



Exploring Resilience with Families

National Report for the United Kingdom

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Risks, Resources and Inequalities: Increasing Resilience in European Families

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Abstract

This report presents the analysis of the empirical research conducted in the UK for Work Package 4 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 50 members of families in different parts of England and Scotland between January and April 2023.

The focus of the research was on family-related risks and so the participant families were chosen because of potential or actual difficulties that they might have in responding to labour market and income risks when caring for children and/or other adults. The participants were drawn, therefore, from families on a low income, lone-parent families, families living in a rural area, families from a migrant background and families containing an unpaid care-giver to someone with significant health or disability-related needs. The evidence was analysed using thematic analysis. The study provides deep insights into the challenges facing these and other families and the resources people mobilise to overcome the pressures they face and their views on how they can be better supported.

The following are the main findings.

- Families were found to be faced with a series of risks, with problems relating to income, employment and care-giving intersecting together and with other background difficulties such as widespread illness and disability. While the individual details matter greatly, participants' situation is best understood in terms of layers of challenges or cumulating deprivations.
- Income pressures seemed to be omnipresent in various aspects of everyday life and needs, with low benefits, low wages and high costs all contributing to precarious situations.
- Matters relating to jobs and employment were the source of significant negative comment, especially in regard to the availability of work, the sufficiency of wages and the difficulty of retaining employment in contexts of heavy care-giving and income and skills constraints.

- As well as material challenges, people bore the weight of considerable negative emotions, such as feelings of relative deprivation, unfairness and even exclusion. They often carried a moral weight as well, such as guilt relating to their children and feelings of not conforming to societal norms.
- There was a reliance on a range of supports but, when people's individual situation was probed, their support networks seemed fragile. Support, therefore, seemed to be another scarcity. Wider family was the most mentioned form of informal support but this could not be relied upon. There was also strong reliance on community organisations for informal support and especially help in dealing with official procedures.
- People showed considerable resourcefulness and even creativity in managing their situations. It was clear that they used a wide range of cognitive and behavioural skills.
- Participants were very critical of the benefit and services systems. As well as matters of adequacy of supply and hence availability, some found it difficult to access services because of complexities, demands and bureaucracy. There was a general sense of distrust and dissatisfaction with the public support system (extending into health care as well).
- Participants were critical also about the current political state of the country. They conveyed a sense of disappointment and low trust towards the government and its institutions and made frequent reference to poor treatment, often experienced as disrespect, from officials.
- Dealing with the service and benefit systems could be very time consuming and even 'disabling', especially in situations where people may not have the knowledge, language capacity, familiarity with or degree of confidence in dealing with official systems and procedures.
- Participants had clear ideas about what measures would help to significantly improve their situation. In this regard, they prioritised more generous and inclusive income support, as well as better services. People also wished to be better represented in the political process and for greater recognition of their contribution, especially as care-givers.

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Introduction

The rEUsilience project, launched in September 2022, features a number of interconnected Work Packages (WP) focused on answering 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 they intertwine with care, the resources that they have access to and those that they require to avoid negative (socio-economic and other) outcomes, as well as the trade-offs and decisions that people face with respect to the mobilisation of those resources. Focusing on the six countries included in the study (Belgium, Croatia, Poland, Spain, Sweden and UK), the research questions to be answered by WP4 are:

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

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

This report focuses on the results of the work conducted in the UK in the first trimester of 2023. The overall project deliverables will provide individual country reports as well as a comparative analysis of the results across the six countries.

National Policy Context 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 British welfare state more generally, given the importance of financial and public service support when people are living in situations of low income and scarcity. As there are some social security and other differences between the four jurisdictions and most of the fieldwork took place in England (the setting for five focus groups as compared with two held in Scotland), it is the case of England that will be described when details differ between jurisdictions.¹ Overall though, the UK social policy system can be accurately characterised as a national system, with limited regional and local variation.

Reforms in Benefits and Services

For at least a decade, the UK has been undertaking a major reform of its benefit system and welfare state more broadly. This has seen major administrative and system design changes and, at the same time, significant cut-backs in funding. Means-tested benefits have been especially in the reform spotlight. A programme of austerity has driven much of the reform in a general climate where people are expected to take more responsibility for their own welfare and that of their families, and can expect less help from the state. The result, it is generally agreed, is a profound change in the functioning of the UK welfare state during the years after 2010 and significant erosion in the benefit system's capacity to protect working-age adults and families with children from poverty (Cooper and Hills 2021; Vizard et al. 2023).

The phased introduction in 2013 of Universal Credit (UC) was momentous, the single biggest reform to the UK income support system in decades. Essentially, UC rolled six so-called 'legacy' benefits² into one, with the result that claimants receive a single benefit that is calculated and paid on a monthly basis. Few families were included in the early UC roll-out which concentrated on lone claimants, but the numbers have increased over time. Research has suggested that UC claimants face many challenges that affect individual and family wellbeing and relationships (Griffiths et al. 2020). There are several elements in the way UC is designed and operates that are important in this regard. For one, applying a monthly means test can destabilise families' incomes, especially for those with one or more earners (Wood and Bennett

¹ Northern Ireland and Scotland have tried to compensate for the impact of many of the cuts made in England.

² These are: working tax credits, child tax credits, housing benefit, income-related employment and support allowance, income support and income-based jobseeker's allowance.



2023). In addition, there is an initial five-week waiting period before the first award, necessitated by the monthly design. This has been shown to potentially increase family hardship – especially for those entering employment, precisely those whom it was designed to support (ibid).³

Significant cuts in public spending have driven a second and intertwined trend. Families have been profoundly affected, and indeed even targeted as regards the value of income support for example. But services have also been affected. For example, social security spending on children fell by £10 billion over the decade to 2019/20 (Cooper and Hills 2021). To convey a sense of the significance of these cuts, Child Benefit fell by almost a quarter of its real value over the period (Child Poverty Action Group 2020). Apart from the general cuts in benefits, changes have been introduced in entitlements that have targeted specific cuts at families with children. Among the most significant of these is the imposition of a two-child limit in UC which means that families reliant on this benefit get no additional income support for third or subsequent children. Larger families have been particularly affected by this (Stewart et al. 2023). Moreover, a new tax charge was imposed on families with one or more higher earners receiving Child Benefit, thereby undercutting the heretofore universal nature of Child Benefit (Wood and Bennett 2023). Furthermore, an absolute benefit cap was introduced for claimants of working age, limiting the amount of support that one can get from a range of benefits combined.⁴ The current cap is £1,835 a month for a couple or lone parent with children living with them (residing outside the London area). In addition, in another measure affecting families, the family premium – which gave an additional allowance for families with children for the purpose of means-tested benefits and tax credits – was removed in 2016.

Other actions also acted to reduce the value of benefits. In a departure from the standard practice of uprating using inflation, working-age benefits were increased by only 1% from 2013 to 2015 and then frozen in cash terms between from 2015 to 2020 (Stewart et al. 2023). While the national minimum wage was increased, and the personal tax allowance was raised in real terms, this did not make up for the reduction in benefits for many families (Cribb et al. 2018). Moreover, these cuts were imposed despite the existence of the ‘family test’, intended to guide policy makers to assess proposals for their impacts on families.⁵

³ Instead of waiting five weeks, claimants have the option of taking a loan which is then clawed back from subsequent benefits.

⁴ Some categories of benefit claimant are excluded from the cap, most notably those over pension age and those receiving UC because of a disability or health condition that stops them from working or because they receive UC as a carer or because their earnings exceed a threshold.

⁵ The Family Test was introduced in 2014 with the aim of bringing a family perspective into policy making by offering guidance to policy makers on how to assess the impact of existing or likely policies on families. It asks five impact-type questions to be posed of all new domestic laws and public policies. It is not a statutory requirement and publishing the results of the test where it is undertaken is not required. Hence, little is known about how the test is applied and its consequences (Abru and Bellis 2019). <https://www.gov.uk/government/publications/family-test-assessing-the-impact-of-policies-on-families/the-family-test>



Looking at the benefit system in the round, Vizard et al. (2023) identify three main ways in which the protective capacity of the welfare state and its effectiveness in preventing working age people and families with children from falling into poverty have been seriously weakened. First, the real value of the safety net and the minimum income guaranteed by the state for working-age adults and families with children has been eroded. Second, social protection gaps (one might even liken them to ‘black holes’) opened up as a direct result of policy decisions, including the introduction of the total household benefit cap and the two-child limit, which these authors say decoupled social support from need. Third, the disposable income that benefit recipients often had to make ends meet was often substantially less than their formal benefit entitlements on paper would suggest. While sanctioning rates peaked in 2013, sanctioning and deductions of UC advances and other debt and arrears further eroded the effective safety net and the cumulative effects of reductions in support with housing costs and the local authority council tax substantially exacerbated this effect (Cooper and Hills 2021; Vizard et al. 2023).

The targeting of child poverty as a problem to be addressed has also been weakened substantially. After the 2015 General Election when a Conservative government was put in place (replacing a Conservative-Liberal Democrat coalition), the *Child Poverty Act* (2010) was repealed, thereby weakening legal accountability mechanisms by removing the statutory targets to reduce child poverty by 2020 as well as the duty on the UK Government to publish a regular UK child poverty strategy and to report on progress in its implementation to Parliament (Vizard et al. 2023). Scotland chose a different path, electing to move away from the Westminster government position in this and other aspects of social security (ESPN 2018). For example, Scotland passed a *Child Poverty Act* in 2017, with similar measures to those in the 2010 Act (which, as mentioned, was abolished for the UK as a whole) and incorporated the UN Convention on the Rights of the Child into Scottish law. Scotland also introduced several additional payments for families, especially new parents, including a Best Start grant and the Scottish Child Payment for low-income families with young children, as well as other measures (Wood and Bennett 2023).

Public services have also been affected by austerity policies which have authored sustained cut-backs in public spending for at least a decade. Both services for children and those for adults were affected. Smith et al. (2018) report that local authority funding for early intervention fell by 64% between 2010 and 2018, resulting in the closure of 1,000 children’s centres which offered a range of support services to children and their families. In addition, the number and range of services offered by surviving centres has significantly reduced. It is children and parents from low-income families who will have been most affected by this development. In addition to this, Rehill and Oppenheim (2021) document a ‘hollowing



out' of services designed to support families who are struggling, through spending reductions that have particularly affected public health and preventative services for children and families. In regard to health overall, increases in National health Service (NHS) activity and funding since 2000 have been much greater in hospitals than other services and this has hindered ambitions to deliver more care in people's homes or closer to home (Ham 2023).

At least part of the story here are cuts to central government grants to local authorities – these were of the order of 37% in real terms between 2009/10 and 2019/20 (Institute for Government 2020). All types of public provision, for families as well as the public more broadly, have been affected as local authorities are responsible for many local services. Long-term care – or 'social care' as it is termed in the UK - was especially affected as it significantly relies on local authority funding. Cuts in spending did not translate directly into falls of the same magnitude in adult social care services, however, for two main reasons. First, local authorities sought to protect adult social care services in their spending cuts and they were also enabled by government to raise additional revenue through local taxation from 2015.⁶ Second, funding pressures were somewhat eased because the different governments over the decade (all Conservative-led) were forced to commit additional resources to stem potentially catastrophic shortages. Nevertheless, there was still a severe shortfall in the resources made available, especially when the growing demand from an ageing population and rising costs are factored in.

In this general climate of the UK welfare state limiting access to benefits, it is also important to note that social protection gaps for irregular migrant groups intensified as a result of a new wave of 'hostile environment' policies regarding migrants (Vizard et al. 2023). 'No recourse to public funds' is a condition applied to people who are under immigration control. This debar certain categories of people from receiving local authority housing, local authority homelessness assistance, and most welfare benefits. People specified as having no recourse to public funds are: 'visa overstayers', asylum seekers, and asylum seekers who have exhausted their rights. Other categories of migrants may also be affected, including European Economic Area nationals residing in the UK.

In regard to work-life balance measures, the maximum paid post-natal leave in the UK lasts for nearly 14 months, but most of this is unpaid or low paid and emergency time off to care for dependants is unpaid. In terms of childcare, currently parents who work more than 16 hours a week and earn less than £100,000 are entitled to 30 free childcare hours a week for children aged 3-4 years. For low-income families meeting certain criteria, this free entitlement is also available for 2-year-olds. Beyond the free entitlement, UC also

⁶ That year a Social Care Precept was announced enabling local authorities to increase council tax levels by up to 2 percentage points – any monies raised had to be ring-fenced for spending on adult social care.



provides help with up to 85% of childcare costs. But costs have to be paid upfront and only later claimed and reimbursed. In a very recently announced change (March 16, 2023), parents will be able to access the funds in advance to make it easier for them to get a job or increase their hours from this summer. The maximum amount of support will also be increased by almost 50%, to £951 for those with one child and to £1,630 for those with two. In addition, the free 15 hours of entitlement will be extended for all children above the age of 9 months in a staggered phasing in, starting in April 2024.

The NHS, too, has been profoundly affected by at least a decade of austerity. The contrast between the two first decades of the 21st century is striking. Multi-year funding increases and a series of reforms resulted in major improvements in NHS performance between 2000 and 2010, but performance has declined since 2010 and the operating and funding system is under constant pressure. From 2010 on – under a series of Conservative-led administrations – governments continued to exercise tight control over public spending in what became known as a decade of austerity. In effect, the increases in NHS spending agreed by governments over the decade were insufficient to deal with the costs of rising demand and deficits that had built up over time. These, together with winter seasonal pressures from 2014/15 onwards, made the effects starkly visible as patients encountered overcrowded A&E departments, long waits on trolleys for hospital beds and cancelled operations (Ham 2023). COVID-19 is seen to have worsened the associated pressures and to have exposed many weaknesses in the system, including lack of equipment and capacity, and worsened service provision and coverage (Warner and Zarenko 2022). Overall, there has been a great disimprovement in both the service received by the public and the conditions of staff. This has been attributed, inter alia, to much lower funding increases, limited funds for capital investment and neglect of workforce planning (Ham 2023).

Some Associated Outcomes

The consequences are profound, with many negative indicators, and some researchers depicting the second decade of the 21st century as a lost decade in terms of progress on child poverty (Vizard et al. 2023). Their research indicates that while the slowdown, stalling and reversal of progress in bringing down overall child income poverty rates during the 2010s affected children in general, some of the groups that were already the most disadvantaged at the beginning of the decade (in 2010/11) were disproportionately impacted with further increases in their child poverty risks (by 2019/20) and a widening of their prevalence gaps with more advantaged comparator groups. Relative child poverty – defined as having an income of less than 60% of median income after deducting housing costs – rose from 27% in 2013/14 to 31% in 2019/20, the same level as in 2007/08. In 2019/20, 4.3 million children were in relative income poverty, compared with 3.7 million in 2013/14 (Cribb et al. 2023).



The situation of some children is especially dire: it has been estimated that the UK has over half a million children living in *destitution*, that is, in circumstances where people cannot afford to buy the absolute essentials needed to eat, stay warm and dry, and keep clean (Fitzpatrick et al. 2020: 4). The extent and concentration of poverty is further revealed by Kenway and Holden (2021). Being in employment provides some protection against poverty but nothing like the protection one might imagine. For example, nearly 1 in 5 children in households where all adults are working, and close to 1 in 2 where some are working, are in poverty. In fact, three-quarters of children in poverty are in working households, with half of them in households where all adults are working. The depth of poverty is noteworthy. For example, almost 3 out of 10 of all those in poverty have a household income less than half what they would need even to be at the poverty line (ibid). Put otherwise, more than 6 million children and working-age adults have household incomes at least £100 a week below the poverty line.

To turn to the local authority cuts and especially look at what is happening to adult or long-term social care, there are a number of consequences relevant to the current research. One is that people are not receiving the services they need. Looking just at those aged 50 years and above, some 2.6 million people in this age group (equivalent to 12% of the cohort) are living with some form of unmet need for care in England.⁷ In the absence of proper resourcing, the system relies greatly on personal or private resources. The scale of informal care is enormous. It has been estimated that every year in the UK, 4.3 million people became unpaid carers, equivalent to 12,000 people a day.⁸ Looked at another way, unpaid carers – usually, but not always, family members – contribute the equivalent of 4 million paid care workers to the social care system, dwarfing the volume of paid carers (estimated at around 1.5 million) (Warren and Bottery 2021). It is also beyond doubt that caring comes with additional costs that can have a significant impact on carers’ finances as well as their mental and physical coping resources. Widespread cutbacks in supportive services and minimalistic income support through the benefit system – a full-time carer on Carer’s Allowance as of September 2023 received £76.75 a week - will further impoverish the lives of many carers and those for whom they care. Even before the current cost of living crisis, 44% of working-age adults who are caring for 35 hours or more a week were living in poverty.⁹

As well as child-rearing, another factor closely associated with poverty in the UK is disability and illness. More than 4 in 10 of all working adults in poverty have a family member who is either disabled or suffering

⁷ <https://www.ageuk.org.uk/latest-press/articles/2022/incoming-pm-needs-to-act-fast-says-care-and-support-alliance-as-new-analysis-finds-2.6m-aged-50-now-have-some-unmet-need-for-social-care/>

⁸ <https://www.carersuk.org/policy-and-research/key-facts-and-figures/>

⁹ <https://www.jrf.org.uk/data/poverty-rates-informal-carers>



from an illness which limits their day-to-day activities (ibid). This underlines the significance of care-giving or indeed needing care in a UK context.

Housing is a major contributory factor to poverty and low income and housing hardship is very widespread. As mentioned, housing benefits have been both cut in value and restricted regarding access. Housing costs for lower-income households have risen over 20 years compared with costs for those on middle incomes (Kenway and Holden 2021). The poorest fifth of the population face the highest average costs, while the second-poorest fifth now face the second highest (ibid). The main reason for these high average housing costs is the large number of households living in the expensive private- or social-rented sectors.

Food poverty and food insecurity constitute another major set of issues - access to food and ability to pay for it were problematic even before the pandemic and the cost-of-living crisis struck. According to government statistics, 4.2 million people (6% of the population) were living in food poverty in 2020 to 2021 (House of Commons Library 2022). This included nearly one in 10 children, around 9% (of the cohort). With the cost of living crisis, the situation is only getting worse. A total of 9.3 million adults were reported to have experienced food insecurity in January 2023.¹⁰ That is equivalent to around 17.7% of all households.

Overall, Kenway and Holden (2021) make a strong argument that the old story of work as a route out of poverty has been discredited by the recent reforms and experiences in the UK and that we should start to develop new stories which will inevitably need to be more complex and more grounded in the difficulties associated with trying to manage individual and family life in a context where the public support system is severely cut back and limited.

Another consequence is of significant and rising health inequalities and morbidity. The social gradient in health is such that people living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods (Marmot et al. 2020). Moreover, people living in poorer areas not only die sooner, but spend more of their lives living with disability - an average total difference of 17 years (ibid).

This, then, is the background within which participants in the focus groups live and manage their lives.

¹⁰ <https://www.foodfoundation.org.uk/initiatives/food-insecurity-tracking>



Methodology

Prior to starting the evidence collection (and even prior to reaching out to organisations to form collaborations for research purposes), an ethics application (including a detailed research plan and consent forms) was approved by the University of Oxford.¹¹ The processes associated with participant recruitment and fieldwork organisation then began.

Approach to Sampling and Recruitment

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 be covered. On the basis of existing research on family-related risks and their distribution by family and household composition, the following five family situations were prioritised across all the countries:

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

Participants were mainly recruited through organisations (community-based or grassroots non-governmental organisations (NGOs) and other civil society organisations). The following phases were followed in the outreach and recruitment of participants:

- **Step 1:** To begin, relevant organisations were identified and contacted via e-mail using contact information publicly available online. A total of 32 organisations were contacted. An overview

¹¹ Ethics Committee of the Department of Social Policy and Intervention, University of Oxford: SPI_C1A_22_004 and SPI_C1A_22_004_Amendment_01.



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 after approximately one week to those organisations that did not respond during that period; this was followed by a phone call. Approximately two-thirds of the organisations contacted responded to the initial outreach 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 had expressed initial interest. This phase involved 12 organisations – in the case of national-level organisations, additional calls were held with colleagues in local branches of the organisation. After a more in-depth discussion regarding the scope of the project and the feasibility of recruiting participants for the focus group discussions, nine organisations were able to confirm their participation as partners in the study.
- **Step 3:** Subsequently, additional correspondence was conducted with the nine organisations to plan the focus groups, including logistical arrangements, specific times and dates, and so forth. At this stage, one organisation had to drop out of the study due to difficulties in recruiting participants during the school holidays. In this period also, a second round of outreach was conducted to identify and contact additional organisations (using, *inter alia*, snowball sampling, i.e. some organisations recommending that others be contacted).
- **Step 4:** Finally, follow-up calls were conducted to confirm the number of participants and logistical details prior to the focus groups.

In the end, a total of 11 organisations were involved in recruiting participants for the seven focus groups held in the different locations. The organisations that were involved included advocacy and support groups for the family ‘types’ outlined above. In two cases, these were national-level or umbrella organisations with membership across the UK. In four other cases, recruitment relied on a local organisation or group without the support of a national-level umbrella organisation. Finally, in one case, a focus group was organised without a strong partnership with an organisation. Instead, participants were recruited by making direct contact with the Oxford team having received information about the study from three local organisations which had displayed a flyer inviting participants to contact the researchers.

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. Efforts were also made to diversify participants in terms of gender and ethnicity, especially by asking the host organisations to take into account these criteria when contacting and selecting participants.

In the end, seven focus groups with a total of 50 participants were held in different parts of the UK (in/around the cities and regions of Birmingham, Kent, London, Oxford and Somerset in England and



Dundee and Edinburgh in Scotland). 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. In three different discussion groups, two members of one family participated: in two cases a couple and in another a mother and her (adult) daughter.

Organisation and Conduct of the Focus Groups

Upon arriving at the location, participants received an information sheet providing additional explanations regarding the study and the moderator(s) verbally explained the confidentiality rules to each individual personally. Participants were then asked to read and sign an informed consent form. The discussion was organised according to the project-wide focus group guide (reproduced in Annex 1) and 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 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 including government provision. Following these open-ended questions, a number of scenarios and related questions were presented for discussion to participants. Finally, participants were asked to complete the socio-demographic questionnaire and a short opinion survey (provided in Annexes 3 and 4 of this report). These elements provided the research team with crucial data on the participants' key characteristics and quantitative data on their assessment of the issues faced by their families, the sources of help that had been most useful to them, as well as the type of government support considered to be most needed. Using the opinion survey together with the transcriptions of the focus group discussions makes for a mix of qualitative and quantitative information, albeit that the primary information is qualitative.

The researchers sought to provide a welcoming and relaxed atmosphere for the focus group participants. In some cases, the focus groups were held at the premises of the organisation; in others, a room in a local community centre, church, hotel or co-working space was rented for the occasion (see Table 1). Coffee, tea and biscuits were offered either at the beginning of the session and/or during a break. However, not all focus groups 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. There were also cases where the participants became upset and here too the moderator was required to proceed with respect and due care and sensitivity. In three cases, a co-moderator was also present and assisted with various tasks, such as note-taking and supporting participants with completing the consent forms, socio-demographic questionnaire and opinion survey. The co-moderator, wherever possible, also noted the sequence of participants' interventions (to facilitate the transcription). In three cases, a coordinator or other staff member of the organisation requested to be present; this was generally 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 (with migrant families), the organisation's coordinator also acted as an interpreter.

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. Further information regarding the recruitment process can be found in Annex 2.



Table 1 Overview of Focus Groups

Focus group	Location	Recruitment	Number of participants
Low-income 1	Local community centre	Via three local organisations, self-selection on the basis of flyers	4
Low-income 2	Local community centre	Via existing group/organisation	4
Low-income 3	Local church	Via existing group/organisation	8
Lone parents	Local co-working space	Via existing group/organisation	8
Rural	Local hotel	Via two local organisations	6
Migrant	Organisation's premises	Via existing group/organisation	9
Carers	Organisation's premises	Via existing group/organisation	11

The group categories were not hermetic in that participants in one group shared characteristics relevant to the inclusion criteria of another focus group. For example, the focus group with carers included also individuals with a migrant background as well as some lone mothers. Similarly, the groups with individuals living on a low income included family care-givers. While the focus groups were thus not mutually exclusive in that there were some overlaps in participants' circumstances, 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 included discussion of two hypothetical scenarios (out of six in all), one of which was tailored to the different family 'types' listed above (while the other was general and asked in all groups).



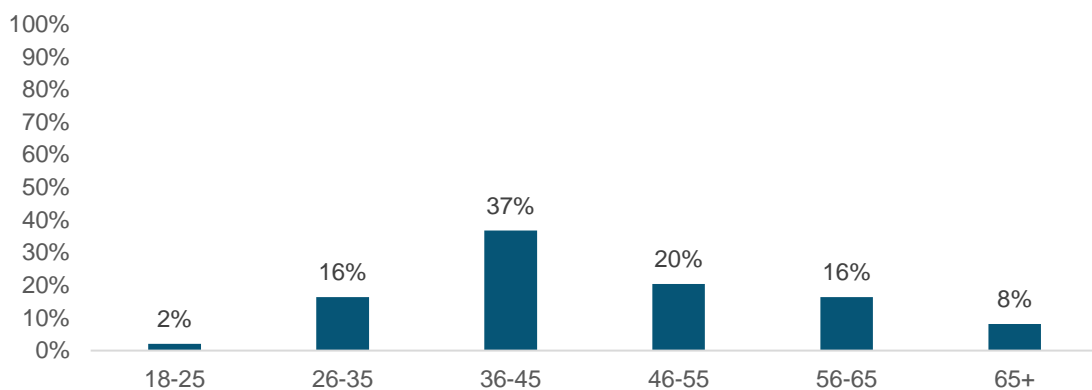
Profile of Participants

A total of 50 respondents participated in the focus groups, with group size varying between four and 11 participants. Respondents were overwhelmingly women (82%).

The relatively low presence of men is at once a revealing insight as well as a potential limitation of the study. However, the difficulties faced by the research team in recruiting men can be explained in several ways, with other studies (e.g. Daly and Kelly 2015) confirming that men are less likely to offer or volunteer participation in interviews and focus groups. Furthermore, given the study's selection criteria (having care-related responsibilities for family members), it may not be surprising that women were overrepresented. In some groups, such as those with carers and lone parents, the fact that either no or just one man was present (respectively) roughly corresponds to the societal patterns observed for these groups in the age brackets that predominated among the study sample.

More than one-third (37%) of participants were in the 36-45 age bracket, while only 2% reported being between 18 and 25 years of age (Figure 1). Sixteen percent were aged between 26 and 35, another 16% were aged between 56 and 65 and 8% were 65 and over.

FIGURE 1 PARTICIPANTS' AGE GROUP

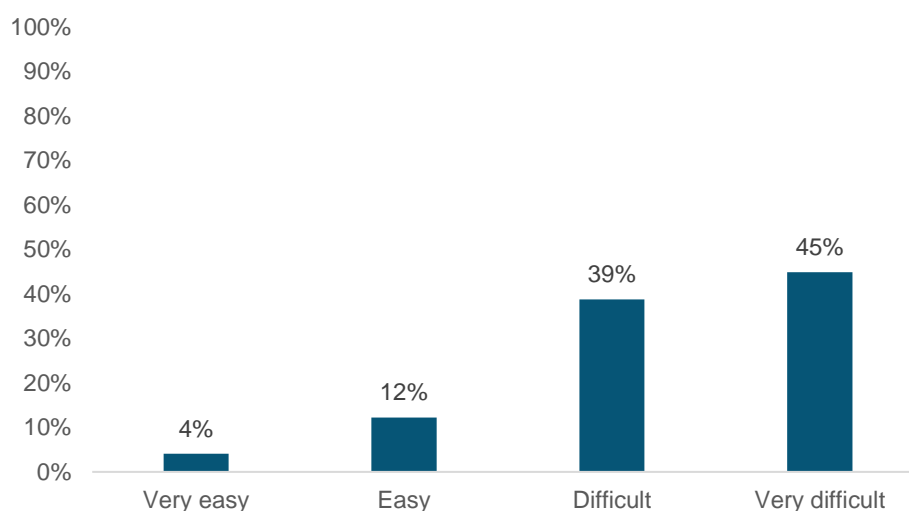


N=49



When it came to their financial situation, most participants reported on the questionnaire that they were struggling financially. Nearly half (45%) considered their family to be making ends meet with great difficulty and a further 39% considered that their family was making ends meet with difficulty (Figure 2). Just over one-tenth (12%) of participants reported their family could make ends meet easily, and a small few (4%) considered their family to be making ends meet very easily.

FIGURE 2 PARTICIPANTS' RATING OF THE DEGREE OF DIFFICULTY FOR THEIR FAMILIES IN MAKING ENDS MEET



N= 49

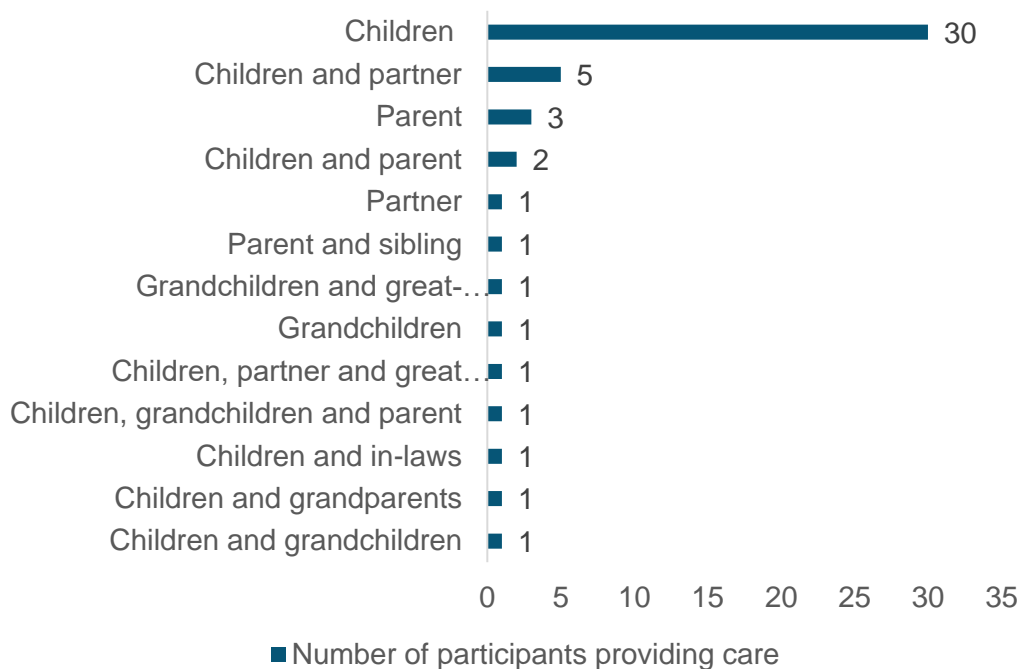
While a majority (78%) of participants reported being British-born, a considerable proportion (41%) considered themselves to be part of an ethnic minority, while 59% did not consider themselves to be part of an ethnic minority. This suggests that the composition of the focus group participants was relatively diverse in terms of ethnicity.

Although not specifically asked, the discussions indicated that participants were involved in the labour market to varying degrees. Nineteen of the 45 participants who mentioned their employment status in the course of the discussions were in paid employment (some part-time, some full-time). Some individuals were engaged in study (to upskill or retrain). In general, the focus groups contained a mix of people in different situations; as well as those who were working or studying there were some mothers of young children, persons unable to work due to illness or disability, as well as unemployed persons of working age who were, at the time of fieldwork, looking to return to employment, and several who were retired.



All participants had some caring responsibility, whether towards their children, grandchildren, partners, parents or other family members (Figure 3). A majority of participants (61%) reported their responsibility as being for their children. Such children included infants, toddlers, children of school age or adult children who continued to require support (financial, physical) due to a health-related condition (learning difficulties, disabilities, ill health/sickness) or socio-economic situation (unemployment, low wages, and so forth). Nearly a quarter (24%) were caring for their children as well as an additional family member.

FIGURE 3 PARTICIPANTS' CARING RESPONSIBILITIES



N=49

Health-related difficulties were widespread. In six of the seven focus groups, participants reported that their families were affected by health-related issues (including mental and physical health issues, physical and mental disabilities, as well as learning difficulties, especially autism). In the focus group with unpaid carers, the majority of participants were not able to be employed because of care-related obligations (mainly for children – both young and adult – with autism-related conditions). This was mirrored across



other groups. Several participants referred to their own mental health issues and two described having what they termed “*mental breakdowns*” as a result of compounded work and care-related pressures.

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.

The focus group discussions were transcribed verbatim using the audio recordings. All verbal utterances and some nonverbal expressions (e.g. laughter, crying, hesitation) were transcribed. The transcriptions were completed by one member of the Oxford team, listening closely to the recordings and noting the interventions made by participants. The list of participants was anonymised and participants numbered. Any personal details and other data that could potentially be used to re-identify participants (e.g. location, names of employers, addresses, names of children or other dependants, local organisations, etc.) were replaced with an italicised X and an explanation of the reference in square brackets (e.g. [location]) to increase anonymity. Passages that could not be deciphered based on the audio recordings were marked as inaudible – these were minimal, and usually consisted of individual words or brief phrases, or in a few instances passages where multiple participants spoke at the same time. The transcriptions were cross-checked by a second member of the team, who went back to the original audio recordings to check and improve where needed the accuracy of the verbatim accounts.

Both researchers then read and re-read all transcriptions to familiarise themselves with the evidence. Having gained an in-depth knowledge of the content of the focus group discussions, the researcher leading on the analysis imported the data set into NVivo, re-reading the transcriptions again and annotating them according to an initial list of 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 over 150 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. An initial thematic map was produced to organise, illustrate and assess the key themes identified. In a further phase, the researcher refined the candidate themes, eliminating some that did not qualify as



themes (mainly due to insufficient presence), requalifying and reorganising others and collapsing individual themes into a broader category as appropriate. Based on guidance from Braun and Clarke (2006), the aim was to maximise internal homogeneity and external heterogeneity of the respective themes.

Producing the Report

When undertaking the analysis and presenting the findings, an overview, integrated analysis was aimed for in the sense that the evidence from the seven groups was treated together, thereby emphasising the commonalities found and highlighting dominant patterns. Selected quotes from participants' interventions are used to provide examples of such dominant patterns; the process essentially was 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 have been edited for succinctness or legibility, with some short phrases (e.g., "I mean", "ehm", etc.) removed and replaced by ellipses. In some cases, a dialogue between two or more participants is reproduced so as to provide context for a given quote or illustrate a group exchange. In a few cases, the quotes have been edited to protect anonymity and respect the conditions of ethical approval of the national research as well as the conditions of the project's Joint Controllership Agreement. Where something has been changed for this purpose, it is indicated in plain text and placed in square brackets embedded in the quote itself.

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

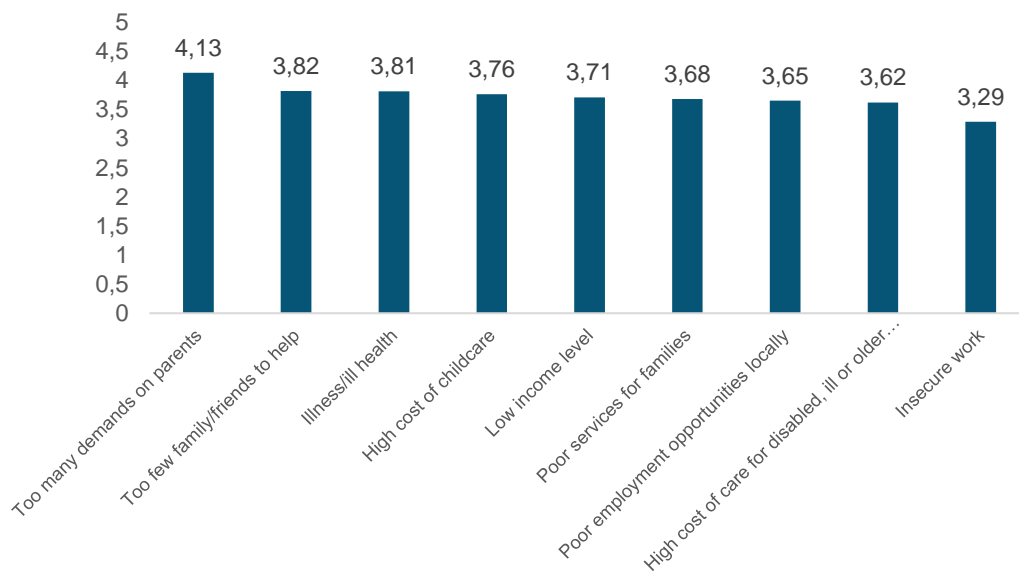


Findings

Difficulties Facing Participants' Families

There are two sources of information on the difficulties facing participants' families: the opinion survey completed by participants at the end of the discussions and the discussions themselves. 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, excessive demands on parents was the issue that scored most highly (4.13) (Figure 4). Insecure work appears to be the issue by which participants were least affected. Overall, each of the issues received an average rating of between 3.29 and 4.13, indicating that, on the whole, families were considered to be 'somewhat' to 'very much affected' by each of the issues listed above.

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=41



The second source of information – the discussion in the focus groups - helps to put substance on these difficulties. The discussions ranged widely but cohered around three main issues: financial pressures; caregiving-related pressures; balancing paid work and caregiving.

Financial Pressures

Repeatedly and spontaneously, and across all seven focus groups, participants pointed to the rising cost of living. They showed an acute awareness of the extent to which the cost of goods has increased in comparison to previous years, with many participants making direct comparisons. Energy prices were especially prominent in this regard. For example, according to one participant's calculations, the cost of energy¹² had approximately doubled or tripled in one year:

"It's like last year you used to put on 40 quid that'd last the month, now you're talking about near enough like 100 quid to 150 quid a month and you're using the same items, not adding no extra items on. And then it's like, 'where's that money going?'"

Although the price of gas and electricity seemed to dominate the conversations, rising costs were observed also in food, rent and other basic necessities. Despite reporting monitoring and modifying consumption patterns, cutting back on essentials and other strategies, it seemed to the participants that their bills continued to rise. Some expressed disbelief and confusion about the growing costs of energy. The participant cited above described asking himself the question after having turned off his heating but finding the sum in the prepaid electricity meter going down continually: *"Where's my money going to?"*

Participants worried especially about the increases in food prices. As with the cost of energy, they were acutely aware of the prices they currently paid as well as what they formerly paid for the same products. Costs were foremost in people's minds. Some participants noted that the cheapest products were also those that were the least healthy for them and their children. One made the point: *"Kids are going to end up obese"* and several others expressed concern about the health of their families given food costs and, hence, limited choice.

¹² It should be noted that many participants referred to "putting money on my gas and electric". This refers to pre-paid electricity and gas meters.



Rising rental prices for housing also featured in some of the focus groups with a number of participants observing a significant increase in the cost of housing. In one case, a family had had to 'make a homeless application' and had been placed in temporary housing, due to a 'housing crisis' in their area. Participants in the focus group conducted in a rural area were especially concerned about rent and housing costs. Discussion centred on the inadequacy of housing benefits to cover their rent and some highlighted the difficulty of getting placed on the 'housing list' for publicly-provided housing. In some cases, this meant that adult children lived with their parents because they could not get suitable or affordable housing.

Beyond the various expenses that participants reported as contributing to financial pressure, low income dominated as a theme. Many participants were working in low-paid jobs, or had previously been in low-paying employment. Some of the examples that were mentioned included cleaning jobs, working in pubs, restaurants or grocery stores, delivery jobs, factory work, lunch time supervision at school and various jobs related to (health)care, including nursing and working in care homes. As shown in Figure 3, 84% of focus group participants reported making ends meet with difficulty or great difficulty.

In one particularly telling example, one participant reminisces with another:

Participant 1: Years ago when the kids were at home and I was claiming benefits, on a Wednesday I was getting 900 pounds that was when it was Supplementary Benefit, that was an old benefit that they've done away with, and I was getting 900 pounds a week for myself [and wife and children]. On a Wednesday, and then on a Friday, I got the tax credits, and I got 176 pounds per child ... My next-door neighbour said, 'I am a great believer that a man should go out to work and provide for the family.' He says, 'But in your case ...if you had to go and take a full-time job, you'd be depriving your family.'"

Participant 2: "... 'cos what sort of job would you need and how many hours would you need to work to be making that sort of money?"

Many participants shared similar experiences. The prospect of stagnating and low wages combined with growing costs of living and care-related pressures seemed discouraging and disheartening for many participants. There was a sense that the past was different. According to one participant: *"And that's not the way this country used to be. People used to be proud to go to work. And now we're like, just, it's pointless."* In this context, one participant made reference to the low rates of the minimum wage that apply to workers of different ages, leading another to comment on the lack of incentives for young people to be employed.



It is pertinent to note that the lack of incentives to working were seen not as resulting from a benefit system that was particularly generous but, rather, a result of a wage structure that failed to provide a decent living wage to employees, particularly in the context of a rising cost of living and various care-related pressures.

In the focus group with migrant families, participants pointed out an additional source of financial pressure: the expectations of their extended families in their countries of origin to receive part of their income in the form of remittances. Many of the families represented in that focus group discussion had kin in Pakistan and Bangladesh, two countries among the top 20 receiving remittances from the UK in 2018 (Migration Observatory 2020). Although they were struggling financially themselves, they felt pressure from their families in their countries of origin to send back a portion of their earnings:

“Yeah I agree ... sometimes the car is broken down, sometimes the boiler needs to repair, sometimes I have to give money to back home. Somebody ill. Yeah. Yeah... every 3, 2 months, they call, ‘We need money.’ But we, we haven’t extra money. How can I give them? But they don’t understand us.”

Care-related Pressures

Another strong theme related to the difficulties of providing care, whether for children or other family members. Participants described the challenges they faced in their care-related duties and recounted how these were reinforced and compounded by the lack of affordable childcare and poor service provision they experienced in regard to both healthcare and support services.

The cost and availability of childcare as a source of pressure for families was commonly referred to. Participants highlighted this as an obstacle to finding or retaining paid work.

In the lone-parents’ group, participants repeatedly pointed to the “*lack of infrastructure*”, in particular childcare, that made their lives very difficult. For some participants on certain benefits, a significant portion of childcare costs were eligible for reimbursement.¹³ However, even for those families, “*forking out*” the costs upfront and then waiting to receive reimbursement was reported to be very difficult. They simply did not have the money.

¹³ UC in particular reimburses some childcare costs.



As background here, the UK has among the highest costs of childcare among the OECD nations, behind just four countries (the Cyprus, Czech Republic, New Zealand and the United States) (OECD 2022). The OECD estimates that net childcare costs amount to a quarter (25%) of wages for a couple where one parent earns two-thirds of the average wage. In comparison, the average of this indicator across OECD countries is 11% (ibid).

In addition to the costs, some participants' working patterns did not overlap with hours at which childcare was available:

"I left school [early] and went into X [sector] and I've done that my whole life. But then obviously my situation changed and I had the girls and an older child at home at the time. And had to give that up. There's no way that I can do what I'm qualified and trained and experienced in. Because there's no childcare that's going to come in, so that I can do a 4 till 1 in the morning shift. Who's going to provide childcare at midnight?"

The lack of adequate and affordable childcare added another dimension to incentives and motivations around employment. When combined with low-paid employment such costs meant that for many participants, working appeared not to make financial sense. For example, one participant explained that the nursery costs for her child amounted to £40 per day, which exceeded the daily wage she was able to earn. For those individuals, relying on benefits whilst staying home to look after children and other family members was perceived as being the more viable route, particularly when there were multiple children or persons to be cared for.

Many participants spontaneously pointed to the difficulties they faced in accessing other services. Healthcare services seemed to pose a particularly significant problem. Across family types and focus groups, participants highlighted the obstacles they faced in receiving the care and attention that they and their family members required.

These were not necessarily specialist services but of a relatively routine nature, such as getting seen by a General Practitioner (GP). In a first instance, there were difficulties in obtaining an appointment with a GP service. Many participants reported difficulties in reaching their GP practice to get an appointment. Some participants also reported not being called back after having succeeded in making initial contact with a GP practice via a receptionist. The difficulty in making appointments and receiving adequate care for illness was experienced as distressing and dehumanising. In one focus group discussion, two participants put it like this:



Participant 1: *“So when somebody that’s supposed to help you then just doesn’t bother to acknowledge you, it’s actually making the problem worse instead of better.”*

Participant 2: *“You’re not treated as a person, just a number.”*

One participant linked these obstacles to the low number of GPs in the area. Indeed, according to latest figures available from the OECD, the UK has a lower than average ratio of practising doctors to inhabitants. While the average for OECD countries is 3.7 doctors per 1,000 inhabitants, in the UK that ratio is approximately 2.9.¹⁴

For other participants, the problem extended to receiving care from dentists or specialised doctors. Long waiting times were a problem – one participant reported waiting for a year for an operation which meant he had been unable to work for this period. Another participant, who suffered from mental health issues, explained that she had not been seen by a psychiatrist for over a year. Mention was also made of insufficient support from CAMHS (Child and Adolescent Mental Health Service), or voluntary organisations such as Mencap, for failing to provide a timely response to the difficulties they faced in their families. For parents of children with autism or other learning difficulties (particularly present in the focus group with migrant families and the that with carers), access to specialised education was reported to be a struggle. In one example, a mother explained that her daughter had waited for three years to be admitted to a ‘special school’. Some participants reported waiting for long periods for their children to be admitted for diagnosis (usually for autism or related learning disabilities). Participants also reported that support following diagnosis was very limited. Other support services considered to be lacking were adult care services for older, ill or disabled adults.

Overall, the difficulty of accessing the right support at the necessary time emerged as a major factor compounding other pressures already faced by families.

Balancing (paid) Work and Care

In addition to coping with financial pressures as well as care-related pressures, participants emphasised the difficulties they faced in juggling working and caring for members of their families. For many participants, the volume of care resulted in a reduction of working time from full- to part-time

¹⁴ <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/nhs-medical-staffing-data-analysis>



employment; for others it meant they could not undertake paid work at all. In a number of cases, taking care of or having to be available for ill children or adults led participants to miss out on time on their job, with consequences ranging from being 'disciplined' to job loss.

One participant shared her story about juggling work and care, using "they" to describe her employer:

"I had a mental breakdown because of it. The illness that I've got now is because of trying to juggle work, childcare, house ... I was putting all my effort into the job and I wasn't getting that much money back, so then when, I think it was during the big snow, they say, 'You're going to have to go up here, up to someone's house to help' ... and it was way out in X [location] and I was like, 'I'm not going there, because I'll end up in a ditch.' And they were like, 'No but you have to go.' And I said, 'I'm not going', so I refused to go for my own safety. And because they were putting that much pressure on me and I had no one for my child either, I broke. My brain just went blank and ... that caused me to go onto sick benefits ... And that's why I am the way I am just now and having to build it up ..."

A number of participants attributed the difficulty of balancing work and care to inflexibility or a lack of understanding from their employers. This is clear in the case above: from the participant's perspective, their employer lacked flexibility and understanding of the situation which she saw as risky.

Other forms of pressure from employers were also recounted. One mother had had to leave her job after 15 years because of pressure from her employer to return to working full-time and his refusal to allow flexible working. Other participants reported being scolded or 'disciplined' at work for attending to their care-related responsibilities. For a significant sub-set of participants, the consequences went further and they were not able to retain their jobs due to the incompatibility between working hours and school hours, as well as the need to take time off occasionally to attend to the well-being of their children or other family members. Several focus group participants reported using most or all of their annual leave to care for their children or other family members.

The other side of this coin – which happened in a number of cases – is when flexible working hours and more freedom in the organisation of their work allowed people to return to employment or retain their job. For one lone mother, the flexibility of her employer – allowing her to spread her part-time job out over four or five days - was the condition sine qua non for her to continue working. Another participant identified the option of working from home and flexibility in their time management as a factor that



helped them maintain the balance between work and caring for their child. The COVID-19 pandemic had served as an opportunity for some to obtain more flexible working conditions.

In many situations, however, particularly in low-paid jobs that require physical presence in the workplace, flexible working hours and more freedom in the time management of one's tasks were like a distant dream. Moreover, participants' accounts suggested that flexibility may be a privilege earned from an employer over time, which made finding a job that immediately offered needed flexibility a real challenge. A possible scenario – voiced as both a solution and a challenge – was finding employment that overlapped with schoolchildren's term time and school hours. This was viewed by some – predominantly mothers – as an optimal solution that would facilitate balancing employment and care without the pressure of being at the workplace outside of school hours or during school holidays. It would at least partially help with the costs of childcare. However, paid work that overlaps with school hours and term times appeared to be limited and not to correspond to the skills or aspirations of parents.

Several participants expressed a desire to work. Whether or not they were employed, participants occasionally referred to paid work as an important element of life, one that allowed people to have time to themselves outside of their caring duties, to engage with others, and to provide for their families. Here is one participant looking back at her time working:

“... I absolutely adored my job, I was really good at it. I loved it. But unfortunately the childcare and the petrol – I was paying money, I was paying hundreds of pounds a month to go to work. It just got to the point where it was just silly, I couldn't do it. I can't ... We're better off not working.”

The difficulty of retaining a job as a parent or carer was one of the strongest themes to emerge, particularly in the lone parent and carer groups. Participants repeatedly deplored the multiple and compounded pressures (costs of fuel and childcare, illness or disability of family members, lack of understanding or flexibility from the employer, low wages, poor services, etc.) that had led them to leave paid work or to move from full-time to part-time employment. For those participants who had been dismissed or had had to resign, the emotional consequences were evident. Financial consequences were equally severe. In one moving passage, a carer looked back on the moment in her life when she had left her paid job:

“I had to give it up. Because I really could not ... mental health, I was going into work crying and I recognised that as a really beginning of a breakdown and I just couldn't do it anymore, I used to ring my husband crying to him, 'I can't cope, I'm in work, I've just come into the workplace crying,' and he said, 'Look,



just give it up,' but the result of giving that up, which was about 20 years ago, was devastation. Like an earthquake. I lost everything. I lost my home, I lost everything that I had because the income wasn't there. But it was that ... my health... we have to make that kind of sacrifices, and sometimes to our detriment."

The 'we' reference here is to carers of wither children or adults with health-related capacity problems. Other participants also spoke of the economic downgrade they experienced as a result of having to leave their jobs.

While the obstacles to maintaining a job in the context of intensive care-related duties dominated in several of the focus groups, many participants also expressed serious difficulties in finding paid work. These difficulties varied from group to group; often they involved obstacles that have already been mentioned above, such as lack of employer flexibility or difficulties in finding jobs with working hours compatible with school hours or term time. For others, the obstacles related to travel, especially given lack of transport or high costs of commuting (in the focus group held in a rural area), language barriers (in the focus group with participants from a migrant background) or increasingly specific and demanding qualifications (in one of the focus groups with low-income families).

Gendered Dimension

Implicit or explicit references to the gendered dimension of care were present in several discussions.

To take some examples, among the group of family members with a migrant background (again, mainly women), the burdens placed on women had a number of roots, as the following series of observations makes clear:

Participant 1: "In our Asian families ... the women have more responsibilities for the home life. So that's not only just the children, but a lot of people have extended family members living with them, like their in-laws, brothers-in-law, sisters-in law. You go to work, you come back, you have to cook, you have to care for the person that you're caring for and then you've got to do all the housework, which is the cleaning, the ironing, the washing. The women in the Asian family tend to have a lot more responsibilities than the men do."

Participant 2: "Because I have to look after my mother-in-law as well, at least 3 times a week I have to go there and cook for her, clean for her ... Sometimes



I have to take her to hospital because she can't talk English and sometimes I have to ... make an appointment with doctor because she can't explain ..."

In the focus group of carers, participants spoke of how many families with children with disabilities are in effect lone-parent families, with the mother as the sole carer:

Participant 1: *"Even sometimes when you're married, once he sees that child is born with a disability, the husband will walk out. 'It's not me, it's your problem.' So you find with a lot of our parents, you'll find that they're all single parents."*

Participant 2: *"A lot of men just can't cope."*

Participant 1: *"They just abandon... any woman who has a man beside her, I say 'Well done,' because ours just disappeared."*

Other participants in the focus group echoed this experience.

Perceptions of the Social Protection System

Many of the respondents interacted with the social protection system either directly (by claiming benefits, allowances or other forms of support) or indirectly (via their family members). While they were not explicitly asked to list the benefits that they or their families relied upon, the most common benefits cited were UC, Personal Independence Payment (PIP), as well as Carer's Allowance and the Scottish Child Payment. Housing benefits, or publicly-provided housing ('council housing') were also mentioned by a small number of participants. Out of 23 participants who explicitly mentioned whether or not they were claiming benefits, a minority (six persons) specified that they were currently not claiming any benefits – either by choice or, more widely, because they were above the eligibility threshold or because they faced obstacles in applying for/claiming the specific benefits.

"They give with one hand and take with the other." This phrase was repeatedly and spontaneously used by participants; with it they were pointing to a lack of coherence and fairness in the UK social protection system. The phenomenon of non-take-up also emerged as an important theme, and several participants could point to errors made by the Department for Work and Pensions that had left them coping with the consequences of those errors. Four themes emerged in the discussion of the social protection system overall: incoherence, inequity, non-take-up, and errors.



Before turning to the analysis of these themes, it should be noted that a small minority of people expressed gratitude for the social protection system as well as for specific benefits, allowances or government-led initiatives (specific initiatives that were mentioned as having been helpful included especially a number of provisions in place in Scotland such as the Scottish Child Payment, Best Start Foods, Baby Boxes, and cost-of-living payments). Sometimes people contextualised this positive perception in reference to conditions in other countries (with those of migrant background most likely to do this). However, this kind of appreciation of the ‘benefit system’ was undercut by a critique of the significant gaps and shortcomings observed or experienced by participants.

Lacking Coherence

First, the benefit system was perceived as lacking coherence. Participants pointed to the contradictions inhering in the system and its limited flexibility. One key issue that was brought up related to the way UC is calculated. The existence and policing of an income threshold was seen to cause people some hardship, such as the loss of bonuses paid by employers.

Another key aspect in which the benefit system was considered to lack coherence was the income loss experienced by participants who applied for both Carer’s Allowance and UC: the amount received through Carer’s Allowance was reportedly deducted from the UC benefit. Part of that sum can be claimed back through Carer’s Premium, but the focus group with carers was informed that most beneficiaries are unaware of this and the benefit is not paid automatically (for a discussion about non-take-up, see below).

There is also the problem of not qualifying for benefits despite felt need. As mentioned above, not all participants were claiming benefits. In several cases, participants reported not being eligible to receive means-tested benefits or other allowances because their income was above the threshold established by the Department for Work and Pensions. For those families, the consequences of being ineligible – with incomes often just above the threshold – were far-reaching. In one focus group, a participant described her family’s situation:

“We’re in that awful grey area, we’re only just 5 pounds a week over to be able to get Universal Credit, ... we don’t get childcare help, we’re not able to claim any of the free prescriptions, or anything we got when we were on Universal Credit ... Gone now. So we’re completely reliant on ourselves. Yet I can’t afford to work because of the childcare, so actually we’re in that horrible grey area that everyone seems to have forgotten ... ‘We’ll give all people benefits and this money’ ... and it’s great, and I would have never turned that down when I was on Universal Credit, but now we’re not on that, we’re only just over and



they've sort of forgotten suddenly about me. You know, we've got nothing coming in. There's no support to help us with nothing coming in."

Another participant recounted a very similar situation: with an income just 'a penny' over the threshold for obtaining access to a government-led programme in Scotland, her family had been unable to benefit from the scheme. Moreover, her children would also miss out on the free childcare that was slated to be rolled out later in 2023 and in subsequent years. She deplored that she seemed to be "*always just out of reach*" or "*on the cusp of missing out.*"

The strict criteria and thresholds for accessing benefits were perceived by many participants as lacking fairness. These were seen as depriving needy families of support.

Lacking Flexibility and Prone to Error

Pointing to the lack of flexibility in the benefit system, one participant suggested that a sliding scale of support – rather than strict thresholds – would help to better support families, particularly those working in low-income situations. Other features of the social protection system that were perceived as unfair included the two-child limit to UC, the benefit cap as well as the level of benefits disbursed based on age.¹⁵ In addition, the focus group discussion with unpaid carers drew attention to the fact that carers receive a single payment of Carers Allowance irrespective of the number of persons they care for.

Non-take-up of benefits was a major theme. Hernanz et al. (2004) list possible causes of non-take-up, including: (1) pecuniary determinants such as the benefit level and the expected duration of receipt of the benefit, (2) information costs, (3) costs associated with administrative delays or uncertainty with the application, (4) cultural attitudes and social stigma.

The lack of awareness or insufficient publicly available information about benefits and application procedures seemed to be the driving cause of the non-take-up experienced by participants. Time and time again, participants described their uncertainty with regard to the benefits they were eligible for. Indeed, a striking feature of five out of the seven group discussions was the spontaneous advice that participants provided each other regarding the benefits available, procedures to follow and other useful information for claiming benefits. Some discussions assumed features of a benefit clinic at times.

¹⁵ For example, the allowance provided by UC varies according to the claimant's age (over or under 25).



Another important cause of non-take-up was the difficulty that some participants faced in application procedures. Filling in complex forms, navigating digital or online applications, using the “right” words and terms, following up and filing appeals claims to overturn initial rejections: the labyrinth of processes was experienced as very challenging. Some participants reported receiving support from Citizen’s Advice or other voluntary organisations to receive support with application processes.

For others, the first cause listed by Hernanz et al. (2004) appeared to be relevant. That is, some persons eligible to receive benefits did not claim them because they considered that, given the benefit level, the expected duration of receipt and other pecuniary factors, the process costs involved in applying for and receiving the benefit were too high.

Some participants viewed the difficulties in accessing social protection benefits as a deliberate strategy used by the government to limit public expenditure. In one conversation, two participants speculated that the benefit system and applications procedure were “*designed to trip you up*”. Another participant expressed it in the following way:

“As I said before, they don’t want to pay it ... I had an appointment with a benefits specialist who was saying he worked for the job centre at DWP and the reason he left was because of the corruption that he’s seen within ... And he read somewhere else ... that the amount of pensioners that were entitled to Pensioner Credit that hadn’t been made aware [of it], and some of these people have died. And they probably died and they were due tens of thousands of pounds.”

Here, the participant points to the costs of non-take-up, specifically of Pension Credit. In this context it is to be noted that the government has revealed that £2.2 billion in Pension Credit was unclaimed in the UK in 2017-2018, with one study (Hirsch and Stone 2020) estimating that if take-up of this benefit was increased to 100%, approximately £4 billion could be saved in public spending, due to a reduction in spending on healthcare and social services. For the participant the long-term effects or costs of non-take-up seemed obvious: “*That’s another thing about not knowing your rights as well sometimes. Like if you knew where to go, the small problem that was there would not now be a big issue.*”

A final problem or obstacle identified by participants in relation to the UK’s social protection system related to being the subject of errors made by the Department for Work and Pensions, as well as delays in receiving benefits. In several examples, participants referred to mistakes in the calculations made by the Department for Work and Pensions which then, to rectify these mistakes, reduced the participant’s



benefits for a period (as a way of paying off the 'debt' owed). This was experienced as a huge deprivation. Other participants reported waiting for a long period before receiving benefit payments.

On the whole, the benefit system was perceived to be providing too little support, challenging to access and controlling of participants' situations. Some individuals reported being sanctioned or pressured into finding work, including by being offered jobs that were unsuited to the person's skills, competences or age. One participant called the social protection system "*abusive*" and many others noted the system's gaps, shortcomings and inconsistencies. Some people felt that they were being 'punished' for their situation, e.g. for being lone parents, for deciding to reskill or retrain or purely for being on a low income. There seemed to be a consensus around the idea that the government seeks to save funds in the short term and hence complicates application procedures for potential beneficiaries, leaving many on the periphery of the benefit system.

Managing Financially: Strategies, Behaviours and Attitudes

When asked about how they manage their situation, a wide range of skills and behaviours were mentioned. These can be thought of as being of two main types: cognitive and behavioural (Dagdeviren and Donoghue 2020).

Cognitive Skills

In their study of scarcity, Mullainathan and Shafir (2017: 47) define cognitive capacity as "the psychological mechanisms that underlie our ability to solve problems, retain information, engage in logical reasoning, and so on." In the present study, the monitoring of expenses, planning and budgeting are identified as cognitive skills.

As described above, participants were acutely aware of their consumption practices, citing precise figures for the different costs they incurred in relation to energy, food and other expenses. The evidence revealed that, faced with the financial pressure of rising costs of living and in the context of limited income, it was quite common for people to engage in monitoring of expenses, as well as planning and budgeting of household spending. This set of orientations and practices varied from routine informal behaviours to quite detailed and focused activities. In some cases, participants explained that they simply kept track of expenses and remained strongly aware of their spending, weighing the pros and cons of buying each desired item. For others, monitoring seemed to be an everyday exercise ("*I do it mentally*") whereas for others, it involved budgeting monthly income, separating it out into individual weeks. Some participants



made use of a mobile app to monitor their consumption of energy. Among the more sophisticated forms of budgeting, another participant used a template to plan and monitor fixed costs and variable costs.

For some participants, budgeting, planning and monitoring was insufficient to make ends meet due to unexpected expenses interfering with planning (or low underlying income). The examples given included equipment breaking down (e.g. cars, boilers or dishwashers) and fluctuating bills, making it difficult to follow a predetermined budget. In the words of one participant: *“I find no matter how much I plan, at the end of the month or the end of the week, it just falls to bits.”* A small number reported falling into debt. For them, an important part of monitoring their expenses was managing debt. One lone mother described going into overdraft at the end of the month, declaring: *“So for me it’s just actually juggling debt if I need to. I’ve become really OK with that ’cos there’s no other way.”* Another participant, whose family was clearly struggling to make ends meet, reported having multiple loans and being *“maxed out”* on credit cards. When asked how she was coping, she answered: *“painfully.”*

Behavioural Skills

There was widespread reference to the use of behavioural skills to modify consumption and employment patterns, allowing participants to (partially) offset the effects of the cost of living crisis. The analysis shows that there were multiple ways in which participants modified their consumption patterns but they centred on reducing consumption and optimising consumption.

The first major form of modification of consumption patterns was reducing consumption. In some cases, this implied turning off heating and electricity, or switching off various appliances. It also meant, for some, cutting down on basic necessities, like eating or bathing. A particularly striking example of skipping mealtimes was invoked in one group:

Participant 1: “Me and my partner, we’ve just gone without food. And then given the kids a McDonalds or something, given them their meal. We’ve gone without food and just had something later on. But then we’re not fully giving ourselves proper food. If we’re tight for one week, the likelihood of us getting 3 exact meals each day isn’t going to happen.”

Participant 2: “I have one meal a day, and that’s my tea.”

In other cases, participants reported reducing their consumption of *“extras,”* such as family activities or what was sometimes framed as *“treats”* or *“luxuries”*, including meals at a restaurant.



A further action was to optimise consumption using various strategies. These included hunting for bargains, 'shopping around' to find the outlets selling the desired goods at the cheapest cost, buying cheaper brands, buying in bulk, cooking in batches, buying second hand and modifying subscriptions (e.g. internet) for less expensive options. Here is an account that explains the logic and the trade-offs involved in modifying the family's consumption patterns:

"We've got so much money and we've got to make it last and it's as simple as that. If that's cutting into your leisure time and if that's cutting into your hobbies, then they go. It's as simple as that. And then, you're trying to find free things to do, or sort of like trying to find deals ... because it's getting too expensive to throw birthday parties now, but then your [children] are still wanting this stuff. So I start her birthday shopping way back in December just so that I can get the deals. So I don't buy full-price toys for her birthday, I wait. I have to plan And then that's pulling at your heartstrings 'cos you can't give your child everything now. Giving them a luxury is the food we give them ... My child is in the middle of a growth spurt right now, and all she wants is food. And I'm like, 'I can't feed you all the time. I just can't feed you all the time' ... I feel horrible for that. ... I have to make those hard decisions of 'Are you really hungry or are you bored?' ..."

This parent was not alone in not affording food which was reported to be a growing concern among various families. In addition to turning to local food banks and food pantries (analysed further below), participants cited various strategies for minimising the cost of food bills. The most common strategies included switching from buying branded products to generic, supermarket products and hunting for bargains in (physical or online) grocery stores. Participants reported bulk buying and stocking up on products offered at special discounts, purchasing most of products in the reduced section/aisle (items with "yellow stickers") and finding other sorts of deals offered in various supermarkets. Other strategies included making use of online apps like 'TooGoodToGo' which offers unsold food items at a discounted price. However, some participants also noted the downsides of the app, such as receiving large quantities of a single item, the lack of nutritious options and the difficulties in accessing the goods due to limited transport opportunities (which was raised in the focus group discussion held in a rural area).

For a small number of participants, optimising consumption also involved strategic calculations of costs: for example, to reduce heating costs, two participants described spending several hours in a coffee shop, where consuming two coffees was calculated to be cheaper than heating their homes for the duration. One participant noted that it was cheaper to go to the swimming club to have a shower rather than paying for water consumption at home.



Other participants described altering their working patterns, and more specifically, increasing their working hours or taking on additional employment, which involved making difficult decisions with regard to care responsibilities.

Other more extreme behaviours were also noted. One participant reported selling furniture and other belongings to cover the costs of basic items.

A few participants in the focus group with lone parents had, in the past, started their own small businesses in order to make ends meet. Others in the same group were considering that option, but were faced with high start-up costs. One participant in another group pointed to the very strict selection criteria for publicly-provided grants for those wishing to start a small business.

A final way in which participants sought to cope with growing financial pressures was through upskilling or retraining in order to access better-paid jobs. This was a minor pattern though, as only a small number reported having returned to college or university to obtain degrees, or were planning on doing so in the near future. Others had had an experience with the upskilling or retraining but had faced constraints. For example, one participant had been enrolled in a course but the government had *“pulled the funding halfway through”*, leaving her with what she called *“half a degree”*. In another group, a participant who was planning on returning to college later in the year, was concerned about childcare for her children which would be partially provided but would not cover all of her hours in class. One participant, referring to the rules in the social protection system, lamented: *“But they’ve made it so hard for me to go and study. Why are you making it hard for me? I’m trying to make it better ...”*

Sources of Support

Where do participants get support from?

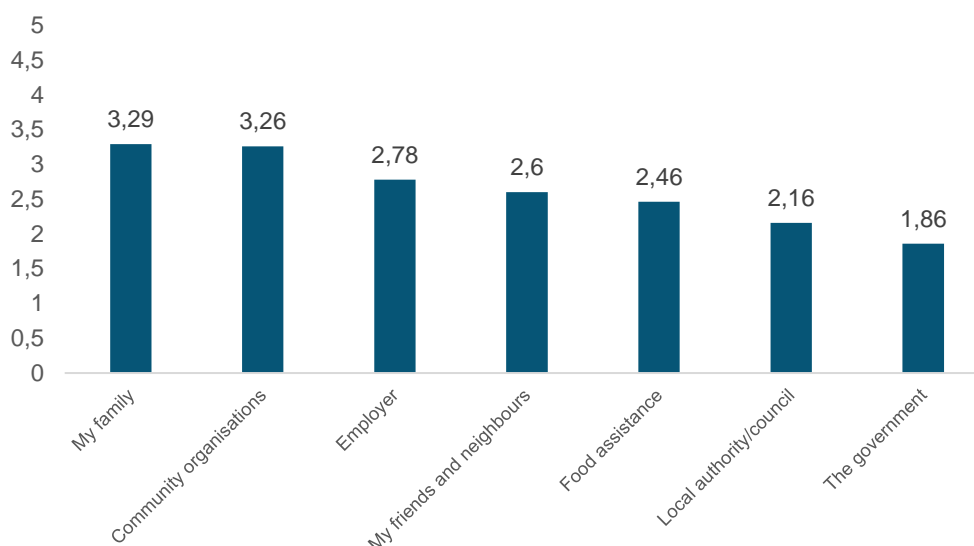
While the focus group guide was relatively open in the phrasing of questions about from where or whom people got support (see Annex 1), a range of types or sources of support emerged from the discussions and were more or less reproduced in the responses to the relevant survey question which are shown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

The survey question asked people to rate on a scale of 1 (low) to 5 (high) the degree to which their family benefited from different sources of possible help. Figure 5 presents the aggregate results of this question. It shows that respondents rated their families to be the most helpful form of support on average (3.29),



with community-based organisations close behind (3.26). By contrast, the government and local authority or council were reported to be the least helpful sources of support (1.86 and 2.81 respectively).

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=41

The group discussions again helped to substantiate these findings.

Support from Family

The results here suggest, first, that the reality of receiving family support is complex. People’s contributions on this matter indicated that there was some polarisation in the extent to which people had access to family as a support system, present for some and completely absent for others. Furthermore, family support had different meanings for people: in many cases, support was interpreted as help with care responsibilities (such as taking children to school, taking care of them during certain periods, bringing them to appointments, etc.); other participants referred to financial support (contributing to various



costs, buying presents, etc.). For still others, familial support was about being able to count on extended family for advice. In most discussions, participants seemed to acknowledge that, while they had family members, near or far, including parents, grandparents, brothers or sisters, they were not always close enough (physically and/or emotionally) or on sufficiently good terms to rely on their help. So, availability did not necessarily translate into support in practice.

In a few cases, participants emphasised that help from family was an irreplaceable form of support. This was especially valued by parents with children who had a disability, if such help was available. Such was the intensity of need of some of these children and parents that only family would be willing to help. But there was more general appreciation of family help also:

“I’m really lucky, my mum and dad ... they spoil my kids. So I’m quite glad because I can’t afford to give them, so like birthdays and that. My mum and dad pay for the presents and the parties, just ‘cos like I can’t afford it ... I’m quite glad I’ve got my parents that can pay for what I can’t afford to pay for.”

However, for some participants family as a support system was a brittle, fragile structure, because their extended families faced similar challenges or constraints as they did. In some cases, participants explained that their parents, grandparents, brothers or sisters were older, ill or disabled. In others, parents of participants were still of working age and could therefore not ‘step in’ for them in terms of contributing to care-related duties.

“It depends on your circumstances – everyone’s family is different and everyone’s extended family is different. And even if you’ve got ... we’ve got both sets of parents nearby, they’re facing the same difficulties ... they’re having to work... my dad’s 60 plus and he’s still having to work a full-time job ‘cos they can’t afford not to. They can’t support us ... they want to, of course they do. But they can’t support us any more than they do because they’ve got their own bills and problems to worry about ... Everyone’s in the same boat ... which makes it difficult to rely on ...”

This type of concern was echoed by other participants, albeit in other ways, who worried about placing too much pressure or burden on their kin. Other barriers expressed included feeling “*embarrassed*” and “*worried*” about reaching out to kin for support.



By way of overview, the relationship to family and kin as a support system was complex: participants reported finding it difficult to ask for help or fearing that the family 'safety net' was too brittle and fragile to reliably count on.

Support from Friends and Neighbours

Participants made only scant references to friends and networks (in this or any context), perhaps because the discussion guide did not explicitly prompt or guide participants towards this specific theme. A few participants spontaneously mentioned the role that their friends played in their lives, for example by listening to them and/or providing advice or support with care-related responsibilities. For others, wider networks or contacts were important just for socialising. In the case of at least two participants (from separate focus group discussions), the church and its broader community played an important role.

Other participants, however, described feeling relatively isolated, with few persons or places to turn to. This feeling was especially present among people with intensive care-related duties, including carers for children with illnesses, disabilities or learning difficulties, as well as lone parents. Their fate can be very tied to that of their children, especially when the child has health-or cognitive difficulties:

"Our children are abandoned. They don't have any social life and as a result of us having our own life, we don't have friends. Our friends have to be the people who are caring 'cos you don't have time to go out with them. So once you reject a few invitations ... you're cancelled."

Support from Community Organisations

Participants were not explicitly prompted to discuss the contribution or importance of community-based organisations or other third-sector organisations either but these came up spontaneously in some cases (to be expected perhaps due to the recruitment strategy in which community-based organisations were intermediaries between the research team and participants). Reflecting relatively high scoring in the opinion survey, some participants described how local organisations supported them in a variety of areas: food assistance, support in accessing benefits, providing activities for children or a forum for them to discuss and voice their problems and concerns, contributing to overcoming the isolation mentioned in the section above.

Another topic that received some attention in the discussions was food assistance (which scored sixth out of the eight items in Figure 5). Opinion was divided on its utility. A number of participants expressed



gratitude and appreciation for the existence of food banks, food pantries and other forms of food assistance. On the other hand, using food banks was also described as an embarrassing experience, even “soul-destroying”. The following illustrates the ambivalent feelings expressed by several participants particularly well:

“Nobody should have to depend on it. It’s a great service, and a lot of people would be stuck without it. But nobody should have to go to a food bank on a weekly basis, just to get by. Nobody is asking for big luxuries. You just want to be able to feed your kids, keep them warm and just get by in a decent way.”

This participant said that local government authorities or social services advise individuals to seek help from food banks. While acknowledging the importance of food assistance as a safety net (“an emergency thing”) for particularly difficult or urgent situations, she and others questioned the growing role played by food banks in families’ everyday lives.

Other forms of support mentioned as provided by community-based or local organisations related to help in accessing benefits (checking for entitlements, filling out forms, etc.). One participant noted the additional challenges of accessing entitlements with the growing digitalisation of the benefit system. This is especially difficult for those with insufficient digital, language and other skills and proficiencies. The role of NGOs in offering a bridge between individuals and the benefit system, providing support and guidance for navigating online services, was valued. Moreover, some participants considered that by providing advice, support and guidance to access benefits, community organisations (and the third- sector more broadly) were filling a gap left open by the inaction of government agencies.

Community centres or community-based organisations were also considered helpful in providing children with activities and families with leisure. Several participants explained that their local community centre had provided them with free or affordable access to, for example, swimming pools, dinosaur parks, sports clubs, lunch clubs, pensioners’ clubs and other events. This was another way in which community-based organisations were seen as contributing to a need left unanswered by public services and the government.

Finally, third-sector organisations were seen as a place for sharing experiences, making friends, receiving support and voicing one’s problems. Sometimes, the organisations through which the focus groups were arranged were explicitly mentioned as important spaces for participants.



The Costs of Coping

For many participants, mobilising the many skills and resources required seemed to come at a steep price. Consistently monitoring their consumption, reducing or cutting out various expenses, hunting for bargains, mentally weighing the arguments in favour and against purchasing certain goods and services, taking difficult – sometimes impossible – decisions with regard to the well-being of their families, making ends meet in a context of growing inflation and low income led participants to experience what can be called ‘the costs of coping’. There were two main themes that emerged from the evidence in this regard: the difficult trade-offs made by participants, as well as the mental health consequences of those trade-offs (mental pressure, guilt and shame).

Difficult decisions appeared to be at the core of the mobilisation of resources and skills, and they resulted in trade-offs that participants and their families had to make to ensure well-being. The trade-offs that were mentioned varied: in some cases it was major life decisions, like quitting work to care for children or other dependants; in others, it was having to forego meals or deciding between heating and eating.

In many ways, the compounded pressures of employment and care-related duties were experienced by participants as a trade-off lodged in scarcity of time and resources. On the one hand, working additional hours, shifts or jobs, or moving from part-time work to full-time work were perceived as ways of improving the family’s material conditions or financial situation, potentially and partially resolving one dimension of the scarcity experienced by participants (material and financial resources). On the other hand, increasing employment-related responsibilities naturally decreased the time available to participants to care for their family members (as well as themselves), enhancing the dimension of time scarcity. This paradox seemed to lead participants to feel ‘squeezed’ between these two poles of responsibility, with little leeway or few solutions available. It will be recalled that in the opinion survey, ‘too many demands on parents’ emerged as the most significant issue faced by families (ahead of low income or poor services, for instance) (Figure 4).

The difficult decisions made by participants and the resulting trade-offs were experienced as having severe repercussions on emotional and mental health. The first effect, or ‘cost’ of coping was the mental pressure that participants reported experiencing. Here is the voice of one participant when asked how they coped:

“You don’t. You don’t cope. Even though I care for my children, I also care for my gran ... I work. And I can’t cope. I can’t physically cope. Like, there’s so many days where you go home and you cry. Yeah. It is mentally draining. I have



mental health issues because of it, because you think you can tackle everything on your own and you can't. But you just kind of bear it 'cos that's what you've got to do."

Participants, whether full-time carers or parents, in paid work or not employed, consistently reported feeling under pressure in their efforts to juggle priorities. In the lone parent's focus group, when asked about how Rebecca, a hypothetical lone mum, could best be supported in her situation of insufficient benefits and children reaching school age (see section 4.7.3 for more information about this scenario), some participants responded with mental health-related advice.

Another sub-theme related to the costs of coping concerns the experience of guilt. Participants recurrently reported feeling guilty about the trade-offs they had to make. For some, it was guilt in relation to their families, for instance when they had to refuse their children something (whether attention or time, an activity or a special treat). Such feelings were especially present in the focus group with lone parents. Here is one example:

"... So for me it's like, 'what emotional damage am I doing to my child by making him constantly worry about you know, what I've done?' I'm guilty, I've done it. I think the damage is already there, 'cos he's picked up on it. That, for me, is like one of the worst outcomes that can happen. 'Because as adults, we're the ones who are supposed to keep it together, we're the ones who are supposed to pretend everything's alright, and when you can't pretend everything's OK [that has an impact]."

Participants in other groups reported feeling *"like a shadow"* and *"not really a parent"*; another participant said she felt like *"a terrible parent"*.

For others, the guilt related to the workplace, resulting from the trade-offs they had to make in juggling work and care. As one participant put it in the context of having to take time off work for personal and family reasons:

"I don't feel like I want to be taking the mick but I'm not, I genuinely have them appointments, so sometimes I did feel bad for having to be the one to take my mum to these appointments and taking that time off work."

A third effect on emotional and mental well-being was the experience of shame and embarrassment. In some cases, one's life situation itself was a source of shame:



“... I literally looked at my life and ... I was like, ‘I’m a single mum on benefits. How the hell did I end up being a single mum on benefits, what happened?’”

Shame might also have other roots, for example as an experience resulting from consumption patterns (like reducing or optimising one’s consumption). In one instance, a participant succinctly pointed to the difficulty of “*keeping up*” with buying expensive items for his child:

“I think it’s when you got people that are buying their children like 100-pound jackets and 200 pound trainers and... And... you can’t afford it.”

Similarly, participants who reported buying their groceries in the reduced section of the grocery store (or ‘essentials’ offered by some chains) found the ‘exposure’ embarrassing:

Participant 1: *I said why does it have to be a predominant colour? ... that everyone goes, ‘Oh look, it’s all essentials in that trolley.’ Because some people have got ... where’s your dignity? ...*

Participant 2: *“Just do it online, they can’t see you then...”*

Clearly, shopping on a low income made people self conscious and even ashamed.

Hypothetical scenarios

Towards the end of the discussion, people were asked to consider hypothetical family scenarios designed to elicit more detailed (and potentially sensitive) views on possible trade-offs, strategies and potentially difficult decision-making based on specific situations (scenarios) in which hypothetical families are faced with a particular risk. Each focus group was asked to discuss two scenarios: one general scenario was asked across every group, and one was tailored specifically to the family type in question. The depth of the answers provided by participants in reaction to the scenarios varied across the groups: in some cases, participants delved into an intense discussion regarding the options that the fictional characters could consider and the kind of support that would be most useful to them; in others, participants had only several minor points to suggest.



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

The first scenario was asked of all the focus groups. It was designed to describe a situation with which many participants could identify and respond to. The objective was to pick up on decisions surrounding fertility in a context of low-paid employment.

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?

There was no agreement on the desired course of action and responses differed across focus groups and participants. Some considered that the risk of having another child in a context of low pay was too high, and they advised that the couple think and plan carefully, perhaps putting off the decision until they were able to offer more financial security to

their family. Other participants disagreed, and advised that the family should have the right to have another child, whilst acknowledging that the situation was bound to be extremely challenging. One participant illustrates the complexity and ambivalence which the scenario evoked in him:

“It goes back to the thing about us being a supposedly rich country. There’s people in second and third world countries that don’t even need to consider having other kids. They just go and do it. We can’t. We have to consider it. How does that work? It’s just comical. And again, it’s the circumstances, the cost of living, the cost of bringing kids up and what have you. You should never, ever ... your life shouldn’t be dictated and decisions shouldn’t be made for somebody else because you’re the one at the end of the day that sits back when you’re older and regrets like not being able to have done this or that ... Sometimes I think you should just bite the bullet and do what you want, but again...”

In the focus group with families of migrant backgrounds, the participants were predominantly Muslim. In answering the questions related to this scenario, they indicated that their faith led them to consider the dilemma differently; in fact, they did not see childbearing as a choice but rather as a gift from God. However, as one participant put it: *“If I didn’t have the faith, I wouldn’t bring a child into ... with this crisis, no way.”*



On a pragmatic level, participants offered various strategies to resolve the dilemma: several mentioned upskilling or retraining as a way of solving the struggles related to low-income; others considered that the family would be better off if one member of the couple continued working and the other could stay home and rely on UC; some suggested that both could work on a rotating basis (one taking day shifts and the other night shifts). In terms of government support, participants mentioned affordable childcare, introducing a wage for parents (in recognition of the care-giving work they supply), providing training to improve employment chances and offering more generous benefits.

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

A second scenario was asked of the three focus groups with families living on a low income. This scenario sought to present participants with a situation in which a person 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 care obligations.

Participants were overwhelmingly in favour of Paula staying in her current job rather than accepting higher wages working for a cleaning agency. Most pointed to the importance of the stability provided by working as an employee in a company, insisting that stability of income and working hours is the necessary condition to provide adequate care for a family member. They noted that agency work is often unpredictable and unreliable. As one participant explained: *“You might not have nothing for weeks and weeks and weeks.”*

Some participants also pointed out other advantages to being an employee in a company rather than self-employed with an agency. For example, one woman who was herself a cleaner noted that as an employee, she received extra days of holiday or bonuses at her company. Another participant pointed to the importance of being able to present a landlord with proof of stable income in order to be able to rent a home on the private rental sector.

In terms of government support that would be most useful, participants cited that Paula would benefit from better access to services such as support for the family member she cares for. This support (‘home

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?



help' as it was described) would provide her with respite and would provide care for her partner while she works. As in Scenario 1, participants considered that the government should provide carers with a wage (rather than a benefit), in acknowledgement of the unpaid work that they perform. Others also pointed to the importance of receiving the right advice at the right moment:

"I think to provide her with somebody that's going to tell her what help she can get in the first instance. So it's not even about more money, it's about somebody saying, 'Right, this is your situation, here's what's available to you. If you need help, then we'll support you in the process of the application or you can go and do it off your own bat. But this is the help that's available and this is the process that you need to go through' ..."

Scenario 3: Lone Parenthood (lone-parent families)

The third scenario was asked only of the group of lone-parent families, who were mainly lone mothers. It sought to get them to reflect upon the options, trade-offs and coping strategies in a situation where social protection benefits are not sufficient to sustain the family. The objective was to explore their views on

possible coping strategies or resources that may be mobilised, including policies that would be most helpful.

Scenario 3

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

In response, participants offered multiple suggestions. One participant suggested the government could provide free training to help Rebecca transition from relying on benefits to a better-paid job. Other participants suggested the government could support Rebecca to start her own business, by providing her with tax relief, a bursary or

childcare. Entrepreneurship was an important theme in the lone parents' focus group anyway. Another participant suggested that the government could implement a programme to encourage companies to hire persons in Rebecca's situation (a sort of 'Kickstarter' programme) that would facilitate her transition to paid employment. Other forms of advice included helping Rebecca to be supported with her mental health (through antidepressants or therapy), because *"there's no practical solution at the moment."* Finally, one participant suggested she could reach out to her children's school to indicate that she is claiming benefits, so that her children could have access to free school meals and other forms of support.



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

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

Here, several participants in the group spontaneously pointed to the idea of the two persons in the couple (Margarita and Leo) taking on the additional hours of work on a rotating basis – e.g., one could work a night shift and the other a day shift. Others suggested that their employers could provide childcare at a discount, or free childcare.

Participants discussed the option of out-of-school activities, children’s clubs, breakfast clubs, etc., although they noted that: *“Nothing’s free no more. There’s hardly anything free.”*

Scenario 4

Margarita and Leo have migrated to the UK. 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?

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

Scenario 5

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

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

The general reaction of participants to this scenario was pessimistic. Whilst some ideas emerged (e.g.

becoming self-employed, receiving support to upskill/retrain, working remotely from home, receiving support from a job centre), most of these were quickly confronted with participants’ own experiences. For instance, one participant pointed out that the free training provided by the government required students to pay fees upfront, which could constitute an obstacle for some. Others considered that



working remotely from home was only an option in certain types of employment, and that it was challenging to find a job that allowed hybrid working from the start. Travel was also mentioned as an important consideration, given the rural area. Finally, participants' experiences with job centres were rather negative. They described the staff at job centres as "not sensible", offering employment opportunities that were irrelevant to jobseekers' experiences, profiles or qualifications.

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

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

Participants suggested questions that Oliver could ask himself before making a decision (e.g. "Who's going to look after her while he's not there?", "Is it going to be worth it financially?", "What kind of care (quality) will she be getting?"). They advised Oliver to think carefully before transitioning to full-time employment, weighing the potential increased earnings against certain benefits he might lose out on (e.g. council tax exemption, housing benefits, and so forth).

Scenario 6

Oliver's mother has illness and mobility problems and he cares for her part-time. Now he finds that he needs more income and so is thinking of trying to find full-time work. How might Oliver weigh up the decision? What are his options? What help from the government would be most useful?

Some participants also pointed to a gendered dimension in this hypothetical case: given that Oliver is a man caring for his mother, one participant suggested that: "Perhaps being at home and looking after her could be detrimental to their relationship", with others considering that: "He's likely to get more assistance because he's a fellow trying to go to full time work, than if it's a woman going into full-time work."

Suggested Improvements

Perceived Causes of the Challenges Faced

As part of the discussions, participants were asked to share their views about the reasons why UK families face the aforementioned growing and compounded pressures. The resulting reflections referred to a diverse set of factors, ranging from contingent political and economic factors (such as Brexit, inflation and the ongoing Russian invasion of Ukraine) to (more rarely) structural factors (broadly pointing to a 'neoliberal' system fraught with inequalities). Others were firmly of the view that an underlying cause was a major 'disconnect' between policymakers and the public.



Participants were most voluble about the lack of government action in tackling the cost of living crisis and in responding to families' needs:

"I personally think it's the government. Yeah, I personally think it's the government. We're really just in a big mess, prime ministers changing, promising us ..."

One participant blamed this on the divergence in priorities, with the government making poor choices in the way money from the public purse is spent. Responding to this point, a fellow participant pointed to the government's short-sightedness and failure to invest in policies with long-term benefits. A few extended their criticism of government priorities to the monies spent on UK overseas aid, seeing this as unacceptable particularly in the context of high poverty rates and persistent inequality in the UK.

A small number of participants adopted a strongly politicised and structural lens in explaining the ongoing challenges faced by families. In one focus group, for example, the idea that *"the rich are getting richer and the poor are getting poorer"* was voiced by two participants. One of these went on to say: *"...we'll always be back of the queue until someone does something else and breaks that queue."*

Another perceived cause of the difficulties facing families in the UK today, albeit voiced by a small number of participants, was the 'gap' or distance between policymakers and families. This lack of understanding was suggested as leading the former to propose inadequate or irrelevant policies:

"... Most politicians, not all of them but the majority of them, they have such an elitist background. They are so highly privileged, the education that they've had, the upbringing that they've had, the privilege that they take for granted. They have absolutely no understanding of a person who is crying for a meal to feed her kids ..."

The underlying point here was to question policymakers' capacity to understand everyday struggles. Relatedly, some testimonies pointed to the perceived contempt of policymakers for families living in poverty or struggling more generally.

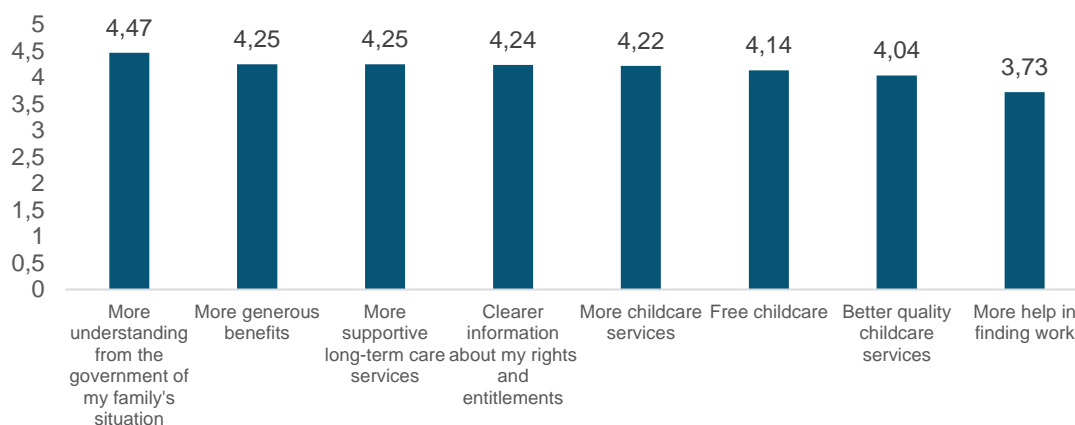
Suggested Improvements

Participants were asked in the short opinion survey about the relative utility of different types of government support. Figure 6 presents the results. As the figure shows, the type of government support



considered to be most useful was ‘More understanding from the government of my family’s situation’ (4.47), followed (on a par) by ‘More generous benefits’ and ‘More supportive long-term care services’ (4.25). By contrast, more help in finding work was considered to be the least useful, although it still received a rating of above 3, indicating that this measure would be at least ‘somewhat useful’. Interestingly, ‘Having clearer information on rights and entitlements’ received a rating very close to ‘More generous benefits’, confirming the importance of better information and advice on benefits. The responses related to childcare suggest that quality of childcare was considered to be a less pressing issue than the accessibility and cost of childcare.

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)



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

N=41

Participants’ general assessment of the future for families in the UK was grim. A number of individuals expressed concern about how their families or children would fare in the future. In the lone parents’ group in particular, participants expressed the view that the “system” punished lone parents for their situation and that the necessary infrastructure and support were lacking. In other groups, there was the feeling that persons claiming benefits were seen as “lesser” and that those in better socio-economic situations were quick to “pull the rug out from underneath people who are struggling to get the same opportunities



in life.” There was a sense of uncertainty and pessimism about the future among many participants. An important part of the context here was the sense that things had been better in the past, especially rearing children but also finding decent employment.

The focus group discussion honed in on what exactly participants felt would benefit people, asking for specific suggestions for change. The wishes voiced can broadly be grouped into three key requests: redistribution, representation and recognition (Fraser 1995). Some of the recommendations offered by participants also related to employers.

In relation to redistribution, the dominant request was for the provision of additional or more generous cash benefits. *“More money”* was for some the explicit request, and it related to increased benefits, extension of maternity leave, or the introduction of new forms of social protection, such as receiving a wage (rather than a benefit) for caring for children and other dependants: *“People who are looking after people, they should be paid for that, I’m sorry but they should. There should be another wage put on top of that.”* In a similar vein, a number of participants linked their demands to the growing cost of living. Among the recommended actions here were the government acting to curb inflation or offset the challenges and pressures caused by the increase in prices of basic goods such as energy, food, rent and other household expenses.

However, more cash was not considered to always be the appropriate answer to the compounded pressures faced by families. As one participant put it: *“... you can’t keep throwing money at problems ...”* For many participants and their families, more and better in-kind forms of support were desperately needed. These included affordable and accessible childcare services available from an earlier age, affordable and accessible adult services (for older, ill or disabled adults), more information and support for claiming benefits and accessing public services (including a ‘one-stop shop’ type of service to obtain information on entitlements), better trained staff in schools and other public services, more funding for the NHS, increased support for parents (including through training) and increased support for community-based organisations. While the recommendations were thus not explicitly formulated as such, redistribution was an implicit precondition for the other types of support that were sought given that the various improvements listed above imply a *de facto* change in the way the government’s budget is allocated.

Less frequently, participants considered they needed more, or better, political representation. This was an important theme voiced by participants in one group especially, where the gap between an ‘elitist’ government and parliament was considered to be a problem and cause of the compounded pressures faced by families. One participant considered that: *“We need advocates.”* Another participant, a former full-time carer, elaborated:



Participant 1: *"I think the other thing for me is, I don't think we are on anybody's radar ... We don't have anyone in Parliament ... I don't think we have anybody passionate enough about what we do to represent us in Parliament, so that we can be on the government radar. It's got nothing to do with politics, ... it's just the same with everybody. Nothing to do with politics, about ... whether we've got Conservatives, Labour, I'm not interested in that. I just think that we are not represented enough for us to be ... And I just think it'd be really nice for us to have somebody standing up and saying, 'Look at what we do.' Because governments are governments: if you bring, if you know it's like ... they've got people to sort of, what's the name?"*

Participant 2: *"Lobbyist?"*

Participant 1: *"Exactly. They've got lobbyists. So they bring to attention, 'oh, we want same-sex marriage, we want this', they make a big fuss about it. But who do we have to support us and say, 'Look, we are in poverty?' Seriously, when I was a carer I had to debate whether I can get sanitary towels because I can't afford it. But obviously my husband had to be the one to support me. But you start to look at what it is you've got, that amount of money, what is it? And that's why we are the way we are. We are poor."*

Later in the discussion, when asked about the group's specific demands and recommendations for improving their situation, this participant came back to the idea of representation and suggested a *"champion."* Reflecting once again on the gap between the government and the 'governed', participants in two focus groups suggested that policymakers take better stock of the needs and challenges faced by what they called *"normal people."* One suggested:

"What the government need to do, some of them need to go and live with people. And I mean for like a six-month period. And live off of what people have to live off of. For they'll see that people are not lying, they're not just being lazy."

Finally, in a small number of cases, the wishes formulated by participants related to requests for increased recognition of their role as parents and/or caregivers. In one case, this recognition was formulated as a need for *"more respect"*, in others, parents were perceived as not being valued:



“... Recognise that we save the country billions of pound a year. If we all gave up our caring roles, this country you would be... I’m trying not to swear, what’s the word I’m looking for? ... sinking.”

Beyond the demands for redistribution, representation and recognition that were mainly addressed to the government, some participants also formulated recommendations for employers. These centred on providing employees with more flexibility as well as providing childcare services on-site. For example, when asked what kind of support would help her family the most, one participant answered: *“Statutory HR policies that organisations have to adhere to.”*

Several participants also endorsed the provision of on-site nursery or cheche facilities, with suggestions that the government could support communal or employer-led creches, with employees paying a ‘salary sacrifice’ to support funding.



Overview and Conclusion

The living situation and background of most of the participants was a state of resource scarcity. A lack of money was the most obvious scarcity, and this influenced everyday life to a profound and quite minute degree. Most decisions seemed to be refracted through a lens of monetary affordability and many of the behaviours recounted related to money and its management. Money was not the only scarce resource, however. Time was also scarce for many of the respondents. This was especially associated with caring responsibilities which cut into time but also because managing life on a low income is itself time consuming. Moreover, dealing with the benefit system, the health system or the social service system (or all three) could be hugely time consuming, especially in situations where people may not have the knowledge, language capacity, familiarity with or degree of confidence in dealing with official systems and procedures.

The proximity (and demands) of illness and disability were very evident and a root cause of care-related pressures, sometimes present not just in their nuclear families but also in extended families. Participants were notably bound by care-giving obligations, with many identifying readily as 'carers'. In some focus groups (and not only that specifically with carers), care-giving and care responsibility could be said to be a defining feature of people's lives. Some of these participants were caring for more than one person and one generation, often in situations of profound need and disability. Gender divisions and differentiations featured strongly in this regard: mothers and other people involved in care (and it should be noted again here that most of the participants were women) conveyed a strong sense of dominant if not complete responsibility for the care of family members. This was especially the case when the person being cared for had a disability.

A further notable common characteristic was compounded hardship and adversity. There were different elements to this. First, people commonly faced more than one difficulty – the problems or challenges stemmed not just from, say, unemployment, low wages, and/or underemployment but layered onto this might be health-related difficulties (which could be mental, cognitive or physical or a mixture), insecure or inadequate housing and, perhaps, relationship difficulties (with family members, for example). The layering sometimes also involved negative social costs, such as isolation, loneliness, only self to rely on, work-life imbalance.

A second dimension of 'compoundedness' was of patterns accreting over time. While a one-off event may catapult people into a situation of risk, the stronger and more widespread pattern is of resource scarcities accumulating over time, not least because of resources being used up and new resources not being accumulated. When the trajectories of their current situation (i.e. their history and 'path' to their current



state or condition) were examined, two main pathways were present. These, which in some cases interact with each other are: (1) exposure to adverse aggregate/idiosyncratic shocks; and (2) weaknesses in low long-term income generating capacity (Chaudhuri 2003). While the evidence from the focus group discussions provides limited insights into the history of individual participants and their families, it is possible to identify a number of elements involved in each pathway.

Participants frequently described experiencing forms of shocks and risk throughout their lives. Some of the shocks that were mentioned included cases of domestic violence (physical and/or emotional abuse), the death of a partner or parent, divorce and separation, lone parenthood and the onset of illness or disability. For some participants, these problems had cumulated and resulted in what Desmond and Western (2018: 308) call “correlated adversity”. For those who experienced shocks like those mentioned above, compounded work and care-related pressure intensified. For example, the death of a partner or divorce or separation leading to lone parenthood tended to exacerbate the scarcity of time and resources available. Similarly, giving birth to a child with an illness or disability (or otherwise increased care need) exerted additional pressure on one or both parents, reducing their ability to work on a full-time basis and significantly changing the distribution of responsibilities (with women’s responsibility for care especially increasing).

Obtaining and retaining (decent) employment was a major challenge. Only a minority (19) of the 45 participants who specified their employment status in the course of the discussions were in paid employment (either part-time or full-time), and some of those who were not employed (either unemployed, on maternity leave or retired from employment) described the difficulty they had experienced in seeking to balance work and care. As a result of the demands of their former positions (e.g. working hours, shift work, lack of flexibility), many had been dismissed from or left their jobs.

The second pathway was of a low long-term income generating capacity which materialised as low-paid employment, underemployment or unemployment. First, low paid work resulting from low levels of human capital or skills seemed to drive part of the material hardship and adversity experienced by participants. Some participants reported having left school early and not having pursued an education that would allow them to access higher-paying jobs, and a small few were studying.

The compounded pressures of employment/income accrual and care-related duties inured into a trade-off in a context of scarcity of time and other resources. Scarcity of options was the result. On the one hand, working additional hours, shifts or jobs, or moving from part-time work to full-time work were perceived as ways of improving the family’s material conditions or financial situation, potentially but yet only partially resolving one dimension of the scarcity experienced by participants (material and financial resources). On the other hand, increasing employment-related responsibilities decreased the time



available to participants to care for their family members (as well as themselves), enhancing the dimension of time scarcity and potentially throwing the family into a care crisis.

In addition, many of the participants were in an insecure relationship to the welfare state (including both income support and public services). Almost all who were living on benefits (the majority) were on UC, which is means-tested and demands high responsiveness and responsibility from claimants. People found it difficult to meet the demands of the system, such as very regular reporting, being very careful about income and/or managing behaviour so as not to break the rules. The process of applying for and maintaining one's claim was experienced as complex and difficult. Applying for benefits may even be a high-risk endeavour for people as the consequences of error are huge. And it should be borne in mind here also that it is not just the immediate income loss that is the risk but also access to other services (such as free school meals or health benefits for example) to which benefits are a passport.

In this context, it is important to underline that the system itself requires that people have a range of resources including behaviour management skills, and a range of comprehension, linguistic and cognitive skills (e.g. the need for a strategy and the capacity to make deliberate choices; the need to develop and employ tactical knowledge).¹⁶ Navigating the system may also require access to informal support. The difficulties are such that people have to turn more and more to their own networks or else to create them if they do not exist. In this context they increasingly use voluntary organisations and informal support. This suggests the need for relational skills, such as reaching out to others, taking advantage of existing networks, creating new ones.

People also experienced what they viewed as dismissive or disrespectful attitudes on the part of officials – such experiences were reported especially for those administering the benefit system. They may be associated with classic gate-keeping behaviour. There was an awareness among some participants of power being exercised over them, and that the underlying dynamic might even be to keep them outside the system. A benefit system that is perceived as difficult to comprehend and manoeuvre within engenders feelings of exclusion or of being on the periphery. Perceived negative attitudes on the part of staff also extended beyond the benefit system and were reported also in the health services and in educational support services. There were more concrete barriers to service use and engagement also. For example, engagement with formal services such as early childhood education and care involves high costs

¹⁶ The concept of strategies seeks to capture the dynamic interaction between choices and constraints, risks and uncertainties (Deckard and Auyero 2022: 376).



in a context of low availability. This has two consequences: people are unable to use the service (especially if they are on benefits and have to pay the fees upfront and then wait to be reimbursed) and, second, they are left to their own devices with their care-giving. An impression of organisations or parts of the system not communicating with each other was also voiced, such as gaps and blocks between institutions (e.g. school and health systems, health and local authority services).

A further type of scarcity was in support, especially social and material support. The discussions in the focus groups conveyed a strong sense of necessary self-reliance and, if support existed, it was mainly from one or a small number of others (often husbands or partners, or sisters or daughters or mothers). People could not necessarily call on their wider families (such as parents or siblings) for example (most often because of the perception that families would not be able to help given their situations of scarce resources). Friendship networks did not figure prominently in the discussions. In terms of institutional support, some mention was made of helpful services and of the financial support received through the benefit system as making a difference. In addition, people felt they received support from some local organisations – this is most likely associated with the role played by local NGOs in recruitment of the participants for the study. Overall, the focus group discussion convey a strong sense of people trying to manage in a situation of multiple scarcity.

In terms of managing, the relevant behaviours were mainly centred on managing money, with the skills deployed ranging from budgeting to shopping, to sourcing free or cheap food, to controlling diet and food consumption behaviours as well as managing and choosing between meeting different demands on income. Because income generating opportunities were often not possible for participants, their situation tended to remain unchanged. People's very short time horizon was evident. There were two main ways in which this was manifest: a seemingly permanent feeling of unease, the 'fixes' were short-term; people were waiting for the next change in their situation (e.g. until the youngest child is ready for school, until a medical emergency/problem is fixed, until they qualify for a new/different benefit or service).

While there were many examples of behaviours oriented to resilience, looked at in the round, one can question the sustainability of people's situation. Coping by absorbing loss or greater demand on existing resources is a short-term strategy. Dagdeviren and Donoghue (2019: 552) term it one of 'burden-bearing', rather than burden shifting or overcoming adversity. The findings generally tend to confirm the findings of other research in that: (a) the participants were engaging in a range of different practices, which were mostly plurifunctional (Promberger et al. 2020: 236); but (b) they were not significantly transforming their situation. The findings tend to confirm those of Calado et al. (2022) to the effect that the socio-economic practices of resilience were exerting, at best, marginal effects on households' ability to address crises.



People had many suggestions for how their situation and that of other families could be improved. These centred especially on what the state or the government could do but people also had a sense that employers could do more (by allowing employees greater flexibility and offering on-site care facilities for example). When it came to government action, participants' sense of what was needed fell into three sets of actions. The first was more redistribution with the dominant request being for the provision of additional or more generous cash benefits. Among the suggestions made here were increased benefits, extension of maternity leave, or the introduction of new forms of social protection, such as receiving a wage (rather than a benefit) for caring for children and other dependants. In addition, people wanted the government to act to curb inflation or offset the challenges and pressures caused by the increase in prices of basic goods such as energy, food, rent and other household expenses. Moreover, for many participants and their families, more and better in-kind forms of support were desperately needed. These included affordable and accessible childcare services available from an earlier age, affordable and accessible adult services (for older, ill or disabled adults), more information and support for claiming benefits and accessing public services (including a 'one-stop shop' type of service to obtain information on entitlements), better trained staff in schools and other public services, more funding for the NHS, increased support for parents (including through training) and increased support for community-based organisations. The second type of government action was 'representation' by which people meant that they needed more, or better, political representation. This was in response to the criticism that many political representatives were from elite backgrounds and could not therefore understand or be receptive to those living in very different situations. Thirdly, and relatedly, people wanted recognition. This was framed as requests for increased recognition of their roles as parents and/or care-givers.



References

Abreu, L. and Bellis, A. (2019) *The Family Test, House of Commons Library Briefing Paper 07714*, London: House of Commons Library.

Boddy, J. (2023) 'Engaging with uncertainty: studying child and family welfare in precarious times', *Families, Relationships and Societies*, 12 (1): 127-141.

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3 (2): 77-101.

Braun, V. and Clarke, V. (2021) 'One size fits all? What counts as quality practice in (reflexive) thematic analysis?', *Qualitative Research in Psychology*, 18:3, 328-352.

Braun, V. and Clarke, V. (2022) 'Conceptual and Design Thinking for Thematic Analysis', *Qualitative Psychology*, 9:1, 3-26.

British Medical Association (2023) NHS medical staffing data analysis", <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/nhs-medical-staffing-data-analysis>

Child Poverty Action Group (2020) *Low-income Parents Relying on Child Benefit for Household Basics*, <https://cpag.org.uk/news-blogs/news-listings/low-income-parents-relying-child-benefit-household-basics>

Cooper, K. and Hills, J. (2021) *The Conservative Governments' Record on Social Security: Policies, Spending and Outcomes, May 2015 to Pre-COVID 2020*, SPDO Research Summary February 2021, London: Centre for Analysis of Social Exclusion, London School of Economics and Political Science.

Cribb, J., Norris Keiller, A. and Waters, T. (2018) *Living Standards, Poverty and Inequality in the UK: 2018*, London: Institute for Fiscal Studies.

Cribb, J., Waters, T., Wernham, T. and Xu, X. (2022) *Living Standards, Poverty and Inequality in the UK: 2022*. London: Institute for Fiscal Studies.

Dagdeviren, H. and Donoghue, M. (2019) 'Resilience, agency and coping with hardship: Evidence from Europe during the Great Recession', *Journal of Social Policy*, 48 (3): 547-567.

Dagdeviren, H. and Donoghue, M. (2020) 'Socio-economic practices of households coping with hardship' in Boost, M., Dagg, J., Gray, J. and Promberger, M. (eds) *Poverty, Crisis and Resilience*, Cheltenham, U.K: Edward Elgar Publishing Limited, pp. 89-106.

Daly, M. and Kelly, G. (2015) *Families and Poverty: Everyday Life on a Low Income*, Bristol: Policy Press.

Deckard, F.M. and Auyero, J. (2022) 'Poor people's survival strategies: two decades of research in the Americas', *Annual Review of Sociology*, 48: 373-395.

Department for Work and Pensions (2021) *Households Below Average Income Series – Data tables (food security)*
<https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2020>

Desmond, M. and Western, B. (2018) 'Poverty in America: New directions and debates', *Annual Review of Sociology*, 44: 305-318.



ESPN (2018) *Scotland Moves Away from the UK in Social Security Policy*, ESPN Flash Report 2018, 72, Brussels: European Commission.

Fitzpatrick, S., Bramley, G., Blenkinsopp, J., Wood, J., Sosenko, F., Littlewood, M., Johnsen S., Watts, B., Treanor, M. and McIntyre, J. (2020) *Destitution in the UK 2020*, York: Joseph Rowntree Foundation.

Fraser, N. (1995) 'From Redistribution to Recognition? Dilemmas of Justice in a "Post-Socialist" Age', *New Left Review*, 212: 68–93.

Griffiths, R., Wood, M., Bennett, F. and Millar, J. (2020) *Uncharted Territory: Universal Credit, Couples and Money*, Bath: Institute for Policy Research, University of Bath.

Griffiths, R., Wood, M., Bennett, F. and Millar, J. (2022) *Couples Navigating Work, Care and Universal Credit*, Bath: Institute for Policy Research, University of Bath.

Ham, C. (2023) *The Rise and Decline of the NHS in England 2000-2020*, London: Kings Fund.

Hernanz, V. Malherbet, F. and Pellizzari, M. (2004) 'Take-up of welfare benefits in OECD countries: A review of the evidence', *OECD Social, Employment and Migration Working Papers 17*, Paris: OECD.

Hirsch, D. and Stone, J. (2020) *The Cost of Pensioner Poverty and Non-take-up of Pension Credit*. Loughborough: Loughborough University and Independent Age. <https://www.independentage.org/campaigns/PensionCredit/cost-report>

House of Commons Library (2022) *Food Poverty: Households, Food Banks and Free School Meals*, London: House of Commons.

Kenway, P. and Holden, J. (2021) *Modern Poverty What's Changed in 20 years and Why Work is No Longer the Route out of Poverty in the UK*, London: New Policy Institute. https://npi.org.uk/files/4916/3041/0468/Modern_Poverty.pdf

Lingard, L. (2019) 'Beyond the default colon: Effective use of quotes in qualitative research', *Perspectives in Medical Education*, 8: 360–364.

Marmot, M., Allen, J., Boyce, T., Goldblatt, P. and Morrison, J. (2020) *Health Equity in England: The Marmot Review 10 years On*, London: The Health Foundation, www.health.org.uk/publications/reports/the-marmot-review-10-years-on

Migration Observatory at the University of Oxford (2020) *Migrant Remittances to and from the UK*, <https://migrationobservatory.ox.ac.uk/resources/briefings/migrant-remittances-to-and-from-the-uk/>

Mullainathan, S. and Shafir, E. (2013) *Scarcity: The True Cost of Not Having Enough*, London: Penguin Books.

OECD (2022) *Net Childcare Costs*, <https://data.oecd.org/benwage/net-childcare-costs.htm>

Promberger, M., Boost, M. and Müller, J. (2020) 'A typology of resilient households', in Boost, M., Dagg, J, Gray, J. and Promberger, M. (eds) *Poverty, Crisis and Resilience*, Cheltenham: Edward Elgar, pp. 233-262.

Rehill, J. and Oppenheim, C. (2021) *Protecting Young Children at Risk of Abuse and Neglect. The Changing Face of Early Childhood in Britain*, London: The Nuffield Foundation.



Smith, G., Sylva, K., Smith, T., Sammons, P. and Omonigho, A. (2018) *Stop Start. Survival, Decline or Closure? Children's Centres in England, 2018*, Oxford: University of Oxford/The Sutton Trust.

Stewart, K., Patrick, R. and Reeves, A. (2023) 'A time of need: Exploring the changing poverty risk facing larger families in the UK', *Journal of Social Policy*, first view February 2023.

UK Office for National Statistics (2023) *Unpaid care by age, sex and deprivation, England and Wales: Census 2021*,
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021#:~:text=In%20England%20and%20Wales%20there,over%2C%20age%2Dstandardised>

Vizard, P., Obolenskaya, P. and Treebhohun, K. (2023) *Going Backwards? The Slowdown, Stalling and Reversal of Progress in Reducing Child Poverty in Britain during the Second Decade of the 21st Century, and the Groups of Children that Were Affected*, SPDO Research Paper 14, CASE, London: LSE.

Warner, M. and Zaranko, B. (2022) *The NHS Needs to Ramp up Treatment Volumes if Waiting Lists Are to Start Falling any Time Soon* [Comment] Institute for Fiscal Studies,
<https://ifs.org.uk/articles/nhs-needs-ramp-treatment-volumes-if-waiting-lists-are-start-falling-any-time-soon>

Warren, S. and Bottery, S. (2021) *A Radically Realistic Vision for Social Care*, London the Kings Fund
<https://www.kingsfund.org.uk/publications/radically-realistic-vision-adult-social-care>

Wood, M. and Bennett, F. (2023) 'Parenting in the pandemic: Exploring the experiences of families with children on Universal Credit before and during the COVID-19 pandemic', *Families, Relationships and Societies*, 12 (2): 163-179.



Annexes

Annex 1 Focus Group Discussion Guide

1. Preamble (5 minutes)

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

2. Ice-breaker (10 minutes)

- Each participant introduces him/herself and answers one brief ice-breaker question ¹⁷

3. Open-ended questions (60 minutes)

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

¹⁷ 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.



Are there things about the family that are difficult to manage while working?
How does the family cope with them?

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

What are the difficult decisions you have to make?

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

4. Break (optional)

5. Scenario-based questions (30 min)

Family type	Scenario	Questions
All family types	A couple with one child are both working in low-paid jobs. They would like to have a second child but they are worried about finances and job prospects.	What options do they have in your view? What help from the government would be most useful?
Low-income families	Paula works as a full-time cleaner for a company and cares for her partner, who has a health condition. She has been told that she could make more money by the hour working for an agency, which pays a higher wage but does not guarantee the timing and the amount of hours she might get a week.	Do you think she should take the offer? What should she take into account when making a decision? What help from the government would be most useful?
Lone parents	Rebecca is a lone parent whose children are now reaching school age. She relies on benefits as income but they are not enough to meet the family's needs, and she does not receive support from the children's father.	What do you think Rebecca could do to cope with this situation? What help from the government would be most useful?
Migrant families	Margarita and Leo have migrated to County X. They have both found work, and their children attend the local day-care centre. Margarita and Leo have been offered to take on longer working hours, but they would need more childcare and support that they cannot get through the day-care centre.	What are the pros or arguments in favour of accepting the longer hours of work? What are the cons or arguments against accepting the longer hours of work? What help from the government would be most useful?



Rural families	After having stopped working ten years ago, Julie wants to return to work. She lives in a rural area, where employment opportunities are limited, given her skills. Her partner is working full-time and they have four children.	What options does Julie have? What help from the government would be most useful?
Carers	Oliver's mother has illness and mobility problems and he cares for her part-time. Now he finds that he needs more income and so is thinking of trying to find full-time work.	What should Oliver take into account when making a decision? What are his options? What help from the government would be most useful?



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

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



Annex 3 Socio-demographic Questionnaire

1. Gender (please tick one)

- Female
- Male
- Other

2. Age group (please tick one)

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

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

- Children
- Grandchildren
- Partner
- Parent
- Other: _____

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

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

5. Were you born in this country?

- Yes
- No

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

- Yes
- No



Annex 4 Opinion Survey

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

	1	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"/>
J. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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"/>
B. Community organisations (for example NGOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. My family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. My friends and neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. My employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. The government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Food assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

H. Other:

<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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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"/>
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"/>



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

I. Other:

<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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