families, participants were able to engage in reflective dialogue about their own experiences. As a result, two closely intertwined themes emerged: the concepts of deservingness and the perception of justice and fairness. The notion of deservingness received a total of 165 references, although it was not always explicitly



stated. Its significance became increasingly evident through the way in which participants structured their arguments. Certain aspects related to this theme were to be seen in comparisons made between past and present circumstances, larger and smaller urban and rural areas, and Croatian and foreign contexts. As previously noted, the cost of living and challenges associated with making ends meet were the primary concerns discussed.

The fundamental position adopted was that everyone deserves a decent standard of living. This perspective led participants to an examination of “*the system*,” services, and organisations, occasionally also including their workplaces, often accompanied by criticism. The fairness and justice of their situation were questioned, and comparisons were drawn between different groups in society, be it random people or acquaintances. A participant shared her opinion about her neighbour, who she characterised as: “*drug addicts and drunkards*.” She exclaimed:

*“He hasn’t got a day of work experience. He receives these vouchers and social welfare [guaranteed minimum benefit]. And what about me? And my kids have everything. I will do it because I will make something out of nothing. And my kids have everything. And I help others, of course. That’s the kind of person I am. But I don’t need anything from them. I am an independent tenant. Why won’t you give it to me? I have maternity allowance, I have child [benefit]. I am not a single parent because my husband is alive, that’s that. That’s not being a single parent. We know what a single parent is.”*

The passage reveals a number of pertinent issues. Even though she does not complete her sentences in an explicit manner and spell out how much she actually thinks she deserves the welfare benefits, she poses questions such as ‘What about me?’ or ‘Why won’t you give it to me?’ (referring to social welfare centre). The tone of her contribution suggests a strong sense of entitlement over others, except those associated with maternity and children, which are the only ones she currently has access to. A similar type of individual and group frustration was repeated across groups. In another group, another participant opposed herself to a local “*drunkard*”:

*“I was also on guaranteed [minimum benefit], so, my child. We had 920 Kuna. So, [one of my] child[ren] is worth 120 Kuna. So, please, 120 Kuna and that drunkard will spend the guaranteed [minimum benefit], these packets [of aid] ... And also, when you get a packet, you have to one litre of oil, a [packet] of sugar [for your crowded family], and he’ll barter it for beer, rakija.”*

These comments and attitudes are aligned with the relative deprivation theory which ‘postulates that unfavourable comparisons (the cognitive component of relative deprivation) can generate feelings of deprivation (the affective component of relative deprivation) that motivate out-group hostility (Dambrun et al. 2006, 1032). As discussed in experimental studies focusing on the group behaviours and relative deprivation and relative gratification (Dambrun et al. 2006; Halevy et al. 2010; Moscatelli et al. 2014), the



tendency towards hostility and prejudice against more marginalised or stigmatised groups and a 'destructive intergroup competition' can be observed (Halevy et al. 2010, 687).

Participants' critique of the benefit system often entailed a comparative analysis of oneself and others to determine who was most deserving of benefits. Frequently, a competitive attitude towards other marginalised groups became apparent and an intergroup bias was striking in the discussions. 'Othering' appeared to be resulting from a non-transparent benefit system, which the participants found challenging to comprehend. The underlying motivation in these participants' articulation stemmed from minimising their disadvantage over other groups. For example, the comment below raises an aggressive tone about another ethnic group. While 'othering' was a theme that was apparent in 50 utterances made in a range of contexts, there were few comments deliberately targeting other ethnic groups. However, there were exceptions as in the following reference to what some ethnic minority people are seen to do:

*"So, you know who lives in our neighbourhood, how mixed it is there. So, I said, I just change my name, just change my name, and then when I come to the municipality, and I'll get everything."*

Another participant concurred with this comment. Furthermore, across the seven focus groups, other participants noted that some individuals exploit the system to gain access to welfare benefits that they may not rightfully deserve, thus justifying and substantiating their own sentiments of being marginalised and unfairly treated. This view leans to the following:

*"In my view, the lump-sum assistance should be given precisely to people who need it. Unfortunately, here the assistance is given to those who already have."*

In general, it appears that people's understanding of the eligibility requirements to obtain or forfeit specific benefits was inadequate. For some, comprehending the logic behind the eligibility criteria was perplexing. In the example below, the participant sounds well aware of the eligibility conditions, yet perceived them to be inequitable:

*"For example, I have [more than one] children. [One of] My kid[s] started doing seasonal work, we lost eligibility, and it all falls on the child who has just finished school, who should have something to start from, and take care of herself. In fact, according to that, she needs to take care of the whole family because she earns income, you lose income [from benefits]. That's also unfair."*

This quote raises several concerns. While the age of the employed child is not specified, it is assumed that she is a teenager who has recently completed high school. However, this information alone does not provide any indication of future plans, whether she will continue her education, seek other employment opportunities, or opt for another seasonal job. The quote also highlights the critical role that child benefit played in the family's income, and how it was still necessary despite the addition of a family member's



earnings. The participant acknowledged the individuality of the child and her earnings were for her private account and criticised the system for assuming that the new income would benefit the entire household.

Other participants also shared similar experiences. The discussions overall indicated the importance of child benefit as a source of income for the families.

## Mobilising Skills and Resources

This section presents the main skills and resources that were mobilised by participants in order to cope with the multifaceted pressures (financial, care- and employment-related) faced by them and their families. The overall observation here is of agentic behaviours demonstrated by participants, despite significant constraints. In order to make ends meet and preserve a decent standard of living, they expeditiously implemented a range of strategies, through absorptive and adaptive agency (Dagdeviren and Donoghue 2018). These strategies were often short-term, exhibiting absorptive agency, but seemed effective in activating the skills and resources at their disposal. Adaptive agency was also observed, such as using debt to meet unprecedented expenses.

As mentioned earlier, participants were acutely aware of the situation in the economy especially regarding consumer price inflation, by which they were severely affected. Depending on the level of anxiety to make ends meet, their comments around planning ahead also varied significantly. While across groups participants seemed to be inventing their own ways of budgeting and managing expenses and tasks, planning ahead appeared to be a concept and ability that required some level of income security. Among the poorest of the poor, as self-described in their discussions, making plans for future or forging strategies were not always possible. On this subject, one participant said: *“we are getting by from one month to the next,”* emphasising the inability to contemplate making a major change; another participant said: *“if you are not planning on spending money, [with]the little you have, you have to stay home.”*

Providing food and being able to afford essential expenses were areas where participants developed original coping mechanisms. By their accounts, the kitchen became a creative space where ‘magic’ was made, as one of them said: *“You create food from nothing.”* Cooking several dishes with the same ingredients or inventing new dishes from leftovers appeared as a widespread strategy, as demonstrated by a shared conversation between four participants:

Participant 1: *“So I cook soup today to have enough for two days, sometimes for three days, depends...”*

Participant 2: *“We don’t put pasta immediately in the entire pot, but you divide it...”*

Participant 3: *“Divide it and put it in the fridge and...”*

Participant 2: *“... then freeze it and so on.”*





Participant 4: *"You make do in all kinds of ways."*

Participant 3: *"We save on everything so that... We make do."*

Participant 2: *"... on everything, to be able to survive."*

Participant 4: *"Not to throw away."*

There was an emphasis on low quality food, which opened the discussion towards ways of developing solutions to sufficiently feed the family. Mothers, comprising the majority of the participants, at times sounded proud of their ability to create food out of little. For example, one participant said: *"when it comes to cooking, preparing, I'm the type of person who will make four meals out of one chicken."* They define this as *"the art of survival"* whilst continuing to give examples of the monotony in their menus, stating for example, *"I make potato pie everyday"* or giving examples of their children's reactions, *"Mom, we will start cackling."* As outlined previously, this type of need was closely correlated with high prices and insufficient funds. Here is a telling example by a participant:

*"Chicken and pork used to be the cheapest. However, now the chicken has reached the level where it, the fillets, a kilo of fillets is 90-something. The price in Kuna is still written below. So just you try and live now. So, tear off a bit of meat, so they get a whiff of the meat. Give them this side dish, cheap pasta on sale, the most affordable thing you find, but to hell, it's [the prices] all gone up."*

One participant's strategy involved training her children for moderation, which can also be interpreted as imposing a restricted vision and expectations. In this and other ways, the limited resources influence these participants' parenting practices and create an environment where needs, or the demand for them, are suppressed:

*"It is an art. So, you will put, of course it is not only meat, teach it. Children won't ask, they don't really have many demands, but you need to know how. You simply make do with what you have."*

Another widespread strategy applied was to follow discounts at stores, including crossing the border to find better deals in neighbouring countries. Some participants presented themselves as masters of budgeting. The example below is from a participant who kept track of promotions and discounts across different shops and made an informed decision about shopping:

*"So, when I buy things for 100 Euro, for me it's like, it'll last us almost three weeks. I buy potatoes, I buy flour, I buy oil. So, oil, when I look at it, I don't pay 18 for oil, I pay 12."*

The same participant then shared an alternative way of managing: raising chickens himself. The participant also demonstrated entrepreneurial behaviour by trading his labour in the neighbourhood for various small jobs in the maintenance or repair of a building or parts of the houses.



*“I have raised 50 chickens over the course of a year, and I’m sorted. I buy chicks, feed them slowly, I don’t give the money all at once, I have my own, I take them out when I need them. Then, whenever someone calls me, I go and do some work. I go to a neighbour, I help her, I carry tiles to the second, third floor... I get some [money].”*

The strategies that the participants deployed showed their cognitive abilities and awareness about market prices and discounts. A few mentioned local NGOs and charities, especially in regard to providing clothing for their children. However, these were not widespread solutions. Especially when faced with unexpected expenses, asking for financial support from the municipality, or from school (if the expense was related to school), or from a family member was mentioned, albeit only in small numbers.

### Diverse Sources of Help

At the outset, it should be noted that a structured support system was rare. While there were some positive experiences, a feeling of isolation and being left alone with their own battle of endurance was widely observed. In one group, one participant said: *“Nobody gave me anything in my life”* and another added:

*“I don’t have anyone of my own. No friends as such. I do have friends, but they’re not real friends, mostly acquaintances. I don’t hang out with anyone, going for coffees or having someone visit me at home for a coffee, let alone going to town. So, some company. Like this here for example. When someone listens to you, it’s a relief.”*

This example shows what absence of a community is like, with the focus group discussion appreciated as it provided them with a safe space to discuss their issues. Extended family was considered as a lender of last resort, even though not all participants had access to such support. Despite such absence, the majority seemed to idealise family members, be it parents, in-laws or siblings, as the primary hand to hold in times of troubles. This expectation, often unmet, led to resentment and poor relationships as expressed by one of the participants:

*“My mom is loaded with money. I was out of milk at home. I came over, said, ‘mother, give me some.’ She wouldn’t. For me, this woman has, for a long time she has been dead to me. She is ill, she’s all sorts of things ... But, I’m telling you, I had no milk left. ‘Give me’, I said, ‘50 Euros to get something in the house.’ She wouldn’t. And she has ... she has [a lot].”*

In another case, a wealthier family member was providing some support in the form of gifts. Yet this generates a feeling of indebtedness rather than bringing a sort of relief. The participant delivered this story as follows:

*“I’m alone here, I don’t have anyone. I have a sister who is in X [a foreign country]. They’re well off, rich, they have means. But you see, when she comes, she mostly buys a*



*small bag of potatoes, a little, perhaps a kilo, three, two heads of garlic. Something like that. What she's got, what surplus. But she expects the same in return, to get a present. So late last year I actually told her to stop bringing me these things."*

The lack of support from extended family was a source of stress for many participants due to conflicting family dynamics and, in some cases, a feeling of being penalised for their life choices. The absence of a community and a reliable network during times of adversity deepened the adverse effects of low income beyond material needs. Absence of a network adds to stress levels and leaves a sense of bitterness, as shown here:

*"I used up all my resources. Seven ways to make potatoes. I can't even get potatoes anymore. I have a family, a huge one. There's X [number] of us brothers and sisters. Everyone is rich. Everyone has but won't give. Why? 'It's your own fault. Get a divorce, come over, and we will give you.' But I won't give [up on] my marriage."*

Carrying the weight of solitude, a few participants mentioned local non-governmental organisations (NGOs) as providers of support, mainly concerning children's apparel. However, these experiences were location-specific and limited to the capacities of the time and finance-restricted projects, such as 'Zaželi,' and hence not necessarily generalisable or to be interpreted as a solution. In fact, participants themselves also analysed this situation and did not expect state-aided welfare centres to be the primary source of help. "The sad part", said one participant, "is that we first turn to the association, here, and not to the [social welfare] centre." The absence of an adequately supported institutional welfare system also led people to include it in their recommendations for change.

## Hypothetical Scenarios

The focus group discussion guide made use of hypothetical scenarios to elicit participants' responses to families' situations. The objective of using scenarios in this way was to elicit more detailed (and potentially sensitive) data on possible trade-offs, strategies and potentially difficult decision-making based on specific situations (scenarios), in which hypothetical families are faced with a particular risk. Each focus group was asked to discuss two scenarios: one general scenario was consistent across every group, and one was tailored specifically for the corresponding family type in question. The depth of the answers provided by participants in reaction to the scenarios varied across the groups: in some cases, participants entered into an intense discussion regarding the options that the fictional characters could consider and the kind of support that would be most useful to them; in others, participants had only several minor points to suggest. Below the five scenarios are analysed separately.



## Scenario 1: Increase in Household Care Needs Combined with Low Wages (All Family Types)

The first scenario was asked across all seven focus groups with the aim of better understanding participants' viewpoints by using a non-personal example. The scenario presented a low-income, two-parent family with one child considering having a second child and asked the participants what potential decisions this family could make.

### Scenario 1

A couple with one child is both working in low-paid jobs. They would like to have a second child, but they are worried about finances and job prospects. What options do they have in your view? What help from the government would be most useful?

Participants' initial reactions were overwhelmingly positive, supporting the imaginary family to have another child, despite the financial hardship and increasing care responsibilities involved. As the conversations evolved, potential solutions to support the family were discussed. The overall dynamic was to take the imaginary family as the point of departure and arrive at more general conclusions which would be beneficial for all other families in similar situations. Except for a few occasions where they referred to some of their acquaintances with numerous children, participants were able to distance themselves from the proposed scenario and provide their opinions accordingly.

While supporting the idea of having another child, the participants were also aware of potential issues and the new risks that this family might face upon having a new baby. One line of argument originated from real-life experiences, mainly driven by the exacerbated living conditions caused by a large family:

*"They better not embark on a second child, there's no other way out, how are they going to make ends meet, especially if they're paying rent, how are they going to make ends meet."*

However, having a child was not seen as an obstacle that cannot be overcome or considered solely as a burden. People offered ideas such as finding extra work, attending training to acquire new skills which would increase their chances of getting a job or reshuffling the distribution of expenses. The act of coping was framed from an emotional viewpoint rather than a material aspect.

The arrival of children is associated with hope and future opportunities (Daly and Kelly 2015). Participants who were in support of this family having another child built their arguments around 'children being the future.' At times, they returned to their own stories to convince the audience how they had coped with limited finances despite having more than one child. The excerpt below stressed the idea of perceiving children as future:

*"I don't know what to answer. But I'd also go for a second child. I'd reduce mine, my husband and my child's demands, to give to the other [child]. So, I'd share everything"*



*equally between everyone, but I'd have another [child]. So, when I have another child, I have a future. For me it's the future."*

The last question in the quote, about the ways in which the government could be of support, was probed by the moderator towards the end of the discussion which led to a discussion marked by a strong emphasis on children's well-being. The necessity for universal child benefits was discussed: *"regardless of the parental income"*, one participant said: *"every child who is a Croatian citizen should have their benefit."*

Other recommendations stemmed from examples from other countries and a fear of exodus.

Participant 1: *"I'm telling you, families are leaving Slavonia in great numbers, going away. Both young people and families are going abroad."*

Participant 2: *"If you want a slightly higher standard, then go to Scandinavia."*

As seen in these excerpts, the recommendations included moving abroad, based on both actual examples that they know and as a potential exit plan. These comments signalled that they perceived greener pastures away from Croatia.

### Scenario 2: Care Responsibilities Combined with Unstable/Insecure Working Hours (Low-income Families)

A second scenario presented participants with a situation in which a person with care responsibilities in a low-paying job has the choice of increasing her wage but losing the stability and security of guaranteed and regular working hours. This scenario was intended to raise questions regarding precariousness, flexibility, and instability in a context of family care obligations.

The story of Suzana was well received by participants. The predominant reaction was in favour of her remaining where she is, in a situation where she knows her working hours and schedule. The key emphasis was placed on the security of her employment rather than the level of pay.

Of the three groups with whom this story was shared, only one participant encouraged her to change jobs to start working with the agency. This participant was a self-described *"risk taker"*, and, when challenged by other participants about how she would possibly care for her children if she embarked on a job with irregular hours, she said:

#### Scenario 2

Suzana works as a full-time cleaner for a company and cares for her partner, who has a health condition. She has been told that she could make more money by the hour working for an agency, which pays a higher wage but does not guarantee the timing and the number of hours she might get a week. Do you think she should take the offer? What should she take into account when making a decision? What help from the government would be most useful?



*“I don't have to take care. They will take care of themselves. That's how my mum cared. That's how, she is from [a town in the hinterland], as she says, there were X of them [in the household].”*

The suggestions for improvement centred on providing assistance to alleviate the burden of caregiving responsibilities. There was only one case where the participant suggested becoming a full-time carer and to be paid for that work by the state as a solution. The underlying argument to remaining in the same company with secure employment conditions was supported on the basis of *“keeping the family under their own supervision.”*

### Scenario 3: Lone Parenthood (lone parent-led families)

The third scenario was asked in two groups, the group of lone parent-led families, who were mainly lone mothers caring for their children and in one of the low-income groups. It is worth noting that there were other lone parents scattered throughout the focus groups.

As the text in the box shows, it asked them to reflect upon the options, trade-offs and coping strategies in a situation where social protection benefits are not sufficient to sustain the family.

In the discussion, the participants placed a strong emphasis on the necessity for the mother in this scenario to start working. The care and work trade-off did not dominate the conversation, perhaps because the lone mothers in the group were all working mothers. Not welfare-reliant themselves,

they seemed to have a difficult time in understanding why this imaginary mother was not putting her foot in the labour market. They questioned her status and were disapproving of the fact that her only source of income was welfare benefits. They demonstrated flexibility only in the case of health conditions that would not allow her to work. The view expressed by one participant sums up the group position well: *“If she isn't working by choice, then if I were the state, I wouldn't give her [aid].”*

The detail of the child soon reaching school age made them reinforce the necessity of entry to labour market, and they listed possible ways for her to find a job, including working as a digital assistant, so that she could work from home. *“So, there are so many options today”* one argued, and gave examples: *“online [work], or wrapping envelopes, whatever, so, anything [is possible].”*

When this scenario was posed in another focus group the recommendations also leant towards her finding a job and generating her own income. However, there were also more grim voices based on their own experience, as evidenced in the conversation below in response to what she could do:

#### Scenario 3

Kristina is a lone parent whose children are now reaching school age. She relies on benefits as income, but they are not enough to meet the family's needs, and she does not receive support from the children's father. What do you think Kristina could do to cope with this situation? What help from the government would be most useful?



Participant 1: *“Nothing.”*

Participant 2: *“She can’t do anything because her hands are tied.”*

Participant 1: *“Nothing, I am in this situation myself.”*

Further probes in this comment on Kristina’s hands being tied diverted the discussion towards conflicts with ex-husband and lack of or insufficient alimony payments. In this group, as in the lone parent only group, Kristina finding a job was argued as a key solution.

The overall attitude and reactions that emerged in response to this scenario conveyed a strong indication of agency among lone parents. This attitude aligns with prevalent Croatian values and cultural norms that uphold the belief in the significance of participating in labour market. A strong preference was voiced for taking responsibility for themselves (speaking for all lone parents as presented in the scenario) and eliminate the dependence on benefits.

#### Scenario 4: Care Responsibilities and Limited Local Labour Market Opportunities (Families in Rural Settings)

The fourth scenario illustrated a situation in which a rural family faces heavy care responsibilities combined with limited labour market opportunities in the local area. It asked participants to reflect upon the options that are available to a family in this situation, and what kind of help from the government would be most useful.

The conversation opened with a participant associating strongly with the story and evolved to a discussion full of suggestions for Ljubica to find ways to gain employment and generate income. Since the case was located in a

rural setting, it was easy for the participants in this group to identify with it, evoking the following response from one participant upon hearing the story: *“Same situation as here.”* The recommendations suggested by these participants were based on their own experiences, including working. For example, one participant suggested:

*“She’d work for someone else in the village, on the fields. She’d earn her daily wages working the land, in order to be able to put her children through school, or to be able to raise them and so on...”*

These suggestions also took account of the childcare responsibilities, but proposed solution not specific to childcare. One participant said, *“she should go and work if the children are older.”* The suggestions in response to this scenario had a location-specific tenor. The reactions to this scenario did not contain any

##### Scenario 4

After having stopped working ten years ago, Ljubica wants to return to work. She lives in a rural area, where employment opportunities are limited, given her skills. Her partner is working full-time, and they have four children. What options does Ljubica have? What help from the government would be most useful?



suggestions in relation to potential welfare schemes or support mechanisms. The participants placed central focus on her employability and tried to find potential ways for her to generate income.

### Scenario 5: Care Responsibilities Combined with Insufficient Income from Part-time Employment (Unpaid Carers)

The final scenario was asked of the group of unpaid carers. It presented participants with a situation that necessitates navigating the trade-off between the need for additional income and care responsibilities.

In contrast to the previous scenarios, this scenario seemed to be internalised the most by the participants in the carers group to which it was presented. The discussion started with a sigh and noted of Josip being under ‘psychic distress’ after which the participants returned to their own stories. The case was relatable for some of the participants since they had resonating experiences themselves. Recognising the difficulty in his situation, the most concrete recommendation was to have the state pay for his caring time for his ill mother so that he would accumulate tenure at work. One participant also reflected on Croatia being an aging nation as follows:

*“So, we’ve all got the right to life, we’ve got the right to work, to be financially independent of everything, so let him get a job and let these social programmes finally develop, because according to the most recent statistics, we are an old nation. So, concerning especially this area, there’s more elderly people than younger people. Which means, the young have to work, they have to build their own lives, so, let’s find a format of some kind. Let them train and employ women, 8 hours a day, like in other European countries...”*

The quote above suggests a need for a more elaborated care provision secured through state support and delivered by professionals—albeit that it comes with a gendered approach. From there the discussion expanded towards the care needs of people with disabilities. The quote below depicts access to benefits as variable:

*“So from the first day you get, that is, from the third year of her life, when she got the diagnoses, these kinds of assistance started coming in, like disability benefit, like allowances, what do I know, diapers, whatnot, disability aids. Before 2012, I think we started getting, having the status of parent-carer, from 2,500 to the 4,000 we get now. Personal disability benefits, child benefit, all these are benefits that you get, highway toll concessions, discounts on water transport, whatever else, ... I think it’s much more difficult for the elderly. For instance,*

<p><b>Scenario 5</b></p> <p>Josip’s mother has illness and mobility problems and he cares for her part-time. Now he finds that he needs more income and so is thinking of trying to find full-time work. How might Josip weigh up the decision? What are his options? What help from the government would be most useful?</p>
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*for my mother, I had to go through all kinds of committees to grant her the right to some kind of care, now they'd give her diapers, now they wouldn't, you can never get a spa treatment other than in the first year..."*

The experience shared by the participant displayed two cases of presence and absence of support for disabled family members. However, the conversation remained at this descriptive level and other participants did not engage further in developing potential solutions or creating demands for ideal ways of support.

## Suggested Improvements

What did people identify as causal factors for their struggles? And what did they see desired areas of improvement and recommendations?

### Perceived Causes of the Challenges Faced

Participants were critical of the current state of economic affairs in their country and the governance of welfare benefits and services. Although there were a few participants who expressed relatively more submissive attitudes and contained some sort of hope that was sustained by their belief and value systems, the dominant attitudes were more critical, demanding and, at times, even resentful. The income pressures were so significant that one participant defined their way of living as *"survival, not normal life,"* which elicited support from other members in the group adding *"[this is] more like a struggle to survive... and salaries are low, and you have to afford something for your children, so they can live a normal life."* This line of comment demonstrated the multi-layered aspects of income pressures and financial struggles.

This and other parts of the discussions were dominated by a tone of dissent and critique. Although no specific event was pinpointed as the cause of the high cost of living and their struggles to make ends meet, participants were voluble about low trust in government and associated institutions and services. One put it in the following terms: *"In my opinion, it comes from the top [meaning the political hierarchy]. They talk and do nothing and trample over these ordinary folk with how expensive everything is."* This in turn led another participant to comment: *"They steal a lot. Hasn't water now gone up by 300 percent?"*

A sense of being neglected, dismissed or, at times, othered, continuously emerged across the discussions. Loaded with complaints and frustration, participants blamed the government for incapacity to provide adequate services. Here is a telling example conveying a sense of frustration:

*"So, the state is protecting itself again, to give as little money as possible, and then when they do give, they increase the child benefit for 10 Euro or something. They say it's going to be starting from next month, it's the government: 'we'll increase the child benefit.' Right, and how much have you increased it previously? So, this is what people [say]: we got an increase."*



This case highlights both some perceived inconsistencies in the welfare system and a critical analysis of the political situation, which are seen not to be bringing relief to the people's struggles. In another case, a lack of clarity regarding the eligibility conditions became evident:

*"I can give an example, unfortunately, in my family both mum and dad have a 100 percent disability ... So, he isn't eligible for absolutely anything except the pension he earned himself. ... So, he has no right to anything just because he owns a house."*

In a few cases, asset ownership was presented as a barrier to accessing welfare benefits. And yet home ownership, through inheritance or partnership, provided a security and stability for the participants. However, a few participants (five participants who explicitly talked about the fact that they own a flat or house) who were not tenants appeared to disagree since they perceived themselves ineligible for some welfare benefits, such as guaranteed minimum income or disability benefits. The lack of coherence and clarity about the eligibility criteria led to a perception of injustice because, despite their assets, they were still financially deprived, hence considered themselves in need of additional support.

Additional criticisms were directed towards the government regarding the level of salaries and welfare payments. The perceived lack of significant disparity between wages and welfare benefits was interpreted as a disincentive for individuals to seek employment, thereby leading them to rely on welfare benefits as a substitute for labour force participation. One participant described this as a form of government ineptness:

*"You cannot leave a worker at 3,000, 4,000 Kuna and raise the social welfare to 3,000 Kuna. Then he will say, 'then I won't work either.' Why would he work? That's the problem. The problem is not in the core of social welfare itself, but in the entire state apparatus."*

The sentiment of deserving better living conditions, and hence requesting better services and support mechanisms, developed spontaneously during the discussions. While explicit data on participants' own income resources was not collected, their conversations made it clear that some of them were welfare-reliant whereas some were wage-reliant. However, as discussed earlier, despite being in work and earning a salary, making ends meet remained a challenge and the participants felt the need to search for additional financial aid from public sources:

*"So, if I were in power, I would give every mother child benefit, it doesn't matter if you earn a salary of 10,000 Kuna or 3,000 Kuna. A child is a child, a child is entitled to child benefit."*

This excerpt pointed out where further support is needed.



## Looking Ahead: Improvements and Recommendations

Participants were asked explicitly, at several points, to suggest the type of support that would help them the most in their situations. The suggestions and recommendations voiced can broadly be grouped into three key sub-themes relating to public action: redistribution, representation and recognition (Fraser 1995).

The general assessment was loaded with complaint and frustration and the aspirations for change generally stemmed from the gaps between their current and desired living conditions. The improvements that were articulated mirrored two dominating themes of the focus group discussions: deservingness and child centredness. The multi-faceted pressures around income, employment and care, as well as being compounded as risks, fed into a strong desire for a better alternative where benefits are equally and easily accessible for those in need.

During the discussions, many participants emphasised their perceptions about deserving enhanced support through government services. Minimum income, child benefits, lump-sum assistance, pensions, rent subsidy, disability benefits and maternity leave benefit and parent-educator benefit were among the benefits mentioned. While sometimes people were sharing their first-hand experiences, at times they referred to other people's stories or gave examples that were hearsay.

They highlighted the need for policies that prioritise equitable distribution of resources and support for those in need. Even though they did not always have the vocabulary when voicing their requests concerning redistribution or abolishing eligibility criteria, the underlying plea was for more equitable access to benefits and services. Stress on the need for dismantling barriers in access to benefits was particularly elevated when the subject of the discussion was children or the needs of children. Across the groups, there was a consensus that the child benefits must be universal regardless of their parents' employment status or income level:

*“As for the child benefit, I would give, realistically speaking, this right to every child - whether the parent works or not - for children to have the child benefit, for everyone to have. That discrimination. Why are these children [whose parents are] working not entitled to child benefit? They work, contribute, it's taken from them and put into the child benefit, after all.”*

The emphasis on universal child benefit here is worth further exploration. For example, in most of the cases, being employed does not correspond to a life where they make ends meet easily (see Figure 3). The salary provides them with income security but is not always sufficient to cover their expenses, and they remain dependent on the child benefit.

The desire to be heard, seen and recognised was repeated in all of the seven focus group discussions. The dominating sentiment leant towards feeling dismissed, unheard or sometimes excluded. On a few



occasions participants overtly referred to a situation as “*discrimination*.” Such feelings left them depleted in their own ways of operating and situations of felt powerlessness to take action were notable among participants. Indicating that the focus group discussion gave them an avenue to speak up about their struggles and share their opinions, a participant described their positionality in the hierarchy of the system:

*“So, this is just, it is nice for people’s troubles, for all our troubles to be heard, but nothing will happen without the state, and the state is far away. So, it’s just useless talking because nothing will come of it. We’re too small to change anything.”*

The tone in participants’ analysis of their living conditions and the system was dominated by frustration and, at times, despair. Compounded pressures and multiple deprivations left some participants in a state of desperation where one struggle led to another. For example, poor health conditions hindered them from finding a job. One participant said: “*the moment they see in your papers that you’re sick, no one needs you,*” an experience seconded by other participants who had been in a similar situation.

The wish for recognition became most evident on occasions when there had been a specific, and unpleasant, experience. For example, the quote below points out the need for a more comprehensive policy approach:

*“... And let them be, not if it’s only about [elderly] parents. So, here we also have parents with special needs children, they need it even more. They get the least of this kind of assistance. The least, and they need it. So, I said, this Zaželi programme for elderly and disabled people, it urgently needs to be replicated.”*

This example is particularly important as it does not come from a competitive viewpoint. Instead, the participant acknowledges the necessities in other people’s cases, and, with respect, suggests a wider perspective in recognition of different struggles and care responsibilities and needs.

In some cases, the desire for recognition was presented as a demand for representation. In the quote below the participant depicts a picture of seeking for help from the nearest government body, the local authorities, and failing in their attempts. This repeatedly thwarted encounter makes them question the validity of the institutions and forfeits their trust for the possibility of receiving better and fairer services in the future. For some participants, as opposed to the depletion exemplified above, lack of trust in the authorities, triggers a sense of identity. For example, the quote below also shows a strong sense of self as a citizen:

*“So, I told them they’re not getting my vote, and they didn’t [laughter]. Then. It’s different now, now it’s like ... But as I say, when the authorities don’t have understanding for their individuals, their local people, how will anyone else? Who will? I mean, I can’t ask the state. If there’s no one to see, to witness the way of life, how people live, how*



*can I go to the next institution, if the first institution, the first door you knocked on, is closed to you. And then, I say, especially the elderly, the household, they rely on ... they won't live much longer, so, like, OK, they're not used to anything much, so they don't need it. That's what hurts me the most somehow."*

The quote below by one participant sums up a sense of the weariness that prevailed across groups:

*"Everything's already been invented; it only needs to be applied."*

It is worth noting that having two opposing opinions, i.e., a depleted self that is weighed by desperation and a more assertive self that is demanding of what they feel they deserve, are both viable and plausible.

## Overview and Conclusion

The focus group discussions revealed that the participants were living on a limited income and had minimal resources at their disposal on a daily basis. Regardless of their household composition and family constellation, employment situation or location of residence, notable similarities were observed in people's everyday struggles, complaints and coping mechanisms. Living in a state of resource scarcity made it obvious that low income is multidimensional and often intergenerational.

One of the most pressing issues faced by the participants was the scarcity of financial resources available to them and the capacity to generate a sufficient income. The associated stress seemed to permeate their decision-making process, as many of their choices were filtered through a lens of affordability. Equally, many of the behaviours recounted related to money and its management.

The presence of children in the household intensified the level of pressure and anxiety whilst also forcing participants to be more innovative with their strategies for coping and managing. The discussions across the seven groups conveyed a feeling of insufficiency, incompetency, or frailty especially when there were multiple children in the household. Not only were their cash reserves sparse, but they were also short of in-kind or care support. A lack of support from community or extended family or a care network intensified their situation. The deficient support system magnified the time and resource constraints for certain participants who were struggling to balance their work and caregiving duties. They were reluctant to ask for help, especially from their family members. Despite limited information available on the family histories of the participants, there was some evidence of discord and disagreement in families. This was particularly the case for lone parents who expressed issues with alimony. For others, becoming distant from extended family due to life choices was sometimes interpreted as their families' way of penalising them. Neither did friendship networks or local community figure prominently. In addition, institutional support was not systematic, and the participants' comments were loaded with criticism of state and local support.



It was evident that most of the participants were not adequately informed about their entitlements, and that they had difficulties understanding how the welfare system operated. Other institutional support mechanisms such as NGOs or clergy were mentioned only briefly. Civil society did not appear as a prominent support affecting these participants' experiences in coping or managing their stresses. Adverse experiences created a series of questions and disquiet around deservingness of self and others. An isolated state of being appeared to be a shared experience among these people. Feeling left alone with their own battles, it seemed that people were managing through multiple scarcities and adversities without the presence of robust, systematic, steady and reliable government-aided or institutionalised support system.

There seemed to be a correlation between people's adverse experiences with the welfare system and the erosion of trust in the government and its services. A shared belief was that the system was malfunctioning. Participants repeatedly expressed their grievances, blaming people in power, such as the government and politicians, about the mounting costs of living and their dwindling capacity to make ends meet. The dearth of financial, material and care resources available to them seemed to be confining them in their current struggles, forcing them to live by the day and leaving them somewhat paralysed in regard to future plans.

Another barrier to their ability to generate more income was their care responsibilities, both for children and family members with ill health. The additional care burden that comes along with illness and disability was very evident, sometimes present not just in their immediate families but also in extended families. Such obligations and the associated workload and degree of constraint varied, but most often the care was for dependent children and/or adults.

People's struggles were compounded and intertwined. Although only basic biographical data was collected, several participants noted their experiences of growing up in low-income households. The evidence suggests intergenerational poverty. The lack of initial resources and educational opportunities coupled with the inability to save contributed to a persistent cycle of disadvantage. Older children taking care of younger ones while the parents are at work could be taken as a vivid example of the costs of living on a low income with scarce resources. In short, coping on a low income was not a new challenge for these people, but, rather, a deeply ingrained reality that requires resilience to navigate, particularly when compounded by additional stressors such as caring for a disabled parent or child.

The prevalence of chronic illnesses, disabilities and income need required participants to interact with the health and benefit systems. The evidence makes clear that the participants' encounters with these systems were predominantly characterised by poor treatment and inadequate access to benefits. Their experiences led to some feeling marginalised and overlooked. This and other difficulties made people feel that *"the system"* was unfair and could not be trusted and that they could never *"win."* Some of those who were seen to 'win' were often spoken of in 'othering terms', distanced from and by the participants



either because of perceived negative behaviour or some good luck or good fortune which had eluded the participants. People felt their own situation was deserving but insufficiently supported or recognised and this gave rise to feelings of marginalisation, and even victimisation. This behaviour particularly appeared in three clusters of comparisons: between past and present (evaluating their own life course), between life in smaller and larger urban and rural provinces, and between Croatia and foreign lands. Othering was associated with processes of moralisation which often were expressed in terms of deservingness, and their own right to be supported. Their grievances were justified by giving examples how it was before, or how it is elsewhere.

After long discussions about struggles and grievances, participants also articulated their own ways of coping: budgeting and managing. The scarcity of resources did not allow them to save, hence they were short of reserves to rely on in the face of an unexpected expense. The insecurity engraved in their daily lives, especially augmented when they were tenants, appeared as an obvious cause of stress. Under these compounded pressures, their coping mechanisms were often short-sighted, exhibiting absorptive rather than adaptive agency (Dagdeviren and Donoghue 2018), and the solutions were, often involuntary and short-term. Following discounts on the stores and coming up a variety of meal ideas with the same ingredients and recreating meals from leftovers were the most pronounced managing skills in evidence.

In the households where young children were present meeting their needs was prioritised. Child benefit was the most widespread welfare benefit. Providing for children was a vital task that the participants could and did take pride on. Parenting as the responsibility for children was regarded highly and contributed to making life meaningful. In accordance with their needs and circumstances, participants' desired policy changes were focused on the income support and the needs of children. While the participants did not always have the vocabulary, they indicated the need for an equitable access to the benefits and services, especially by removing the eligibility criteria. Putting children first, the participants agreed upon the need for universal child benefits. Other suggestions addressing income pressures included rent subsidies, lump-sum assistance, pensions, disability benefits and minimum income benefits.



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# Annexes

## Annex 1 Focus Group Discussion Guide

### 1. Preamble (5 minutes)

- Moderator introduces her/himself and co-moderator
- Moderator explains the key objectives of the focus group discussion
- Moderator explains the ground rules and principles (including anonymity)

### 2. Ice-breaker (10 minutes)

- Each participant introduces him/herself and answers one brief ice-breaker question <sup>7</sup>

### 3. Open-ended questions (60 minutes)

1. What are the difficulties that people face in keeping their families going on an everyday basis?
2. Why do you think families are experiencing these difficulties?
3. What about in your own case: What difficulties does your family face?
  - **Budget/money-related difficulties:** In terms of money, what difficulties does your family face?  
What would you say are the reasons why your family faces these difficulties?  
How does your family cope with them?  
What kind of planning does it take to make ends meet at the end of the week or month?
  - **Employment-related difficulties:** What kind of work is available to you and your family? (Prompts: Is the work part time/full-time? Does it offer regular or irregular working hours?)

<sup>7</sup> At this stage, the moderator can propose to place name tags in front of each participant to allow addressing one another by first name. The participants may choose whether to put their real name or a pseudonym. In either case, names will not be used in the transcripts.



What kind of issues are you faced with when you look for work or for more hours?

How do these issues differ for women and men?

Are there things about the family that are difficult to manage while working?

How does the family cope with them?

- **Care-related difficulties:** What about caring for the children or other family members: what kind of difficulties does your family face there? How does your family cope with them?

What are the difficult decisions you have to make?

4. In your family or household, who makes the difficult decisions that we just talked about? (Prompts: Anyone else? How are they involved?)
5. Thinking about broader family, is that a source of help for your family?
6. What could help your family most in dealing with money or other difficulties? What are the things you need that you are not getting or don't have?
7. What type of government support helps you the most?
8. What kind of government help would be most useful for your family to deal with the difficulties we've discussed?

#### 4. Break (optional)

#### 5. Scenario-based questions (30 min)

Family type	Scenario	Questions
All family types	A couple with one child are both working in low-paid jobs. They would like to have a second child but they are worried about finances and job prospects	What options do they have in your view? What help from the government would be most useful?
Low-income families	Suzana works as a full-time cleaner for a company and cares for her partner, who has a health condition. She has been told that she could make more money by the hour working for an agency, which pays a higher wage but does not guarantee the	Do you think she should take the offer? What should she take into account when making a decision? What help from the government would be most useful?



	timing and the amount of hours she might get a week	
Lone parents	Kristina is a lone parent whose children are now reaching school age. She relies on benefits as income but they are not enough to meet the family's needs, and she does not receive support from the children's father	What do you think Kristina could do to cope with this situation? What help from the government would be most useful?
Migrant families	Margarita and Leo have migrated to Croatia. They have both found work, and their children attend the local day-care centre. Margarita and Leo have been offered to take on longer working hours, but they would need more childcare and support that they cannot get through the day-care centre.	What are the pros or arguments in favour of accepting the longer hours of work? What are the cons or arguments against accepting the longer hours of work? What help from the government would be most useful?
Rural families	After having stopped working ten years ago, Ljubica wants to return to work. She lives in a rural area, where employment opportunities are limited, given her skills. Her partner is working full-time and they have four children	What options does Ljubica have? What help from the government would be most useful?
Carers	Josip's mother has illness and mobility problems and he cares for her part-time. Now he finds that he needs more income and so is thinking of trying to find full-time work.	What should Josip take into account when making a decision? What are his options? What help from the government would be most useful?



## Annex 2 Socio-demographic Questionnaire

1. Gender (please tick one)

- Female
- Male
- Other

2. Age group (please tick one)

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 65+

3. Which of the following words best describes the family members that you care for (please tick all that apply):

- Children
- Grandchildren
- Partner
- Parent
- Other: \_\_\_\_\_

4. My family ... (please tick the one that best describes my family's economic situation)

- Makes ends meet very easily
- Makes ends meet easily
- Makes ends meet with difficulty
- Makes ends meet with great difficulty



5. Were you born in this country?

Yes

No

6. Would you describe yourself as part of an ethnic minority in this country?

Yes

No



## Annex 3 Opinion Survey

1. To what extent is your family affected by each of the following issues?

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
	<b>Not at all affected</b>	<b>Slightly affected</b>	<b>Somewhat affected</b>	<b>Very much affected</b>	<b>Extremely affected</b>	<b>Not applicable</b>
A. Low income level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Poor services for families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Too many demands on parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Insecure work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Poor employment opportunities locally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. High cost of childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. High cost of care for disabled, ill or older family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Too few family/friends to help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Illness/ill health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





1	2	3	4	5	N/A
Not at all affected	Slightly affected	Somewhat affected	Very much affected	Extremely affected	Not applicable

J. Other:

\_\_\_\_\_

Please rate each issue from 1 to 5, with 1 being the lowest and 5 being the highest.



2. Of all the sources of help that were talked about, which have helped your family the most? Please rate each source of help from 1 to 5, with 1 being the lowest and 5 being the highest.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
	<b>Not at all helpful</b>	<b>Slightly helpful</b>	<b>Somewhat helpful</b>	<b>Very helpful</b>	<b>Extremely helpful</b>	<b>Not applicable</b>
A. Local authority/council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Community organisations (for example NGOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. My family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. My friends and neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. My employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. The government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Food assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. What sort of help from the government would be most useful to you and your family? Please rate each item from 1 to 5, with 1 being the lowest and 5 being the highest.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
	<b>Not at all useful</b>	<b>Slightly useful</b>	<b>Somewhat useful</b>	<b>Very useful</b>	<b>Extremely useful</b>	<b>Not applicable</b>
A. Clearer information about my rights and entitlements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. More generous benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. More childcare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Better quality childcare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Free childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. More supportive long-term care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. More help in finding work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. More understanding from the government of my family's situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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