



Exploring Resilience with Families

National Report for Sweden

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November 2023



This project has received funding from the European Union's Horizon Europe research and innovation programme under Grant Agreement No Project 101060410 and Innovate UK, the UK's Innovation Agency.





Risks, Resources and Inequalities: Increasing Resilience in European Families

Title: Exploring Resilience with Families: National Report for Sweden

Date: November 2023

Responsible organisation: University of Oxford

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Citation: Daly, M., Backman, L., & Nieuwenhuis, R. (2023) Exploring Resilience with Families: National Report for Sweden. [10.31235/osf.io/qhe8z](https://doi.org/10.31235/osf.io/qhe8z)

Acknowledgements:



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Abstract

This report presents the analysis of the primary research conducted with a range of families in Sweden for Work Package 4 (WP4) of the rEUsilience project. It outlines the methodological approach taken to data collection and analysis and presents the findings of the empirical work undertaken. The report's underpinning evidence was obtained through seven focus groups conducted with 38 members of families in different parts of Sweden between May and July 2023. The focus of the research was on family-related risks and so the participants were chosen by virtue of potentially or actually experiencing risks or difficult situations. The participants were drawn from families on a low income, lone-parent families and families with a migrant background. The evidence was analysed using thematic analysis. The study provides insights into the obstacles facing families in responding to labour market risks when caring for children or other family members, as well as the resources and skills people mobilise to overcome the pressures they face.

The following are the main 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.
- Insecurity in income and other aspects of life – such as housing and employment – emerged as an important defining feature of participants' lives.
- Income pressures threaded through various aspects of everyday life and needs. The costs of child-related expenses were identified as a primary budget item that was especially felt to increase income pressures.
- Matters relating to jobs and employment were the source of significant comment, especially in regard to the availability of work, discrimination, work-life balance and, in the case of policies that have job-search requirements, coping with rules and regulations.
- As well as money, time was a scarce resource for some people. This led to emphasis on work-life balance as one of the challenges facing families – by which was meant especially time for family life and child-related activities.

- Children were prominent in people's concerns and a strong sense of child-centredness was evident. This was expressed in terms of a good life for children, with mention made of their right to engage in leisure and other developmental activities as well as not to feel different or excluded because their parents cannot afford to give them what other children have or what is seen as the norm.
- Lone parents especially expressed a sense of being differentially treated and indicated that there was a general lack of recognition of their particular challenges and needs.
- The particular difficulties in the situation of immigrants also came out very strongly from the evidence. As well as being subject to a whole series of bureaucratic difficulties, they often felt like 'outsiders'.
- Social pressure was a strong thread running across the focus groups. In this regard, people made mention of strong social norms in Sweden around being in paid work and optimum child-rearing practices. It was clear that some did not feel included or were unable to be included because of their circumstances.
- For this and other reasons, people bore the weight of considerable negative emotions as parents, such as anger and feelings of relative deprivation or fear (of the authorities). They often carried a moral weight as well, such as feelings of guilt in relation to their children and feelings of not contributing sufficiently.
- When asked a series of questions about it, people mentioned a range of supports but their support networks seemed fragile. Wider family was the most mentioned form of informal support but, generally, people's support systems were not especially based on wider family and most relied on support from one source which suggests some fragility in their support systems.
- People showed considerable resourcefulness and even creativity in managing their situations. It was clear that they used a wide range of behaviours and skills, including cognitive skills and behavioural and attitudinal change management. The latter often manifested in an attitude of stoicism and determination.
- Participants were critical of service availability, especially childcare services, health services and housing provision. As well as matters of supply and hence availability, some found it difficult to access services because of timing, delays and bureaucracy. The system of public support was perceived as having rigidities.
- Participants had clear ideas about what measures would help to significantly improve their situation. In this regard, they prioritised better income support especially. In line with the perceived need for a better recognition by the state of the needs of families, people sought more person-oriented services as well as higher benefits to cover the cost of living. Those whose families had specific needs, for example a health-related need, spoke in favour of extending the

family contact service. Childcare services and housing were also identified as areas needing improvement.

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Introduction

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

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

Work Package 4 (WP4) centres on the experiences and coping behaviours and strategies that families put in place to overcome labour market 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 examines 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 information to answer these questions was gathered through focus groups held in the six countries covered by the study (Belgium, Croatia, Poland, Spain, Sweden and UK). A common focus group guide was designed to be employed in all countries and settings (see Annex 1).

This report focuses on the results of the empirical research conducted in Sweden. The overall project deliverables will provide individual country reports as well as a comparative analysis of the results across the six countries.

National Policy Background and Key Developments

This section outlines the policy context and background within which participants in the study secure their livelihoods and attend to family exigencies and relationships. It focuses especially on the social security system and the significant changes to the Swedish welfare state more generally, given the importance of financial and public service support in a context of wage inequality, low income and scarcity. The most relevant aspects of the Swedish system for the present purposes are income support, child and family-related support, wage moderation and housing.

Income Support System

The Swedish social policy system has historically been characterised by the principle of universalism, with one publicly-financed social protection system covering all citizens and most legal residents under the same conditions. However, changes since the 1990s have weakened its universalist character with respect to the adequacy of benefits and the way in which they are administered (Blomqvist and Palme 2020).

Out-of-work benefit levels are earnings-related and recipients receive up to approximately 80% of gross earnings, up to specified caps. Recent decades have witnessed a drop in the value of several out-of-work benefit levels and benefit caps, including sickness benefit, parental benefit, care leave benefit (to take care of a sick child), unemployment benefits, and sickness compensation (Sjöholm and Thangavelu 2022).

As in many other countries, families and households in Sweden have been struck by high inflation rates since 2021 (Greve et al. 2023). The Swedish Consumer Agency (2022) has noted that household expenses increased substantially in 2022, with doubled electricity prices and food prices that increased by at least 20%. Inflation rates have continued upwards during 2023 and unemployment rates are expected to continue rising also during 2024 (Regeringskansliet 2023a).

Both the income replacement rate and the take-up rate of unemployment benefits have dropped drastically over the last decades (Alm et al. 2020). Currently, those who have paid into an unemployment insurance fund for at least one year upon job loss can receive income-related benefits up to 26,400 SEK per month. This can be compared to a maximum of 11,200 SEK per month for people who are not eligible for the income-related benefits, typically because they have not paid into an unemployment insurance fund for a year or more.



Membership of an unemployment insurance fund is subject to payment of a monthly fee, and such fees were raised substantially between 2007 and 2013 (Kjellberg and Nergaard 2022). This was followed by a considerable drop in membership (Blomqvist and Palme 2020).

Social assistance in Sweden is administered by the municipalities and provides means-tested income to people struggling to sustain themselves or their families. While a minimum standard social assistance rate exists, municipalities have discretion in determining the meaning of the two aims of social assistance: to provide recipients with a reasonable standard of living and to support them to (again) become economically self-sufficient (Pålsson and Wiklund 2021). Swedish social assistance payments have been estimated to amount to around 20% of the national median income, which is below the relative poverty line of 60% as used by the EU (Johansson 2019, as cited in Pålsson and Wiklund 2021: 414).

Child and Family Support System

In terms of cash support for families, the child benefit is a universal benefit received by legal guardians of children aged 0-15 years or until the age of 18 if in upper secondary school. For each child, parents receive 1,250 SEK per month. This amount has not changed since 2018, and prior to that had not been raised since 2006 (Sjöholm and Thangavelu 2022). A supplement is received by families with more than one child, and the supplement increases with the number of children, ranging from 150 SEK extra for the second child to 1,250 SEK extra for the fifth and any subsequent child (see Daly (2023) for more details). In line with Swedish policy aims of gender neutrality (Bergman and Hobson 2002), the child benefit is by default split evenly between legal guardians if they have joint custody of a child born after March 2014. For children born before March 2014, the benefit is paid to mothers by default.

Sweden is considered to have a very generous system of parental leave. Parents receive a total of 480 days of parental leave, out of which 390 days are based on the parent's income and 90 days are paid at a basic level. Since the 1960s, there has been a policy shift in Sweden from conceiving of fathers primarily as providers to fathers as carers (Bergman and Hobson 2002) with incentives and expectations on fathers to engage in childcare (Harris-Short n.d). This is reflected in policy. With regard to parental leave, a 'daddy month' – a month of the paid parental leave scheme reserved for each parent – was introduced in 1995. With the aim of increasing take-up of parental leave among fathers, an additional month was earmarked for each parent in 2002, and reforms in 2016 added a third month. This means that parents can transfer paid parental leave days between themselves, except for the 90 days reserved for each respective parent. Such days will be lost if not used by the entitled parent (so-called 'use it or lose it').



Sweden also has a system of leave for sick children. This allows parents to take care leave from work to care for sick children up to the age of 12, for which they receive approximately 80% of their income. Furthermore, parents can apply for childcare allowance if they are providing care to a sick or disabled child in need of long-term special supervision and care. Families with large additional expenses due to a child's disability or illness can also apply for support.

Entitlement to early childhood education and care (ECEC) in Sweden begins when the child turns 1, when policy ordains that ECEC should be offered to the extent needed, taking into account the employment or training situation of the parents and the child's needs. Children with parents who are unemployed or on parental leave are entitled to 15 hours a week. From the age of three, all children are entitled to at least 525 hours of free ECEC per year. Generally, preschools are run by the municipalities and families pay for ECEC according to a fee structure determined at municipal level, but all municipalities apply the same maximum rate.

The fee structure is graduated by income and number of children. The following rates apply to children aged 1 to 2 years in ECEC for more than 15 hours per week (in Stockholm for more than 30 hours). For the youngest child, parents pay 3% of their income, up to a ceiling of 1,645 SEK per month. For the second youngest child, parents pay 2% of their income, up to a maximum of 1,097 SEK per month. For the third youngest child, parents pay 1% of their income, up to a maximum of 548 SEK per month. Any additional children attend preschool for free. The part-time fee varies by municipality, but in Stockholm, parents pay 2% of their income for the youngest child, up to a maximum of 1,097 SEK per month, and 1% for the second and third child respectively, up to a maximum of 548 SEK. There is no entitlement to ECEC during unusual hours (evenings, nights, weekends) but municipalities must strive to offer childcare during such hours if needed due to parents' work situation.

Sweden has a high prevalence of single adult and single-parent households, and research suggests that since the 1990s they have become substantially more at risk of poverty than couples with and without children (Alm et al. 2020). When parents separate (or have never lived together), they have joint custody by default. If the child resides with one parent the majority of the time (more than 40% of nights), they are entitled to child support from the other parent (Finnström 2023). If child support is not received, the child may be entitled to guaranteed maintenance support administered by the Swedish Social Insurance Agency (SSIA). The size of the maintenance support depends on the age of the child but is at most 1,673-2,223 SEK per child per month.

The law on maintenance support changed in 2016. Until then, any parent could choose to receive the guaranteed maintenance support instead of privately organising child support payments. Since the reform



however, which explicitly aimed to promote parental co-operation and reduce the number of maintenance support cases handled by the SSIA (Fernqvist and S  pulchre 2022), the SSIA ceases to intervene where the liable parent has made correct payments for 12 consecutive months. To have continued involvement by the SSIA, the claimant must be able to show ‘special reasons’. As highlighted by Fernqvist and S  pulchre (2022), the 2016 reform was criticised by interest organisations, politicians and legal experts (including the Swedish Social Insurance Inspectorate and the Swedish Society of Lawyers) due to the risk of abuse for parents with a history of conflict.

Wage Moderation

The Swedish model of wage setting is based on a legislative framework that supports social partners to negotiate wage bargaining, working conditions, pension and insurance schemes (Medlingsinstitutet 2023a). The model relies on a high coverage of collective agreements and state intervention, such as through legislated minimal wages, is currently not present. Following decades of problematic wage and exchange-rate feedback turbulence, the social partners agreed in 1998 to adapt a wage norm set by the industrial or export sector. Following the onset of the wage norm, the real wage increase on average has been stable and (generally) positive over the last two decades (Medlingsinstitutet 2023b). However, earners in the top of the distribution have seen higher increases compared to the bottom and, given the inflation crises, real wages have decreased substantially in recent years across the whole distribution. Finally, there are critiques against this model as it disturbs efficient labour market allocation of welfare workers by hindering substantial changes to relative wages (which, for example, would benefit workers in female-dominated public sector employment) (Calmfors 2018).

In terms of trends in income inequality, while all parts of the income distribution have experienced disposable income gains, the top incomes – and especially the highest decile – have had substantially higher gains in both absolute and relative terms than the bottom (Bj  rklund and Waldenstr  m 2021). Furthermore, there is a marked discrepancy between the trends in relevant income levels of those who were born outside of Sweden compared to those born in the country. An example of this marked inequality is that the foreign-born subpopulation at the 25th percentile generally follow the income development of the native-born group at the 10th percentile.



Housing

The Swedish housing situation has been marked by a shift from an ambition between the 1930s and 1990s to provide high-quality affordable public housing for everyone, to leaving it up to municipalities to decide on local public housing policies (Cohen and Samzelius 2020). Public rentals are assigned based on queuing time, or alternatively, for reasons of social assistance (Wimark et al. 2020). There are no low-income or special needs requirements, and it can take many years, in some cases even more than a decade, to get a first-hand rental contract in bigger cities due to lengthy queues. Apartments can generally be sublet with a supplement (to the rent) of approximately 15% (Christophers 2013).

In Sweden, only persons younger than 29 years and families with children can claim housing benefits. In July 2020, a temporary supplement to housing benefits was introduced for families with children. The temporary supplement was granted by default and amounted to a 25% increase in the benefit. The supplement has been extended to December 2023, and was increased to 40% in July 2023.

However, the way the housing benefit is administered has been criticised because many people end up having to repay benefit overpayments (Swedish Government Official Report 2021). This happens because the benefit is based on the applicant's estimated income that calendar year, leading to frequent overpayments as actual entitlement is not determined until the Swedish Tax Authority has decided on the final tax. This causes many households to have to repay considerable amounts, and such sudden costs are incompatible with many recipients' income situations (Swedish Government Official Report 2021).

This, then, is the context within which participants in the current research live their lives and seek to manage their situations.

Methodology

Prior to starting the data collection (and even prior to reaching out to organisations to form collaborations for research purposes), an ethics application (including a detailed research plan and the focus group guide) was submitted to the Swedish Ethical Review Authority (*Etikprövningsmyndigheten*). The ethics application was submitted on 20 December 2022, and approval to carry out the research according to the submitted plan was granted on 27 March 2023 (registration number 2022-07090-01). The processes associated with participant recruitment and fieldwork organisation then began.

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 should be covered. The following are the main family types prioritised for WP4 within and across the six countries:

- Families living on a low income;
- Families headed by a lone parent;
- Families living in a rural area;
- Families with a migrant background;
- Families where a family member is acting as unpaid carer for ill or disabled children and/or elderly/disabled relative.

Recruitment efforts in Sweden were strongly directed towards organisations providing services to the relevant categories of participant. These included community-based organisations, local churches, stay and play preschools and support services provided through the city council and other civil society organisations.

The following is how the outreach and recruitment of participants was undertaken:

- **Step 1:** Relevant organisations were identified and invited to help with the research via mailed letters using contact information publicly available online. Forty organisations/local branches of organisations were contacted at the outset. An overview of the research project and its



objectives was provided to those organisations, with a proposal to follow up by phone or video call. Reminders were sent via e-mail after approximately one week to those organisations that had not responded; this was followed by a phone call. After the initial round of making contact with organisations, the project team continued to contact additional organisations, using, inter alia, snowball sampling, i.e. some organisations recommending others that could be contacted. Contact was initiated through e-mail and with phone follow-ups, until all required focus group interviews were arranged. In total, this entailed contacting 150 additional organisations, with the result that a total of 190 organisations or branches of organisations were contacted throughout the fieldwork period. Approximately 45% of the organisations contacted responded to the initial outreach, either with expressions of interest or explaining that they were unable to support the project.

- **Step 2:** In a second step, video calls, phone calls and/or e-mails were exchanged with those organisations that expressed initial interest. This phase involved approximately 30 organisations. After a more in-depth discussion regarding the scope of the project and the feasibility of recruiting participants for the focus group discussions, eight organisations were able to confirm their participation as partners in the study. In addition to these eight, 11 organisations informed service users/members by email and/or published social media posts or newsletter items about the research.
- **Step 3:** Thirdly, additional correspondence was conducted with the eight organisations to plan the focus group discussions, including logistical arrangements, specific times and dates, and so forth. At this stage, three organisations had to drop out due to difficulties recruiting participants.
- **Step 4:** Finally, follow-up calls were conducted to confirm the number of participants and logistical details prior to the focus group discussions.

The vast majority of organisations that responded expressed interest in the research project but some concluded that they lacked the time and/or resources to support it. Other organisations declined because they felt unable to recruit the particular target group among their service users or members. In several cases, organisations informed their service users or members about the opportunity to participate in the research, but no positive responses were forthcoming. In the end, five organisations were involved in recruiting participants for the seven focus groups. These organisations included support groups for the different family 'types' outlined above. In all seven cases, recruitment relied on a local organisation/group. As was to be expected given the recruitment strategy, most of the focus groups were composed of



persons associated with a community-based organisation or support group; in some cases, a number of participants within a group knew each other to some degree.

The recruitment resulted in the following:

- Families living on a low income (4 focus groups conducted);
- Families led by lone parents (1 focus group conducted);
- Families from a migrant background (2 focus group conducted).

The recruitment of two family types prioritised in the project research design failed to proceed. One was those with heavy care responsibilities for children or adults. In this case a partnership was established early on with a nationwide support and advocacy organisation for carers. The organisation published information about the research on social media and in a newsletter, which led to some individuals expressing interest in participating, but, as they lived in different parts of the country, it was not possible to organise a focus group. In a further effort, several family caregiver advisers passed on information about the project to their service users, but none of these families was able to participate in the project.

A second family type that the team failed to recruit was families living in rural areas. Again, extensive efforts were made in this regard. Calls were held with three relevant organisations that expressed interest - one of these confirmed after some correspondence that they would not be able to support the research and the other two stopped responding. The offer of several organisations to publish information about the research on social media and in newsletters was accepted but, as this strategy only led to a very small number of individuals located in different parts of the country getting in touch, such offers were declined toward the end of the research period.

Despite significant effort, then, the team was unable to convene focus groups with unpaid carers and families in rural areas. However, several participants in the focus groups were carers for children with additional needs, meaning that the experiences of unpaid carers were reflected in the discussions. Moreover, the focus groups were held in five locations across four cities varying in population size (from approximately 40,000 to 1,000,000 inhabitants), thus contributing to a geographically-diverse sample. Specific efforts were made to diversify the geographical locations of the focus groups, so as to capture different experiences and recruit participants from various contexts including larger cities, suburban areas, smaller towns and rural regions. The specific locations were Gothenburg, Kalmar, Stockholm and Umeå.



One other point should be made regarding the composition of the groups. The family ‘categories’ and resultant groups were not hermetic; in other words, situations overlapped so that participants in one focus group shared characteristics relevant to the inclusion criteria of another focus group. For example, the lone-parent group included also individuals with a migrant background as well as unpaid carers, with several caring for children with a disability. Similarly, there were four general low-income groups which were compositionally diverse and so included for example lone parents. While the focus groups were thus not mutually exclusive in terms of inclusion criteria and overlaps in circumstances were present, the application of the criteria ensured that participants in each group shared at least one key characteristic. This was also an important part of the research design, since the focus group discussion guide included six hypothetical scenarios, one of which was general and others tailored to the different family ‘types’ listed above.

Organisation and Conduct of the Focus Groups

Upon arriving at the location, focus group participants received an information sheet providing additional explanations regarding the study and the moderator encouraged participants to ask any questions they may have. Participants were then asked to read and sign an informed consent form. The discussion was organised according to the focus group guide provided in Annex 1. The discussions typically lasted between one and two hours. The questions asked were open-ended and thematically organised, focusing first on the difficulties faced by families (in general, then turning to actual difficulties experienced by their own families with reference to money-related difficulties, employment-related difficulties and care-related difficulties), the types of support that were considered to be helpful (or not) by participants, and the support received from extended family and other sources. Following these open-ended questions, a number of hypothetical scenarios with families and related questions were presented for discussion to participants. The purpose here was to further explore participants’ assessments of the options open to families and the factors that should influence their choices. Finally, participants were asked to complete the socio-demographic questionnaire and a short opinion survey (provided in Annexes 2 and 3 of this report). These elements provided the research team with crucial data on the participants’ key characteristics, as well as some quantitative data on participants’ assessment of the issues faced by their families, the sources of help that had been most useful to them and the type of government support considered to be most needed. Using the opinion survey together with the transcriptions of the focus group discussions makes for a mix of qualitative and quantitative information, but the primary information is qualitative.

The researcher sought to provide a welcoming and relaxed atmosphere for the focus group participants. The focus groups were held at the premises of the partner organisation in all cases except one which was



held at a local church (see Table 1). Coffee, tea, fruit and pastries were offered either at the beginning of the session and/or during a break. At evening sessions, participants were offered a meal. Not all focus group discussions included a break: this was left up to the discretion of the moderator and depended on the time available, the flow of the discussion and participants' energy levels. In many cases, a number of participants arrived late or left early; some participants brought their children due to lack of childcare options.

Discussions were characterised by a combination of personal stories and more generic assessments of the underlying reasons why families face difficulties as well as the usefulness and relevance of various policy options. In general, the discussions favoured consensus over disagreement, with participants tending to agree rather than disagree with each other. The moderator played a crucial role throughout by ensuring that participants felt comfortable and that a friendly, safe and constructive group dynamic was set in motion; by balancing power relations as they emerged and distributing speaking time; by focusing and guiding the discussion towards the key issues; and by deepening the discussion through follow-up questions and prompts. Nevertheless, on a few occasions, the moderator became aware that the group situation discouraged some from sharing information about particularly vulnerable circumstances. This serves as a reminder that the focus group interview data gives insight but not a complete picture of participants' and their families' living situations. In one case, a staff member of the organisation was present to provide an extra set of hands for childcare; this was accepted by the research team as it was felt to contribute positively to the conduct of the discussions. While it has to be acknowledged that it may have affected the process, there is no evidence that it did so significantly. In one focus group discussion comprised of participants with a migration background (labelled as Migrant 2 in Table 1 below), a paid interpreter was present.

There are a number of relevant points to note in terms of the process and group dynamic. First, on several occasions, the participants became emotional while telling their family stories. This required careful and respectful handling by the moderator. Second, on a few occasions, participants spontaneously engaged in exchanging information and advice on, for example, services or other help that they thought might be helpful to others.

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. As can be seen, the group size varied widely and in particular one group was very small with only two participants. This was unavoidable as many participants who had committed failed to turn up and the decision was made to go ahead with the group despite small size.



TABLE 1 OVERVIEW OF FOCUS GROUPS

Focus group	Location	Recruitment	Number of participants
Low-income 1	Local church	Via existing group/ organisation	2
Low-income 2	Organisation's premises	Via existing group/organisation	7
Low-income 3	Organisation's premises	Via existing group/organisation	6
Low-income 4	Organisation's premises	Via existing group/organisation	5
Lone parents	Organisation's premises	Via existing group/ organisation	10
Migrant 1	Organisation's premises	Via existing group/organisation	4
Migrant 2	Organisation's premises	Via existing group/organisation	4

Profile of Participants

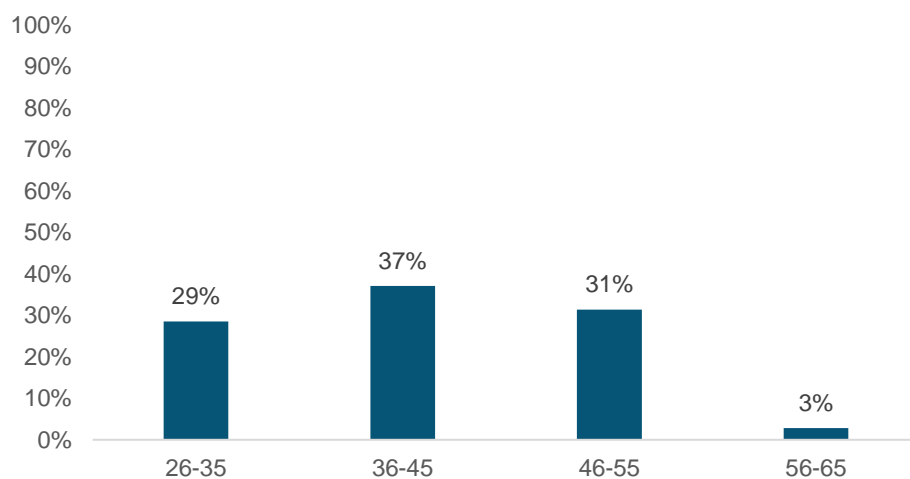
As mentioned, 38 people participated in the focus group discussions, with group size varying from 2 to 10.

The distribution of participants was 91% female.



Around one-third (29%) of participants were in the 26 to 35 age bracket, while 37% reported being between 36 and 45 years of age. A further 31% were aged between 46 and 55 and 3% were aged 56 and over.

Figure 1 Participants' Age Group

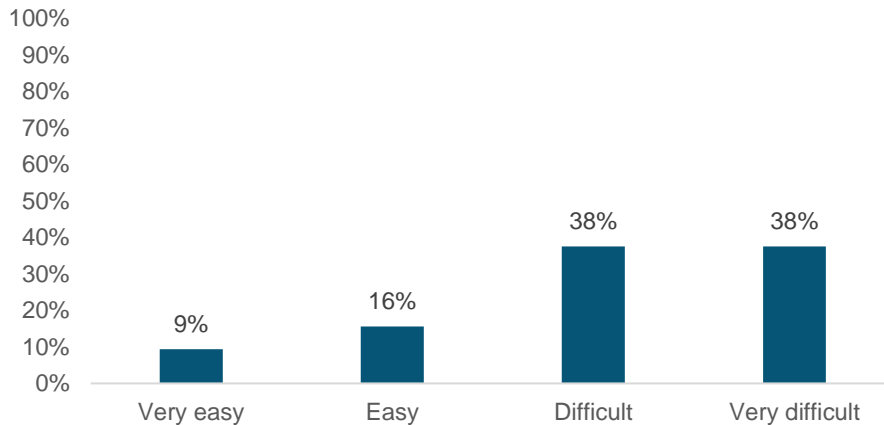


N = 35

Most participants reported on the questionnaire that they were struggling financially (Figure 2). Three-quarters (76%) considered their family to be making ends meet with difficulty or great difficulty. Sixteen percent of participants reported that their family could make ends meet easily, and 9% considered their family could make ends meet very easily. The sample, then, tilts strongly towards low-income populations.



Figure 2 Participants' Rating of the Degree of Difficulty for Their Families in Making Ends Meet



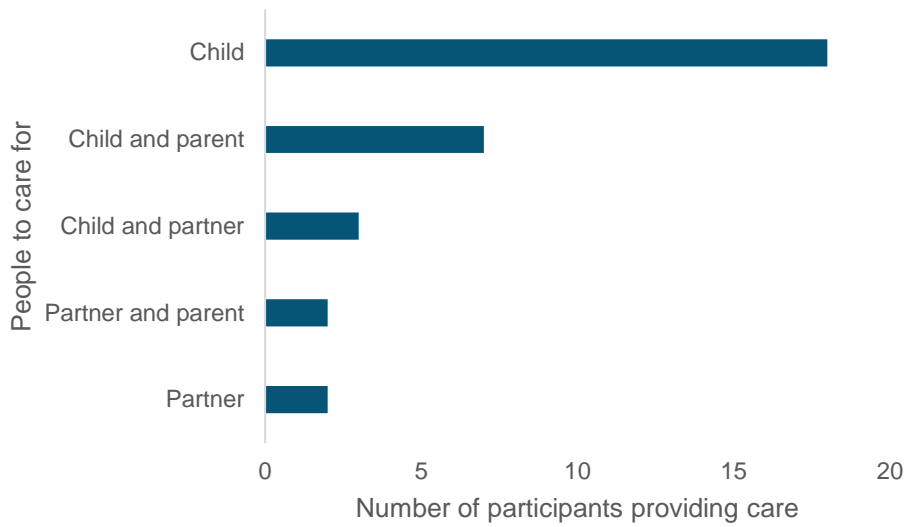
N = 35

Although not specifically asked, the discussions indicated that participants were involved in the labour market to quite a high degree. On the basis of anecdotal information in the focus groups, about a third were not currently in the labour market, either because of illness or child-related care responsibilities or, indeed, as migrant women struggling to get access.

A rather slight majority (58%) of participants reported being Swedish-born and about a quarter reported that they were from an ethnic minority background (about a fifth did not answer this question). About 60% of participants had some caring responsibilities, whether towards their children, partners, parents or other family members (Figure 3). Caring responsibilities for children dominated the care responsibilities. Such children included infants, toddlers, children of school age and in a few cases children in their teens or somewhat older. There was also some multi-generational caring.



Figure 3 Participants' Caring Responsibilities



N = 32

Evidence Analysis Process

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

Transcribing the Evidence

The focus group discussions were transcribed verbatim using the audio recordings. The transcriptions were completed by two members of the research team. The list of participants was pseudonymised and participants numbered. All verbal utterances and some nonverbal expressions (e.g. laughter, crying, hesitation) were transcribed. 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 or 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 usually consisted of individual words or brief phrases but in a few



instances it was not possible to accurately transcribe passages, because multiple participants spoke at the same time, or because of Swedish language difficulties of some of the participants.

Following transcription, the texts were then translated by the Swedish team. An initial translation was produced by the (offline) translation software Argos Translate, which was then extensively checked and improved by two members of the team. The translated transcripts were then checked by a third member of the team, before they were transferred to Oxford using a secure and GDPR-compliant file exchange server.

Coding the Evidence

At Oxford, an inductive approach was adopted to coding focused on the country specific evidence. In an initial familiarisation step, the lead Oxford researcher read and re-read all transcripts to familiarise herself with the evidence. Having gained an in-depth knowledge of the content of the focus group discussions, the data was transported into NVivo and the texts were coded into a set of initial codes. The objective of this step was to identify and organise the data according to “the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon” (Boyatzis 1998 as cited in Braun and Clarke 2006: 88). This phase produced a long list of codes.

Having coded on an initial basis, the next step re-examined the evidence – both original 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 were grouped together into one theme. In a further phase, the researcher refined the candidate themes, eliminating some that did not qualify as themes (mainly due to insufficient presence), requalifying and reorganising others and collapsing individual themes into a broader category as appropriate 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 emerging from the analyses Throughout, an overview, integrated analysis was aimed for in the sense that the evidence from the seven groups was treated together, that is, emphasising the commonalities found and highlighting dominant patterns. Selected quotes from participants’ interventions are used to provide examples of such dominant patterns; the process essentially one of selecting elements of interventions that are as much as possible “representative of the patterns in the data” (Lingard 2019). In many cases, quotes were edited for



succinctness or legibility, with some short phrases (e.g. “I mean”, “ehm”, etc.) removed and replaced by ellipses. In some cases, a dialogue that occurred between two or more participants is presented so as to provide context for a given quote or illustrate a group exchange. In addition, in a small number of cases the quotes were edited to protect anonymity and respect the conditions of ethical approval of the national research as well as conditions of the project’s Joint Controllership Agreement. Where something was changed, it is indicated in plain text and placed in 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 divergent opinions as well as common themes. In the main though, the analysis searches for common themes across the seven focus groups.

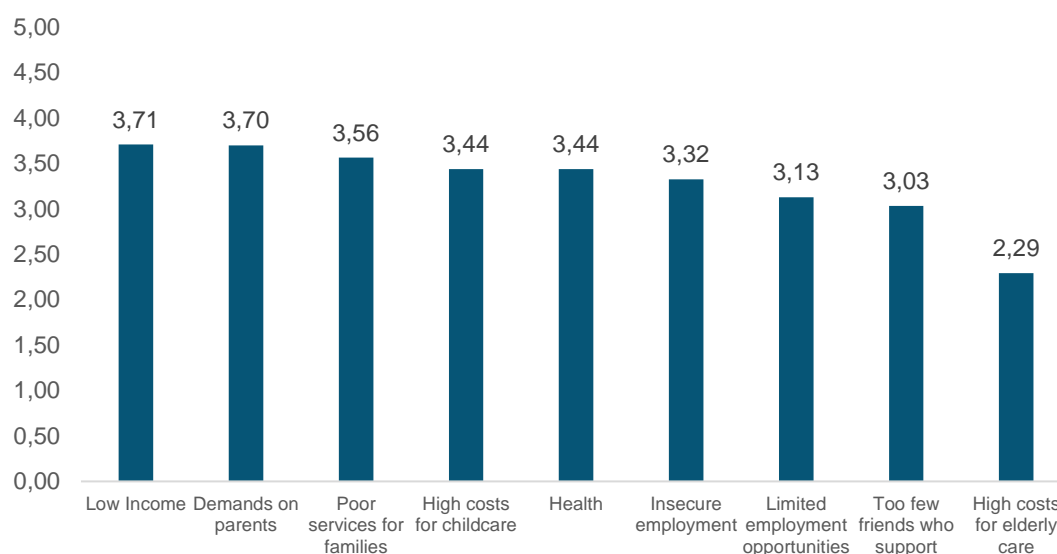


Findings

Difficulties Facing Participants' Families

There are two sources of information on the difficulties facing participants' families: the questionnaire and the discussion. When asked to rate - on a scale of 1 (low) to 5 (high) - the degree to which their families were affected by a stated set of issues, low income was the issue that scored most highly (3.71) (Figure 4). This was closely followed in importance by demands on parents (3.70). Services for families scored next highest, with childcare featuring here especially. Ill-health also emerged as a concern (scoring 3.44). Employment came next, especially insecurity in employment and, somewhat less so, limited opportunities in employment. The scoring on the final item - the costs of elderly care (2.29) – suggests that this type of care is less problematic as compared with care for children.

Figure 4 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=37



The second source of information – the discussion in the focus groups – helps to put substance on these difficulties. The discussion ranged widely but cohered around six topics: money-related difficulties; service-related difficulties; work-life balance; issues relating to social opprobrium or fitting into social norms; health-related issues; and lone parent-specific issues. These main themes will be discussed in turn.

Income-related Difficulties and the Rising Cost of Living

In all focus groups, participants pointed to the rising costs of living and income shortages as a difficulty for them and their families. The income-related challenges adverted to centred around two main axes: child-related costs; and a general shortage of money in light of rising costs.

In the first regard, people were worried about the costs associated with children. Costs of additional activities like leisure activities were a primary concern here, although mention was made of the costs of clothes and school-related items. It was generally recognised that leisure or non-school time was in some ways an ‘extra’ but participants were at pains to point out that these could be regarded as essential activities and therefore costs if viewed through the lens of child development and child integration. Both sports and amusement activities were mentioned. The fact that the focus groups were held during the school holidays probably amplified the focus on leisure activities. The other side of this, of course, is that schools provide help to families with costs, as some parents acknowledged. A sub-theme here was of costs rising as children grew and as the number of children increased. The negative consequences for children and teenagers of not being able to ‘participate’ were especially adverted to, as in the following quotes from two parents in two different groups:

“As I mentioned ... my son is very lonely. It’s mainly due to him not having any leisure activity to participate in. We cannot afford to take the bus every day to such activities.”

“For kids to get something proper to do in the summer ... they should be able to eat a meal a day at least. They should get to say to their friends, ‘I’ve done this and this.’ ‘What have you done this summer?’ ‘Oh, nothing.’ That’s so depressing.”

Reference was made to children asking for things and to the difficulty for parents to say ‘no’, and the possibility of ensuing feelings of parental guilt. The focus groups were notable for their emphasis on children’s well-being, so these themes will come up again in later sections of this report. Even when discussing money and income, people tended to impart their philosophy around child welfare for as one participant put it: *“a good upbringing”* which was in turn interpreted by another as: *“they feel good, not worse than other children.”*

Mention was made of securing the necessary income to give children the quality of life they could afford. The participants who raised this were of the view that in Sweden income from two parents is necessary for this purpose. The costs of children were connected to the child benefit by one participant:

“Money is always a question, but money ... it’s not like we ask for something that is beyond the ordinary, I think, we just ask that we can receive a child benefit that is reasonable given today’s prices. It’s also that the child support goes straight to pay the preschool fee, that’s how it is. It’s a zero-sum game if you think about it.”

The consequences of low income may lead to particular coping behaviours on the part of different family members, including children. Here is a mother describing how her son manages to secure things that he wants and her feelings about that:

“... [he] has decided to sell his video game. I asked him why and he said: ‘I want a bike, bikes are expensive’ ... my kids are willing to sell expensive things just to buy a birthday present for somebody in the family. Or to buy something else they want ... It shouldn’t be like that, a [teenager] shouldn’t be sitting at home thinking, ‘Oh, now I want a bike, I’m gonna sell my video game’. I saved money for months, even years, to buy that video game for him. But he sells it to save money for a bike. There’s a lot of pressure ... Children see what all other kids have, and what everyone else does.”

The second theme here was of more general income shortages. This discussion ranged wider than children, covering rising costs, with participants worried especially about the increases in the costs of services and housing. There were only general references to food prices but participants did evince a general sense that their money bought less. The following is a classic statement on money:

“Yes, I can say. I think ... that is, very concretely ... the costs increase while the incomes don’t. The economy can be thought of as significant for many families. Hard to do what you want and so on.”

Their shopping baskets were less full, even if they shopped carefully. Some people made clear that they were talking about the basics, rather than about extras. As already outlined above, 76% of the participants reported making ends meet with difficulty or great difficulty. Here is a typical experience:

“When you see today ... before, it might have been enough for a family household with 10,000 SEK, but today even 20,000 SEK is not enough because everything has more than doubled. Even when you buy some milk and bread, it costs 300 SEK. The money is good for nothing and Swedish currency is weak. You can’t



travel either because when it's exchange, the Swedish crown is worth nothing. Because of this, many people are trapped this year and cannot travel."

People also used the opportunity of the focus group to talk in some detail about their living situation and, as can be seen in the quote above, some narratives outlined the sense of deprivation caused by not being able to engage in a valued activity (in this case travel to see one's family in one's country of origin).

The fact that participants tended to perceive the situation as having disimproved is an important finding that needs to be taken seriously.

Accessing Services

Services was the second most discussed difficulty, although there were considerably fewer references to this than to money-related difficulties. People raised three main factors in regard to services: bureaucracy (in a general sense); housing and other services; childcare. Of these, factors relating to bureaucracy was the most prominent, raised in conversations in four of the groups and proving to be a very strong thread of complaint among a few participants in each case.

Bureaucracy was a codeword for not just red tape but also quality services that could respond to people's individual needs. Here is a comment which helps to explain what is meant by bureaucracy:

"Many times, it's difficult to have a problem that is uncommon when you need assistance from a public authority. You always need a certificate. This certificate may take several years to get, although you need help immediately. Oh, I've been through that ... And then, generally, whatever you need assistance with it's difficult to actually get it. It takes a lot of struggling for one person who needs help to get help. It's not only the economical part that is hard to get, but also assistance to take care for children, sick children for example. And when you don't get this help, the rest starts falling apart around you, the family too."

The quote suggests that the participant felt relatively alone with the 'problem' of getting help. Another participant in the same group takes up the strand of conversation:

"Everything takes time... Investigations take time, processes take time. No matter what it is. And if you are already exposed and you need help, a first step is just to ask for help and get there. It may take years to say, 'I need help, and it is now'. Then, they answer, 'Why didn't you come a year ago when you needed help from the start?' 'Yes, because I have to gather strength to ask for help'."



Felt vulnerability is crystal clear here. Turning to the second sub-theme, there were several criticisms made of the services in terms, for example, of their accessibility and the degree of understanding (or even depth of case analysis) on the part of the staff (to be considered in more detail in section 4.7.2 below). This was a discussion that was often specific to particular services. Housing problems were very prominent in these discussions. People spoke about the difficulty of getting an apartment and then paying for it, especially in a context of rising rents. There was an added difficulty regarding housing for some migrant participants who spoke of “*renting second hand*” (by which they meant subletting from someone else). This could make for significant insecurity.

Turning to the third sub-theme, when people raised childcare as a difficulty they spoke of practical things – like timing and so forth – but there was also a philosophical/moral orientation about childcare and the well-being of children. The key expressions of concern were about quality of childcare services and whether children get the individual attention they need in childcare services. One participant commented in relation to summer preschool that using it was like placing the children “*in storage*” or “*bringing them to a warehouse.*”

Work-life Balance

Scheduling or timing was the most prominent theme here, with time for family life considerably problematised. The contributions here make clear that time with the children mattered to participants, again in the sense of a core value. The relevant discussions repeat some of the themes discussed already with participants expressing reservations about having to put their children into kindergarten or childcare especially for long periods of time. Mention was made of having to use the *nattis* (night-time childcare service) and how this went against an understanding of good child-rearing practices. People’s values were on display here also (as in the following quote):

“Yes, for me, I say time, definitely. Regardless ... To earn money, you have to spend time and then there will be less time with the family. Everything you need to do you need to spend ... it feels like there is very little time with the kids all the time.”

Scarcity of time was a related issue. So, for those who worked less than full-time and so could spend more time with their children, this was expressed as a source of satisfaction.



Fitting the Social Norm

Social factors were also raised as a form of difficulty experienced by people. There was a psychological element here and, indeed, the relevant discussion related closely to a more general theme of felt stress or anxiety. For those who raised this, there was a sense of being under scrutiny or of experiencing social opprobrium. This was almost always expressed in relation to children. Among the examples given were when parents had to spend long hours in work or study as in the following case:

“So I’ve felt very vulnerable, very lonely in that regard ... my son was the one who was left first and picked up last [from preschool], and the staff were a bit like, ‘oh, isn’t it time you start reducing your hours now, it’s very long days [for the child]’, ‘oh, yeah, I can’t do much about it’. During my studies, I tried to stay at home as much as possible, so the days I didn’t have to study or be there ...”

There is a strong sense here of the participant being censured and trying to justify themselves.

In other cases, people mentioned pressures they felt because they worked too little. In this vein, reference was made to the norm in Sweden being of two employed parents. Another relevant set of norms mentioned was those relating to children’s development – children’s capacities at different growth stages for example. Those who expressed this seemed to have a sense of being under surveillance (with medical and childcare services mentioned in this context, for example) regarding the capacities of their children and how they were rearing them.

The pressure to fit in could be very strong and extend generally:

“Yes ... There are a lot of demands today. On everything. You have to have an education, an income, and a large and luxurious house, because only then you are a regular ‘svensson’ [Swedish expression for a genuine Swede]. If you not, you are rejected. You get left outside and it’s challenging. It affects both parents and children. So it’s the ones sitting there, having everything as I usually say ... that most often and most clearly show to us that we’re worse. It is ... it’s very hard ...”

Health-related Issues

Ill-health and cognitive-related factors were identified as a difficulty facing the family in three groups. Usually there was only a small number of participants for whom this was a problem but for these it was significant. The background information which people revealed during the discussion indicated that 10 of the 38 participants were coping with an illness or disability of some kind in their families, usually on the



part of a close family member (especially children but also a partner).¹ This is quite a significant subset of participants. Some of these were mental health-related challenges, some physical health difficulties but most widely it was a cognitive disorder (such as Attention Deficit Hyperactivity Disorder (ADHD) or autism). The general sense was that there was too little help with these conditions; participants conveyed a feeling of being relatively alone with the problem. Some of this type of reaction was psychological in nature but there might also be financial costs involved, for medicines for example, or special food. Criticism of the authorities and the available help almost always came up when people spoke about their difficulties. Here is a parent speaking of the situation with a son who had serious health complications:

“I have had a lot of contact with the Insurance Agency and such to get the help I need with him. The only time everything worked smooth was when he was newborn, because he was registered as a seriously ill child. After a few months he got better and wasn't no longer seriously ill. Still serious, though. When [the registration] was removed, all the smoothness disappeared.”

The narratives of this and other participants conveyed a sense that people did not understand the rules or logic of the system or were irritated by delays especially when a number of services were involved. Loss of entitlement, too, could be a source of perplexity.

Coping as a Lone Parent

The experience of being a lone parent – which was very prominent in the discussions in the focus group with lone parents but was also mentioned in at least one other group - merits some attention in its own right when it comes to difficulties facing families. The words of one participant – *“you are both mum and dad”* – convey the main thrust of the discussions here. The challenges can be physical (in terms of having the necessary time and energy), material (in terms of money and other resources) and psychological (in terms especially of bearing the responsibility and emotional load). Again, the worry for children came out clearly with some of the lone parents fearing that their own difficulties were being passed on to their children, that their children might be *“lonely”* too like their parent. This led to quite an intense discussion in the lone parents' focus group which veered into defensive justification at times:

¹ It should be noted that this is only an indicative number as no question was specifically asked about people's health status.



“Research has shown that there are no more problems among our children than those who grow up in nuclear families. But there is, unfortunately, a negative view of us, even though we work ourselves to the bone.”

Some of these participants’ situation was complicated by a past history of poor relations or violence with the child’s other parent which, in the present, created difficulties both around the children being able to see the other parent and worry about this and other related factors on the part of the care-giving parent.

The lone parent participants expressed a sense of feeling negatively judged by others and society in general:

“The way I see it, there are two things there. One thing is that, you never get to recover, when you’re a single parent, and that’s very vulnerable ... very vulnerable. You have to be there for the children, like, and you cannot collapse, preferably not, without like ... And then it is, this view that society has, yes, you have yourself to blame. And that’s very dangerous, if that view permeates economic policy, labour policy, you know, all this. And it kind of does. So, like, this, ‘Yes, but you’ve put yourself in this situation, so now you have to like ...’ and ... most often that’s not how it is.”

The extent of defensiveness was almost palpable in that particular focus group. But so too was a sense of equanimity, as in the following quote:

“This process we’re struggling through, and like, that you, all sorts of thresholds, demands from school, they make a fuss and you [inaudible] ... I can say that you learn, that is, it’s not like they’re enjoyable experiences, judicial processes, and all the rest of it, and all the, having to push forward. But at the same time, I can say that my child has seen that I always stand up for her, she comes first ... So, in some ways, it is a learning process you’re in, and you develop as a human being and personally, there’s great spiritual development, and we develop as human beings. So it’s not just like, it’s tough experiences, it’s hard, but at the same time something happens within us. We move forward and we are role models for our children, we take fights, we stand up for the children and so on. And they can always feel that ... she’s always felt that, that I’ve always put her first, that mum has always sided with her. And she knows that’s a massive safety.”

While these six difficulties were discussed in response to the generic question, there were specific questions asked about employment and about care.

Difficulties Relating to Employment and The Labour Market

Matters relating to jobs and employment were the source of significant comment. As is clear from the previous discussion, work-life balance in the sense especially of time for children emerged spontaneously from the opening discussions of difficulties but people had a lot to say about jobs and the labour market too. The discussions on paid work, taken as a whole, revolved around the following three focal points: the availability of work; discrimination; and coping with rules and regulations. Work-family balance issues also came up here but as this has been discussed above it will not be considered again here.

Accessing Paid Work

Within and across groups, there were divergent opinions on the labour market and job availability. Some felt that the labour market was relatively easy in respect of job availability. These participants felt that it was possible to be employed in a regular-waged job in Sweden especially if one did not have particular health or other difficulties (including language difficulties). There was an opposing set of views as well though. Participants in one of the general low-income groups were very critical about their chances in the local labour market, for example, and the dynamic in the discussion as a whole was of a labour market that they found difficult to access. One's level of education was mentioned here but so, too, was the 'pickiness' of employers:

"Employers have high standards, 'Why do you have a gap here of five years?' 'Why do you have a gap of ten years?', 'Are you planning to have kids? If so, we cannot hire you', 'Do you have a driving licence?' 'No? ... okay, 'Are you good with computers?' If not, you're out. I mean, I'm already working here, I know how to do it. But they don't want to give me another chance."

A similar kind of negativity also prevailed in one of the migrant groups. A range of difficulties was recounted here. These included as well as felt discrimination (which will be discussed under the next sub-theme) difficulties in finding work when one was trying to get into the labour market especially if low-skilled. It is interesting that this was couched in part in positive terms (as were some other comments from migrants about Sweden):

"It is very good here in Sweden ... There is much that is good here, but now, when we vote for ministers, they say 'lots of jobs are coming' but now, we wait, wait, wait, but no jobs, no work. People who work, who worked before, continue to work, but people who are looking for work don't work. Bad."



The significance of employment was widely endorsed as the following exchange shows:

Participant 1: *“When you have good money, good pay, you grow, like a flower. ‘I’m rich’. You get positive. When you don’t have money, you have a lot of loans, credits, and everything, you become ...*

Participant 2: *“Sad”*

Participant 1: *“Exactly.”*

A number of participants had done work placements but then experienced difficulties in being kept on and given permanent work. It was mainly those in the migrant focus groups who recounted this kind of experience, leading them towards scepticism about the utility of work placements generally.

Furthermore, migrants might have to deal with additional difficulties such as getting one’s papers from one’s home country and having them validated and language-related difficulties. One participant shared how her husband who had been a professional in his own country did not have his certificates recognised in Sweden and so had to start all over again. In the interim, she was supporting him through her employment:

“People think that when people come here, they get a lot of support and money that you can live by, but that’s not how it’s like for a family. If you’ve got a partner from another country, he’s not entitled to any benefits, so you must support him or her. I think many people don’t know that.”

Continuing, she extended the experience to the previous generation of immigrants, going on to characterise the migrant experience of finding work in Sweden in the following terms:

“It’s not only how it’s for my husband, but also for my parents when they arrived. They came in a completely different way, not as family-based immigration, but fleeing from war. But also for them, there are many in their generation who are trained physicians, lawyers, teachers, and engineers who are forced to work as taxi drivers or to open a pizzeria. It’s terrible. It’s so sad to see. People who have spent their whole lives studying, leaving their country ... not because they want to, but because they are forced to come and work, not that there is anything wrong with those jobs, but it’s not what they are trained to.”

It should be noted that there were few negative comments about the work people did. Most of the employed Swedish participants seemed satisfied with their jobs (although this was not probed specifically).

Discrimination

The second sub-theme was of feeling an outsider and being discriminated against. As well as recounting their experiences, the people affected shared their view of the causes. People spoke about 'insider' practices and being excluded from networks and contacts that would get one a job. Some participants felt like outsiders, locked out by not being 'in the know'. This was sometimes expressed as anecdote, or sometimes as experiences told to them by others. Of course, the fact that they thought like this was very important. These feelings could be connected to the broader issue of whether one feels included in Swedish society or not – which did not always seem to be the case for migrants and, indeed, others such as lone parents.

There was some sense of people also feeling that there was discrimination in the system. This was not formally identified or verified but such a feeling of being discriminated against was not limited to migrants. Participants also gave examples of being a woman of child-bearing age or a man on paternity leave as a source of negative comment or treatment by employers.

Overall, there are two striking points to bear in mind. One is about the importance of paid work in Swedish society as a highly-regulated and rather homogenous country. There was a sense that in Sweden one did not have any other choice but to be employed: *"If you don't have a job, it doesn't go well for you"*, which was put in a wider social context, *"Society has such high demands."*

Secondly, their narratives suggested that participants could view the difficulties facing people through a lens that recognised vulnerability. Here is a quote that indicates this:

"I think it's like this ... There are jobs – there are always jobs – but when you carry a heavy burden ... maybe you're long-term sick, maybe you've been involved in an accident, you might have different diagnoses and disabilities, ethnic backgrounds, you're wearing a veil ... "

Coping with Rules and Regulations

The third sub-theme under the discussion of paid work was of rules and regulations which, in general, were seen as difficult to understand and as barriers to progress. Some of the rules mentioned were specific to particular work experience programmes. For those critical of such rules, governance of the move from temporary or training posts to permanent jobs was the main source of difficulty. There was a sense that employers used such rules to their advantage and of work placements as gatekeeping as in the following conversation:

Participant 1: *“You can’t work at the same time as studying and then you won’t get the job. It’s a lot like this... Sweden has a bureaucracy which is...”*

Participant 2: *“It’s very narrow-minded, so much! It’s a lot of about being related ...or what’s called, sibling-biased thinking. But also, very narrow-minded and bureaucratic, unfortunately.”*

The migrant experience is relevant here too:

“We who sit here are from X [country] and there are many who say, ‘You don’t work, you’re just home’. But if you compare with some other places like the United Kingdom and America, there are many people who live there, everyone who is there, after 2 to 3 months, everyone has a job. Everyone has their own job and work. But here in Sweden, what holds you back so you can’t move on ... first you have to be able to speak the language. It’s not easy to enter society and learn the language. Not everything happens like this in a moment, it’s not like that. So, I say, ‘give people the opportunity to enter the labour market and they can develop the language there’ ... But today there are such requirements for everything, the language, ‘Do you know Swedish?’. If not, you’re out. It prevents many who are trapped at home from entering the labour market.”

The presence of an ethic of responsibility to undertake paid work is evident here also.

Care-related Challenges

Participants were asked specifically about difficulties of providing care, whether for children or other family members. This did not emerge as a difficulty in the sense that it did not seem to imply a major set of trade-offs for people. Certainly work-life balance was brought up, with mention of difficulties of scheduling sufficient time for family and finding childcare at unusual times or for children with special needs. But to the extent that the concept of trade-offs is meant to examine the difficult decisions that people have to make and the consequences of these, the evidence suggests that trade-offs were not extreme for the study population as a whole.

Care-related Constraints

There was, then, little indication that people could not manage in ‘normal’ family circumstances. However, people struggled with care in cases where the family was affected by physical and mental ill-health or difficulties in cognitive capacity (e.g., autism, ADHD). It was the parents who had to cope with

illness or disability who most often verbalised constraints and challenges around care and this was almost always about the care of children, although a few people had partners who were experiencing health problems as well. A particular difficulty was being turned down for a service:

“... and for example, I sought LSS [Support and Service for Persons with Certain Functional Impairments] for my child when she was young. Twice, I was rejected. How am I meant to work? If I leave her in kindergarten, after an hour, half an hour, they call, ‘she doesn’t sleep’ ... ‘Can you pick up the kid? She’s not doing well, she’s like this, she’s like that’. They don’t help children with autism. She didn’t get help, so we moved to the municipality of X [location], where she got help.”

The discussions suggest that for most it was not a lack of services per se but a lack of time and of service coverage during particular times. Such constraints come across from the following quote:

“I think ... It depends a little on what kind of job you have. Say you have a regular 9-5 job, or what to call it? Like, of course it’s hard. Before he was born when I had started working again after my first child, we both worked. You go to work, hurry to leave the kid at preschool in the morning, and then you leave work as quickly as possible because you have a bad conscience because your child is at preschool, and you don’t want to be the last one picking up the child every day. So, you’ll hurry from work to pick them up. Say you manage to do it before the clock is, for me, it’s often after half past five, then you’ll need to hurry home and get everyone fed and when you’ve done that, it’s already evening, and you’ll have to brush teeth and tuck them in. In the end, you’ve barely seen them. That’s what I meant with time, you can’t see your kids, it’s like a treadmill.”

The constraints that were mentioned might be better thought of as concerns (in the sense of worries) than constraints (in the sense of major barriers to decision-making and agency). People’s values about child rearing or their sense of the values in the society around them as parents kept recurring throughout the discussion here.

Child-centredness and Norms about Child Rearing

While, of course, structural and personal factors help to explain the circumstances that people find themselves in, one cannot understand the patterning without taking into account one other factor: the importance of child-related norms and values.



A general concern for children's welfare dominated the conversations about children and their care. The degree of child centredness was notable as was the expression of strong views and norms around what was good for children. Here are the voices of two different parents:

"You always want the best, always, for your child. You want your child to have fun and enjoy life. Of course, you want to go to [amusement park] ... We put at least 10,000 SEK on our child every month. We are very happy with that, but at the end we can't do anything else, travel or buy new clothes. All the focus is on our daughter."

"If you can't afford it or if one of the parents doesn't have a job, then the child can only be 3 hours, 3 times a week, in kindergarten. What matters is that children should be with children."

Interestingly, the norms were expressed in child-specific terms rather than in family-related terms.

Elevating children's well-being highly led to some guilt for parents. This seemed to have two sources: first, it stemmed from money shortages and, second, from the fear that one's own shortcomings may affect the child. Here are quotes from two different participants that illustrate the feelings involved in each case:

"I personally think it affects families with children. If you have to... If it's going to go well for the kids, they should be in an extracurricular activity, football or horses, there are different options. That's what's most expensive. For parents, now that prices have gone up and that, but it's the children's needs, I think, that's the most ... like ...difficult. You can't say to your child, 'No, you can't play football because we can't afford to pay an annual fee or buy new shoes.' The clubs, they just say, 'now we're playing on grass this weekend' and then you need to have such shoes."

"I experience a lot of loneliness. You don't, or I don't, have a network around me. There are no other parents. My son's never at someone else's house to play, never goes home with someone else after school, and is never invited to birthday parties. It is extremely ... You feel even more as you don't belong because of that."

One further fear expressed is of children being affected, either in the sense of their knowing how the parent's situations and/ or changing their behaviour. Here is an exchange between two mothers that illustrates the fears involved:

Participant 1: *"Children take on responsibilities that aren't theirs. They try and say, 'I don't need this' or 'I don't want this'. They know we can't afford it."*



Participant 2: *“But then... It’s as if they are restraining themselves. They don’t want to say that, but you may notice that they don’t feel happy. That’s the peer pressure I as a mother of a son who plays football have experienced. Yes, it has to be those football boots everyone else has. If you don’t, you are left out. That’s simply how it works and it’s not okay ... but what can you do about it? I don’t know...”*

The sense of powerlessness is palpable here.

Managing Financially: Strategies, Behaviours, Attitudes and Costs

The questions around how people manage gave rise to a very vibrant discussion, marked by strong similarities in strategies and approaches across groups but also differences, reflecting both cultural practices but also some situational (and resource) differences among the groups, and also differences within the groups. As backdrop here the responses to the survey question on the degree of difficulty in making ends meet should be borne in mind. These (reported in Figure 2 above) indicated that three-quarters of participants saw themselves as making ends meet with difficulty or great difficulty.

When people were asked in the group discussions about their financial management practices, four main money management strategies came to the fore: budgeting so as to control costs; altering consumption and finding alternatives (including postponing or sacrificing); trying to cope through a psychological response (including changing one’s frame of mind); undertaking more employment and seeking support. The first three were by far the most common so they will be given a central place in what follows.

Monitoring and Budgeting

The discussions make clear that participants were generally aware of costs, especially of food, rent and energy, although only a few cited precise figures for the different costs they incurred. It was also clear that, faced with the financial pressure of rising costs of living and in a context of limited income, people engaged in monitoring of expenses, as well as undertaking various behaviours to realise the resultant plans (to be considered in the next section). Planning and budgeting were almost a state of mind:

“It’s hard to get the household economy going when you have so little income and everything is expensive. But the only thing you can do is to plan, reduce spending, and make the best of the situation ... fight. That is the only thing you can do.”



Behaviours (as well as mindset) are also involved. In fact, the monitoring, planning and budgeting varied from routine informal behaviours to quite focused practices. In the most general cases, participants explained that they kept track of expenses and remained strongly aware of their spending.

“Ah, of course, every morning we plan ... what we need, afford the rent, everything you need to have. All possible aspects. First, I pay all my invoices, then I buy everything I need at home, such as food. Not everything, but what we need. And then, what’s left is what we live on. So, I plan if I can take the kids to the swimming pool, if we can go anywhere, and so on...”

One of the most widely-mentioned strategies was to plan more precisely and budget more frequently. There was mention, for example, of budgeting and shopping on a weekly basis (or more frequently than formerly), a classic way of controlling money:

“It is hard to stay ahead. I have a weekly budget plan now. I’ve had to reduce from taking one month at a time, to two weeks, and now I’m down in one week at a time. I have this budget and it’s supposed to last to the end. You pay rent, electricity, insurance, the essentials, and then there is a small portion left which is split into this week, this week, this week, and that week.”

Here is a notable and unique strategy:

“Yes, I’ve started a thing I find great, and that’s that I have weekly meetings with my family. And everyone sighs, and everyone leaves because ... but I sit there and I’m quite stubborn, sitting there with the family’s different weeks, that we should jointly decide different things like this, because I want to. Somewhere I think it will be a security, that it will be a part of everyone, regardless of age and so on ... It’s about food, that we do food planning together, and we talking about what times dad works, what times mum works, what times X [child] has this thing, and what times Y [child] has that thing, what you want to get done during the week, what in the home we need to do and who should do it? So, I think it, I’m a bit stuck on it, because I worked in X [sales] before, and had a lot of meetings where it was like, delegating and organising and stuff like that, so I have like this ... sucked it into the family context.”

But it did not always work like that. Generally, participants spoke negatively about trying to manage and decide on the priorities. Here is a mother describing her dilemmas over the use of the child benefit:

“ ... with my first , I didn’t use the child benefit ... I put it on a savings account for him. I haven’t done this with the next child. But should one have a savings account but not the other one? It’s unfair, it shouldn’t be like that. But, at the same time, it’s awfully hard to save. But what can you buy for 1,500 SEK? It’s not

even enough to cover the monthly expenditures for him. What should I do with that money? It's also difficult. So, it turns into a constant fight with yourself. I fight with myself, all the time, like, 'Okay save on this and don't do that', 'But I want to do this.' You must always prioritise what's most important."

Some participants did not have a detailed plan and were not close to the edge financially but they recognised the need to keep monitoring spending and for preparedness for when a change in practice is needed. They were worried about unexpected expenses (an illness, a problem with the car), knowing that it would be difficult to meet such unexpected expenses.

These monitoring behaviours had a number of aims. A first was to focus on priorities. A second was to assess whether some kind of change was necessary. A third was to undertake research, to identify, for example, where and how one might buy a similar good for less or substitute one (usually cheaper or better value) good for another. This 'research' mainly took the form of online searches on platforms or through communications with organisations.

Altering Consumption and Making Sacrifices

The second – equally important pattern – was to alter and generally reduce consumption. This most widely involved cutting down on two types of consumption: clothes; so-called 'luxury items' or 'extras'. People did not especially mention cutting down the amount of food they ate but there was some reference to not being able to afford better foods (like fruit). The 'extras' or 'luxuries' mentioned included family and especially children's activities, travel to see family in the home country (for migrants) or entertainment.

A further and generally more widespread action was to optimise consumption using various consumption—related behaviours. These included hunting for bargains, to find the outlets selling the desired goods at the cheapest cost, buying cheaper brands, buying in bulk. There was a whole repertoire of behaviours here. These included stocking up on products offered at special discounts and finding deals offered in various supermarkets.

Postponing and sacrificing were also common ways of reducing consumption, in the words of one participant "*necessary sacrifices.*" The following gives an insight on the mindset of one participant when shopping:

"Oh it would be well tasty to have spaghetti bolognaise.' And then you look at the mince and you think, 'Yes, for this price I get a pack of coffee'. Then what should I prioritise the coffee or the minced meat? And

there you are with your basket and realise it won't work ... then all you can do is to remove something from the basket."

It was clear from the discussions that cutting consumption and sacrificing represents a change of behaviour. For some this followed changed income or other circumstances but most widely it was a result of rising prices. People frequently compared current practice to the past:

"I have, I bought other things, but now I think a lot more. 'Maybe I, maybe I don't need, until the [end of the] month.' Sometimes, there's no money. I don't want to travel, I don't want to, but just buy what I need ... it's hard, now in this time it's difficult in Sweden."

One of the most extreme examples given was as follows:

"Sometimes, I don't eat. I give to my husband and my son. My husband says, 'Come eat'. I say, 'I don't want to eat.' Do you know why? In order for them to be full. And I don't eat, maybe that's not nice, but I don't eat. I say, 'I ate, I don't want to eat.' When they finish, if there is still some left, I will eat. It's awful."

The sense of personal sacrifice which is heavily gendered is very striking here.

Dealing with Scarcity Psychologically

People also placed emphasis on needing to adjust their way of thinking or frame of mind as a strategy to cope with their situation. This was evident in all seven focus groups although rather different elements were raised across groups.

The mindset one adopts – and especially a positive approach – was seen to be very important. Here is a striking example – from a participant describing a period in the past when straitened circumstances forced the family to live on a much lower income than usual:

"But also, like, I thought it was beneficial for the family, because I thought, to live on some sort of minimum, it was quite beneficial to us. To realise that the value of life isn't only to do with money. We have each other and we find things to do, we don't really need money. So that, that was ... I thought it was a fairly useful and nice period, to have a short span of time when it was like that, and then get up to some sort of normal level, and feel like you have found values other than money ..."

The imagination and creativity that people bring to their situation was also evident. Here is a participant describing how she turned things around:

“Like, I’ve had [problems] with money and that ... it was that I thought ‘shit, this isn’t good’. So I thought ... ‘No, but now I have to rethink.’ So I thought ... ‘What you can do?’ So I turned everything around and thought, ‘What’s free, what can you do?’ And then, that’s how, I came to think like ‘Now we own X [location]’. I told my son, ‘All the parks are yours.’ So we went around to different kinds of parks, and ponds, ‘That’s your pond’, like that, no problem, ‘It’s your water, your ocean, yours ...’ I just thought about this thing, mindset. So I like entered a ... way of thinking that, everything was possible.”

A few participants spoke about their willingness to either break the rules (like sneaking sandwiches for the children into the cinema) or be creative in making the children think that they were having the full experience in a leisure park (for example, by asking staff for an empty popcorn box to put the popcorn brought from home into it). The underlying sense of ‘pretence’ - or as one participant put it in another context *“playing theatre”* - was noteworthy.

It was not just a problem-solving mindset that was needed though. One must also ‘arm’ oneself with a capacity to withstand criticism and/or to be able to justify one’s choices. This view was especially expressed in the lone parents’ group and it was as much related to the existential condition of feeling (and being seen to be made to feel) ‘different’ as it was to being on a low income. Here is a lone mother describing all the pressures she was placed under and how she felt about ‘they’ or ‘them’ (the school and other officials):

“So then ... you are stuck ... you have to suck up to school, make sure not to be too big a problem, not being too little, and then I’m just supposed to, I’m just supposed to [know] Swedish, Math, English, oh fuck and history. Like, I’m supposed to carry it all, and then I think to myself, ‘What’s society supposed to do, are they just going to carp at me?’ So I would say I get carped at, I’m supposed to shut up, I’m supposed to bow and just like ‘Mmm thanks for my child getting a school lunch.’ So I think you end up in a position where you are to be eternally inferior, grateful, downtrodden. And at the same time I just think ‘aren’t we the ones who contribute by having these children, aren’t we the ones who contribute with the new generation?’ The way I see it I am contributing to a new generation. And that’s none of their business.”

Both her pretence and resentment are striking.

Increasing Resources

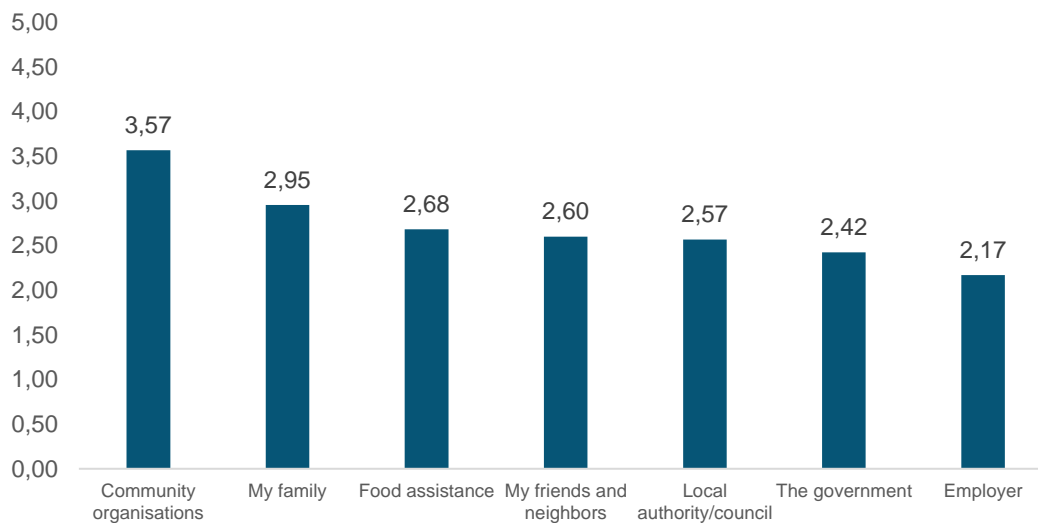
Another strategy that people used was to try and increase their income. Although this was the least widely mentioned, a number of ways of doing this were raised in the discussions. One was to take on additional work. This could mean taking on an extra job or extending the hours worked (through evening or weekend working for example). A second strategy used by participants to cope with growing financial pressures was saving. While many of the behaviours listed above are all forms of saving, what was being referred to here was people putting away money on a regular basis. This was not widespread – mainly one assumes because of a lack of spare income - but the references to it suggest that people felt more secure when they had an income cushion or safety valve. One or two people also mentioned other strategies such as seeking help from family or friends or, in the case of one lone mother, renewing her efforts to get alimony from her husband.

Sources of Support

Where do participants get support from?

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

Figure 5 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=37

As can be seen, community organisations towered over other sources of support. This may reflect the mode of participant recruitment so a potential bias here should be kept in mind. Community organisations were followed in importance by family. These were then followed by four forms of support that scored similarly: food assistance, friends and neighbours, the municipality and government. Getting support from one’s employer scored least strongly.

In the focus group discussions, the evidence did not always support the order above. When people spoke about their sources of support in more open conversation, family emerged as the most important source of support, followed in turn by support from community organisations and that from the state or the government, support from friends and neighbours, and employers (with very few mentions of the latter).

Before proceeding it should be noted, though, that a small number of participants reported difficulties in asking for help. This may be out of a sense of shame, as in the following quote from one participant who is a lone mother:



“What I think, the way I see it, I also think, if the people around you see that you’re some sort of sinking ship, a never-ending black hole, you can’t give back, you’re only supposed to give and take, you know, that’s just how it is, right now in society.”

This kind of feeling is important to bear in mind, not least because it expresses the norm of support needing to be two-way.

Support from Family

Reviewing the mentions of 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 was some polarisation in the extent to which participants had access to family as part of a support system, present for some and completely absent for others. In general, though, family did not appear to be a significant source of support for the participants taken as a whole. Parents (most usually mothers) received by far the most common mention in this context. Other family members mentioned included siblings and an aunt. Where and when it was forthcoming, family help tended to be appreciated and valued – at least one person identified this as evidence of her being “*lucky*”; however, there was little indication that people could not manage without it. The reality, then, seemed to be that it made life easier when family members could step in rather than such support being a ‘make or break’ element in keeping the family going.

Secondly, the availability of family support seemed quite random, in the sense that it was dependent on family circumstances and the quality of family relationships rather than being patterned by family type. Migration was a factor though, serving to deprive some participants of face-to-face contact. There are also other situations in which family support was not forthcoming. For some participants family is a fragile structure that cannot be relied on. This might be the case for several reasons. In some 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. This was either because they were estranged from family, did not have family close by, or felt it was inappropriate or undesirable given the state of the relationship. However, there may be qualifications around family support, either because it may not be forthcoming or because the understanding is not there:

“And then there are relatives who let you down. Because, I can ask for help, that’s not an issue, but then you don’t get help, because they’re afraid, because my son has X [cognitive condition], and they, like loads, ‘Oh no, there’s never-ending problem with her’ ...”

Thirdly, the nature or content of family support could and did vary across individual participants: in most cases, support meant help with care responsibilities (such as taking children to activities or other appointments or babysitting); in others, participants referred to financial support (contributing to various costs) but this was rare.

Support from Charities and Other Non-Governmental Organisations

Although forms of non-governmental organisation (NGO) support emerged as the most significant source of support in the opinion survey, it did not feature that strongly when people were discussing their main sources of support. However, reflecting its high placement in the opinion survey, references to the general help received from the organisations were scattered throughout the discussions. There was mention in almost all groups, mainly in reference to what a particular organisation offered by way of direct support for a parent or activities for children or indirect support in terms of giving information for example. Furthermore, when people went on to discuss the scenarios (to be reported in section 4.6. below), they made ready mention of a wide range of organisations that could help.

Support from Friends and Neighbours

Moving to the second source of support – friends and neighbours – as Figure 5 shows friends and neighbours were scored as much less significant compared to family (2.60 compared to 3.57). This was reflected in the focus group discussions as well where only in the migrant groups was support from friends and neighbours a significant point of discussion.

Neighbours were mentioned as a source of help in a greater number of (but still few) cases than friends, although the two were sometimes elided. The mentions were mainly made by migrants, who were usually referring to members of their own (migrant) community. Below are three quotes, from three different participants. In the first and second cases, the participants took the opportunity to comment on the values and practices in Swedish society regarding what one can ask of neighbours and in the third the participant indicates that the ‘community of migration’ becomes a substitute for one’s own family:

“Someone to relieve the burden. Also, other social networks of security, that is, behaviours that should be taken for granted, things one can see in other cultures. That one helps one another and that there is no

doubt that someone will come and say that, ‘Of course, leave the kids with me,’ or something like that. Everyone can raise the children together. But that’s not how it works in Sweden. Here, it’s more of, as you say, ‘every man for himself,’ and that’s an incredible weakness in society since it forces vulnerable people to turn to a family that is dysfunctional and ask for help. And then this spiral continues and you keep on hearing, ‘You can’t manage anything yourself.’ ... keep on being pushed down instead of...”

“In Sweden, it is difficult for the neighbour to work with [mind] the children. In my home country, I can go with children to relatives, or to mother, or to neighbour, perhaps 8 hours, with the neighbour ... No bother. But in Sweden, it is hard. I’m neighbouring ... they often with me just ‘hello, goodbye’, there’s no talk to each other ...”

“We from X [country], we help each other even if we don’t come from the same area or know each other from before. We usually help each other and become families. I have no family here, but my friends and neighbours helped me when I needed. Everyone supported me so I didn’t feel left alone – they helped me a lot.”

There is a strong sense of a constructed family.

Support from Employers

A further possible source of support is that from employers. In this case, low relative scoring on the survey matched a paucity of mention in the discussions. In fact, only one participant mentioned the support they received from their employer as significant (in helping him to align work shifts with his partner’s shifts).

What about the public system of support?

Public Support System

While they did not rate the government or local authorities particularly highly as a source of support in the opinion survey, there was some discussion of the role of the state and here some people took the opportunity to mention things that had helped them. Among the benefits or services mentioned in this context were the personal ombudsman service, the carer’s allowance, the care attendant or family contact, the provision of residential accommodation, the financial support for electricity costs and the possibilities offered to parents by *nattis* (which provide childcare during the night). The latter was referred to as follows by one lone-parent participant:

“Oh yes, you just had to apply for it, and then you had your work schedule, and then you had to submit that, and then, yes, and then the child was cared for when I was at work. It was no more complicated than that really. And then it was approved. But as I said, I don’t understand why they’re removing it when you actually there’s a need for more of those kinds of things.”

But there were negative comments too (which will be discussed in section 4.7 below under perceived weaknesses in the system).

Hypothetical Scenarios

Hypothetical scenarios were used towards the end of the group discussion to further explore and pin down participants’ responses to families’ situations. The objective of using such a depersonalised lens was to elicit more detailed (and potentially sensitive) data on possible trade-offs, strategies and difficult decision-making in potential risk situations. Each focus group was usually asked to discuss two scenarios: one general scenario was used consistently across every group, and one was tailored specifically for the corresponding family type in question (see Annex 1). The depth of the answers provided by participants in reaction to the scenarios varied across the groups: in most cases though, participants engaged in an intense discussion regarding the options that the fictional characters could consider, probing the moderator for further details about their situation. Participants generally wanted to know the age of those involved and people’s background situation (regarding education and health for example).

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

The first scenario, asked in all of the focus groups, was designed to pick up on decisions surrounding fertility in a context of low-paid employment. The focus of discussion and points of view differed across groups and in general there was no consensus on the advice for the couple. There were three main points

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?

of discussion.

The first was of how the state might help the couple. Participants were well able to list the benefits that the couple would receive, either in terms of the parental allowance, child benefits or additional benefits and policies under state control (housing-related for example) should they have the second



child or by the provision of education so that they (especially the mother) could improve her financial situation either before having the second child or after. The ready references to 'the state' were very noticeable as was the degree of faith in the state stepping in to help. Some people took the opportunity of the scenario to highlight a state benefit or state support that had helped them. Overall, across groups the state was viewed as mitigating the risks of having a second child. NGOs were also mentioned as sources of help.

A second point of discussion was around what needed to be in place for them to have another child. Other factors were mentioned apart from state support here. One such factor was the need for a supportive social network; another was the level of pay or income. There was an underlying sense of certain securities needing to be in place for a positive decision regarding increasing the family size. Viewing an extra child as a risk, although not an insurmountable one, some people advised that the couple put off the decision until they were able to offer more financial security to their family and therefore not harm their "economy":

"If they have another child, it might harm their economy. Maybe it's best to wait a while. It depends on how old they are and how things are in general."

A child-related perspective was present in the replies here also, with some commenting that they should have the child so that the first child would have a sibling. But, then on the other hand, not having a second child could also be justified from the perspective of child well-being:

"Yes, no kids. They should wait, no children. They should wait and be secure in their jobs. You cannot chance. That is lottery. One can get sick. Anything can happen. So you can't chance it, have a child, put a life, and then, just because you want to. If you want to have a child, you must, at least 50 percent, guarantee that you can do everything for your child. It's easy, anyone can have kids."

"As an older person with experience of this I think that they can either think about the kids, and then they don't get another child before they've a better economy. Or, they can think about themselves and get another child as soon as possible."

There is a sense in these quotes of parents needing to take responsibility, something echoed more broadly in the group discussions. In quite a number of the discussions, the participants gave advice to the couple, offering various strategies to resolve the dilemma. The most common solutions were either to get a better job so as to raise the income level, engage in training or further education or find ways of cutting costs through reducing expenses, such as saving and sacrificing for example.



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

A second scenario was presented to the four low-income focus groups. This scenario presented participants with a situation in which a woman with care responsibilities and a low-paying job has 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-based care obligations.

In the discussions, participants were careful to query the exact health situation of the partner as well as asking for details about Paula's background.

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?

The state again was strongly present in the discussions, as the following conversation between participants in one of the groups indicates:

Participant 1: *"If one assumes ... this is someone she absolutely wants to spend her time with, and it's difficult to make ends meet, and it's a long period, the kind of care allowance we receive for X [child] is something that would of course help out a great deal, that she would get some sort of compensation for the hours she actually is with her partner. Like some kind of carer."*

Participant 2: *"I think so too. It is the state that could go in there to compensate."*

There were again many references to other possible sources of help also – including service supports whether from the state or NGOs – suggesting again confidence that sufficient supports are or could be put in place.

Nevertheless, in general participants were strongly in favour of Paula staying in her current job rather than accepting higher wages working for a cleaning agency. This scenario tended to showcase people's aversion to unstable work or insecure situations and their view of the range of negative consequences associated with that. The loss of rights in moving to agency work was mentioned but so, too, was the stress caused by insecurity:



“The pressure will develop. She may get more money a month, but there’s a lot of stress. I have difficulty believing that she would feel good about it. And her partner then has to get someone else who takes care of him, and maybe he doesn’t feel good about that either. None of them may want. She wants to be at home but she is forced to work because of the unsecure conditions and both feel bad about it instead of getting it better. You can say that everyone benefits from it, even society, if they feel good about the situation rather than she is forced into a job where both feel bad. There will be mental illness in the long run.”

This person is clearly thinking long-term and is concerned about mental well-being and the contentment and relationship of the partners.

Scenario 3: Lone Parenthood (lone-parent families)

The third scenario was asked only of the group of lone-parent families. It sought their reflections on the options, trade-offs and coping strategies in a situation where lone mother Rebecka’s reliance on benefits is not enough to sustain her in the absence of other income.

Scenario 3

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

In response to this scenario, participants from the lone-parents group were almost universally of the view that two things would help. First and foremost, the matter of the father’s not paying alimony should be taken up, although it was agreed that often the lone mother may not have sufficient money to find a lawyer to start proceedings. Mention was made of possible action by the Social Insurance Agency and the Enforcement Authority, although not always with a strong sense of confidence. In the discussion that ensued, it was criticism of the father that dominated

rather than the situation of the mother. People readily recounted their own situations in this and other regards, with quite a number of the participants feeling that they were victims of a bad situation. And they tended to project this on to Rebecka as well, suggesting that the state again needed to step in (this time by providing a contact family).

“I think that like a family, this family needs that the mother gets respite, that the children get stimulation, they need a contact family, even if she does what she should as a parent, even if I don’t do drugs or neglect the children.”



Second, there was some suggestion that she needed to find work rather than being on benefits. This was far less widespread an opinion as compared with the responsibility of the father paying alimony.

The tone regarding the state was very different to that in the first two scenarios; in this group people did not feel sufficiently supported and criticism of the state was widespread.

“That’s what it looks like generally in this country, you get no help until you’re there, at rock bottom and can’t get up. That’s when they put in support. Just look at all of us, the laws we have, LPT [Compulsory Psychiatric Care Act], LVU [Swedish Care of Young Persons (Special Provisions) Act], all the laws are exactly the same ... If you are a little, a little above the surface, then you get no help, and if you go under and are already a hopeless case, then it is only ... then they take the kids and ...”

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

The fourth scenario presented participants with another trade-off: in this case a decision must be made by Margarita and Leo in a migrant family between earning more money and ensuring care for the children. This scenario was presented to one of the migrant focus groups.²

There was one very striking thing about the discussion here: the strong gender underpinnings. Most participants were in favour of more employment for the family but it was Leo who should work more rather than Margarita. The question of the children’s welfare was interwoven here with the role and significance of the mother, as the following two quotes show:

“Work more, good, money, good too. Children, very important too. If you work 8 hours, that’s enough. But children also need parents. It needs parents, love, if you like to work more, then, children, lack. Missing a lot, not love, the parents. If you come from work very tired,

Scenario 4

Margarita and Leo have migrated to Sweden. 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?

² There was insufficient time in the second group to cover the scenarios.



then you may, [inaudible], no, no, children are sad. You have to decide if you work for long, woman maybe, a woman can work, 5 hours is enough."

"I think if you take extra hours of work, it is not, it is good, but when it is a woman, it is very difficult. Because, for example, women go to home and cook and clean at home, there are many other things, women have to do. Sometimes the man can't help the woman, so I think it's hard for the woman. The man, that is good. The man is good at working more and more, but not a woman. But sometimes, having better income, maybe taking 2 or 3 hours every 15 days ..."

Needed Improvements

Perceived Causes of the Challenges Faced

Participants were asked specifically to share their views about the reasons why families face the abovementioned pressures. When there was discussion - and in most groups there was no real discussion of this - two main factors were seen as causal: economic conditions interpreted as lack of money on the part of the government; and social factors.

The quote below summarises the most widespread view of the broader causality behind their situation:

"It's what it is ... Now we are back on money. It's hard everywhere. I think the state has cut down because there is no money."

Thinking more in personal terms, participants also made reference to social factors and here the points highlighted earlier about Swedish society and the ideal type 'svensson citizen' were brought up again. Pressures to fit in and not allow others to see one's real situation or to learn that income might be a factor in some of their decisions are all encapsulated by the social factor. The most obvious underpinning reference to social factors was inequality. The following participant captures this:

"And that you always have to explain yourself to family, relatives, and friends. They ask, if they are going on a trip, 'You should join with your kids' 'Yes, maybe I should, but I can't because of economic reasons.' Then, they're all like: 'Why?', 'Why?', and 'Why not?'. I can't answer such questions. Sometimes you don't want to answer because you can't answer, or you don't want them to look at you like you are different in some way. Me standing out saying no all the time ... Yes, that's also very difficult ... It is very tough, and especially when it's the closest family that should be supporting who instead pushes you away."



Overall, one can say that the focus group discussions did not yield a clear sense of participants' perspectives or reasoning on the broader causal factors for why they were in the situation, especially in terms of more macro-level causality.

Weaknesses in the Public Support System

People identified a range of weaknesses, which can be divided into structural weaknesses and what one might call 'operational weaknesses' (in the bureaucratic way the system was seen to be operated by staff and the attitudes towards and treatment of applicants or beneficiaries).

Among the perceived structural weaknesses were failure to cover particular needs or insufficient or inadequate coverage. In terms of the former, people felt aggrieved when particular needs that prevailed in their families were not addressed. Such needs were both income- and service-related and they tended to subdivide into, first, particular needs that are not covered at all or, second, insufficiently generous coverage such as covering the full costs of expensive medicines or non-emergency dental care, providing longer hours at nursery (especially when people are relying on benefits), helping more with debt relief, and lack of authority to force fathers to visit their children (raised especially in the lone-parents' group). Some of these were absolute failures (lacking authority or a need not being covered) and some were relative (in the sense of insufficient bridging of a period of non-coverage or a lower or higher level of need). Here is a participant identifying a support gap but also revealing the struggle they had to communicate the need and get recognition for it (in which they failed):

"I am terrified of the social services, I don't contact them unless I really have to ... for many different private reasons. But I actually did that after a lot of prompts from friends who have children with diagnoses too ... Alright, so I was forwarded, I got to talk to somebody, 'So, I don't know if I've come to the right place, but it's regarding this and that,' 'Yes, you can take that with me' this person said. So I explained the whole situation, and started by saying, 'My son has just been diagnosed with ADHD.' 'Is it only ADHD?', 'Yes, it's only ADHD', 'Oh right, then you won't be able to apply for anything via LSS [Support and Service for Persons with Certain Functional Impairments], we can't help you.' I was just like, 'but I haven't even said what I need help with' ... it was direct dismissal, they were really quick, 'oh, what were you thinking?', 'Yes, fine, if I can't apply through him, I as a single parent then, who's had him 24/7 for almost 10 years, I think it would be good for him to have other adult role models, or get the opportunity to get away and meet others, or find safe places and that, because I don't have the opportunity to give that to him.' 'Oh, we don't work that way in this district administration, so, we can't help you'."



The feeling was quite general that things had disimproved and that services were worse in the current period as compared with the past.

The second set of issues can be considered as operational. These include the perceived bureaucracy, thereby resonating with some of the findings of Section 4.1 above (which discussed the issues that people felt their families faced and which raised bureaucracy and access to services as two of their general problems) but also the way that staff treat people and the level of expertise and knowledge on the part of staff.

When people spoke of bureaucracy they meant both 'red tape' - especially in terms of bureaucratic requirements – but also rigidities in provision. Mentioned in this regard was the 'Daddy leave' which is lost to the family if not taken by the entitled parent (in the case cited because the husband had to keep on working for financial reasons). Delays or long processes and needing to make contact with different services were other aspects of bureaucracy mentioned. There were many praxis examples given of perceived bureaucracy. Here is one given by a lone mother:

"I feel a ... panic, as I said, with all these hats that you have to wear. I spend about 50 percent of my waking hours, like working hours, contacting the authorities. ... I'm not allowed to be sick according to the Social Insurance Agency, I was on sick leave, that's obviously not what I want, but it was also a rescue, but then when I got back on my feet and like, but then, it's been a hell, a struggle, with medical certificates, because I'm sick, but then the Social Insurance Agency does not approve it. And then you are without income, that law has changed now, but then it was like you didn't get retroactive, when there is a process within the Social Insurance Agency, when you're going to get, when they are evaluating, you don't get for it, it took five months for them."

While this participant was referring to social security, the medical and housing services were also criticised for being bureaucratic.

The consequences of delays were also raised:

"And during such periods when you fall between the chairs and nothing happening, it can also bring other issues ... You need to survive, but how are you supposed to? At that point you may decide on acute solutions that are not good in the long run just to survive in the moment, in order to keep things together. And when they [the public authorities] are done with the matter, things are worse because you weren't assisted immediately. It turns into a snowball effect, or what to say. It gets many times worse than needed..."



Turning to other operational factors, there was considerable criticism of staff attitudes and their treatment of potential applicants or beneficiaries. The following is one of many examples (wherein the participant just cited above continues her story), especially revealing the role playing she felt she had to engage in to get a better response:

“And then that’s how it is, you have to argue with lots of staff members. ‘You can’t talk to me this way,’ ‘Why are you so annoyed?’ Ah, but you know this way, it is so time and time again that you always get this unprofessionalism, or sour, not always, some are in fact amazing, and then I usually say that, the Social Insurance Agency, ‘God you’re amazing,’ I say, and start crying like, for real. ‘It was really great for me to feel treated with respect,’ and I almost talked to her as a psychologist. You know, it’s confused, but like, it’s very important that they can talk to us in crisis. Because at least half of them don’t know how to.”

This picks up on the final sub-theme here - the perceived narrow vision or range of expertise of individual services and their representatives. The following quote is insightful:

“Yes, the knowledge of individual practitioners, they are so very ... they have no idea about other possibilities, what alternatives are available. It limits their thinking around what kind of issues people might have. Because they are lock on focusing on one thing. They don’t think about, ‘Why does this person have OCD [obsessive-compulsive disorder]?’ It may have been a survival strategy since childhood. ‘Why does this person have stress problems? It has to do with bullying at school and trying to get better, or whatever it might be. Take a step back, not just, as you say, put out small fires.”

Given that people had a strong sense of what was amiss with the system, it will come as no surprise that they also had strong ideas on what would help.

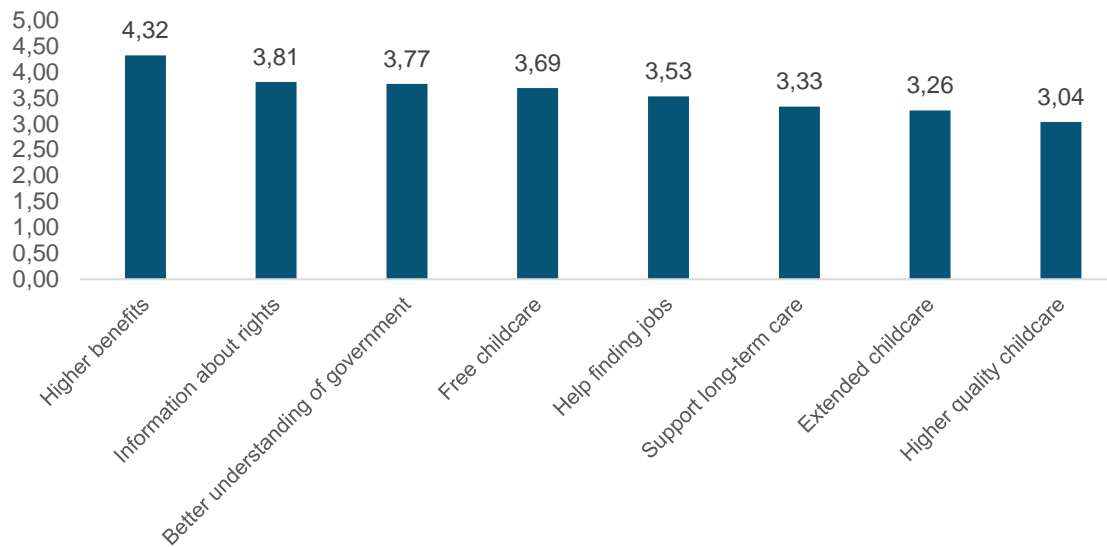
Looking Ahead: Suggested Improvements and Recommendations

As context here, it is helpful to note the responses to the survey question on the usefulness of different measures (Figure 6).

These results show that there was one single stand-out measure: higher benefits (which scored 4.32). This was followed by more generic issues of information about rights and better understanding on the part of the government about people’s situation. Free childcare also scored highly but other related characteristics such as extended hours and improved quality were not as highly rated. Better support for long-term care was rather down the list but this may reflect the fact that most participants’ caring-related obligations were for children.



Figure 6 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)



“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=37

Analysing the more detailed discussion in the focus groups in reply to specific questions about what improvements would help them serves to amplify and substantiate these results. It also confirms many of the existing findings. Two points that are important to note at the outset are: the participants saw the state (or ‘government’) as the main actor to improve the situation; an anchoring vision was that the Swedish system should allow more room for variations and take better account of those that do not fit the classic mould.

Participants’ suggestions for improvement ranged across three main themes as well as a general ‘other’ category. These were (in order of importance by virtue of the number of mentions): improving service supports; increasing benefit levels; helping with employment; and a miscellaneous set grouped as ‘other’.

In terms of better support from services, the discussions revealed different felt needs. Some of these related to new or under-recognised needs and others to services that were judged to be in short supply.



Among the services mentioned were “enabling activities for vulnerable families to be more socially included” by which the participant was referring especially to sport and leisure activities (apart from football). Some included free transport in this line of thinking as in the following quote from a lone mother which conveys a powerful sense of how a relatively low-cost benefit could make a big difference:

“I would also want that municipality transport ... or public transportation, it’s called ... would be free for people on sick leave, unemployed and such. So you get the opportunity – even single parents – to be able to go on a short trip ... go to X [island close by] and take a walk somewhere there. It costs more than 100 SEK for me and the son just to go there if we want to have ice cream, walk by the dock and then go back home. It’s so ... If you could travel, then there would be small glimpse of light in everyday life. Now everything is about survival all the time. Nothing gives the little extra.”

The point was made also that sporting and leisure should be free for families with children and especially children themselves. In what might be considered a grounding observation from the focus groups, a common underlying point was that government needs to do better at integrating people into society.

A second service mentioned was support groups, especially for people who felt they were in a vulnerable situation. The participants who raised this did not specify who should provide these services but there was an implication that they should be state funded. Mental health-related difficulties were in focus here. Another suggestion was for a safety-net, social emergency service for those experiencing an emergency. This was not specified in detail but the main reference was to social services and their responsiveness when an emergency occurs. The matter of family support came up here, with the contact family provision³ (whereby families or individual members get access to a support person upon approval of their need) mentioned for possible wider roll-out (including from the perspective of respite for over-extended parents). Another relevant service mentioned was that of childcare, with the suggestion that the children of parents who are not working should have longer access. Finally, housing services were mentioned, especially the availability and the possibility of making housing specific to the needs of certain groups of families (such as lone parents).

³ Families can apply to social services for a ‘contact family’ (either a family or individual) in cases where the child needs an additional supportive environment, or if the parent(s) needs such support to fulfil their parental responsibilities. Typically, this means that the child goes to stay with the contact family for a few days and nights per month.



When it came to benefit increases, at least part of the relevant background here was increased cost of living and price rises. In terms of particular benefits, child benefit and child support were mentioned as were benefits, in general especially in a context of cumulated unemployment or health difficulties:

“A little higher compensation wouldn’t hurt. I mean, just because we’re sick or we’re unemployed and don’t get a job, doesn’t mean we deserve the worst ... Then, if you have been there for a long time, you can also imagine that you can deserve a little more money because then it is clear that you aren’t faking it. You don’t try to cheat to get money or so ... it’s clear that it just gets worse and worse. If you go unemployed for too long, it’s harder to get a job. If you go sick for too long, it’s also hard to get a job because of that. Nothing becomes easier and easier.”

Perceived locational inequalities or differences between regions were also mentioned:

“The subsistence level needs to be increased in society. The crazy thing is that there is such a difference from region to region. During my last 12 years I have considered moving elsewhere, elsewhere in Sweden, just because then I would have a higher income because the subsistence level differs from municipality to municipality. It should be the same for all of Sweden.”

The third type of improvement related to employment but this was mentioned in three focus groups only. The main request here was for more supportive and person-centred or tailored job services. The difficulty of migrants preparing themselves for the jobs’ market in Sweden and the kind of support that would help is made clear in the following quote:

“... We met a woman at the Employment Service who said that, ‘In order to have the job you’re looking for, I conclude that you need to be better in Swedish. You need to finish SFI [Swedish for foreigners] and SAS [Swedish as a Second Language] to be eligible for the support programme’. There is nothing wrong with it, but if you want people to come here and educate themselves, especially people with families, then you need to help them. I’m thinking that if you’re going educate yourself to become a bus driver, it’s a great investment for the future, so that it’s unpaid ... There should be some kind of family support while you’re doing that training, then more people might have chosen to educate themselves, if they were not bound by the household’s economy.”

Participants also identified a number of other, more general potential improvements. HERE people wanted more flexibility and recognition of a broad set of circumstances for better support (with lone parents and custody of children included here). Among other things mentioned here was the provision of



diapers and milk for families with small babies, the provision of school uniforms and the possibility to borrow sports gear.



Overview and Conclusion

Insecurity of income and other aspects of life – such as housing and employment – emerged as an important defining feature of participants’ lives. There was also a sense that things were disimproving rather than improving, with many people making reference to a better past when they could afford more things and were not as constrained as they currently were. The rising cost of living was seen as especially contributing to income difficulties. But people also expressed a sense of public services being affected, with straitened state resources increasingly placing limits on what was offered by way of income and other supports.

When it came to income, people were especially worried about the costs associated with children. The costs of additional activities like leisure activities were a primary concern here, although mention was made of the costs of clothes and school-related items. It was generally recognised that leisure or non-school time was in some ways an ‘extra’ but participants were at pains to point out that these could be regarded as essential activities if viewed through the lens of child development and child integration. Social inclusion more broadly is an important underlying concern. The negative consequences for children and teenagers of not being able to ‘participate’ were especially adverted to, in narratives that generally exhibited a strong degree of child-centredness.

Matters relating to jobs and employment were the source of significant comment, although participants who were employed were not hugely critical of the conditions of their job. One issue that was mentioned was work-life balance in the sense especially of time for children. but people had a lot to say about jobs and the labour market too. When there was criticism, the discussions on paid work revolved around three focal points: the availability of work; perceived discrimination; coping with rules and regulations. A very important contextual factor to bear in mind here is participants’ views of the importance of paid work in Swedish society as a highly-regulated and rather homogenous country. But their narratives also suggested that participants could see the difficulties facing people through a lens that recognised vulnerability. So, there was often a double lens of what Swedish society endorses as the norm on the one hand and the difficulties of people who were not well resourced (meaning themselves for some participants) fitting that norm on the other hand. As well as money, time was a scarce resource for some people. This led to emphasis on work-life balance as one of the challenges facing families – by which was meant especially time for family life and child-related activities. For the participants as a whole, care-giving-related constraints might be better thought of as concerns (in the sense of worries) than constraints (in the sense of major barriers to decision-making and agency). However, when there were health or cognitive conditions involved, people were forced to make trade-offs, and it was, then, that they were most critical of state provision.



People's values about child rearing or their sense of the values in the society around them as parents were recurring themes. There was a sense of heavy demands on participants as parents. This had several roots but most fundamentally it stemmed from the perceived strong and rather homogeneous social norms in Swedish society. People adverted to norms around what being a good Swede means, especially in regard to willingness to participate in the labour market, the conduct of family life and child-rearing practices. Some felt that their living conditions were such that they could not meet these norms and a sense of being or feeling excluded (one person used the term "*lonely*" here) resulted.

Lone parents especially expressed a sense of being differentially treated. With two-parent families as the perceived norm, it was felt that there was insufficient recognition of the challenges of raising children alone. Such challenges can be physical, material, psychological and social. Worries for children were uppermost, with some participants fearing that their children were relatively deprived in comparison to their peers and exposed to 'othering' because of their parents' difficulties. Some of the lone parents feared that their own difficulties were being passed on to their children, that their children might be "*lonely*" too like their parent.

The particular difficulties in the situation of immigrants came out very strongly from the evidence also. Migration needs to be seen as contributing significantly to negative experiences and risks. For the relevant participants, it involved a whole series of other difficulties in addition to low income, often involving bureaucratic difficulties and perceived discrimination and feelings of being 'outsiders'.

While lone parents and migrants stood out as population groups voicing particular difficulties, negative feelings were, however, more widespread than this. People spoke about 'insider' practices and being excluded from networks and contacts that would get one a job for example. It seemed also that participants bore a 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 and feelings of not contributing sufficiently. There was some sense of being under scrutiny in regard to how they reared their children. Again the matter of social integration and being accepted comes up here.

Participants used a range of responses and strategies to manage their financial situation. People showed considerable resourcefulness and even creativity in managing their situations, with many references to cognitive skills and behavioural change management. Four main finance management strategies were identified: budgeting so as to control costs; altering consumption and finding alternatives (including postponing or sacrificing); trying to cope through a psychological response (including changing one's frame of mind); undertaking more employment and seeking support. The first three were by far the most



common and in this context the presence of a psychological element is interesting. People placed emphasis on needing to adjust their way of thinking or frame of mind as a strategy to cope with their situation. The mindset one adopts – and especially a positive approach – was seen to be very important. One must also ‘arm’ oneself with a capacity to withstand criticism and/or to be able to justify one’s choices.

When people spoke about their sources of support, family emerged as the most important source of support, followed by support from community organisations and that from the state or the government, support from friends and neighbours, and from employers (with very few mentions of the latter). For migrants sometimes friends (especially if members of their community rooted in their country of birth) functioned as their support network. Overall, there was a lot of variation in how much people could rely on family support and the evidence conveys a sense of ‘thin’ rather than ‘thick’ networks in the sense of having one major source of support if any.

When it comes to state services and benefits, participants voiced a range of criticisms. These can be divided into structural weaknesses and what one might call ‘operational weaknesses.’ Among the perceived structural weaknesses were failure to cover particular needs or insufficient or inadequate coverage. Such needs were both income- and service-related and they tended to subdivide into, first, particular needs that are not covered at all or, second, insufficiently generous coverage such as covering the full costs of expensive medicines or non-emergency dental care, providing longer hours at nursery (especially when people are on benefits), helping more with debt relief, and lack of authority to force fathers to visit their children (raised especially in the lone parents’ group). When speaking of operational failures, people were referring to perceived bureaucracy and time delays but also the way that staff treat people and the level of expertise and knowledge on the part of staff. When people spoke of bureaucracy, they meant both ‘red tape’ - especially in terms of bureaucratic requirements – but also rigidities in provision.

Participants’ suggestions for improvement ranged across three main themes which were: improving service supports; increasing benefit levels; helping with securing employment. There was a lot of emphasis placed on interpersonal support and tailored services. The provision of family support came up here, with the contact family provision mentioned for possible wider roll-out. Childcare was also mentioned as needing improvement; the general thrust here was for services to better cope with additional needs, such as out of hours childcare.



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Annexes

Annex 1 Focus Group Discussion Guide

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)

Ice-breaker (10 minutes)

Each participant introduces him/herself and answers one brief ice-breaker question ⁴

Open-ended questions (60 minutes)

What are the difficulties that people face in keeping their families going on an everyday basis?

Why do you think families are experiencing these difficulties?

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?

⁴ 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.



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?

In your family or household, who makes the difficult decisions that we just talked about? (Prompts: Anyone else? How are they involved?)

Thinking about broader family, is that a source of help for your family?

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?

What type of government support helps you the most?

What kind of government help would be most useful for your family to deal with the difficulties we've discussed?

Break (optional)

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 parent families	Rebecka 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 Rebecka could do to cope with this situation? What help from the government would be most useful?
Migrant families	Margarita and Leo have migrated to Sweden. 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, Magda 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 Magda 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 Socio-demographic Questionnaire

1. Gender (please tick one)

- Female
- Male
- Other

2. Age group (please tick one)

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

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

- Children
- Grandchildren
- Partner
- Parent



Other: _____

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

Makes ends meet very easily

Makes ends meet easily

Makes ends meet with difficulty

Makes ends meet with great difficulty

5. Were you born in this country?

Yes

No

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

Yes

No



Annex 3 Opinion Survey

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

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



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

J. Other:

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please rate each issue from 1 to 5, with 1 being the lowest and 5 being the highest.

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

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

A. Local authority/council

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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B. Community organisations (for example NGOs)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C. My family

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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D. My friends and neighbours

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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E. My employer

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	1	2	3	4	5	N/A
	Not at all helpful	Slightly helpful	Somewhat helpful	Very helpful	Extremely helpful	Not applicable
F. The government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Food assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	1	2	3	4	5	N/A
	Not at all useful	Slightly useful	Somewhat useful	Very useful	Extremely useful	Not applicable
A. Clearer information about my rights and entitlements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. More generous benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. More childcare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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





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This project has received funding from the European Union's Horizon Europe research and innovation programme under Grant Agreement No Project 101060410 and Innovate UK, the UK's Innovation Agency.

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