Exploring Resilience with Families

National Report for Spain

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rEUsilience

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Increasing Resilience in European Families

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Abstract

This report presents the analysis of the fieldwork conducted in Spain for Work Package 4 of the rEUsilience project. The evidence was obtained through seven focus groups conducted with 55 members of families in different parts of Spain between February and June 2023. It outlines the methodological approach taken to both data collection and data analysis and presents the findings.

The focus of the research was on family-related risks and so the participant families were chosen because of potential or actual difficulties that they might have in responding to labour market and income risks when caring for children and/or other adults. The participants were drawn from families on a low income, lone-parent families, families living in a rural area, families with a migrant background, families headed by a young person 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 deep insights into the challenges facing these and other families and the resources people mobilise to overcome the pressures they face and their views on how they can be better supported.

The analysis conducted of the evidence yields the following over-arching findings:
- Families were found to be faced with a series of risks, with problems relating to income, employment and care intersecting together and with other background difficulties.
- Four general types of increased costs were present: food, general living costs, rent, and nursery services.
- While the individual details matter greatly, participants' situation is best understood in terms of layers of challenges or cumulating deprivations. The findings indicate compounded difficulties that are hard to overcome.
- In terms of general situation, insecurity was an important theme. This had different roots and meanings but can be thought of in terms of two main (inter-related) types: general insecurity of condition and material insecurity. Housing and job insecurity were widespread.

- People tended to 'cobble together' income from various sources, including charities and the state. Many participants were at pains to point out that they considered employment an essential feature of their lives and identities. It seemed core to their value set.

- Two main employment-related risks were emphasised: the availability of suitable and formal employment and pay levels. One of the major problems mentioned was how difficult it was for participants (migrants especially) to get regular employment (and in the regular, rather than irregular, economy).

- Time constraints frequently intersected with shortage of money and support. There was a strong sense of child-centredness which expressed itself by prioritising the needs, well-being and development of children.

- People bore the weight of considerable negative emotions, such as anger and feelings of relative deprivation or fear (of the authorities). They often carried a moral weight as well, such as guilt relating to their children or other family members and feelings of not contributing sufficiently.

- People approached their situation in diverse ways, with both positive and negative orientations. A sense of stoicism was quite widely conveyed.

- There was evidence of 'othering' which took the form of negative comments about those who were seen as having better outcomes especially because they were able to capitalise on perceived superior entitlements to public resources as compared with the participants themselves.

- When looked at in the round, there was a reliance on a range of supports but when people's individual situation was probed their support networks seemed fragile.

- The public support system was perceived and experienced as complex and difficult to manage and as providing inadequate support.

- Migration needs to be seen as contributing significantly to negative experiences and risks. It involves a whole series of other difficulties and challenges in addition to low income.

- There was considerable criticism of the available system of support and the way it operated. Such criticism was present in all focus groups, although the specificity and intensity of discussions varied. The evidence suggests a general sense of lack of attention or even incapacity on the part of the benefit system to respond to a range of family circumstances.

- Participants had clear ideas about what measures would help to significantly improve their situation. They prioritised greater understanding on the part of the authorities of the specifics of different family situations (especially that of lone parents). A further desire was for better and more person-oriented services. Work and employment and the compatibility between the benefit system and employment were also emphasised as in need of improvement.

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Introduction

The rEUsilience project, launched in September 2022, features a number of interconnected Work Packages. Covering Belgium, Croatia, Poland, Spain, Sweden and the UK, the project addresses 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 and income risks, especially as these risks intertwine with care, the resources that people have access to and those that they require to avoid negative (socio-economic and other) outcomes. The WP also examined the trade-offs that people face with respect to overcoming risks and mobilising resources. The guiding research questions for WP4 are:

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

The focus group guide, which while standardised allowed for some leeway in application in the countries, was designed to explore the nature of those risks and associated positive and negative outcomes as well as opinions on needed policy improvements (see Annex 1).

This report focuses on the results of the empirical research conducted in Spain between February and June, 2023. The overall project deliverables comprise individual country reports as well as a comparative analysis of the results across the six countries.

National 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 family policy and outline the significant changes to the Spanish welfare state more generally.

The welfare state in Spain is notably influenced by economic cycles. Over the past two decades, the Spanish welfare state has undergone an unstable yet continuous process of adaptation. This transition has seen a shift from austerity measures in the aftermath of the 2008 economic crisis to more expansive reforms in response to the COVID-19 pandemic and ongoing recovery efforts. With a left-wing government coming to power in 2019, proactive social investment made a comeback, leading to the progressive implementation of measures in the areas of family benefits, income protection, labour market policies and work-life balance. Still, structural deficits in social protection persist and significant groups in society continue to be poorly protected against the risk of poverty and social exclusion.

Reforms to Benefits and Services

Means-tested family benefits (*Prestaciónes Familiares*) under the social security system are meagre compared to average EU levels and mostly designed to provide economic support to families in vulnerable situations. There are four such distinct types of cash assistance: benefits for families with disabled children; a single payment for multiple childbirths or adoptions, a single payment for childbirth or adoption; a single payment for large families, lone-parent families, and families with disabled parents; and a contributory family benefit for employed parents taking leave.[1]

The minimum income scheme (*Ingreso Mínimo Vital*) (MVI), introduced in 2020, is the first central-level, minimum income programme. It signalled a significant path-departure for a country that formerly only had regional minimum income programmes. Still today, however, the system displays a high degree of heterogeneity between regions – meaning different levels of income adequacy and different policy designs – together with insufficient mechanisms for coordination at different levels of government. The result is wide territorial disparities and serious loopholes in the functioning of anti-poverty policies in Spain (Aguilar-Hendrickson and Arriba 2020). This fragmented safety net, which operates at different levels and with various intensities, stands in sharp contrast to the much more robust contributory social security benefits. To improve protection of low-income families and reduce persistently high levels of child poverty (Figure 1), in 2021 a new childhood support payment was introduced as a supplement to

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[1] https://www.seg-social.es/wps/portal/wss/internet/Trabajadores/PrestacionesPensionesTrabajadores

the MVI. This supplement is also accessible to families that do not meet the MVI criteria, provided they fall below specified income and wealth limits (OECD 2022).

FIGURE 1 PERCENTAGE OF CHILDREN (AGED LESS THAN 18) AT RISK OF POVERTY OR SOCIAL EXCLUSION IN 2021
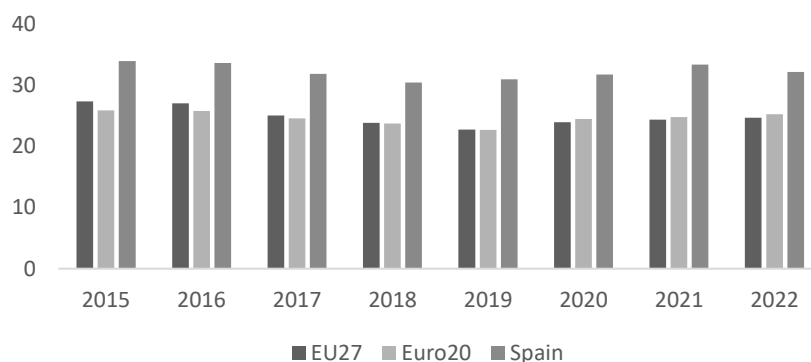
Source: Eurostat, 2022. Own elaboration.

As of August 2023, the MVI has a total of 1,971,429 recipients. It is not possible to know how many of these were previously receiving a regional minim income allowance. The generosity of the benefit varies between EUR 460 and EUR 1,015 per month (the variations usually depending on the number of children). Its design also includes incentives for employment and inclusion. However, it is worth noting that MVI has encountered a significant challenge in terms of non-take-up rates. According to AIREF,[2] potential beneficiaries who have not applied for the benefit represent 58% of the eligible population, rising to 76% in the case of the new childhood supplement (AIREF 2023).

A comprehensive and ambitious labour market reform was one of the prerequisites set by the European Commission for Spain to receive part of the Recovery Funds.[3] The new labour law of 2022, which was passed in extremis by Parliament, introduced significant changes in labour-related matters. It prioritised permanent hiring over temporary contracts, gave greater weight to sectoral agreements in wage negotiations and enhanced participation in the RED Mechanism for Stabilization of Employment in companies facing economic challenges, among other provisions. Just one month after the reform, permanent hiring reached its highest level to date (since 1998), and the reform has also had a positive

[2] Independent Authority for Fiscal Responsibility (AIREF).
[3] https://elpais.com/economia/2021-03-31/bruselas-exige-a-espana-una-reforma-laboral-integral-y-ambiciosa.html

impact on youth unemployment, with the number of contracts doubling compared to the previous month. Additionally, temporary hiring decreased by 19.5% compared to the same period in the previous year.[4]

In the context of labour market policies, a top priority has been placed on tackling the erosion of purchasing power. Over the past two decades, the minimum wage in Spain first experienced a period of slow growth (from EUR 422 per month in 2002 to EUR 655 in 2016), followed by significant increases beginning around 2017. In 2023, after agreements with the country's two largest labour unions, Spain raised the Minimum Interprofessional Salary (SMI) to EUR 1,080 gross per month, leading to an annual gross income of EUR 15,120 distributed across 14 payments. Over the last five years the Minimum Wage has increased by 47%.[5] Notably, the government agenda has firmly committed to meeting the mandate of the European Social Charter, which advocates for aligning the minimum wage with 60% of the national median wage. Simultaneously, contributory pensions under the social security system were also adjusted in line with inflation (8.5%). Despite these improvements in Minimum Wage and pensions, Spain stands out as one of the European countries experiencing the most significant loss of purchasing power since the start of the conflict in Ukraine.

In regard to work-life balance measures, as of January 2021 maternity and paternity leaves were equalised, adopting the 'gender-neutral' terminology of birth leaves. The maximum paid leave in Spain now lasts for 16 weeks and is considered an individual and non-transferable right. Therefore, if one of the parents does not use the entire leave, it cannot be transferred to the other.[6] This reform aims to enhance gender equality, not only seeking better family conciliation but also addressing the conflict between employment and care. A controversial fact surrounding the measure is that lone parents are not considered eligible for both leaves since it is conceived as an individual right. This has become a prominent concern of lone-parent families. In 2023, further improvements in labour rights related to work-life balance were introduced such as a new unpaid 8-week parental leave, an extension of conditions to claim paid leave from work[7] and an extension of flexible working to look after grandparents, grandchildren, and siblings.

With respect to Early Childhood Education and Care (ECEC), Spain currently provides nearly universal free access for children aged three to five. While public full-time preschool education for three-year-olds was introduced in the early 1990s, public services for children under three are more limited (León et al.

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[4] https://prensa.mites.gob.es/WebPrensa/noticias/laboral/detalle/4077
[5] https://www.lamoncloa.gob.es/presidente/actividades/Paginas/2023/310123-sanchez-senado.aspx
[6]   https://revista.seg-social.es/-/el-permiso-por-nacimiento-y-cuidado-de-menor-ser%C3%A1-de-16-semanas-para-ambos-progenitores-a-partir-de-enero
[7] https://prensa.mites.gob.es/WebPrensa/noticias/laboral/detalle/4230

2022). Expansion over the last decade has been remarkable, increasing coverage by 38.6%.[8] Still, there is social and economic bias in access. Efforts to expand free services for younger children are ongoing, but have been uneven and insufficient. The responsibilities for ECEC rest with regions and municipalities, resulting in a fragmented system with territorial disparities. In fact, only four Autonomous Communities offer totally free places throughout this educational phase (Educo 2023).

The Spanish National Health System is universal and free of charge. Healthcare management is decentralised to the Autonomous Communities, which are coordinated through the Interterritorial Council of the Spanish National Health System and the Ministry of Health. Although it has been considered one of the world's best healthcare systems, cuts in public spending after the 2008 financial crisis has had profound effects on healthcare provision. Some of the most immediate consequences included soaring regional disparities, reductions and precarisation of personnel, and increase in waiting times and lists. Taken together, these factors led to an overall decrease in healthcare quality in Spain. It was not until 2015 that public investment began to increase again, without having yet reached pre-crisis levels or resolved the problems caused by austerity cuts.

When the coronavirus pandemic struck the country in 2020, the health system was stressed and impoverished. Primary care has traditionally received more attention from public administrations than hospital services, which had been hit by a decade of austerity. As a result, the situation of hospitals was extremely fragile, including lack of equipment and capacity. To put it in context, Spain had only a third of the hospital beds per capita provided by Austria or Germany.[9] Medical and intensive care services were rapidly overwhelmed. The pandemic has also exposed significant gaps in mental health support within the public health system. One of the challenges that remains to be addressed is the need for mental health specialists. According to Eurostat data (2018), even before the pandemic, Spain was one of the countries with the lowest number of psychologists (6) and psychiatrists (11) per 100,000 inhabitants.[10] The system seems to be unable to accommodate the increasing demand.

The national government introduced an urgent and extraordinary set of measures in response to the social and economic situation caused by the COVID-19 crisis, collectively known as 'Social Shield'. These measures were primarily aimed at support ingvulnerable individuals. One of the most relevant measures was the introduction of the MVI. Other key initiatives included a ban on cutting off essential home services (electricity, gas, water), extending rental contracts without changes for six months, suspending evictions for economically vulnerable individuals, providing financing for first-time homebuyers (ICO Credits), and implementing temporary layoff schemes to protect jobs and assist workers during

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[8] http://estadisticas.mecd.gob.es/EducaJaxiPx/Datos.htm?path=/no-universitaria/alumnado/matriculado/series/gen-escolar//l0/&file=escolar_03.px&type=pcaxis
[9] https://www.theguardian.com/world/2020/mar/26/spain-coronavirus-response-analysis
[10] https://www.rtve.es/noticias/20211215/datos-salud-mental-espana/2238590.shtml

uncertain times.[11] Many of these measures have been extended and remain in effect. To reduce the impact of inflation in 2022, mainly deriving from the conflict in Ukraine, additional measures were introduced including reducing VAT on basic foodstuffs, gas, and electricity from 4% to 0%, providing a EUR 200 aid for low-income families, adjusting pensions by 8.5% in 2023, and offering EUR 660 million in aids to farmers in order to offset rising costs.[12]

Some Associated Outcomes

As outlined, Spain has witnessed profound reforms aimed at protecting the most vulnerable from various risks posed by recent crises, such as the pandemic and the rising cost of living. It is worth noting that these changes in social policy have been largely driven by coordinated recovery measures at the European level (Next Generation EU funds) and a limited economic impact from sanctions on Russia. Although it is still too early to fully assess the impacts and long-term effects of the reforms, it is clear that there has been a shift in direction and that the measures have had an impact.

According to data from the Ministry of Labour, the recent increase in the minimum wage has benefited 2.5 million people. The Bank of Spain estimates that this is equivalent to 10% of the low-income salaried population. It was also expected to have an economic impact of EUR 3 billion due to increased demand and consumption.[13] However, despite recent increases in the minimum wage, historical data indicates that Spaniards have experienced a loss in purchasing power. Regarding pension adjustments in relation to inflation, the primary impact has been the mitigation of purchasing power loss for pensioners. Nevertheless, a comprehensive reform to ensure their long-term sustainability, as advocated by some international organisations, has not been addressed yet.

In regard to the relatively recent MVI, beneficiaries surpassed 1.97 million in 2023. Of the relevant households, over 67% include at least one child (447,176), which could contribute to the reduction of child poverty. In fact, 395,085 beneficiaries are already receiving the new childhood support supplement. Additionally, 54% of total beneficiaries are women.[14] However, as previously mentioned, the MVI is far from reaching all the targeted households. Difficulties in the application process and the digital skills needed are probably contributing factors to the high non-take-up rate of the MVI.

The two main objectives of the labour reform were to promote job stability and limit temporary employment due to its adverse effects on job security. In the short and medium term, the reform has disrupted a four-decade trend in which high percentages of temporary employment remained largely

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[11] https://www.mdsocialesa2030.gob.es/escudo-social/index.htm
[12] https://www.lamoncloa.gob.es/consejodeministros/resumenes/Paginas/2022/271222-rp-cministros-cumpliendo.aspx
[13] https://www.lamoncloa.gob.es/consejodeministros/resumenes/Paginas/2023/140223-rp-cministros.aspx
[14] https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/inclusion/Paginas/2023/310723-beneficiarios-ingreso-minimo-vital.aspx

unchanged. Since the implementation of this measure in 2020, indefinite contracts have accounted for 44% of all signed contracts, representing one out of every two contracts. This growing trend has continued in 2023. Consequently, the positive outcomes have included an increase of indefinite contracts, a decline in temporary ones and a reduced job turnover. The groups that have benefited the most are young workers, who historically experienced a high degree of temporary employment, and women, whose rate of indefinite contracts was below 9%.[15] Workers in key sectors of the Spanish economy, such as agriculture and construction, have also benefited from the new fixed-term discontinuous contract, which provides them with greater job security. Despite such improvements, Spain continues to be one of the European countries with the highest unemployment rates, particularly among youth.

Regarding work-life balance, the equalisation of the parental leave has contributed to an increase in fathers' use of leaves, albeit that it does not fully engage them in child-rearing to the same extent as mothers. Some persistent obstacles include traditional gender norms and a lack of support. However, positive effects can be observed when fathers use the leave once the mother has returned to work (Castellanos-Serrano 2022). Furthermore, research suggests that take-up is highly affected by the situation in the labour market. A recent analysis of an original mixed-sample survey administered to cohorts between 2018 (when leave was four weeks) and 2021 (after leave increased to 16 weeks) shows that take-up increases in general with the more generous leave but does so unevenly. Fathers with precarious employment (on short-term contracts, self-employed and on low income) maintain comparatively lower levels of usage. Spain is the only country in Europe that does not offer paid parental leave.

The provision of the first stage of Early Childhood Education and Care (ECEC) has consistently expanded in Spain since the 2000s. Nonetheless, despite improvements in availability, quality, and enrolment rates in recent years, the extension of ECEC services for children under 3 years old is still far from achieving universal coverage. Specific factors within the Spanish ECEC system, such as irregular funding, limited public oversight and significant reliance on private providers, pose challenges to its universalisation and its potential as a genuinely redistributive policy (León et al. 2022). Another ongoing concern linked to ECEC is regional disparities, resulting in variations in access to ECEC and working conditions for staff depending on the region. The limited number of public places for children aged 0-3, along with access criteria and pricing, hinders the inclusivity of this first educational stage in Spain. Still, there is social bias in access based on mothers' income and educational level (Navarro-Varres and León 2023). In summary,

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[15] https://www.sepe.es/HomeSepe/que-es-el-sepe/que-es-observatorio/Revista-cuadernos-del-mercado-de-trabajo.html

accessibility is significantly influenced by social class and geographic region, which poses challenges for low-income families to meet the eligibility criteria for accessing ECEC services.

In conclusion, a combination of national and international factors has converged in recent years enabling the implementation of a social agenda at an unprecedented pace. All these reforms and measures are laying the foundation for a significant improvement in the Spanish welfare state with redistributive objectives. However, many challenges still need to be addressed. Family-related poverty and unemployment indicators rank among the highest in Europe. Social assistance programmes and the MVI face issues with non-take-up due to bureaucratic and digital barriers. Gender disparities persist in terms of work-life balance, and access to early years of childcare is not yet inclusive. The country also needs to address three important crises that are producing relevant socioeconomic effects: the increasing cost of living with subsequent effect on families and individuals' purchasing capacity, housing affordability and, last but not least, the expansion of mental health services.

This is the context within which people in the focus groups experience and manage their lives.

Methodology

Once ethical approval had been received from the Ethics Committee on Animal and Human Experimentation at Universitat Autònoma de Barcelona (UAB)[16], the outreach and recruitment process commenced. In line with the project guidelines, participants were recruited through national or local organisations (family associations, local community organisations and other civil society organisations).

Sampling Approach and Selection 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 second set of inclusion criteria was specific to individuals' family situation, ordaining that different family situations associated with risk 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 a lone parent;
- Families living in a rural area;

16 Ethics Committee on Animal and Human Experimentation (CEEAH), UAB, approval CEEAH: 6267.

- Families with a migrant background;
- Families with a member acting as unpaid carer for ill or disabled children and/or elderly/disabled relative.

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

Step 1: In a first step, relevant organisations were identified and contacted via e-mail or phone using contact information publicly available online. Priority was given to well-known organisations that had previously collaborated with UAB on similar projects. A total of 20 organisations were contacted. Details on the objectives of the research project and focus groups were provided, together with general information on the project and the digital version of a leaflet. The research team committed to sharing part of the findings with partner organisations. Those that did not reply after a week received reminders. Some of the organisations never replied, while others showed some early enthusiasm to collaborate with the project but the contact did not progress.

Step 2: This second step involved nine organisations that agreed to collaborate with the project. E-mails and phone and video calls were exchanged with the contact person within each organisation or group. After further explanation of the project and the focus groups, all nine organisations were able to confirm their participation. In the case of four of the seven focus groups convened, the organisations disseminated an online contact form among their members for them to sign up if interested. Following an expression of interest, they were then contacted by e-mail or phone. In the case of the other three focus groups, the participants were selected by the organisations themselves or they facilitated access to an existing group. Efforts were made to diversify participants in terms of gender and minority group background. Once the participants or organisations had shown an interest in participating, they were contacted via mobile phone or e-mail so as to be given full information and the answers to any questions, thereby ensuring that they could make an informed decision to participate.

Step 3: The third step focused on the organisation and planning of the focus group interviews including logistical arrangements, booking or rental of rooms, setting specific times and dates or contracts when needed. The team also started to select participants from among those who had self-nominated, contacting them by e-mail or phone. Twelve participants per focus group were selected, to ensure against small numbers should some not show up which, as Table 1 below shows, did happen.

Step 4: In a fourth step, follow-up calls were made to confirm attendance, number of participants and other logistical details prior to the focus group sessions.

In all, nine different organisations were involved in participant recruitment for the seven focus group sessions. These were of different types, including family support associations, a local branch of a national-level charity, a local charity, two non-governmental organisations (NGOs) and an elementary

school. The focus groups were carried out in a variety of areas across the country, making for geographical diversity. Four focus groups were organised in a large city (Barcelona), one in a large city from another region (Avilés), one in a medium-sized town (Figueres), and one in a rural setting (Olot).

Organisation and Conduct of the Focus Groups

A total of 55 participants took part in the seven focus groups. Most participants were individuals connected to local organisations or support groups. In certain instances, participants within a group already knew each other.

Upon the arrival of the participants, all the necessary documents were readily arranged on their seats, including an information sheet and leaflet, informed consent form, and the questionnaires. Participants were then given time to read the documents, while the moderator verbally explained the project and confidentiality rules. They were then asked to sign the informed consent forms. All the sessions followed the guidelines provided by the Oxford team.

The discussion proceeded on the basis of the focus group guide which was used with only minor variations in the six countries (Annex 1). It consisted of a series of open-ended questions, focusing in turn on challenges and difficulties experienced by families, how they seek to address those and what measures would help them most. As well as direct questions on participants' own situation, a series of hypothetical scenarios were posed to participants to further explore their assessments of the options open to families and the factors that should influence their choice. At the end of the discussions, participants were asked to fill in two short questionnaires (see Annex 3 and Annex 4). The first asked people for some outline background characteristics (sex/gender, age, ethnic background, whether born in the country, caring responsibilities, level of difficulty for family in making ends meet). A second asked participants to rank on a scale of 1 to 5 (from least to most importance) a range of items organised into three questions: a list of difficulties facing their families; a list of existing sources of help; a list of potential improvements by government.

The duration of the discussions usually ranged from one to two hours. There was usually a break, if possible, although this did not happen in all cases because of organisational and time issues.

The research team made an effort to make the focus group participants feel comfortable and relaxed. In some cases, the focus group interviews were held at University facilities in Barcelona, in others, they took place at the premises of the organisation, school, or local community centre rented for the occasion (see Table 1). When possible, the team offered coffee and biscuits to the participants. Some participants arrived late or left before the session ended, and a few also brought their children because they had no childcare options.

In order to grasp personal backgrounds of the participants, the moderator usually started the session by asking them to introduce themselves and explain their situation. The moderator was conscious of

putting the participants at the centre by trying to create a comfortable and safe space for them to share their thoughts. At the same time, the moderator guided the discussion towards the key topics of interest, but also deepening some of their comments through follow-up questions. In four cases, at least one co-moderator was present and assisted with the session. The sequence of every intervention was noted to facilitate the transcription process. The research team accepted the request of two contact persons (or coordinators) from different organisations to be present at their respective sessions (specifically the focus groups with carers and migrants). The rationale behind this decision was that having a familiar face during the session would positively contribute to the participants' engagement.

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. Group size varied between five and 12 participants. Further information regarding the recruitment process can be found in Annex 2.

TABLE 1 OVERVIEW OF FOCUS GROUPS

Focus group	Location	Recruitment	Number of participants
Low-income 1	Own facilities	Via three existing organisations, self-selection through contact form	11
Low-income 2	Organisation's premises	Via local organisation	12
Young families	Own facilities	Via existing organisation, self-selection through contact form	5
Lone parents	Own facilities	Via existing organisation, self-selection through contact form	6
Rural	Local community centre	Via local organisation	6
Migrant	School's premises	Via school social worker	8
Carers	Organisation's premises	Via existing group/organisation	7

Although recruited to fit particular group categories, participants shared some background characteristics with those in other focus groups. The most common personal characteristics were: female, lone-parent family, living on low income, migrant background.

The focus group discussions were transcribed verbatim from the audio recording by members of the Spanish team. All verbal utterances and some nonverbal expressions (e.g. laughter, crying, hesitation) were transcribed. The transcriptions were completed by one member of the research team, listening closely to the recordings and noting the interventions made by participants. The list of participants was anonymised and participants numbered. 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 replaced with code words, single letters (e.g. X [location]) or spaces 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 second 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 transcriptions were then sent for translation to an experienced translator, checked on return by the Spanish team and transferred to Oxford using a secure site.

Profile of Participants

As mentioned, a total of 55 respondents participated in the focus groups. Demographic information is available only for 51 of these as four participants failed to fill out the relevant information sheets. The following demographic overview is therefore missing four cases.

Women were the majority in the focus groups (77%). The relatively low presence of men is at once a revealing insight as well as a potential limitation of the study. The difficulties faced by the research team in recruiting men can be explained in several ways, with other studies (e.g. Daly and Kelly 2015) confirming that men are less likely to offer or volunteer participation in interviews and focus groups. And yet, given the study's selection criteria (having care-related responsibilities for family members), it may not be surprising that women were overrepresented.

Figure 2 shows the age distribution, confirming that the majority of participants were in the 26-45 age bracket, that is, the family-rearing stage of life, while only 2% were younger than that. About a fifth of participants were aged between 46 and 55 years and another fifth were aged 56 years and above (these were mainly drawn from the carers' focus group who were primarily caring for adults).

FIGURE 2 PARTICIPANTS' AGE GROUP
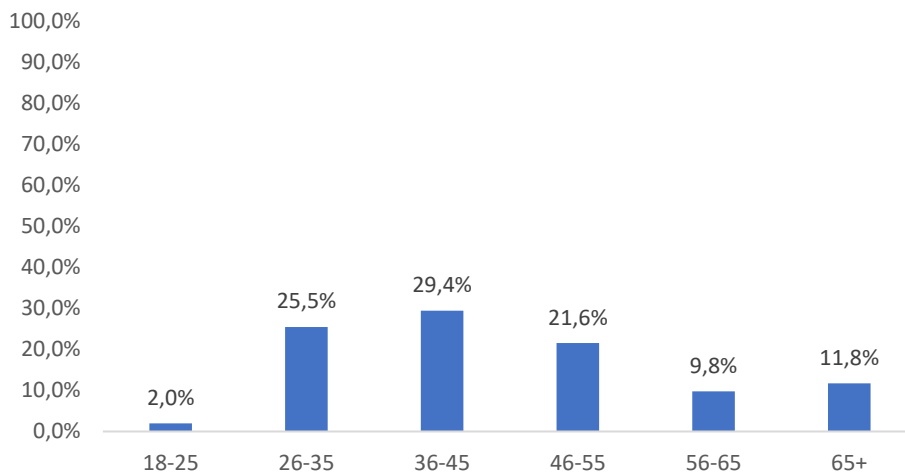
N = 51

It is clear from Figure 3 that migrants were heavily represented among participants, over a half of the study population as a whole had migrated to Spain. All except one of these were from non-EU countries.

FIGURE 3 PARTICIPANTS' MIGRATION STATUS
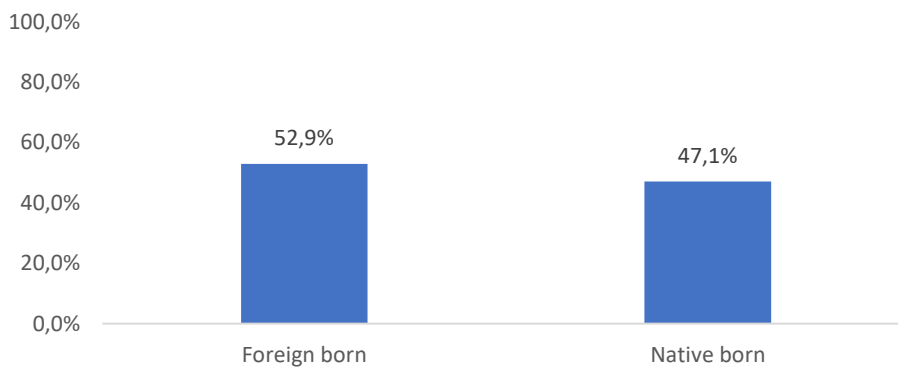
N = 51

However, when people were asked about their ethnic status, less than a fifth considered themselves to be part of an ethnic minority. This is perhaps because most of the migrants were from Spanish-speaking regions, especially Latin America. The migrant sample was diverse, comprising a mixture of those who had lived in Spain for less than a year and those who had resided in the country for at least 10 years.

All except two participants had some care-related responsibility. This was most widely for children and partners, parents or other family members (Figure 4). Around 60% of participants were caring for one

person, but at least a third were caring for two or more people. Care-giving responsibility for children was the most common situation. Such children included infants, toddlers, children of school age or adult children who continued to require support (financial, physical) due to their health-related condition (learning difficulties, disabilities, ill health/sickness) or socio-economic situation (unemployment). Most widely, care-giving responsibilities spanned two generations (influenced especially by the fact that many migrant participants were separated from their families of origin) but in a few cases participants were caring for family members from three generations (e.g. children and grandchildren).

FIGURE 4 PARTICIPANTS' CARING RESPONSIBILITIES
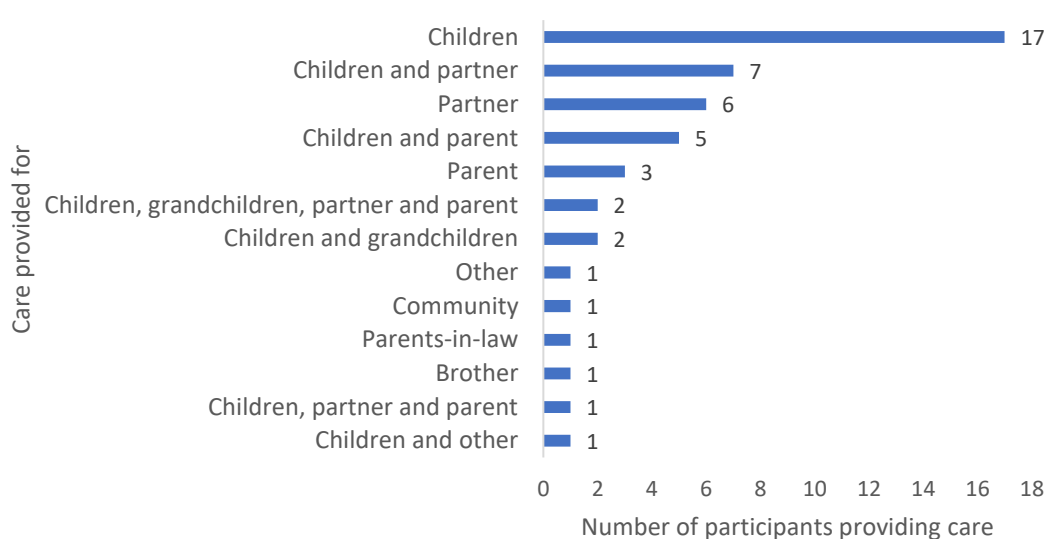
N = 48

A further element of participants' backgrounds was that health-related difficulties were quite widespread. In most focus groups, participants reported that their families were affected by health issues (including mental and physical health issues, physical and mental disabilities, as well as learning difficulties). Physical ill-health was far more widely reported than mental ill-health. Participants were coping with their own health difficulties too. In the short opinion survey that people filled in at the end of the discussion, illness and ill health was the fourth highest scoring item of the issues that families were faced with (it received an average score of 3.45 out of 5 – see Figure 5), with families considering that they were more affected, on average, by illness and ill health than by, say, poor services or insecure work or the high costs of care.

Although not specifically asked, the discussions indicated that participants were involved in the labour market to varying degrees. The vast majority of the 55 participants who mentioned their employment status in the course of the discussions were in paid employment (some part-time, some full-time), and some in the informal economy. A very small number of individuals were engaged in study (to learn the language, upskill or retrain). In general, the focus groups contained a mix of people in different

situations; as well as those who were working or studying there were some home-based mothers (and one father) of young children, persons unable to work due to illness or persons whose employment situation was compromised by their illegality or irregularity of status, as well as unemployed persons of working age. Several participants were also retired.

Evidence Analysis Process

The evidence from the socio-demographic questionnaire and opinion survey was analysed using basic Excel functions. The qualitative data 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 for coding purposes, based on the evidence for each country case. At Oxford, the lead researcher read and re-read all transcriptions to familiarise herself with the evidence. Having gained an in-depth knowledge of the content of the focus group discussions, the data was imported 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. The next step re-examined the evidence – both original text and the codes - to identify overarching themes across the whole data set. In some cases, a code was found to correspond to a broader, overarching theme; in other cases, a number of codes was grouped together into one theme. In a further phase, the researcher refined once more the candidate themes, eliminating some that did not qualify as themes (mainly due to insufficient presence), reclassifying 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

The report was drafted using the main themes and sub-themes. Throughout, an overview, integrated analysis was aimed for in the sense that the evidence from the seven groups was treated together, thereby emphasising the commonalities found and highlighting dominant patterns. Quotes from participants' interventions are used to provide examples of such dominant patterns; the selection process was essentially one of selecting elements of interventions that are as much as possible "representative of the patterns in the data" (Lingard 2019). In some cases, a dialogue between two or more participants is presented so as to provide context for a given quote or illustrate a group exchange. Quotes have been edited for succinctness or legibility, with some short phrases (e.g. "I mean", "ehm", etc.) removed and replaced by ellipses. In addition, in a small few cases the quotes have been edited to protect anonymity and respect the conditions of ethical approval of the national research as well as

those of the project's Joint Controllership Agreement. Where something has been changed, it is indicated in plain text and placed in square brackets embedded in the quote itself.

As well as 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 particular opinions as well as common themes.

Findings

The analysis revealed seven cross-cutting sets of themes which will now be discussed in turn.

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

One of the opening questions asked people about the difficulties facing families today and also those facing their own families. In reply, participants were in no doubt about whether families faced pressures at the current time or the type of pressures that they faced. Both questions led to a vibrant discussion. In most groups, participants tended to foreground their own experience.

The short opinion survey probed people's own situation more systematically. One question asked participants to rate (on a scale of 1 to 5 from low to high) the degree to which their families are affected by different issues (Figure 5).

Putting the results from this and the discussion at the focus groups together, three main types of difficulties and risks were to the fore. The first were rooted in a range of financial pressures associated with low income; secondly, there were risks and difficulties relating to employment; and, thirdly, people had to deal with a set of care-related pressures and constraints. The resulting picture was complicated: the three types of risk or challenge intersected with each other and they were also embedded in a broader context of a cumulation of challenges. It is insightful to consider each in turn.

FIGURE 5 AVERAGE PARTICIPANT RATING OF THE DEGREE TO WHICH THEIR FAMILY IS AFFECTED BY DIFFERENT ISSUES (ON A SCALE OF 1 TO 5)
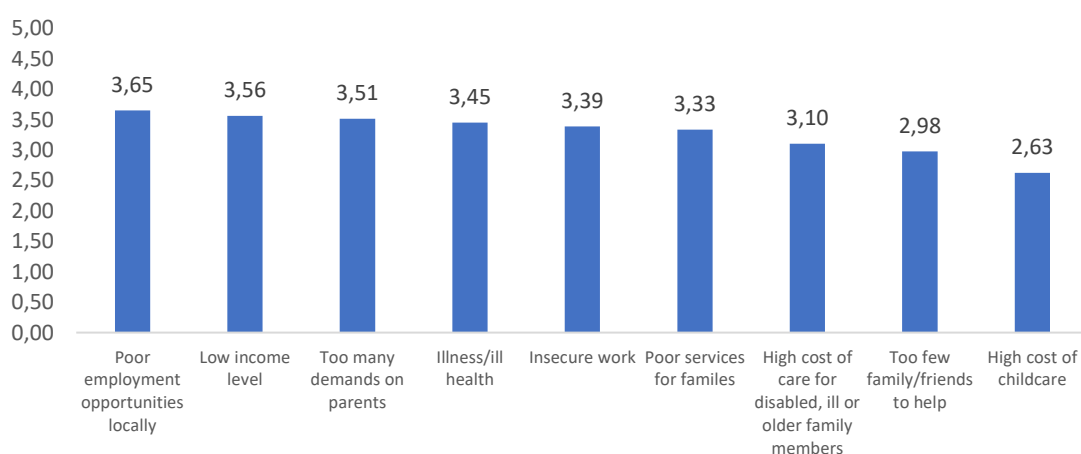
"To what extent is your family affected by each of the following issues? Please rate each issue from 1 to 5, with 1 being the lowest and 5 being the highest."

N = 51

Income Pressures

The main themes here related to the cost of living, low wages and inadequate benefits.

Across all seven focus groups, participants pointed to difficulties in making ends meet, with the cost of living widely adverted to. There was a strong awareness that costs had increased in comparison to previous years. It is important to note that when they spoke of costs, people were manly referring to the costs of the basics. As one participant put it: *"We're not talking about luxuries or whims. We're talking about things that are necessary."*

Four general types of increased costs were adverted to: food, general living costs, rent, and nursery services. Sometimes these were rolled together but it is helpful to consider them individually.

Participants worried especially about the increases in food prices, making reference to both particular items that had risen in price and, in a more general sense, to how their money buys less. Their shopping baskets were less full, even if they shopped carefully. In addition, the purchases have had to be more selective: "*really, many times now we can't even look at the fruit."*

In discussing wider costs apart from food, people tended to bundle together a range of costs, but they highlighted especially energy prices and costs associated with children. The latter especially included school- or education-related costs with a number of people expressing worries about how they would meet education-associated costs as their children moved into higher levels of education, including third-level education. The significance of this as a source of concern can only be appreciated when one understands the importance of their children's education to participants. Participants were anxious for their children to do well and were proud of them when they did: *"We have to help them study well, and help families who can't afford it ... study, study, study."* But this expectation created a sense of strain as is clear from the following quote:

> *"… There's no way out at all. Because your children start growing up, and when you see that you can give them something, education ... For example, my son is finishing high school; if he asks for something, a degree, I can't pay for it. The girl, she's outstanding, her dream... she's very into maths, many things. But I can't give her many things."*

Rising rental prices for housing also featured across focus groups (with housing itself a major theme, considered further down in this section) with a number of participants observing a significant increase in

the cost of housing and rent levels. One participant mentioned paying 80% of the family income on housing. Another said she paid EUR 450 to live in a room with her 7-year-old. The costs of housing in Barcelona were especially seen as high relative to income: *"Here most people earn around 1,000 Euros, and the average rent is between 600 and 800 … what's left for expenses?"*

High rental costs intersected with poor housing supply. The following is an observation from a Barcelona-based participant:

> *".... there are very few rentals unless they're, well, a room or very small apartments."*

A final set of costs highlighted were nursery costs. While only a few people mentioned this, those that did considered these costs high not just because of their low incomes but also because some people could not get access to the subsidised public nurseries or were not eligible for subsidies given their income.

Beyond the various expenses that participants reported as contributing to financial pressure, low income and especially low wages was a dominant theme.

While the focus group guide did not specifically ask people what their income was, some spontaneously mentioned it. Monthly income in the region of EUR 700-1,000 seemed to be the norm. The prospect of stagnating and low wages, combined with growing costs of living (see above) and care-related pressures (see below), was a source of discouragement for many participants, although the wish to be employed was a widely-shared ambition. In a few cases where a job might be possible, participants indicated that the wages were too low for them to take the work involved – one participant mentioned an hourly rate of EUR 3.50 for work cleaning stairs in an apartment complex. The participants did not necessarily contextualise their current situation in a better past (either for themselves or in the country or region generally) but some suggested that things were better in other countries. The Nordic countries and France were most commonly seen as 'greener pastures', with considerable idealisation of these countries' support systems: "*We're at the bottom; you go to Switzerland and the minimum wage is 2,000 Euros."*

Turning to the third sub-theme, there were many references to the income support system and the inadequacy of existing benefits (to be considered in greater detail below). Many of the participants had children and were receiving the Family Allowance (*Prestaciónes Familiares*) which, as outlined in 2.1 above, is not universal but available for families considered vulnerable (those with a disabled child, those with a disabled adult, lone parent families and large families). The monthly sum most widely mentioned as received from this source was EUR 200. Some were also recipients of the MVI and other benefits mentioned were pension, unemployment and disability benefits. In almost all cases, it was the non-contributory benefits that people were receiving (another indicator of low income and irregular employment history). People also made reference to receiving help through the regionalised social

assistance system, especially help with housing costs, access to food vouchers and some schooling costs. Participants were not always clear about which benefits they were referring to and hence some comments are best taken to refer to the benefit system as a whole, which was widely seen as providing too little support as well as being challenging to access and understand (to be considered below). What did people say?

While the discussions were quite disjointed in regard to the amounts and actual type of benefit, people had two general complaints: the level of the benefit and insecurity around receiving benefits (in terms especially for how long people might receive it and variations in the amount received). The following quotes give a flavour of the discussion:

> *"Unemployment benefit or, if you can't get that, other help. That 480 Euro benefit that has now gone up 20 Euros more, but you can't make ends meet with that. My mother lives with me. And my older son now. And you can't make ends meet."*

> *"I think the government gives you some crumbs, right? Because it raised the minimum by 100 Euros, but your expenses have gone up 200 Euros more."*

Looking at the income situation overall, the evidence makes clear that the majority of participants were living in a situation marked by both income inadequacy and income insecurity. The discussion under this theme also confirmed the point made earlier (and to be detailed further below) that people tended to 'cobble together' or patchwork income from various sources, including charities.

Employment-related Pressures

Paid work figured strongly in the narratives. The matters raised centred around five themes. These were in order of frequency of mention: the importance of employment; scarcity of employment; the conditions of work and pay; employment history including unemployment; issues of legality.

Many participants were at pains to point out that they considered employment an essential feature of their lives and identities. It seemed core to their value set. For some it was almost existential: "*I need to work. I just need to.*" For others employment was a marker of identity, a (virtuous) way of differentiating themselves from others: *"The only thing that I want to do is to work. I'm not one of the people who look for a lot of benefits, and I like working."* For another participant paid work was "*freedom*". For the latter and other participants, a job was important because it gives access to resources. However, this kind of point was conjoined with discussion about poor working conditions, and frustrated work-related ambitions.

When people spoke about the working conditions, they emphasised two risks: the availability of suitable and formal employment and pay levels. On the survey rating sheet (Figure 5), 'poor employment

opportunities locally' was rated as the single most significant 'issue' or difficulty that people faced. 'Insecure work' was also relatively highly-ranked as an issue. The discussions help to contextualise this.

One of the major problems mentioned was how difficult it was for participants (migrants especially) to get regular employment (and in the regular rather than irregular economy). Problems with informality and too few or irregular hours of work bleed into and create the conditions for poor pay. The following is an insightful case:

> *"I've worked in the hospitality industry. I leave home at 4:00 p.m. to go to work all night and in the morning, I get up, I go and work in people's homes so that I can get the 900 Euros and the 350 Euros. That's not going to get you to the end of the month now, just the supermarket shop…"*

The third theme - scarcity of work – was a collision between people's ambitions and the reality. Here, both an absolute scarcity in the sense of available work and scarcity of suitable work were both raised. It is important to bear in mind the strong presence of migrants and mothers in the sample as part of the explanation here. As will be seen from the next section, many of the participants had significant care-giving constraints and so they needed employment that could fit around child-friendly hours. And migrants suffered many constraints, including an experience of being second-class workers, which included being offered poor jobs in the informal economy. People wanted work in the formal economy and in some instances full-time work. Among the most mentioned examples of jobs that participants were in or had had in the past were cleaning jobs, caring for older persons, work in restaurants or shops, factory work, and various jobs related to construction and home decor.

The evidence makes clear that many of those who were employed had to work extremely hard under constrained conditions. Below are some examples of the pressures on people:

> *"Damn it … I get up at 3 in the morning, I leave my son at home asleep by himself until 7 in the morning when I go back up* [to the apartment] *… And I earn less working than a person who gets 500 Euros odd in benefits? So it's not so much the ... it's the conditions. The conditions of the standard of living and employment. Because it's true, you can earn 800, 900, 1,000 Euros, but half of that already goes in rent."*

> *"For example, here's something, an example, that happened to me … I found a job; before, to support three children at home, pay rent and everything, I got up at 6 in the morning, took care of a little girl, took her to school, then I went to work 8 hours at X* [place of work] *until 5:30 p.m. Then down to the X* [another place of work] *until 7:30 p.m. Then I left and cleaned at X* [latter place] *until 00:30 at night. Then I got home. I did that for about X* [number] *years, working like that."*

Another theme was irregularity and in some cases illegality. This was minor though, as only a small number of participants (or in one or two cases their partners) did not have an employment permit which was the theme that dominated in this regard. However, *"papers"* – as a cue for normalcy, belonging and inclusion – were a reference throughout the relevant narratives.

Overall, there is no doubt but that participants found paid work hard to get and employment did not itself constitute a route out of insecurity or low income.

Care-related Pressures and Constraints

The constraints and pressures associated with family- and care-related responsibilities made up one of the strongest themes overall. It was closely connected to the employment and income situation depicted above. There were several dimensions to care-related constraints but they were all grounded in family norms and practices. People spoke about the challenges they faced in managing their care-related responsibilities and highlighted the significance of such responsibilities for their capacity to be employed and improve their situation in different ways. The constraints raised referred to caring for both children and adults, but the needs of caring for children dominated. Motherhood in terms of both its responsibilities and constraints was strongly present, although it was not always raised directly (suggesting that it is taken for granted). The 'constraints of caring' theme was present in all focus groups but was especially emphasised in the narratives of lone parents, some of the low-income groups and in the focus group with people living in a rural area. The thrust of the many interventions on this theme was around the 'care dilemma' or 'care trade-offs', centred upon the imbalance between work, time and money.

The narratives indicate that a series of difficulties prevailed, again suggesting intersecting conditions. Some of the difficulties were practical, deriving from the relationship between scarce time for employment and scarce suitable employment for people who generally cannot (or do not wish to) undertake paid work out of the usual working hours or may only be able to work less than full-time hours. Certain types of employment become attractive for people in this situation. One respondent made the point: "*That's why here in Spain many women work in other people's home and get paid in cash, because of the hours... you can take your child to nursery and you leave at 2:00 pm.*"

Some participants framed the issue as 'work-life balance'. Although on the tips of some tongues, this term does not fully capture the constraints involved. 'Balance' implies relatively minor matching of time and work schedules but the caring constraints present for many of the participants in this study implied not being able to be employed at all, or fitting working arrangements around complicated child-related care responsibilities and time schedules, or dealing with rigid time schedules of institutions, and/or living with significant dissatisfaction regarding discrepancies between work and care. In the words of one lone mother participant, work-life balance only exists "*in a fantasy land.*" She went on to specify: "*Work-life*

balance itself is a fantasy, it's not real. Because if it might be real during the school year, it's not real during the school holidays."

The time constraints were especially emphasised.

Here is another respondent describing how her schedule revolved around her family:

> *"I drop the girls off at school at 9 in the morning. I can take my time with my breakfast, and then at 10 I have to be at work. I leave at 2 in the afternoon and it's easy to go and pick up the girls; many women don't have it this easy, but then what's the problem? That everything has its cost... I do my 4 hours during the week, but at weekends I work in a person's house... So, the rest of the day during the week is taken up, but my whole weekend is also taken up. So, I can't be with my daughters at the weekends. I don't have quality time with them. I only have the time that I'm running around doing things ..."*

As can be seen she was grateful for having some leeway in regard to the time schedule during the week (as well as some 30 minutes for *"taking her time"* with her breakfast) but working over the week-end was the price she paid for that. It should also be noted that she had two jobs, which was not uncommon among the participants and was an arrangement mainly to allow the parent to be available for certain critical times in the day (as in the above example, including picking up and/or taking the children to school and/or mealtimes).

Another issue with the 'work-life balance' metaphor is that balance implies 'choice' – the capacity to choose among options. There was little or no sense of the focus group participants having a choice. This was because their 'choices' were too stark to be real choices and were in fact trade-offs in the sense that in taking one (usually the invidious) option they were having to sacrifice on the other. Again, much of this was rooted in people's responsibilities as parents or carers. The starkness and weight of the decisions was much stronger for lone parents; the absence of a second parent to help with care was a strongly-voiced deprivation by such participants, especially those in the specifically-constituted lone-parent group within which a strong narrative of felt deprivation was generated (to be outlined below in section 4.2 and subsequent sections).

Babysitting and child minding were among the most important practical considerations raised. To understand these, one must be conscious of the relative scarcity of income to buy or pay for individuals or services that would substitute for the parent, either public or private, formal or informal.

There were also issues of general availability (being able to get a place for one's child) or of availability in the sense of propinquity (especially propinquity to employment).

Overall, the practical difficulties were quite prominent, requiring complicated and often patchwork arrangements, sometimes involving family, neighbours or friends (or all three) (to be discussed in the

next section). The narratives conveyed a sense of 'short-term fixes': *"It's something that really gets me down. It's… I don't know… it's scrabbling together time from anywhere I can."* And the consequences and deprivations were also visible to people: *"I don't have quality time with them. I only have the time that I'm running around doing things, but, as I say, I'm a single mother."*

Gender formed an important part of the subtext here with a relatively strong presence of traditional views on the gender division of responsibilities. Interestingly, there was just one situation of non-traditional or full-time fatherhood. The female participants seemed to self-identify as mothers whereas the male participants depicted themselves more as breadwinners than active care-takers of children. Such a gendered understanding was unquestioned by many. The following quote is revelatory of the gender-related assumptions wherein the female participant uses a first-person phrasing that indicates that she is the responsible parent:

> *"Well, my husband … works 4 days, and I want to work, but I have small children, so I can't. But for now, it's fine."*

Such framings were widespread and quite unthinking.

As well as practical or logistical difficulties, caring constraints were marked by strong psychological patterning. This had two dimensions. The first was the sense of felt responsibility. This widespread finding was associated with vulnerability caused by a fragile support network:

> *"She's X* [age of child] *years. Now she's more independent, but you always have that mental load, don't you? You're afraid of getting ill … the first few years, I used to get ill; apart from my little girl getting sick, I got it too. Awful. One time I almost got run over and my fear was, 'oh my God, if I get run over, what do I do with my little girl!' Many times, it's like that. This is the mentality of a single mum … I can't be ill. I take care of myself. I take care of myself because, if not, who would take care of my daughter if I got sick? It's like everything is twisted ...*

Clearly, such presence of felt responsibility has a mental expression as well as a physical one. As one participant put it: *"You accept that you're going to work, but you take your worries with you to work."*

The second dimension of psychological patterning involved a freight of generally negative emotions, often moral in nature. One such emotion was guilt, mainly framed in terms of not being 'present' for children because of working (or, less frequently, migration where a child was left behind in the native country) and/or having to force them into a schedule that centred on the parent(s) earning an income. One participant bore a heavy weight of responsibility:

> *"… the problems my son has now are because his mother couldn't be with him* [cries] *… because I had to work, and there were 2 options: either I spent*

> *time with him and took care of him and gave him the affection he needed, or*
>
> *worked and fed him. There was no choice."*

This quote also confirms the lack of choice mentioned earlier in relation to work-life balance.

The presence of fear was notable. Such fears especially centred on the care of children and the possibility that the parent(s) would be considered neglectful and hence come to the attention of social services. Participants felt this to be a risk for people like them, low-income, relatively powerless, of migrant background perhaps. People spoke about not always being 'present' (mainly because of employment) to supervise their children or even to focus on them and worried that this would precipitate an intervention:

> *"And you get this terrible fear, and that's when you put everything you have*
>
> *to one side, even a good job. I've been close to people who've been through*
>
> *this. Because they went out to work, the children would spend the afternoons*
>
> *in the park, and since the social worker is right in front of the park, she saw*
>
> *them in the park every afternoon, so they opened a file on them. And they*
>
> *harassed that poor woman …."*

Fear was combined with guilt in some instances, with parents expressing worries that their work commitments and related arrangements might be damaging their children. In two cases, participants mentioned their child having been neglected while in the informal care of friends or acquaintances, arrangement forced on them because of lack of other opportunities.

A second general type of care-giving – and associated constraints – also featured. This was providing care for adults which – while less widely referred to or problematised as compared with caring for children - was present among the study population and has important implications for both risks and resilience. The main carers in this regard were participants with significant care responsibilities for a parent or sibling and spousal or partner carers. As one might expect, in the focus group with carers for adults care-related issues were especially to the fore as both an experience and constraint. Dementia and related conditions at various stages of severity were the most common precipitators of care responsibilities among this group. It should be noted again that sometimes participants had to cope with more than one illness or disability, and that care-giving in these cases crossed more than two generations.

Three types of constraint or challenge were to the fore in regard to caring for adults with debilitating conditions. The first related to income, with considerable discussion of the paucity of public income support in the Spanish system for people with illness or disabilities. It seemed genuinely difficult for people to secure an adequate income in situations which required them to provide significant care for adults. The second constraint echoes the earlier discussion on childcare-related difficulties involving a paucity of support combined in some instances with the intensity of caring placing limitations on the capacity to be employed. Thirdly, people made reference to the practical difficulties and skills required.

This was referenced especially in regard to care of those with dementia or Alzheimer's. Reference was made in this context to practical skills but also patience and other coping resources. One sub-theme here was the lack of information and guidance once a diagnosis had been made:

> "... the first thing you come across is that you don't know much about the disease, you don't know what help you can get ... It's a bit like ... you're kind of lost. You don't know what's happening to you, you don't know what's happening to the other person. You don't know where to go for help. You don't really know what you're doing when you do the paperwork and stuff, that's the first problem. There are 3 types of incomprehension about things: yours, the other person's and society's, let's say, about what could help you and so on ..."

These constraints all reflect if not stem from major negative feedback about the public system of support. While this will be considered in greater detail below, it is important to note here, that while people were quite positive about General Practitioner (GP) care, they were considerably less positive about specialist support, especially in a hospital setting. Relevant comments related to the slowness in getting a diagnosis for their relative and the paucity of follow-up (including regular appointments) once the person had been diagnosed. In a few instances, people were confused about where the professional responsibility lay.

Cumulated Pressures

While the individual details matter greatly, participants' situation is best understood in terms of layers of challenges or cumulating deprivations. It has been seen that there were intersecting income, employment and care-related constraints but the evidence suggests that other deprivations were also common in people's lives. This is best understood as cumulated disadvantage. Although true for the majority, not everyone was in a situation of cumulated disadvantage. The exceptions were people whose situation was deemed manageable by them, often because they did not face multiple challenges. For example, they may have faced caring-related constraints but had sufficient income or support to deal with these or were on a pathway (in regard to career for example) that would allow them to treat the existing constraint as short-term.

The appropriate characterisation of most participants' situation is one of needing to find resilience in the face of numerous challenges. There were four main additional deprivations evident among the study population: housing; health; the local environment or neighbourhood in which they lived; and difficulties in their own families.

Housing as a source of difficulty or deprivation figured very prominently in people's accounts (with over 40 different mentions). It was raised in all focus groups. The vast majority of participants were in a rental

situation (the exceptions were either buying their home (one case) or in housing that they had inherited from or were given access to by their parents (two cases)).

Again, there were several different factors leading to housing vulnerability. One was rent affordability. A second was adequate housing, which had at least two dimensions: housing suitable for a family and stability of tenure. Both created major difficulties, even when families were small in size. It seemed that the presence of children was a critical negative factor in securing housing:

> *"She* [landlady] *told me to vacate as soon as possible, so I have to look for a room; she put the rent up, she also wants me to pay for utilities other than water and electricity. We don't have a contract that says, 'I'll rent you this room until this date, sign here, sign there', we don't have one, it's something verbal. So, I asked her to give me time to look for a room, but I look and look for rooms, I keep looking, and no-one wants to rent me a room … And it seems that when I told her that I was going to talk to the social worker, she looked a bit scared, because, of course, what she's doing is something that's going under the table."*

She then went on to say:

> *"… it's not good that here no-one wants to even rent me a small apartment so that I have my own space with my X* [child] *because wherever it is, it's only going to go be a room, and that person who rents it to me, I'll spend 1 or 2 months there and they'll also get tired, and I'll be in the same boat again."*

Living in housing unsuitable for children took a daily toll:

> *" Yes, you try not to cause conflicts, because many times my X* [child] *wants to go out to the living room to watch TV and I say, 'No, stay in the room, let's put it on the cell phone' to avoid the situation. But that way, I have them shut up in a room, you know?"*

As these quotes show, the difficulties associated with living in conditions of housing instability and unsuitability play out at the most prosaic level and have to be managed. Another contributing factor is that many people were housed in the informal housing market or on an informal basis.

The instability and constraints on quality of life were almost palpable and were reproduced in many housing stories. A sense of powerlessness can also be divined:

> *"This is a big business, the guy who rents us our room gets a decent amount for each room he rents. He can relax, have a great life, not lift a finger, and live off the next stupid immigrant who arrives. It seems awful to me, one has to be ... and on top of that, you have to walk around like the Pink Panther,*

> *quietly, not bothering him. 'What time are you leaving the house? What time will you get in?'"*

Another consequence – also associated with relative powerlessness of the home seeker – is that the property owner or renter can impose onerous conditions.

> *"It was difficult for me to rent a place, they made it almost impossible … I lived in a place for X* [number] *years and the owner asked me for the apartment, then I started looking elsewhere. And when I found an apartment, the administrator had all sorts of hurdles to put in my way, my nationality, my supposed lack of income, the insecurity of being a single mother, so many hurdles."*

The importance of housing was conveyed in another way as well when people were successful in securing suitable housing:

> *"… And then, thank God, I got the flat I'm living in now. I recently signed a* [long-term] *contract. I'm happy, happy, and yes, I'm happy because finding a flat is… they ask you for a guarantee, pay slips, deposit, job contract for more than 1,000 Euros. It's that they ask you for a lot of things and it was complicated. Thank God I was lucky to find an apartment ... it's not social housing, but kind of. It's from the X* [bank] *and they gave me a rental contract and everything, and I'm happy."*

To many observers, what the participant raves about would seem like a normal expectation.

A further layer contributing to deprivation was ill-health. As mentioned above, health-related difficulties (conceived of broadly to also include mental health and cognitive or other disabilities) were quite widespread in people's immediate family situations, influencing everyday life. Nine participants spoke of having a child with an illness or disability; a further nine adverted to their own ill-health; and six had partners, parents or siblings with health difficulties that they had to deal with on an ongoing basis. In total then, nearly half of the participants were dealing with ill-health or disability on a daily basis and others had these factors in their background or history (with a few mentioning recent bereavements). All but a few were serious conditions and most were physical rather than mental. Some participants spoke of their own health difficulties as arising from self-neglect in order to keep going.

The third background challenge that emerged from the evidence related to the neighbourhood conditions in which people lived. While it was not a major topic, a number of participants made clear that poor and unsafe conditions in their local area were a source of concern. These people were worried especially for their children. The following is one of the most vivid descriptions:

"I lived in X [area], but I got a social housing apartment in Y [another area]. And it's another world, it's like South America compared with Spain. There are so many problems, lots of precariousness, a lot of child abandonment, there's a lot of abuse, and it's really sad. There are weapons; I live in front of a secondary school, and without going any further, last night there were 6 patrol cars in front of my house and I said, 'What's going on?' There were 4 boys who had a gun. I mean, Y is like that. So I've been taking my children to their old school for 7 years, to X, because I can't change them. It's not racism or anything, but it's what our friend here says, the people you hang out with influence you a lot."

The causal chain here was limited housing choice in a context of low income. This kind of information helps once again to contextualise the caring-related constraints which emerged from the last section - parents because of where they lived some of these felt the need to be watchful of the safety and well-being of their children and so for them the constraints around employment were amplified and full-time motherhood elevated in importance.

In contrast to this, those in the focus group with rural dwellers generally spoke positively about the local area, mentioning solidarity and community spirit and the availability of local produce. However rural living also has its downsides, with limited housing choice and a lack of suitable (especially all-year round) work featuring in the narratives.

Family-related difficulties constituted a fourth type of deprivation. This did not necessarily define the entirety of people's family lives but it was noticeable how many people mentioned family-related difficulties in their current or past lives. The notion of 'separation' underpins such deprivations. One form was physical separation which meant being deprived of face-to-face contact and interaction with family (as was the case for a significant number of the migrant participants), which in turn ruled out receiving help with physical tasks. A second form of separation was relational, people being estranged from their families (either voluntarily or involuntarily) because of poor relationships, including violence and neglect. Six respondents mentioned such difficulties. In some instances, the root cause was mental illness or some form of addiction of a family member.

Other deprivations – raised to a lesser extent – included the lack of a social life or holidays.

How do people manage and what forms of support do they seek or have?

Varying Practices, Attitudes and Dispositions

There was relatively little discussion about how people managed or coped with their situation. But the information from the questionnaire and survey helps to fill in some detail here, in terms especially of people's financial situation. When asked to rank how difficult they found it to make ends meet (on a four-point scale from very easy to very difficult), the following was the result.

FIGURE 6 PARTICIPANTS' RATING OF THE DEGREE OF DIFFICULTY FOR THEIR FAMILIES IN MAKING ENDS MEET
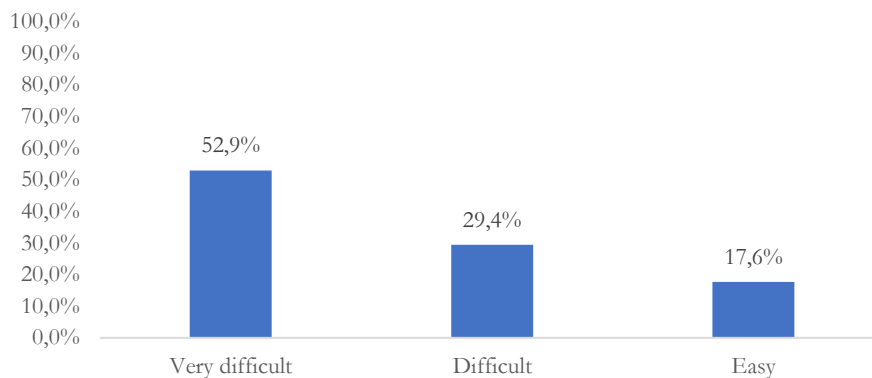
N = 51

Clearly, most participants had money difficulties. There was variation across the groups though, with participants in the carers' group least pressurised regarding making ends meet.

The survey also asked people to rank the degree of helpfulness to their families of different types of help.

FIGURE 7 AVERAGE PARTICIPANT RATING OF THE DEGREE OF HELPFULNESS FOR THEIR FAMILY OF DIFFERENT SOURCES OF HELP (ON A SCALE OF 1 TO 5)
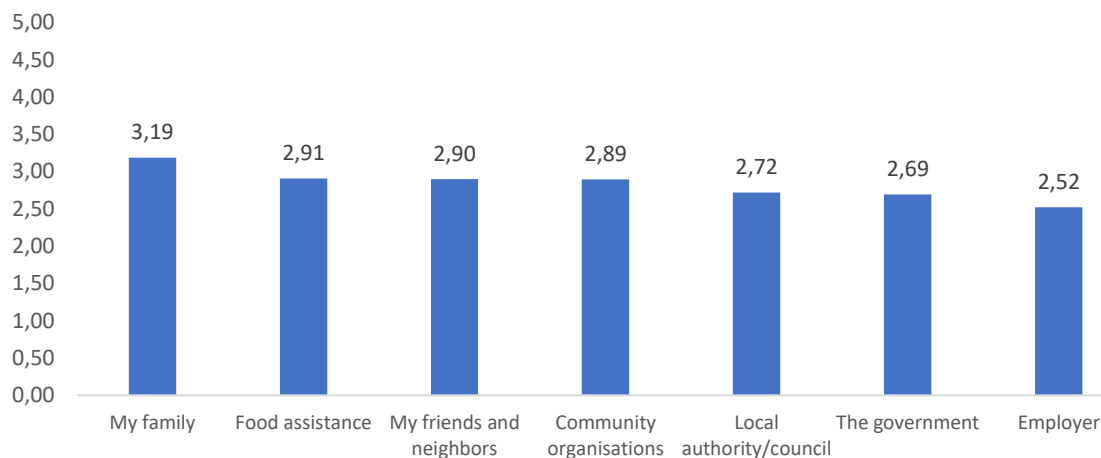
"Of all the sources of help that were talked about, which have helped your family the most? Please rate each source of help from 1 to 5, with 1 being the lowest and 5 being the highest."

N = 51

Taken as a whole, this evidence suggests that people need to have various resources available to them. As can be seen, reliance on family was the single most important source of help, considerably more important than any other type of support. This and other forms of social or personal support will be discussed extensively in the next section (especially in terms of networks of support). Food assistance was scored as the second most important source of help. Help from the local council (*Consorci*) was mentioned in this respect as was the use of food banks. While those using food banks generally valued the help, there was some criticism of the points system used to qualify (and how it had increased recently making it more difficult to access) and also the type of food made available. Some Muslim participants were critical about the unsuitability of some of the food available for their religious eating practices.

Faced with income and the other challenges as outlined in the last section, the focus group discussions were revealing about the perspectives that people adopted. People's situations and their approach can be mainly described by two terms: insecurity, and a resolve to 'get on with it.'

In terms of general situation, the sense and indeed the reality of insecurity was an important theme. This had different roots and meanings but can be thought of in terms of two main (inter-related) types: general insecurity of condition, and material insecurity. The former occurs when people do not know how core elements of their lives were going to develop. This was especially the case for the migrant participants who were either not (yet) legal or at different stages of the path towards citizenship (residency, full citizenship). Seven people indicated that either they or members of their family were in the latter situation. Although the majority were recent migrants, there were also a few long-term migrants who had not proceeded with the integration process. This was sometimes a preference but it most often occurred because people faced obstacles in getting the necessary documents and authorisations or retaining their work permits.

The bureaucratic difficulties in regard to changing one's status or situation was a source of spontaneous discussion in one of the groups, as the following exchange shows:

> Participant 1: *"But there are so many hurdles, you get asked for so many papers. Sending a letter to X* [home country] *is expensive, it's very expensive. Well, imagine getting a document apostilled and as soon as it arrives they tell you that you are missing five other documents."*

Participant 2: *"Getting an apostille means checking that it's official, checking that it's not fraudulent."*

Participant 1: *"No, no, you can have legal documents and also have them apostilled. Just one document is really expensive, and people have 6 documents. Someone here without a job, how can they send the money so that they can be apostilled?"*

Other participants apart from migrants were also experiencing instability in their situation, especially those in the focus group with carers. Since the majority of these were dealing with a person affected by dementia, their voiced concerns were focused on not knowing how to prepare for what was likely to come: *"We're just at the beginning of this, so there's a long way to go."*

The second type of insecurity was more material in that it took the form of precariousness in particular aspects of life. Housing was a major issue here but so, too, was employment and, associated with that, income. Insecurity in relation to the income support system was also mentioned. This was often because people did not know what they were entitled to or the discretionary nature of the social assistance system meant that they could not be sure of what they would get.

The migrant condition played strongly into material insecurity as well. There was a downstream effect of being without papers which also left one without material security as described in the following quote:

> *"I don't have papers, so I don't have the right to any help. I have to work; if I lose my job, I have no income, I'm a mother with two children. You don't have time to go on holiday, or rest or anything, you have to work. The work is variable, for example, one month you work and another month you don't work, know what I mean? It's a little different for people who have papers, Spanish nationality, when they don't have a job they get benefits, the minimum living income, they have something for expenses, but foreigners don't have that right."*

Turning to the second defining condition of people's orientation, to the extent that a general disposition was identifiable from the discussion, most people seemed to be resolved to either make their situation work or improve their circumstances. A strong sense of stoicism came across in the discussions. Some people depicted themselves as survivors:

> *"I always think of us as survivors, right? Because of how things are today, it's difficult to raise children. I have X [number] children … Even if you work, you can't make ends meet. It's hard ... you survive because you have no other choice, but it's a constant struggle, every single day."*

Some participants called on their difficult past experiences as shaping an intent to 'get on with it' while others called on their God and their faith (Christianity or Islam) as providing them with the mental resources to keep going. People's values and their own identity were frequently revealed during the discussions and these seemed also to contribute to some positive mental resources. The importance of their children and their children's future was a motivator for a significant number of participants:

> *"I'm the role model for my child and I always wear that badge, right? I don't want to live off benefits. I want to work, because if I lived on aid ... I already have X [number] hours' work, and I'm happy with that. No. So what does my child see? That after hours, I'm there watching TV? No. I always tell him, 'If your mother's working, you need to study, so that tomorrow you won't be like I am, running from here to there.' I need to work. I don't need benefits. I don't want free help. Help me with a good job, I will be grateful to you all my life, but a little help from so-and-so here ... from thingy over there ... No, because that doesn't help me grow as a person."*

Striking here is the sense (if not burden) of responsibility but so, too, is the importance of employment to the participant – and this was true of other participants as well. As outlined earlier, paid work was valued in its own right, and across focus groups (apart from those in the carers' group who were older) people valued the status and role of worker.

Stoicism was not universal however and, even when it was in evidence, it could be accompanied by negative emotion. Anger was one such emotion, as expressed by the following participant waiting for their asylum application to be processed:

> *"I get really depressed. And I get angry at everything, I think ... ugh ... I'd like to eat myself up."*

The mention of depression here was echoed in the interventions by other participants but poor mental health did not feature significantly in the discussions overall.

One feeling that was strongly present was of deprivation. The discussions ranged widely in this regard, covering individual situations but also group-specific conditions. In the latter regard, it was the lone parents and to a lesser the migrant groups that most voiced feelings of relative deprivation, not just for themselves but for their population category as a whole. It was common for participants in the lone-parent focus group to compare themselves to large families and perceive an inequality of treatment. The migrant participants did not generally express a strong sense of entitlement but there was an undertone

in their narratives of migrants as net contributors to the host country (in terms of population renewal for example and also making an economic contribution) and therefore as deserving of support.

While felt deprivation was strongest in these two sub-groups, many participants across the focus groups depicted others as less deserving than themselves. They distanced themselves from such people (using the terms 'they' or 'them'), because of perceived negative behaviour or some good luck or good fortune which had eluded the participants themselves. There were many examples of such interventions. Here is an exchange between two participants in the lone-parent group talking about unfairness in the system and, in the case of the second speaker, representing herself as having a superior moral approach:

> Participant 1: *"There are people who do, because I know cases that receive aid and you say, 'Wow! How do they do that?' Know what I mean? There are also people who have 2, 3 or 4 children who don't receive anything …"*

> Participant 2: *"Why? Because other people have already taken it all, because some people are very smart. These people were very clever, because they said to me, 'you're stupid to work for less than 1,000 Euros. You're stupid because on top of that, you're a single parent and with your salary you can get this, that and the other.' But my goal is not to get benefits. My goal is to work, you know? Working for hours and … they sign up for some courses that they get paid for and then they go out … In other words, it's always like this. A tug of war. A tug of war. That's the reality in my neighbourhood."*

Where do participants get support from?

Sources of Support

While the focus group guide was relatively open in the phrasing of questions (see Annex 1) about from where or whom people got support, a range of types or sources of support emerged from the discussions and were more or less reproduced in the survey question (as reported in Figure 7 above).

The matter of support actually occasioned quite diverse reactions, ranging from some participants deploring their lack of support to others offering detailed accounts of the persons, networks and organisations that have helped them in difficult times. The main themes identified here were: the support provided through family; support from friends and neighbourhood networks; the important role of third-sector organisations; supportive employers. These will be discussed in turn. The support received from and recourse made to local and national government benefits and services will be discussed in a later section.

Support from Family

Family support was the most widely mentioned (and, one might say, expected) type of support. Before they discussed support though, people devoted considerable time and words to who they considered as 'family' and, taken as a whole, their discussions make clear that 'family' had a very diverse set of meanings and actualisations for these participants. Fourteen participants - drawn from across the focus groups – gave details during the focus groups of how they relied on members of their family for help and support. Parents (most usually mothers) received by far the most common mention in this context. Other family members mentioned included grandparents and siblings (and in a few cases adult children).

> *"When I refer to my family, I mean my close family. Here in X [location] I only have my son, so that's why I had to ask how to get here, because I had to work out who was going to pick him up. The rest of my family is far away and well, here we make do with another type of family: the classmates that we study with, our colleagues from work; this makes a bit of a difference."*

The use of the term 'make do' is notable in indicating both a constructed and inferior family.

Looking at family as a source of support across the focus groups as a whole, it is possible to summarise the main elements in three main points.

First, there is some polarisation in the extent to which participants had access to family as a support system, present for some and completely absent for others. In general, family did not appear to be a major source of support for the participants – as mentioned only 14 in all made reference to getting support from their wider families (that is, parents, sibling and so forth).

Secondly, family support varied in nature. Sometimes support took the form of help with care responsibilities (such as taking children to school or babysitting, or giving help with the care of a parent with dementia); at other times, participants referred to financial support (contributing to various costs, and so forth). Time and money were therefore involved, although selectively in most cases. Psychological support was a third type of support – although it was only mentioned in a few cases when the advice and psychological support received was valued.

Thirdly, the degree of reliance on family varied. In a few cases, participants emphasised that help from family was an irreplaceable form of support and could be relied on in most instances. These people were mainly referring to their parents:

> *"The ways to survive are about having a good support network, because your support network gives you time … Asking my parents for money … no. That embarrasses me. It frustrates me a lot because my parents have given me everything so that I can be self-sufficient, and it's like showing them that I can't be self-sufficient, right?"*

However, for some participants family was a brittle, fragile structure that cannot be relied on. This was for several reasons. In some cases, participants explained that their parents, grandparents, brothers or sisters were older, ill or disabled. In other cases, participants' parents could not 'step in' because of distance or location. There were also situations where people felt their families did not have the resources to help. A further circumstance was when people stopped themselves from asking for help from family (as in the quote above). This was either because they were estranged from family, did not have family close by, felt it was inappropriate or their families did not themselves have the resources to offer them.

Some expressed a sense of loss in not having a family to call on. One participant conveys this in stark terms when she compares herself to another participant:

> "I have very good neighbours, they're like sisters to me, and that's it. This really means that sometimes it's very hard … I see her mother next to her, and she's really lucky."

Such feelings may be amplified in societies like Spain where family is a very important institution and idealised as an institution of support, as pointed out explicitly by one participant. The fact that the relevant survey responses (reproduced in Figure 7) show that family was more important than either the government or the local council confirms this.

Support from Friends and Neighbours

Moving to the second source of support – friend and neighbours – as Figure 7 shows these featured very prominently in people's responses to different sources of support, rated at 2.9 (third after 'my family' and 'food assistance'). In the focus group discussions, 13 participants (drawn from across groups) mentioned this source of support specifically. These tended to be different participants to those who had mentioned family as a source of support, suggesting that friendship or neighbour networks may substitute for family support. Neighbours were less frequently mentioned than friends but there was some blurring of categories because participants included parents of other children (those in the young families group referring to the "*tribe of mothers*" who it was said "*sometimes understand you more than your own family*") and also other migrants or members of one's religious community for example. Their significance can be appreciated from the following quote:

> "I say my friends. I only have a few. You can have many friends, but only a few really good friends. Two. And they are the ones that protected me the most and where I also looked for psychological help because, as the ladies here say, it's a killer, and to be a warrior you also have to ... be recharging yourself with energy ... My child was always happy and for that I'm also grateful for the support of my friends, because here we get to the psychological stuff … because you also need psychological support. You hear

from them, 'What a great mother! What a fighter you're! You put on that
superhero cape, didn't you? You went up and up and up'."

Support from Charities and Other NGOs

Participants were not explicitly prompted to discuss the contribution or importance of community-based organisations or other third-sector organisations but this came up spontaneously in many cases (to be expected perhaps due to the recruitment strategy in which community-based organisations were intermediaries between the research team and participants – see section 3 above and Annex 2). This was the third source of support most widely mentioned in the focus groups and the fourth in the questionnaire (scoring as Figure 7 shows an average of 2.89 out of 5).

Fifteen participants raised this in the focus groups (and many others concurred when specific charities or other non-governmental organisations (NGOs) were mentioned). There were some revealing spontaneous utterances such as the following (in which the service offered by the organisation is personalised to the worker):

> Participant 1: *"I give X* [the charity] *a 10."*
>
> Participant 2: *"10... "She helps everyone."*
>
> Participant 3: *"She's very good, I've never found someone that's helped me so much, because she's helped me with all the papers, to present them, everything, you know?"*
>
> Participant 4: *"A round of applause for X* [worker's name]*."*

The types of assistance received varied. There was practical help - such as filling out forms, writing letters; there was informational help which was important especially to the carers who were having to cope with dementia in their family; there was material help, in the form of income or access to food. Some participants also mentioned that they had undertaken development programmes or training courses through charities or NGOs or that they were involved in charity-organised support groups. Third-sector organisations were seen as a place for sharing experiences, making friends, receiving support and voicing one's problems. The evidence suggests that for many people access to a supportive charity was a very important way of managing, at particular stages of life. The narratives convey the sense of people feeling accepted by the charity, that the charity starts from where they are.

> *"And where I found help, thank God, was at the door of X* [the organisation]*.*
> *Many times you don't know which door to knock on, but thank God I knocked*
> *on the door of … and I've never forgotten the help they gave me, because it's*
> *really thanks to them... even to buy food, I remember, they give me cash. And*
> *the first day I started working I went to knock on their door again so that they*
> *could stop helping me because I was starting work."*

As well as offering support services, community organisations and charities can be a bridge between individuals and the benefit system, providing support and guidance for navigating online services and providing letters of authorisation. Despite the support from such local organisations (or local branches of national charities), participants still repeatedly reported not being fully aware of their entitlements (this is further analysed in section 4.4) which meant they were almost forced to make recourse to others for help.

There was some criticism of charities as well – they were said to be bureaucratic for example – but this was a minor theme.

Mention was also made of wider community support but this discussion was limited to the rural focus group. What was discussed in this context were networks of solidarity and bottom-up, self- help groups such as consumer co-operatives which might be more likely in small communities.

Support from Employers

The final source of support that emerged from both the focus groups and the questionnaire is that from employers. This was mentioned as important by six respondents who spoke of very positive employment circumstances. Some were even effusive, with one participant describing their employer as "*having come down from heaven*." The circumstances of these people indicate that a supportive employer or company was a condition of their being able to maintain their employment. The kind of support most often mentioned was an understanding employer who allowed them either flexible hours or to take time off to attend to family-related, usually childcare, exigencies. Those who had a supportive employer were hugely conscious of the value of this and felt that they were 'lucky'. Here are the words of a lone mother of a toddler:

> *"At the moment I have a job. Yes. Yes, but due to circumstances, or by luck, my company is very pro-working mothers. It has always supported me. But I have found myself in circumstances where, if my company didn't have this vision, right now I would not have a job and I would see myself as … lacking things when I didn't have a job."*

Mentioned in this context also was the possibility to take the child to the place of employment, which was associated most widely with domestic caring work. One mother of young children mentioned how: "… *luckily the old lady adores children and she's sweet, she loves having them there.*"

In many situations, however, particularly in low-paid jobs that require physical presence in the workplace, flexible working hours and freedom in the time management of one's tasks are like a distant dream. Moreover, participants' accounts suggested that more flexibility may be a privilege earned from an employer over time, which makes finding a job that immediately offers needed flexibility a real challenge. As mentioned in section 4.1.2 above, an optimum scenario – voiced as both a solution and a

challenge - was finding employment that overlapped with schoolchildren's term time and school hours. However, paid work that overlaps with school hours and term times appears to be limited and may not correspond to the skills or aspirations of parents.

There were also some participants who stated explicitly that they had no support other than themselves (and in one case a young child). It was not always clear whether this was out of a wish to be self-reliant or because no support was available. A few cases were recounted of people being in such desperate situations that relative strangers were their only source of help:

> *"There I was, imagining myself on the street, and I met a lady who knows X* [a named person] *and she took me to work for her mother, and I started and I stayed there. I worked nights and everything, phew. Then, when I'd already worked for a month or 2, I looked for an apartment."*

Overall, the analysis and illustrative examples provided in this section suggest that the majority of people had some support – most widely family and friends – but that the support networks were 'thin' rather than 'thick' in the sense of people having only one main source of support which carries risks of failing to secure support in some circumstances. This section has brought out the ideal and the reality of support systems. Thinking in terms of four sources of support – family, friends, third-sector/community, employer – is to sketch an ideal universe that breaks down when people's situations are examined.

What about the public system of support?

Views and Experiences of Benefits and Services

Most of the participants had experience of interacting with the public support system, although the substance or nature of the interaction varied. As mentioned, few people were receiving contributory income support benefits which meant that participants' experience mainly related to social assistance benefits (such as unemployment, the minimum vital income and child-related benefits) or social aid (related especially to the 'vulnerability card' which entitles people to services such as free or subsidised school meals or access to the foodbank).

Social assistance was a widespread focus of discussion with social workers - as the visible face of the system – in particular receiving a lot of attention. Participants also had experience of – and spoke readily about – the health services. Other services mentioned included schools, nurseries and housing.

Given that sometimes people did not know which benefit they were on and that there was also considerable confusion about which institutional level the benefits were paid at (the municipality, the principality or the state as a whole), discussion of experiences and needed improvements was vague at times. Overall though, an over-riding finding was of considerable criticism of the available system of support and the way it operated. Such criticism was present in all focus groups, although the specificity

and intensity of discussions varied. In fact, finding fault with the benefit and service systems was a source of 'bonding' among participants in a number of focus groups as people shared experiences of claiming and felt deprivation, prompting others to share 'know-how' accumulated through system engagement or knowledge passed on to them by others. It should also be noted that a small minority of people expressed gratitude for the social protection system overall as well as for specific benefits, allowances or government-led services.

There were three major threads in the discussions on benefits: inadequacy; difficulties of claiming or retaining access to the benefit; the way claiming or receipt made one feel.

The discussion of benefit inadequacy ranged across benefit types and entitlements but was especially reserved for support with living costs (the core criticism being that utility and housing costs were insufficiently taken into account) and housing.

Participants seemed to want to tell of their encounters with the claiming system, representing it generally as very difficult. In fact, there were seven different types of comment or points of criticism made. The most widespread of these focused on the reception or treatment which people received. The majority of relevant comments here related to unhelpful treatment or perceived unhelpful reception:

> *"So I went to my key worker, because I was in hospital for a month, and she told me to go to the social worker so they could assess my condition and I could access benefits. I called him, met with him and he told me, 'We'll see … do this, do that'. He didn't say, 'I'll help you, let's see what we can do.' And he made me waste months. In the end he told me, 'Why don't you go and live outside Barcelona, in a town that's cheaper? Your daughter will be X* [years old] *soon, get her to find a job'."*

And another in the same focus group commented: *"It's easier to climb Everest than for a social worker to help you when you need it."*

Negative experience was sometimes personalised to the workers involved. There were a number of instances where the social worker was blamed for the perceived failings of the system. Here is one example:

> *"I say that there are good social workers, and there are also bad ones, and the work should be done jointly for all of us who need it in equal measure;* [it shouldn't be] *that if you have a good social worker you're lucky."*

The perception that one is "*lucky*" to get a good social worker or point of contact is notable, although it was not widely voiced. But still it is an indictment of any system that perceived fair or satisfactory treatment is down to a lottery. The criticisms voiced were not always fair though, with a few participants

using the opportunity of the focus group to criticise the system for using eligibility conditions that debarred themselves from receiving help (such as asset ownership). But more generally people expressed surprise at the expectations of social workers that they could live on the income they had. Only a small number of participants saw the cause of a poor response to lie in an under-resourced system as against an unhelpful social worker or a system with too many debarring rules.

Other themes in the feedback about the claiming process highlighted the effort required of the claimant, the bureaucracy involved, and waiting and delays. One participant summed up the latter: *"Paperwork, piles of paperwork."* References were made to needing pay slips, utility bills, tax payments, and so forth. Obtaining this kind of documentation can be difficult for those in the informal economy or housing market. These difficulties were heightened for migrants.

Views of the social assistance system were sometimes coloured, and perhaps shaped, by a sense of trepidation at approaching 'the system', or low expectations of receiving the help they saw themselves as needing. This is confirmed by the presence of a further sub-theme – which saw people rehearsing and highlighting the negative decision received on their application(s). Some of the discussions here represented such decisions as wrong or unfair.

The fourth sub-theme was the way the claiming process made people feel. Most commonly this was negative, even in a few instances involving tears.

> *"We have no dignity left, we completely lose our dignity."*

The general thrust of the 10 comments here was a feeling of not being worthy, in their own eyes or in the eyes of the system. One person talked about reliving the bad moments and the discussions generally suggest that perceived poor treatment by a social worker or other worker leaves a lasting mark. There was some sense of people feeling that applying was hopeless as in the below quote.

> *"Sure, and there I am crying … And in the end I say, 'this is the fourth time, I'm giving up.' And then they tell me that March is the last month. And so I need to get a move on. And the X* [charity] *thing is the same, right? … because the charity asks you for your unemployment form, registration form, forms for this, that and everything … it's a mess, you feel like a cow, because all they give you is milk."*

Considerable numbers of participants had a sense that their cases merited support. This also connects with the theme of deservingness (which came up earlier). As mentioned there, this was especially strong in the focus group with lone parents where participants were almost righteous in claiming they deserved more from the system than they received. This matter will be considered again (especially in section 4.7 which considers improvements). Those of immigrant background were another sub-group that expressed a sense of poor treatment if not discrimination.

There was much less discussion and criticism of services as compared with financial assistance. Where they were brought into the conversation, mention was made of health services, schools and nurseries. Housing was also brought up but the main points made about that have been covered in an earlier section.

When people spoke about the health service, they made reference to both good and bad service receipt, but positive references were more common than negative ones. There was no evidence of a lack of access to such services and the comments on the GP service were by and large complimentary. Those in the focus group with carers were critical of the amount of follow-up received regarding their relatives with dementia, especially from the specialist service providers.

Similarly, any discussions of schools as a service were quite complimentary (apart from rigid timings). A number of people recounted instances where schools had helped them with school-related costs (such as loaning books for example).

Difficulties of the Migrant Experience

In a context where Spain is one of the primary destination countries for international migration and where immigration has been rising rapidly, migrants constituted quite a significant subset of the focus group participants (some 53% of those for whom background information is available) and the migrant experience was a dominant theme throughout.

The migrant experience was generally represented in negative terms; those who spoke positively were by far in the minority. Negative experiences had several roots but there were two main themes: the experience of dealing with the process of gaining residence and work permits; difficulties in finding work and housing and securing a decent living. A whole host of pressures and hardships was associated with being a migrant. Bureaucratic difficulties – for example in getting residence and work permits or in having one's qualifications recognised – were highlighted especially. Migration meant, for example, that they had to go through a bureaucratic process that was relatively foreign to them, including assembling the correct papers and documents (some of which necessitated legal documentation from their home country and/or accreditation in Spain), translating them into Spanish if necessary and paying any fees involved. In regard to dealing with the process of formalisation of their status (and not all participants had initiated or completed it), people seemed to access two sources of help or support: the support and knowledge of family, or other members of their networks or community or that of NGOs, with Caritas especially mentioned. The lack of recognition of education or skills and past work experience in their home country was experienced as a deprivation if not discrimination.

Housing was a major problem. It has been discussed in detail above as it was very widely mentioned across all focus groups. But the experience of the migrant participants especially was that they often had either small or large families which made finding accommodation even more difficult and leaving participants feeling that they were discriminated against.

Problems in finding work were also another very widespread experience and source of comment. There were different roots to this. For some, the prime problem was the lack of 'papers' or permits which confined them to the shadow economy and very irregular employment. Significant complaints were voiced about relative powerlessness in this regard and poor treatment by employers. Apart from lack of papers, there was a strong sense conveyed of a confined and limited labour market with mainly hard physical work and low-paying jobs (regardless of one's prior work experience and qualifications). For the migrant women in particular, employment in care-related jobs (mainly for older people) and/or housekeeping or cleaning jobs were the most widespread type of paid work. From the evidence of the female participants and also the few migrant men who were participants, male migrants tended to be limited to work in construction or other manual labour jobs.

There was evidence of a sense of resignation among the migrant participants. This was founded on a recognition that they as migrants had to accept the conventions and procedures of the host country, even if they felt they were unfair. In at least one case this tipped into a feeling of powerlessness: *"You see that you're being exploited and you have to put up with it because you have nowhere to go."* But the other side of this was a recognition that Spain needed migrants: *"If we immigrants go back home, what workforce will there be here?"*

A sense of disappointment with the migrant experience prevailed. Sometimes this was because the promised contacts and support had not come through or were more conditional, demanding and short-term than envisaged. But most often it was because people felt unprepared for the reality of life as a migrant in Spain:

> *"I came here with no clue. I had a picture drawn for me of this wonderful place and I'm here because I was tricked. So when you get here, the blindfold falls off and, wham! You hit the wall."*

One likened it to the myth of the American dream.

Sometimes the migrant experience cast the home country in a more positive light:

> *"You think that in your country you don't have a good quality of life, you don't have good housing, whatever. But it turns out that you come here and you realise what there was there."*

People communicated this also by thinking of what advice they would give regarding the migrant experience to people back home. Reflecting on their negative experiences, a recent migrant recounted:

> *"And that's the strange thing, that in our countries they don't believe that this exists. You tell them and they say, 'Wow, you're in Europe doing really well.' Well, actually, I'm not. But they don't believe you, they think you don't want*

them to do as well as you. If they'd told me what life was like here, I wouldn't have come."

It is interesting that some participants felt the need to warn their fellow countrymen or women. This is the voice of a long-term immigrant issuing a warning to those intending to immigrate from her home country:

"I tell them … 'if you come here you have to start from scratch. It is not just because you have a qualification that you're going to work in that area. You have to start over, if it's a profession you need to have your qualifications recognised, and then you have to find a job. And if you don't, you have to start from scratch, and that means taking care of children, of the elderly, and you can't even do that when you've just arrived because you have to take a course'."

The role of family emerged as very strong in the migrants' narratives and experiences. This was visible in different ways. A defining element of the migrant experience was to leave family – sometimes children – behind in the home country: *"… to leave them. It's a part of your life that you leave behind too*." But for those who had their children with them, their achievements at school and the opportunities they might have in Spain were also vitally important. Another common pattern was for family members to migrate in different phases and groupings, making family a dynamic entity. Another essential element was of heavy reliance on family, although family might be composed quite differently to the families of Spanish nationals, in particular being more incomplete and spread across locations and countries and hence more patchwork in nature.

Hypothetical Scenarios

Towards the end of the discussion, people were also asked to consider hypothetical family scenarios designed to elicit more detailed (and potentially sensitive) evidence 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 (the first) general scenario was used consistently 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, an intense discussion ensued 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.

Scenario 1: Increase in Household Care Needs Combined with Low Wages (all family types)

The first scenario was posed to all of the focus group participants. It was designed to lead to a discussion of a situation where a decision was required regarding fertility and child-rearing in a context of low-paid employment. It provoked huge discussion. While the responses differed across focus groups and

> **Scenario 1**
>
> 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?

participants, the majority considered having another child a serious risk and advised against it. Participants were well able to identify with the parents and some were sympathetic to the wish for another child but, contextualised in their own experience and struggles, they generally warned strongly against it. Money was a major element in their considerations with the scenario yielding a lot

of discussion on the costs associated with children on the one hand and the financial challenges of families on the other. In this context, one person voiced the opinion that a child is a luxury. Some people approached the subject from the perspective of the child and one even replied as follows: *"Better to use the money for the child they have than have a second."*

The discussion of the scenario generally rehearsed the financial inadequacy themes that appeared throughout the focus groups. Here, though, the weaknesses of the public support system for families with children were a prominent theme and the scenario provoked very strong feelings about what the state should do for families with children. Discussion covered access to nurseries – the costs, the difficulties of gaining access to state nurseries - and some of the costs of education (meals and books).

Given the general perception that having a second child would be a risky endeavour for the couple, participants advised that the couple think and plan carefully, perhaps putting off the decision until they had more financial security. People showed strong strategic thinking in terms of both the resources needed and how the situation of the couple might change in the future. Among the clarifications sought were those relating to the couple's income, housing situation, and the stability of their jobs. The need for income stability was mentioned a number of times.

There was ambivalence in the replies too though:

> *"On a practical level I would also say no, but of course, it's a matter that encompasses a lot more than that, so if someone wants a second baby, they should go ahead and have one. But if you are being conscious of things, I would say no … but love ..."*

This is how another voiced the decision:

"If you do things with your head, you don't have the child, if you do things with your heart, then you do ..."

Participants in the migrant and rural groups were the most likely of all to advise the couple to have the baby. The main reason seemed to be values-based: the value of children and the importance of parental choice. Mention was made of babies as a blessing in the focus group with migrants for example, with a small number of participants also pointing out that Spain needed children. In some of these replies, a traditional gender division of labour – which meant the mother could not work – was assumed in the reply. The rural-based participants were on the positive side because their sense was that the couple would receive support.

On a pragmatic level, participants offered various strategies to resolve the dilemma: several mentioned upskilling or retraining as a way of solving the struggles related to low-income; others considered that the family would be better off if one person in the couple continued working; some suggested that both could work on a rotating basis (one taking day shifts and the other night shifts). Relatedly, people voiced suggestions about how the family could get help under the current system, by for example becoming a one-income couple.

Scenario 2: Care Responsibilities Combined with Unstable/Insecure Working Hours (low-income families)

A second scenario was posed to the three focus groups with families living on a low income. This scenario presented participants with a situation in which a person with care responsibilities in a low-paying job had the choice of increasing her wages 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.

Participants were very clear that there were risks for Paula in changing and were largely in favour of her staying in her current job rather than accepting higher wages working for the cleaning agency. Many pointed to the importance of the stability provided by working as

> **Scenario 2**
>
> Paula 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 amount 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?

an employee in a company – one participant made the point that stability is even more important when one has a sick person in one's care. The general view seemed to be that stability of income and working hours is a necessary condition to provide adequate care for a family member.

People devoted attention to the partner and his needs too. They were conscious that her caring labour might have to be replaced and the costs (income and emotional) of that. This is a short exchange between two participants in one discussion:

> Participant 1: *" Yes, it's an addition and a subtraction, it's true. Because she would have to cover what she can't do."*

> Participant 2: *" This thing … about not having a schedule, right? Maybe she'd have to work nights, that's a mental load that isn't worth it later on. Not knowing your timetable, wondering when you're going to have to work ..."*

In terms of government support that would be most useful, participants said Paula would benefit from better access to services such as a home help or assistance. This support ("*home help*" as it was described) would provide her with respite and would provide care for her partner while she works.

Scenario 3: Lone Parenthood (lone-parent families)

The third scenario was asked only of the group of lone-parent families, all of whom except for one father were lone mothers of relatively young families. The scenario 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. The objective was to obtain their views on possible coping strategies or resources that may be mobilised, including policies that would be most helpful.

Scenario 3

Rebecca 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 Rebecca could do to cope with this situation? What help from the government would be most useful?

In response to this scenario, the participants from the lone parents group considered it a complex case and used their own experience to reflect on it. There was mention of the challenges of being without support from the father (with some commenting that this might make the situation easier). The fact that the group interpreted Rebecca's challenge as 'surviving' is to be noted (revealing something about how they viewed their own challenges). There were three main themes in the discussion. One focused on the supports that they thought Rebecca would need. In this regard there was advice to create a network of support: "*The ways to survive are about having a good support network, because your support network gives you time."*

A second theme suggested that Rebecca needed to focus carefully on her priorities, especially in a moral or normative sense. The following exchange voices this:

Participant 1: *"... you need to be realistic about work, right? First ask yourself what kind of mothering experience you want. There are those who have put their profession first and have used a childminder ... think a bit, 'What's your plan as a mother, right? And, from there, find jobs that fit your ' ..."*

Participant 2: *"Yes, that fit your time and economic needs ... you ... and you need to prioritise, right?"*

But there was a view that paid work is important because, as one participant put it, if that connection is broken one becomes 'obsolete'. Mention was made of this as a way the government could help Rebecca.

A third theme considered whether it was now easier to be a lone parent as compared with the past. The consensus seemed to be that it was easier, mainly because the degree of stigma around lone parenthood had decreased and therefore lone parents had more 'freedom'. But on the other hand, one participant questioned whether the support network – particularly that of family – was as strong as it used to be.

Finally, participants talked about whether being a lone parent was easier elsewhere as compared with Spain. There was a strong consensus that this was the case with different European countries mentioned readily as superior (the Nordic countries, Germany, the UK).

Scenario 4: Increase in Working Hours Combined with Insufficient Childcare Provision (families with migrant background)

The fourth scenario presented participants with a trade-off: in this case a decision must be made between earning more money and ensuring childcare. This scenario was presented to the focus group with families from a migrant background.

The main response here was to advise Margarita and Leo not to accept longer hours. There were two main lines of reasoning here. The first was about the welfare of their children and how they might suffer under the new arrangement whereby they had less parental care. Relationship and personal welfare problems may also arise:

"When work gets between men and women, there is a problem that grows at home. Because if the woman works more hours, she gets home tired; you have to rest, right? Compensating for imbalanced working schedules always creates problems inside the home."

> **Scenario 4**
>
> Margarita and Leo have migrated to Spain. 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?

The strong moral undertone is notable here.

And the second centred on how extra earnings would 'go to someone else' in the sense of paying for care. So on balance, the participants felt that it was better for the participants to prioritise their children. When asked what help the couple might receive, a rather moral if not hostile tone was adopted:

> "*I'm going to speak on behalf of us all. Between the 2 of them, they're working and they can go on with their lives, they don't need any help. If they can pay for the nursery, the expenses for the nursery, the expenses for their everyday life, why do they want more?*"

While a sentiment voiced especially by this participant, it reflected the general mood in the particular focus group.

Scenario 5: Care Responsibilities and Limited Local Labour Market Opportunities (families in rural settings)

The fifth scenario illustrated a situation in which a rural family faced heavy care responsibilities combined with limited labour market opportunities in the local area. It invited 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.

Scenario 5

After having stopped working ten years ago, Julia 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 Julia have? What help from the government would be most useful?

Participants reacted in a very sympathetic way to Julia: "*poor thing*" and emphasised that, "*it's going to be tough for Julia.*" The main reasoning here was about the care for the children but participants were also concerned about the gender balance and worried that if Julia went into paid employment she would be still responsible for the care of the children (and therefore would have two 'jobs'). Following some discussion on how the couple could better accommodate her caring and working, the consensus seemed to settle on the importance of Julia as a woman fulfilling any ambitions she has regarding being in employment (and here one participant said that Julia should be asked what she wanted). Setting up her own business was seen as a real possibility.

When the group considered what would help Julia most, mention was made, first, of school breakfast clubs and school lunches as part of a supportive architecture and, secondly, of how government or other

entities could give Julia both training and support to set up her own business. In regard to the latter, a support group or club for people setting up their own business was mentioned as a possible help.

Scenario 6: Care Responsibilities Combined with Insufficient Income from Part-time Employment (unpaid carers)

The final scenario was posed to the group of family carers. It sought to present participants with a situation that necessitates navigating the trade-off between the need for additional income and care responsibilities.

In the discussion group, concern was very much with the cared-for person and how she would be provided for under the new arrangement. However, participants also empathised with Oliver's needs, seeing the possibility that he might need to work more for his own welfare. Generally, people focused on their own experience and utilised it to make recommendations on how the system should be improved and – indirectly – how Oliver might be helped. These recommendations tended to rehearse points that had been made earlier, emphasising, for example, the need to have a streamlined system for people diagnosed with dementia which integrates the procedures for different types of support and service.

> **Scenario 6**
>
> Oliver'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 Oliver weigh up the decision? What are his options? What help from the government would be most useful?

Suggested Improvements

Perceived Causes of the Challenges Faced

Participants were asked to share their views about the reasons why families faced the abovementioned growing and compounded pressures. The resulting reflections tended to refer to very practical issues or, more broadly, contingent political and economic factors (forthcoming elections) and structural factors (exploitation through a capitalist system).

In regard to the very practical issues raised, people highlighted shortcomings such as a lack of flexibility around the timings of work and also gaps in childcare provision. This was sometimes put in the context of work-life balance. In addition, low pay and the scarcity of suitable and decent employment figured prominently in participants' assessment of the causes of their families' financial difficulties. Another structural factor mentioned was location, and relative dependence on a local labour market. This came out especially from the focus group with rural residents but as Figure 5 shows it was the single highest ranked issue facing families.

Participants also identified several political and economic factors that, in their view, could serve to explain the struggles facing families today. The discussion in the lone-parent group was the most focused and specific in this regard. A mentioned already, there was a strong theme of relative deprivation in this group. They blamed an unequal system which failed to recognise the specific circumstances of lone parents as causing their relative deprivation, indeed - in the eyes of one participant – discrimination. The relevant participants were especially critical of the inequality in the leave entitlements available to them as lone parents in comparison to two-parent families.

A small number of participants adopted a critical politicised lens in explaining the ongoing challenges faced by families. This is how one participant framed the prime minister's promises in the context of the (then forthcoming) election:

> "It helps by giving us hope that things are going to change, that's the only thing it does. It tries to camouflage the situation we live in. An ignorant public is a public that's easy to manage. All the information hides how serious the situation is. He says that Spain is fine."

Others agreed that some of the measures in place or recent reforms were tokenistic:

> "There are things that make it look as if they are doing something: social vouchers, electricity vouchers..."

The most critical perspective came from one participant who spoke of "*the structural violence of the system*" and elaborated what they meant as follows:

> "Well, we live in a system that from the get-go doesn't make it easy for you to live. Yes, just like that. And this is structural, direct violence. I think that we have all come across it one time or another, from a very young age, and very often."

Although some others in the group seemed to agree with this, it was a rare example of systemic critique.

People were much more engaged with what improvements would help them.

Looking Ahead: Suggested Improvements

As context here, it is helpful to note the responses to the survey question on the usefulness of different measures (Figure 8).

The most favoured improvement was greater understanding on the part of the authorities of the specifics of the participant's family situation. This scored a massive 4.41 on average and was heavily supported across focus groups. It suggests a general sense of lack of attention or even incapacity on the part of the benefit system to respond to a range of family circumstances. Other measures deemed helpful were in order of importance: more help in seeking employment, free childcare and better quality,

more supportive long-term care services and more generous benefits. It is interesting to note that improvements in services were mentioned as much as improvements in benefits.

FIGURE 8 AVERAGE PARTICIPANT RATING OF THE DEGREE OF USEFULNESS OF DIFFERENT SOURCES OF HELP FROM THE GOVERNMENT FOR THEIR FAMILIES (ON A SCALE OF 1 TO 5)
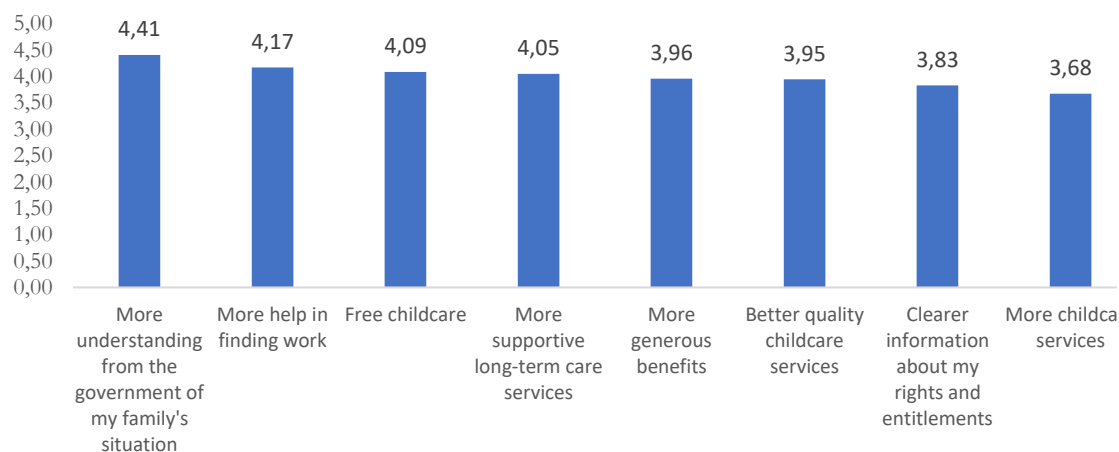
"What sort of help from the government would be most useful to you and your family? Please rate each item from 1 to 5, with 1 being the lowest and 5 being the highest."

N = 51

Analysing the more detailed discussion in the focus groups helps to amplify and substantiate the above. It also confirms many of the existing findings.

For example, one very strong theme in the discussions was user friendly services which is one possible interpretation of why 'more understanding from the government of my family's situation' was seen to be the most useful source of help. This dovetails with some of the critique made earlier about the bureaucracy and the difficulty of getting a positive response to one's needs. And it connects to migrants' situation also:

> "I'd say that I'd like to get my papers more easily and find a steady job that's good enough to make ends meet. And that's it."

But it had at least two other meanings. One was about recognition of the specificity of people's situation and needs in that regard. Almost all group discussions revealed particular situations that people felt were under- or un-recognised. The lone parents were to the fore here especially as a type of family but so too were the more personalised needs of carers and those of migrants. A second possible meaning here was for services and benefits that followed through on people's situation. The underlying wish was for person-oriented services. Sometimes people wanted something beyond the existing service offer, as described in the following quote.

> *"A person that you can ... that the City Council sends you, that the City Council hires, so that they come and clean your house for one hour a week. For me that hour a week ... is gold. Every minute counts … Sure, it doesn't have to be that they give you real money either, right? It's time. That they give you the opportunity to have time for you to dedicate to your X [child]."*

Redistribution in the sense of greater investment of public resources is another theme that brings together a series of suggested improvements. While participants did not make direct references to reducing socio-economic inequality, they did make recommendations related to the provision of additional cash benefits and better services. "*More money*", for some, was the explicit request, relating to increased benefits, extension of maternity leave, or the introduction of new forms of social protection, for those setting up their own businesses for example. However, more cash was not always considered to be the appropriate answer to the compounded pressures faced by the families. For many participants, more and better in-kind forms of support were desperately needed. Central here was easing the care-related constraints that were prominent throughout the discussions and hence people's lives. The improvements mentioned included affordable and accessible childcare services available from an earlier age, affordable and accessible adult services (for older, ill or disabled adults), more support services that would help with claiming benefits and accessing public services, increased support for parents and for their children with education. While the recommendations were not explicitly formulated in terms of redistribution, it could be said to be an implicit precondition for the types of support suggested given that the various improvements listed above imply a de facto change in the way the government's budget is allocated.

Work and employment and the compatibility between the benefit system and employment were another important root here, and in fact more or better participation in employment was one of the reasons people wanted better services.

> *"And then, we need more resources. Resources for care services. Day centres, transport, hours of family carers at home so that people can work."*

While 'more help in finding work' scored strongly in the survey, it was not that much emphasised as a particular needed improvement in the discussions, which concentrated on the supply of work and its quality.

Overview and Conclusion

The living situation and background of most of the participants was one of a state of resource scarcity. A lack of money or too low income was the most obvious scarcity, and this influenced everyday life to quite a profound degree. Four general types of increased costs were adverted to especially: food, general living costs, rent, nursery services. Well (or even reasonably) paid work was another type of scarcity, with many labour market hurdles and obstacles to the fore. When people spoke about paid work and working conditions, they emphasised two risks: the availability of suitable and formal employment and pay levels. One of the major problems mentioned was of how difficult it was for participants (migrants especially) to get regular employment (and in the regular, rather than irregular, economy). Time was also scarce for many of the respondents. This was especially associated with caring responsibilities which also cut into time available for paid work. A further type of scarcity was in support, especially social and material support. While a number of participants felt they had adequate support, this was mainly derived from one or a small number of others (most often parents (mainly mothers) or friends or members of one's neighbourhood or community).

A further notable common characteristic was of compounded hardship and adversity. There were different elements to this. First, it was commonplace for people to face more than one difficulty – the problems or challenges stemmed not just from, say, unemployment, low wages, and/or underemployment but layered onto this might be housing-related difficulties and perhaps also neighbourhood or locational difficulties or difficulties regarding migration status. There was of course variation but, that said, there was a strong sense of people being faced with more than one risk. The layering sometimes also involved negative social costs, such as isolation, only self to rely on and work-family imbalance. In terms of general situation, the sense and indeed the reality of insecurity was another important theme. This had different roots and meanings but can be thought as being of three main (inter-related) types: general insecurity of condition; material insecurity; housing and job insecurity.

Against this backdrop, people tended to 'cobble together' income from various sources, including charities and the state. However, many participants were at pains to point out that they considered employment an essential feature of their lives and identities. It seemed core to their value set. So, too, was child-centredness a widespread value. This expressed itself through naming the needs, well-being and development of children as a priority, sometimes at the expense of participants' own needs. People bore the weight of considerable negative emotions, such as anger and feelings of relative deprivation or fear (of 'the authorities'). They often carried a moral weight as well, such as guilt relating to their children or other family members and feelings of not contributing sufficiently.

Migration contributed significantly to negative experiences and risks. It was represented as involving a whole series of other difficulties in addition to low income. Negative experiences had several roots but

there were two main themes: the experience of dealing with the process of gaining residence and work permits; difficulties in finding work and housing and securing a decent living. Bureaucratic difficulties loomed large, dealing with a process that was relatively foreign to them, including assembling the correct papers and documents in Spanish and paying any fees involved. Securing satisfactory work was also identified as a major problem for migrants. For some the prime problem was the lack of 'papers' or permits which confined them to the black market and very irregular employment. Apart from lack of papers, participants conveyed an image of a confined and limited labour market with mainly hard physical work and low-paying jobs (regardless of one's prior work experience and qualifications). For the migrant women in particular, employment in care-related jobs (mainly for older people) and/or housekeeping or cleaning jobs were the most widespread type of paid work. Securing adequate accommodation, especially if they had children, was also identified as a major problem by some of the migrant participants. Overall, a sense of disappointment with the migrant experience prevailed.

There was considerable criticism of the public system of support and the way it operated. The benefit system was especially the focus of negative opinion and experience. There were three major points of criticism of benefits: inadequacy; the difficulties of claiming or retaining access to the benefit; the way claiming or receipt made one feel. The discussion of benefit inadequacy was directed at a range of benefit types and entitlements but was especially reserved for support with living costs (the core criticism being that utility and housing costs were insufficiently taken into account when calculating the benefit) and housing. People also experienced what they saw as dismissive or disrespectful attitudes on the part of officials – such experiences were reported especially for those administering the benefit system. They may be associated with classic gate-keeping behaviour. There was some awareness among the participants of power being exercised over them, and that the underlying dynamic might even be to keep them 'outside the system'. A benefit system that is perceived as difficult to comprehend and manoeuvre within engenders feelings of exclusion or of being on the periphery, as well as injustice or unfairness.

There was less discussion and criticism of services as compared with financial assistance. Where they were brought into conversation, mention was made of health services, schools and nurseries and housing**.**

Dealing with the benefit system could be time consuming, especially in situations where people did not have the knowledge, capacity, familiarity with or confidence in dealing with official systems and procedures that were being increasingly digitised. In this context, it is important to underline that the Spanish system (like others) requires that people have a range of resources including behaviour management skills, and a comprehension, linguistic and cognitive skills (e.g. the need for a strategy and

the capacity to make deliberate choices, the need to develop and employ tactical knowledge).[17] Navigating the system may also require access to informal support. In this context, people seemed to feel the need for the support of voluntary organisations and informal networks.

These 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 having some good luck or good fortune or set of entitlements which had eluded the respondents. People felt their own situation was deserving but insufficiently supported or recognised and this gave rise to feelings of marginalisation and even victimisation. This was especially the feeling among lone mothers who saw themselves as significantly disadvantaged compared to – in their view the system's favouring of – two-parent families.

Participants had clear ideas about what measures would help to significantly improve their situation. In this regard, they prioritised greater understanding on the part of the authorities of the specifics of different family situations (especially that of lone parents). A further desire was for better and person-oriented services. Redistribution in the sense of greater investment of public resources and more generous benefits was another strong request. Work and employment and the compatibility between the benefit system and employment were also emphasised as an improvement.

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[17] The concept of strategies seeks to capture the dynamic interaction between choices and constraints, risks and uncertainties (Deckard and Auyero 2022: 376).

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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 [18]

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?)
        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?

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[18] 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.

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	Paula 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 amount 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?
Lone parents	Rebecca 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 Rebecca could do to cope with this situation? What help from the government would be most useful?
Migrant families	Margarita and Leo have migrated to County X. 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, Julie 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 Julie have? What help from the government would be most useful?
Carers	Oliver'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 Oliver take into account when making a decision? What are his options? What help from the

		government would be most useful?

Annex 2 Details on Focus Groups (Location, Recruitment, Organisation, Coordinators, Number of Participants)

Focus group	Location	Recruitment of participants	Contact with organisations	Coordinator(s) present	Number of participants
Low-income 1	Local community centre	Via three local organisations, self-selection on the basis of flyers	Calls and e-mails with local organisations; one member of the research team also attended an organisation's event to recruit participants	No	4
Low-income 2	Local community centre	Via existing group/organisation	Calls and e-mails with existing (local) group/organisation	No	4
Low-income 3	Local church	Via existing group/organisation	Calls and e-mails with existing (local) group/organisation	Yes	8
Lone parents	Local co-working space	Via existing group/organisation	Calls and e-mails with national umbrella organisation, calls and e-mails with (local) group/organisation	No	8
Rural	Local hotel	Via two local organisations	Calls and e-mails with local organisations	No	6
Migrant	Organisation's premises	Via existing group/organisation	Calls and e-mails with local organisations	Yes	9
Carers	Organisation's premises	Via existing group/organisation	Calls and e-mails with national umbrella organisation, calls and e-mails with (local) group/organisation	Yes	11

Annex 3 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 4 Opinion Survey

1. 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.

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

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.

	1 Not at all helpful	2 Slightly helpful	3 Somewhat helpful	4 Very helpful	5 Extremely helpful	N/A Not applicable
A. Local authority/council	☐	☐	☐	☐	☐	☐
B. Community organisations (for example NGOs)	☐	☐	☐	☐	☐	☐
C. My family	☐	☐	☐	☐	☐	☐
D. My friends and neighbours	☐	☐	☐	☐	☐	☐
E. My employer	☐	☐	☐	☐	☐	☐
F. The government	☐	☐	☐	☐	☐	☐
G. Food assistance	☐	☐	☐	☐	☐	☐

	1	2	3	4	5	N/A
	Not at all helpful	Slightly helpful	Somewhat helpful	Very helpful	Extremely helpful	Not applicable
H. Other: _____	☐	☐	☐	☐	☐	☐

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.

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

	1 Not at all useful	2 Slightly useful	3 Somewhat useful	4 Very useful	5 Extremely useful	N/A Not applicable
I. Other: _____	☐	☐	☐	☐	☐	☐

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