Exploring Resilience with Families: Overview Report

rEUsilience Working Paper Series: 8

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Risks, Resources and Inequalities:
Increasing Resilience in European Families

Executive Summary

This report provides an overview analysis of the findings of the empirical research conducted for Work Package 4 (WP4) which took the form of focus groups with family members in each national setting. Six individual country reports have already been published. On the basis of these and the original empirical evidence which was drawn from 41 focus groups held in the six countries, an integrated and comparative analysis is here presented.

Two over-arching research questions guided the research reported here: What strategies do families use to cope with risks? What resources do they need to avoid negative outcomes?

In answering these questions, the analysis also revealed the nature of the risks that families are exposed to; the resources families need, as well as what they have and what they lack; the similarities and differences across the six countries; and experiences with – and perceived functioning of – the welfare benefits and services in meeting families' needs. The following are among the main findings.

There are major intra- and cross-national similarities in the living situation of participants which can be described as a state of resource scarcity. Inadequacies in income, time and money characterise participants' everyday life, sometimes to quite a profound degree.

A further notable common situation is of compounded hardship/adversity. People faced more than one difficulty – the problems or challenges stem 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 mix of all), insecure or inadequate housing and/or relative social isolation.

Intersecting inequalities is another aspect of compoundedness or layering. Gender-based inequalities were quite widespread but other sources of inequality such as migration status or lone parenthood were also in evidence.

Another striking set of findings was of how much effort the participants had to put in to manage their situation. Dealing with the benefit system, the health system or the social service system can be hugely time consuming and a wide range of patience, skills and behaviours are needed to manage limited money and other resources. The narratives also suggested that there may be a psychological element involved in coping whereby people may have to adopt particular mindsets and 'arm' themselves psychologically to cope with the challenges and feelings involved.

The meaning and significance of family was revealed again and again by the narratives. Care-giving (for children and adults) and familial responsibilities were defining characteristics in this

regard, amplifying pressures in situations of low resources. Children emerged as a key focus of people's concerns, worries and hopes.

The pressures of caring in low-resource situations can be thought of as a care trilemma. The trilemma betokens, on the one hand, an intersection of three types of scarcity, specifically paid work, money and time, and on the other being faced with trade-offs in the decisions and behaviours that are possible.

Many of the participants were in an insecure relationship to the welfare state (including both income support and public services). Benefit levels were generally considered too low and many people found it difficult to navigate and meet the demands of 'the system'. Some people also experienced what they see as dismissive or disrespectful attitudes on the part of officials. NGOs often functioned as intermediaries between the person and the system; this was one of the main forms of NGO support identified and highly valued by participants.

Some participants could also be said to be insecure in social support. People could not automatically call on their wider family (such as parents or siblings) given that this depended on family norms and the quality of the relationship involved and because many people's relatives would not be able to help given their own scarce resources. Friendship networks did not emerge prominently in the discussions. In terms of institutional support, only minor mention was made of helpful benefits and services. Overall, the focus group discussions in all the countries conveyed a strong sense of people trying to manage in a situation where help and support from others could not be counted on.

There were some significant country differences also.

Family seemed to have a stronger resonance in Croatia, Poland and Spain as compared with the other three countries. These cross-national variations may be traced to prevailing norms and values – in particular it seemed less acceptable to ask family for help and support in Sweden and the UK as compared with the other countries.

The significance of the institutional support architecture and the functionality of the labour market varied. As a general pattern, the Swedish participants were least likely to report problems with the institutional support architecture or the quality of paid work. Such constraints were much more widespread and 'normal' in the other five countries. In particular, the costs of childcare and service availability were identified as a major problem in Belgium, Croatia, Poland and the UK. Moreover, the experiences of the Polish and Spanish participants indicate that the labour market that they engage with was highly informal and under-regulated, leaving them in jobs with low pay, variable hours or work, un- or ill-defined tasks and few if any social rights and entitlements.

Participants seemed comparatively more disaffected by the 'system' in Belgium, Croatia, Poland and the UK as compared with Spain and Sweden. To be precise, while participants everywhere pointed to weaknesses and lack of coverage in benefits and services, the Belgian, Croatian, Polish and British participants tended to attribute these to a failure of either the state itself or the government in power.

Undercurrents of deservingness and 'othering' were seen most strongly in Croatia, Poland and Spain. In both Croatia and Poland especially, there was considerable mention of (other) people

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who abuse the system and how this should be factored into benefit reform. Ukrainian migrants were the subject of significant scrutiny and criticism in regard to their deservingness and entitlements in Poland.

Taken as a whole, the findings convey <u>the situations in which people are called upon to be resilient</u>. The analysis underlined <u>the complexity and variety of responses needed</u> and indicated that most of the behaviours were <u>using (up) existing resources rather than increasing the pool of resources</u>. Coping by absorbing loss or greater demand is a short-term strategy that may well decrease the capacity to be resilient in the long term. In addition, the findings suggest the need to recognise <u>the uneven distribution of material and other resources</u> and how this is associated with family type and, more generally, the difficulties of 'disadvantaged' groups and communities to access the levers of change in situations calling for resilience or other forms of adjustment. The concept of resilience, then, needs to problematise the capacity to act in a situation as shaped by the resources one has available and of these in turn as shaped by broader patterns of inequality prevailing in society. Finally, the research also questions <u>the significance of shocks and unpredictable events</u> as determinants of people's situation. Many people's situation was embedded in a longer-term trajectory of resource scarcities accumulating over time. It is the weaknesses in long-term income generating capacity that were predominant as against sudden 'shocks'. On the basis of the evidence produced by the current research, ongoing risks and vulnerability are a more pertinent and common feature of people's lives than sudden or unpredictable shocks.

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Introduction

The rEUsilience project, launched in September 2022, features a number of interconnected Work Packages. Covering Belgium, Croatia, Poland, Spain, Sweden and the UK, the project addresses the following overarching research questions that define the project problematic as a whole:

- • 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 that families put in place to overcome labour market and income risks, especially as these risks intertwine with care-giving, the resources that people have access to and those that they require to avoid negative (socio-economic and other) outcomes. The WP also examined the trade-offs that people face with respect to overcoming risks and mobilising resources. The guiding research questions for WP4 are:

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

The evidence was collected through focus groups held in each country using a common discussion guide. In all, some 41 focus groups are analysed, covering 313 people across the six country cases (see Table 1). With the focus of the research on family-related risks, the participant family members were selected to reflect situations of likely difficulties in responding to labour market and income risks when caring for children and/or other adults. Participants were therefore drawn from the following types: families living on a low income, lone-parent families, families living in a rural area, families with an immigration background, families containing an unpaid care-giver for someone with significant health or disability-related needs. The evidence was analysed using thematic analysis.

Comparative Research Design

The overall project is comparative in design which, among other things, necessitated control of variation as a priority. The WP's comparative methodology aimed for standardisation of key aspects of the study design and evidence gathering process across countries. As Van Bezouw et al (2019: 2721) point out, such standardisation enables the interpretation of differences in focus

group discussions between countries as stemming from other influences apart from the research design itself. Different levels of standardisation were applied. First, similar types of families were researched and participants were selected on criteria that had application and generally similar definition across the countries. Some leeway was allowed for national variation, such as in the composition and background of focus groups with migrants for example. Second, a similar mode of selecting participants was adopted. Third, a commonly-agreed discussion guide was used in all the national settings. This meant that similar topics were covered across the countries (with room for flexibility allowed for variation in the significance of topics and the unfolding dynamic in the focus group). Finally, the use of a moderator-led approach was adopted for the focus groups.

The focus group methodology was used as a primary research method in its own right, its purpose being to obtain first-hand information from family members in the form of individual contributions and group discussion. The research is, therefore, grounded in people's sharing of their views and experiences as family members in a group conversation and an interpretive analysis of this. Why focus groups? For one thing, they are especially good at revealing both how people think about an issue and how a collective discussion emerges on the basis of individual contributions (Cyr 2015). As Smithson (2005: 436) puts it: "*A central feature of focus groups is that they provide researchers with direct access to the language and concepts participants use to structure their experiences and to think and talk about a designated topic*." Focus groups reveal not only shared ways of talking, but also shared experiences and shared ways of making sense of these experiences (Wilkinson 1998). To the extent that they generate a debate and allow for a group-level analysis, they may also reveal whether a consensus of opinion emerged on an issue or topic (Cyr 2015). Second, focus groups provide an opportunity for sensitive topics to be raised and feedback on these and other issues to be elicited (Kitzinger and Farquhar 1999; Madriz 2003). Third, focus groups can be a powerful method for enabling minority groups or others who are often ignored in other research methods to express their views and experiences (Smithson 1998). Many of those in the current research could be seen as drawn from population sectors that are suffering disadvantage or some forms of exclusion.

When it came to selecting the families to be prioritised for focus group participation, two sets of inclusion criteria were used. The first 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 nuclear family). The second set of inclusion criteria was specific to individuals' family situation, with the project's research aims ordaining coverage of different family situations that potentially expose people to financial and other pressures. On the basis of these considerations and existing research on family-related risks and their distribution by family type and composition, the following five family situations were prioritised for inclusion in the research across countries:

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

When deciding on the number of focus groups, the research prioritised comparability, depth and the evidence necessary to answer the research questions on the one hand (which suggested that the specific types of family situation outlined above should be covered) but also rules of

thumb prevailing in the research community which suggest that between four and six groups will be usually sufficient to provide saturation, although the complexity of the topic and desired depth of opinion have to be considered as well (Morgan 1996). The decision was for seven groups per country.

Given that the research was focusing on quite hard-to-reach populations, it was decided to work with non-governmental organisations (NGOs) and, in a few cases, local service providers (including a school) for the purposes of participant recruitment. The only exception to the NGO-focused recruitment occurred in the case of Poland which used a commercial research company - IPSOS Poland - to undertake the recruitment and carry out the focus groups.[1] Working through NGOs for recruitment purposes was seen to have several advantages. For one, this mode of recruitment was envisaged to be superior as a method to recruit the very specific categories of families as compared with general outreach measures (such as through social media for example). Relatedly, carefully-selected themselves, the NGOs helped to direct the study towards populations that fitted the categories (and therefore indirectly verified the participants as being members of the category of interest). Furthermore, it was felt that contact and information sharing through the NGOs would help reassure potential participants about the study's credentials and, in particular, that it was a study being carried out for academic purposes.

These aspects of the design leave the study open to issues of bias in selection, in two respects. First, although asked to provide volunteers, there is the possibility that the NGOs acted as gatekeepers and, therefore, influenced the selection process. There are, however, some mediating factors to note in this regard. In particular, the NGOs had no incentive to do this, although in three national settings (Belgium, Croatia and Spain) some of the NGOs already had a relationship with the university or research unit and so there may have been implicit reasons to help. Furthermore, it was the research teams that actually confirmed with the potential participants that they were eligible to participate and who worked with them on confidentiality and other ethical procedures – thereby exercising control. The second potential source of bias lay in the self-selection on the part of the participants – there may well have been volunteer bias and this may result in participants of particular types, such as those with particular political and other views who wanted to air them. There is a high probability of this occurring since some NGOs were activist and consciousness raising in purpose. This calls for careful analysis and interpretation of the evidence; the nature of the group composition must always be kept in mind.

Taken as a whole, the study design and the nature and volume of the evidence call for very careful interpretation, especially limiting the degree of comparison across countries. Focus groups do not aim to be nationally representative - their lodestar is, rather, the exploration of thoughts, opinions and experiences in a group setting. The evidence is by its nature specific to the group or local context (depending on the selection criteria). Another factor of relevance is the small-scale nature of the evidence. With between 38 and 70 participants analysed per country, the numbers are simply too limited to make robust statements about national or cross-national patterning. There is also the consideration that, with up to five different types of family

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[1] IPSOS Poland organised the recruitment of respondents and the organisation and execution of the fieldwork. Participants were recruited through a specialised recruitment network. In a first step, three coordinators for four locations were hired; approximately 20 experienced recruiters worked on the project in total. Working through NGOs was part of this strategy also as the recruiters already had established contacts in diverse support environments such as foundations, associations, support groups, and social services targeted at children, older people and their carers, those with a disability, the financially disadvantaged and migrants.

focus group in each country, the national level unit is not a single case but a group of varying cases. A further limit is placed on cross-national comparison by the organic features of focus groups as a methodology. As mentioned, a common discussion guide was applied in all focus groups but it is in the nature of the focus group as a method that the discussion may proceed in different directions and so the same information is not always available for each country (or indeed group).

Taking these different points into account means that, while the analysis will search for cross-country variations, these can only be treated as descriptive differences.

Recruitment and Research Process

At the outset, each team obtained ethical approval from the relevant authority.[2] The ethics approval set out the conditions for recruiting the participants and conducting the focus groups as well as the storage and use of the evidence for publication purposes. They especially stipulated the measures to be taken to provide for the comfort and safety of participants and to ensure both informed consent and the confidentiality of the data collected as well as the conditions under which the evidence was to be shared with Oxford (where the analysis was to be carried out). For the latter purposes, commitment was made to the pseudonymisation of the narratives and for all focus group material to be accessed only by members of the national team, transcription staff (where necessary) and the Oxford team. Ethical commitment was also made for the recordings to be stored on secure, encrypted computers and servers, or in the case of Sweden on a separate drive in a secure safe. Informed consent forms and other documents with identifying information were to be stored securely and accessible only to authorised researchers.

Having identified the family types that were to be recruited, attention focused on the procedures for recruiting participants. As mentioned, the decision was made to work mainly through NGOs for this purpose. Recruitment generally proceeded as follows (with some small variations in some countries).

Outreach materials were finalised, detailing the aims, methods of research and ethical principles guiding the research, and a list of relevant organisations was compiled. As well as an information sheet on the study (intended especially for potential participants), the outreach materials briefly explained the focus group method and set out the benefits and possible negative implications for participants. It was also made clear that participation was entirely voluntary. If the participant agreed in principle to take part (having read the information sheet), the agreed procedure was for a consent form to be signed by the participant and co-signed by the researcher before the focus group began.

Seven focus groups were held in each country, with the exception of Croatia where an eighth was held.[3] The total number of focus groups conducted across the six countries was 43 comprising 319 individuals in all. But only 41 were analysed (as one focus group in both Belgium

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[2] The registration number from the Swedish 'Etikprövningsmyndigheten' is: 2022-07090-01.

[3] To compensate for the small size of the Roma and migrant focus group, an additional focus group with low-income families was conducted and analysed.

and Croatia consisted of only three participants), making for a total population of 313 participants (Table 1).

While the five types of families listed above were prioritised for selection in each country and there was a strong correspondence achieved across countries, there were some small variations (Table 1). Such variation was allowed for in the research design so as to take account of national and local variation and to some extent also particular recruitment circumstances. The main exceptions in family type were a focus group held with female-headed families in Poland and a focus group held with families headed by a young parent in Spain. These were adjudged by the national teams to be relevant in the national context. The category of 'families with a migration background' varied across the six countries in that in Poland the migrant group was made up of Ukrainian migrants and in the UK case the migrant group participants were almost all from a Pakistani background. Other factors also played into the variation in the recruitment of particular family types, including logistical difficulties as well as the 'relevance' of the category or family type for the country. For these reasons, no focus group was conducted with families living in rural areas in Sweden. In Belgium where there are hardly any rural areas as such, the relevant focus group was conducted in an outer area with limited public provision, transportation and infrastructure. Furthermore, because of major logistical difficulties in identifying carers that fitted the criterion in Sweden, no focus group with carers was held in that country.

Although recruited to fit particular family group categories, the 'categories' were not hermetic; in other words, participants in one focus group may have shared (and in many cases did share) characteristics relevant to the inclusion criteria of another focus group. Low income was a widespread (although not universal) group category, for example. While the focus groups were thus not mutually exclusive in terms of inclusion criteria and overlaps in the circumstances were present, the application of the criteria ensured that participants in each group shared the key group situation, thereby fulfilling the criterion of social homogeneity (one of the characteristics conducive to self-disclosure in focus groups – Morgan et al 1998).

TABLE 1 DISTRIBUTION OF PARTICIPANTS BY FAMILY GROUP TYPE

	Low-income	Lone parents	Families in rural locations	Families with migration histories	Carers	Families headed by young parents	Female-headed families	Total
Belgium*	22	8	7	8	3	NA	NA	48
Croatia **	35	4	5	3	11	NA	NA	58
Poland	22	11	10	9	8	NA	10	70
Spain	23	6	6	8	7	5	NA	55
Sweden	20	10	NA	8	NA	NA	NA	38
UK	16	8	6	9	11	NA	NA	50
Total	138	47	34	45	40	5	10	319***

NA = Not applicable.

* Note the carers group was not analysed because of small size, leaving the total number of Belgian participants analysed at 45.
** Note the migration group was not analysed because of small size, leaving the total number of Croatian participants analysed at 55.
**** Total number of participants whose information was analysed was 313.

The groups were primarily 'groups of strangers' rather than a naturally occurring or pre-existing group. While a minority of the participants in some focus groups knew each other beforehand, this was mainly as acquaintances. Groups of relative or actual strangers were chosen mindful of Morgan's (1996 – cited in Van Bezouw et al 2019: 2723) point that using natural discussion groups increases the chance of pre-existing power relations and group dynamics influencing the content and the nature of the discussions.

Participants were compensated for their time in five of the six countries (Sweden being an exception since such compensation is not allowed there by law). Compensation took the form of either cash or vouchers.

Conduct of the Focus Groups

With support from the local organisations, participants were invited to attend the focus group location on the agreed date and time. The physical locations of the focus groups varied but a common (although not universal) practice was to organise the focus groups at the supporting organisations' premises.[4]

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[4] Among the exceptions were: a local library, a local adult education institution and a community event room at a municipality in Croatia; a school and a local community centre in Spain; a local church for one focus group in Sweden; and in the UK a local church, a local community centre, a local co-working space and a local hotel.

Upon arriving at the meeting place, the participants were provided with the information sheet containing additional explanation of the study and the ethical principles to be used to protect confidentiality of the information shared during the discussions, as well as participants' identities. They were then asked to sign the consent form. The moderator also verbally explained the practicalities and assured people that the focus group aimed to be a 'safe space' and place for discussion (emphasising confidentiality). Where considered necessary, the moderator was supported in the running of the focus groups by staff members or volunteers from the organisations. This was mainly to support participants in understanding the questions being asked and to help with the filling out of the demographic questionnaire and the short survey. In one migrant group discussion in Sweden, a paid interpreter attended to ease the language barrier.

The moderator and the research team ensured that the discussions were held in a welcoming environment. Some refreshments, such as coffee, tea, and biscuits, were offered during the discussions. In Sweden, a meal was provided at the focus groups that were held in evening hours.

The discussions lasted between one and two hours on average. In some groups, a break was taken, whereas in other cases the discussion was uninterrupted. The temporal organisation was left up to the discretion of the moderator and depended on the time available, the flow of the discussion and participants' energy levels. It should be noted that some participants arrived late or left early. There were also cases, in almost all countries, where a few participants brought their children with them due to lack of childcare support.

The focus groups were conducted using a discussion guide which was drafted by the Oxford team, shared with the consortium partners in several versions and discussed at a number of Consortium meetings before it was finalised (see Annex 1 for the final guide). This procedure ensured that the guide had meaning and relevance for application in each country while at the same time making for consistency in the information obtained from each national setting. However, it was agreed that in its application, the national researchers would use the guide mindful of the iterative nature of focus groups as a methodology, the variation in the composition of the groups and relevant particularities in the national and/or local setting.

The discussions opened with introductions. As set out in the guide, the first part of the discussion covered participants' views of the circumstances of families in general as well as those of their own families. This was followed by three sets of themes: budget- and money-related difficulties, employment-related difficulties and care-related difficulties. The discussion then went on to probe how people managed their situation, what supports and help they had access to and what changes they felt were necessary – especially in policy and provision – to improve their situation and that of others. Towards the end of the discussion, participants were asked to consider hypothetical family scenarios designed to elicit more detailed (and potentially sensitive) opinions on possible difficult decisions or trade-offs 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 group (see Annex 1). The use of scenarios was intended to allow participants' freedom to comment on someone else's story and, in this and other ways, reveal key aspects of their world views and own situations.

Two sets of quantitative data were collected at the end of the focus groups (see Annex 2 and Annex 3). The first was through a demographic questionnaire. This asked people to record their gender, age group, migration status, care-giving responsibilities and the family's degree of difficulty in coping financially. Participants were also asked to complete a three-question opinion survey. This sought people's assessment of the degree of difficulty or importance (on a scale

from 1 to 5) of issues facing their families, the helpfulness of different types of support for their families and the type of support from the government that would be of most help. This exercise helped to detail participants' socio-economic background and expanded the attitudinal and factual evidence gathered.

In general, the focus groups proceeded without difficulty. 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 measures. As might be expected, each discussion had its own unique dynamic. Following Chatrakul Na Ayudhya et al (2014), we can identify three main modalities in the narratives: normative accounts where people refer to the right thing to do; personal accounts in which people refer to their own experiences and practical accounts where they make reference to practical considerations. In general, the discussions favoured consensus over disagreement. This was not universal though. As was to be expected, the group dynamics unfolded in different ways but the majority of participants were able to relate to the questions throughout, including the hypothetical scenarios.

In more than one group in each country, people became quite emotional about their circumstances, an eventuality that revealed inherent vulnerabilities and called for careful and sensitive responses from the moderator and other participants. Some within-group solidarity was also observed. This was mainly took the form of participants sharing knowledge about certain welfare benefits or other aspects of provision with the rest of the group. Where this occurred, participants seemed to value both the opportunity to exchange information and to receive the advice offered by other participants.

While the moderators followed the main guidelines, there were cases where not all the topics were covered explicitly. This was due either to time restrictions or the judgement of the moderator based on the depth and direction of the discussion as a whole.

Transcribing and Translating the Evidence

All the focus group discussions were audio-recorded and transcribed verbatim. Most of the transcription was done by members of the country teams. All verbal utterances and some nonverbal expressions, such as laughter, crying or hesitation, were transcribed. During the transcription process, the teams pseudonymised the evidence by removing all potentially identifiable information, such as the specific location of residence, the name of workplaces, the names of family members and of local institutions (such as schools or hospitals). Any identifying information was usually replaced by a codeword or a single X with a short explainer added. In the few occasions where the audio recording was not decipherable, the text was marked as inaudible. Following transcription, at least one member of the team in each setting undertook quality control checks on the transcriptions, with a view especially to accuracy and completeness.

When completed, the transcripts were translated into English. Some teams used AI-aided translation services for the initial translation and then worked on the document again. Other teams outsourced translation while still others used help from members of the university department or centre, including students. Before sharing the translated scripts with the research team in Oxford for the analyses, country teams read the translated documents and made sure that all the evidence was reflected accurately and pseudonymised.

The data were then transferred to Oxford through a secure transferral process. The data management and storage procedures throughout complied with the ethics approval procedures and the Data Management Plan regarding secure storage and controlled access.

Mode of Coding and Analysis

All of the analysis was completed by the Oxford team, using an inductive process of thematic analysis (see Braun and Clarke 2006; Braun and Clarke 2021; Braun and Clarke 2022), assisted by NVivo software.

Morgan (1988: 64) identifies two main approaches to analysing focus group data: 'systematic coding via content analysis and 'strictly qualitative or ethnographic' analysis. The content analysis approach aims for a summary description of the data, usually incorporating a quantitative element, while the second approach relies primarily on direct quotation from the group discussion. It was the latter method that was followed in the present study, given its interpretive orientation. As described by Wilkinson (1998: 196-7), the main advantage of the ethnographic approach is to permit a detailed interpretative account of the social processes of communication, talk and action occurring within the focus group.

For the purposes of coding, the transcripts were read multiple times by the team members in Oxford. 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, and then coded through a process of re-reading the transcriptions and undertaking different iterations of the coding process. For the purposes of consistency across all transcripts, they were all formatted in the same way before being uploaded to NVivo. This included changing the identifiers for each participant and the moderator to enable the use of the auto-coding function in NVivo.

Once imported into NVivo, a formal coding phase commenced. 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). It was therefore an inductive process. This reflected the nature of the research in that, while a common discussion guide was used in all cases, the evidence also reflected the particularity of each focus group and each set of country research.

This phase typically produced a long list of codes. The next step re-examined the evidence – both original text and the codes - to identify overarching themes across the whole evidence set. In some cases, a code was found to correspond to a broader, overarching theme; in other cases, a number of codes was grouped together into one theme. In a further phase, the Oxford-based researchers 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.

As Cyr (2016) points out, focus groups actually contain three units of analysis: the individual, the group and the interaction. The difference between the latter two is that at the group level the researcher is interested in if and how the conversations cohere into an overall group 'position' on a subject and the intersubjective nature of the subject matter, whereas when the interaction is the unit of analysis, the focus group is analysed as a 'social event', with the attention turned on how members interact with and relate to each other. The present analysis follows the most

common practice and mainly works with the individual as the unit of analysis. Some analyses were also undertaken of the second unit - the flow of the group conversation.

As outlined by Wilkinson (1998: 196), a key issue in ethnographic analysis is how to select the material to present (whether this is framed as 'themes', 'discourses', or simply as illustrative quotations), without violating the 'spirit' of the group, and without losing sight of the specific context within which the material was generated. With this in mind, an overview, integrated analysis here is aimed for in the sense that the evidence from the 41 groups is treated together, thereby emphasising the commonalities found and highlighting dominant patterns. Quotes from participants' interventions are used to provide examples of such dominant patterns. The approach taken to the selection and use of quotes was essentially one of selecting fragments of interventions that are as much as possible "representative of the patterns in the data" (Lingard 2019). In some cases, a dialogue that occurred between two or more participants is presented so as to outline a group dynamic or illustrate a group exchange. Quotes were edited for succinctness or legibility, with some short phrases (e.g. "I mean", "ehm", etc.) removed and replaced by ellipses. In addition, some of the quotes were 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. Ethics procedures and especially the principle of protecting anonymity mean that little if any information is given on the identity and key characteristics of the speaker.

There are other features of focus groups also that have to be respected for analysis purposes. A primary one is the context dependency of the discussions. The evidence is primarily narrative evidence of opinion and experiences. However, the study can take some aspects of context into account in that some background – mainly demographic - data was gathered from the participants. Furthermore, background or structural aspects of people's lives also came across in the group discussions (although this is considered protected information). In general, the evidence categories of family type and caring responsibilities were built into the design (as was gender to a lesser extent) and these are used as 'sensitising concepts' following Blumer 1954 (cited in Brannen and Nilson 2005).

Participant Profiles

The total number of focus group participants varied between 38 in Sweden and 70 in Poland, making for some 319 people in all. Given that two focus groups were not analysed because of small numbers (one in Belgium and one in Croatia), the total number of participants analysed was 313. This section outlines the information collected through the demographic questionnaire. [5]

Around one-fifth (22%) of the participants were men with 78% female. The largest gender disparity was observed in Sweden, with only 9% male participants (Figure 1). The most gender-balanced distribution was attained in Poland, with a 36%/64% male-female distribution. In both Belgium and Spain, the gender distribution was one-quarter male and three-quarters female. In the two remaining countries, men comprised 15% of the study population in Croatia and 18% in the UK. Neither the generally low proportion of male participants nor the cross-national variation in that regard is considered a weakness for study purposes. This is for the following

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[5] It should be noted that the demographic questionnaire and opinion surveys had some missing data points. This was either because of language or other capacity-related difficulties or because of time. Therefore, there are variations in total sample size across different questions.

reasons. On the one hand, the difficulties faced by the research teams are confirmed by other studies which find that men are less likely to offer to participate in interviews and focus groups (e.g., Daly and Kelly 2015). On the other hand, given one of the study's selection criteria (family-based care exigencies), it may not be surprising that women were overrepresented.

FIGURE 1 PARTICIPANTS' GENDER
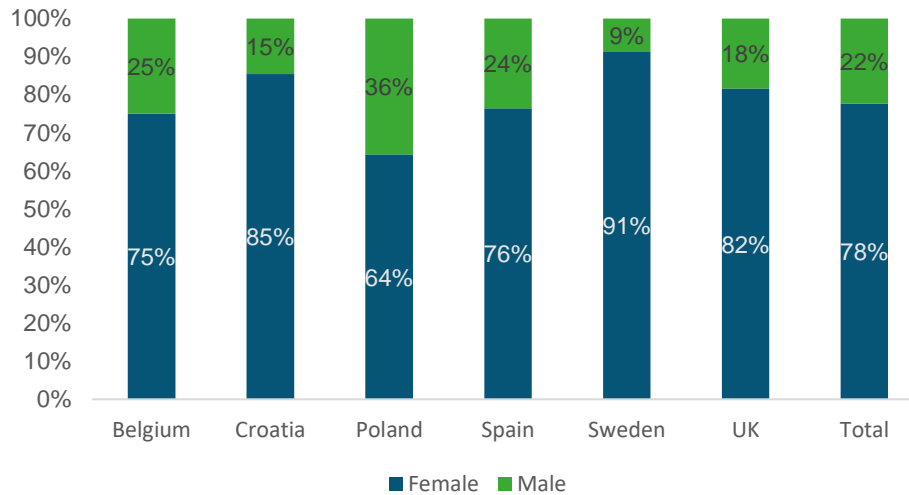
N= 44 for Belgium, 55 for Croatia, 70 for Poland, 51 for Spain, 35 for Sweden, 49 for UK, 304 in total.

More than half of the participants were in the 35-46 and 46-55 year age brackets, therefore of working age (Figure 2). Only about 1% was younger than 18 years and 7% older than 65 years. The largest share of participants in all countries was aged between 36 and 45 years. There were some minor cross-national variations. The relatively older age group of 56 years and above was more prominent in Croatia than in other countries. Spain and Sweden had the largest share of participants in the 26-35 age bracket.
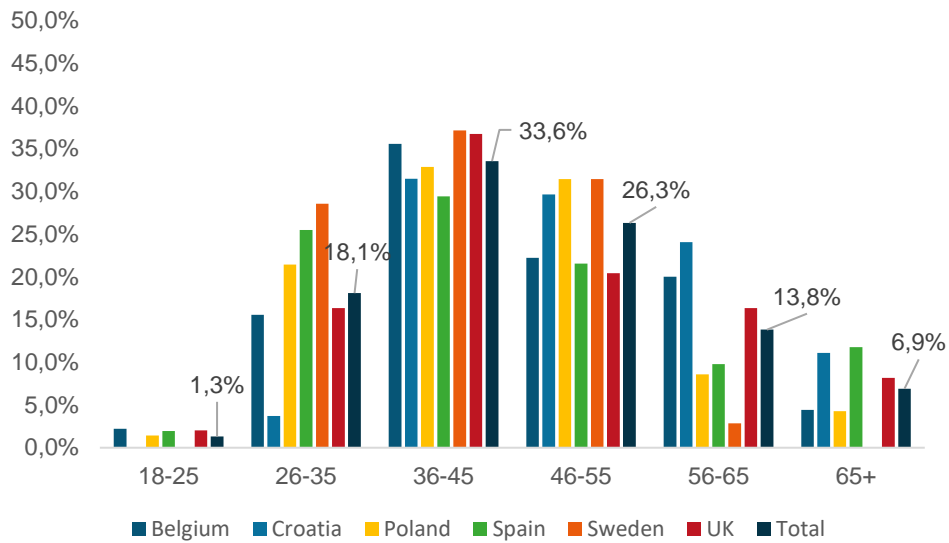
FIGURE 2 PARTICIPANTS' AGE GROUP

N= 45 for Belgium, 54 for Croatia, 70 for Poland, 51 for Spain, 35 for Sweden, 49 for UK, 304 in total.

One-third of all participants were from a migration background (understood as being born in another country) (Figure 3). With more than a half of such participants, the Spanish focus groups contained the highest proportion of migrant respondents. Poland made up the opposing pole, with only 14% of participants from a migration background. The Belgian and Swedish focus groups also had strong representation of migrants, at 39% and 42% respectively, while in Croatia and the UK the proportions were lower at 16% and 22% respectively.

FIGURE 3 PARTICIPANTS' MIGRATION STATUS
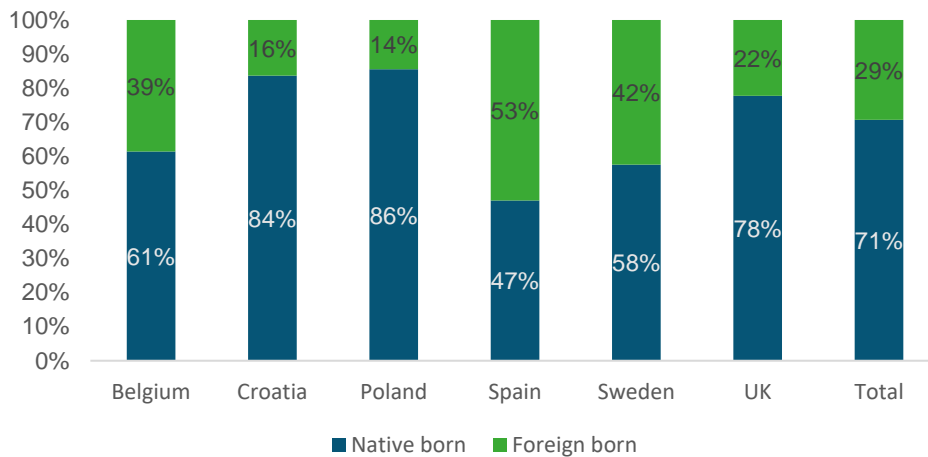
N= 45 for Belgium, 54 for Croatia, 69 for Poland, 51 for Spain, 35 for Sweden, 45 for UK, 299 in total.

Across the countries, 56% of participants reported that they were providing care for their children (as shown in Figure 4). This was the most common care-giving exigency. Some participants had care responsibilities for more than one family member, including adults such as their partners. Combined adult care-giving and child care-giving was most prevalent in Spain and

was also a noticeable characteristic of focus group participants in Croatia, Poland and Sweden. In some cases, care-giving responsibilities extended beyond immediate family, with some people reporting taking care of siblings, aunts or grandparents.

FIGURE 4 PARTICIPANTS' CARING RESPONSIBILITIES
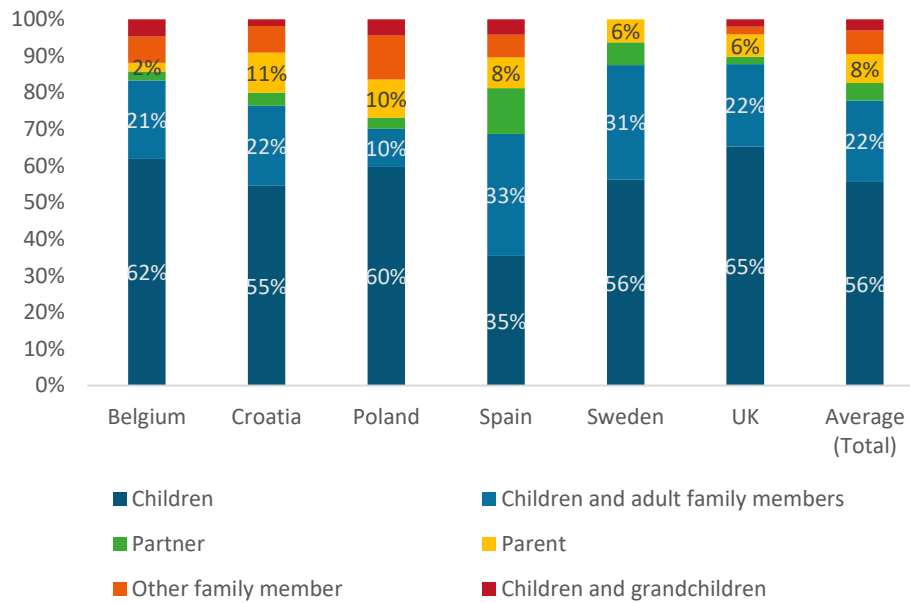
N= 42 for Belgium, 55 for Croatia, 67 for Poland, 48 for Spain, 32 for Sweden, 49 for UK, 293 in total.

A further piece of evidence gathered through the questionnaire measured people's assessment of the degree of financial difficulty facing their families. Making ends meet was a challenge for most of the participants in the study (Figure 5). Forty-five percent overall reported that they found it difficult to make ends meet, with a further third judging it as very difficult. The financial difficulties were most pronounced among participants in Croatia, with 91% reporting that they found it difficult or very difficult to make ends meet. In the UK the figure was 84% and in Spain it was 82%. The Polish and Belgian focus groups contained a significant proportion of participants (at least a quarter) saying that it was easy for them to make ends meet.

FIGURE 5 PARTICIPANTS' RATING OF THE DEGREE OF DIFFICULTY FOR THEIR FAMILIES IN MAKING ENDS MEET
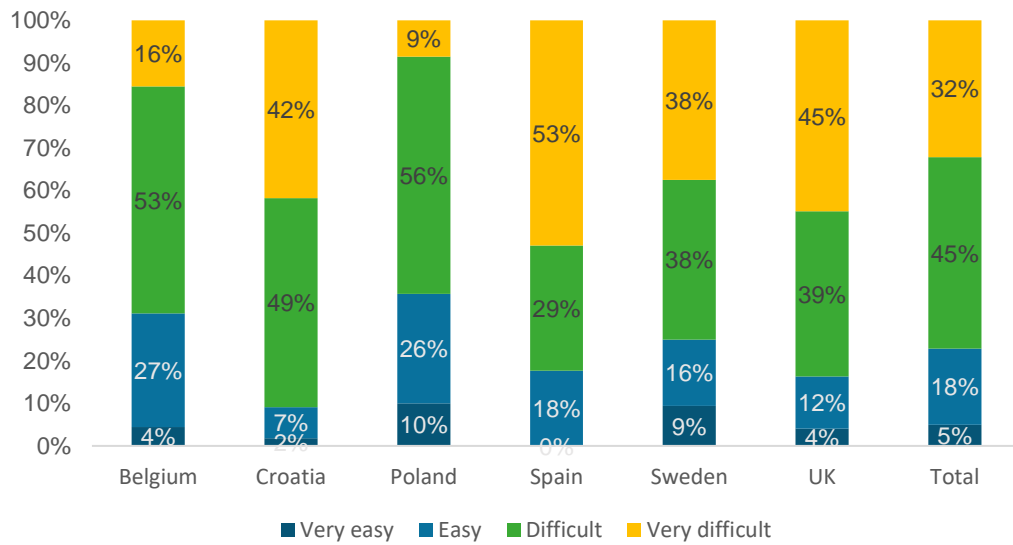
N= 45 for Belgium, 55 for Croatia, 70 for Poland, 41 for Spain, 32 for Sweden, and 49 for UK, 292 in total.

The main findings will now be presented. The aim is to undertake an overview analysis of the evidence set as a whole and to offer comparative insights on the findings within the countries but also across them. The constraints on the latter outlined earlier should be noted, not least that the comparison is mainly interpretative and descriptive (rather than causal).

Main Findings

There were five main themes that emerged from the inductive analysis of the evidence. They are considered in turn leading to five sections that consider in turn the main risks and challenges for particpants, how they cope with and manage their situation, their sources of help and support, their attitudes towards the benefit and service systems and their priorities for government assistance.

The Main Risks and Challenges Identified by Participants

There is both quantitative and qualitative evidence on risks and challenges.

To take the quantitative evidence first, in the short survey filled out by them at the end of the focus group people were asked to rate on a scale of 1 to 5 the importance of nine potentially problematic issues in their own families' experience (see Annex 3). The stated issues sought to encompass the most likely risks related to: parenting, support from family and friends, income level, employment, illness, family services, childcare services and other services for the care of disabled, ill or older family members.

The following shows the average (mean) scoring on the respective items.
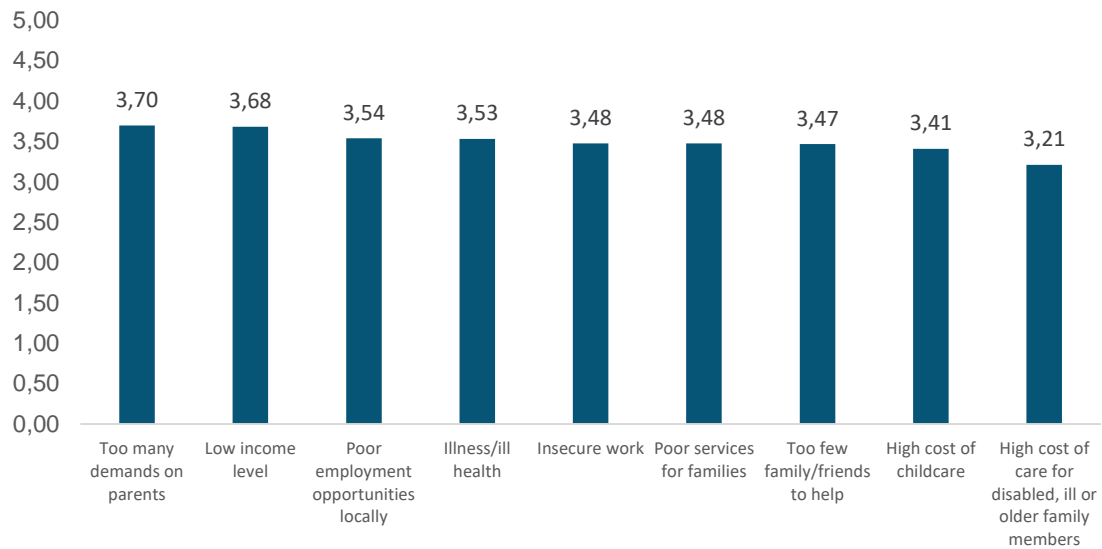
N = 298

While many of the issues cluster together, 'too many demands on parents' and 'low income level' are placed clearly at the top. These are followed by 'poor employment opportunities locally' and 'illness/ill health'. A range of inadequacies in family-related care services come next with the 'high cost of care for disabled, ill or older family members' placed last. Overall though, the scores vary only from 3.71 to 3.21 so it is important not to dismiss any of the issues.

A country-specific comparison of the results is insightful. Table 2 summarises the evidence by presenting the top three in each country from the list of nine issues (as well as the top three for the countries overall).

TABLE 2 THE TOP THREE MOST HIGHLY RANKED ISSUES FACED BY FAMILIES IN THE SIX COUNTRIES AND THE CROSS-COUNTRY AVERAGE IN ORDER OF IMPORTANCE

Belgium	Croatia	Poland	Spain	Sweden	UK	Overall Average
Too many demands on parents (3.70)	Low income level (4.22)	Insecure work (3.58)	Poor employment opportunities locally (3.65)	Low income level (3.71)	Too many demands on parents (4.13)	Too many demands on parents (3.70)
Too few family/friends to help (3.58)	Poor employment opportunities locally (4.19)	High cost of childcare (3.54)	Low income level (3.56)	Too many demands on parents (3.70)	Too few family/friends to help (3.82)	Low income level (3.68)
Low income level (3.51)	Too many demands on parents (4.12)	Poor services for families (3.50)	Too many demands on parents (3.51)	Poor services for families (3.56)	Illness/ill health (3.81)	Poor employment opportunities locally (3.54)

Looking at the country-specific information, four issues emerge as the most important with a notable consistency – 'too many demands on parents' (scored at the top in Belgium and the UK), 'low income level' (rated as the most important in Croatia and Sweden) and employment problems (with 'poor employment opportunities locally' highlighted as the biggest issue in Spain and 'insecure work' as the most problematic in Poland). If not scored first, then this set of items is usually scored second or third as Table 2 shows. Other challenges or issues that also appear in the top three across the six countries but vary more in their frequency and relative ranking include: 'too few family/friends to help' (ranked second in Belgium and the UK); 'the high cost of childcare' (ranked second in Poland); poor services for families (ranked third in both Poland and Sweden) and 'illness or disability' affecting the family (ranked third in both Belgium and the UK).

The very strong placing of 'too many demands on parents' and 'too few family and friends to help' suggests a felt lack of support for family life. This can be read in a number of ways. One interpretation is of parenting as high stakes in itself; a second is that society places too many demands on parents, which may in turn connote an unfulfilled level of expectation on the part of parents for better support with parenting. Also within the range of interpretation here is that family life and the contribution of parents are insufficiently recognised by society. The matter of recognition of family and the contribution of parents seems like an important pointer for thinking critically about policy. The evidence also conveys a strong sense that to cope people need the help of family and friends (to be considered further below). There are different ways of interpreting this too, especially in regard to whether one takes it as a criticism of gaps in other forms of support (such as from the state) or whether at root it draws from family-related values and expectations, in the sense that people feel a gap or deprivation when their family and friends cannot help them. However, given that the exercise involved people commenting on a pre-ordained set of issues, it is important not to read too much into this evidence.

The focus group narratives provide context and nuance. Analysing them sheds light on the nature and hierarchy of problems and how people understand and experience them. The relevant evidence here is drawn from the first set of questions posed to the groups about their family's situation (which included specific prompts on difficulties relating to money, employment and care-giving). It should be noted that the narratives do not always endorse the priorities identified in the survey (which was administered after the focus group discussion).

Financial difficulties

Income-related issues were very prominent in the narratives. This was to be expected perhaps given the selection of participants and the project's general interest in low-resource families.

There was a very strong common current in the focus groups within and across countries about the increase in the cost of living during 2022 and 2023. This seemed to be widely felt. Price hikes were primarily mentioned in relation to the prices of foodstuffs and also energy, with some variation in what was foremost in people's mind depending on their circumstances. Hikes in rent and other housing costs tended to be included in the discussions of rising prices also. As well as the content of the price rises, there was some evidence of cross-national similarity in how people spoke about price rises and the means they used to interpret and communicate them. Time-based comparisons were widely-used. Participants used comparisons to describe both a deterioration or stagnation in the amount of money they had available and rising costs over time. Such costs - especially those associated with children – were often seen to be expanding while their available income was contracting or stagnating. In a nutshell, there was a negative

dynamic between demand for and supply of financial resources. The usual family stage explanation does not tend to apply as increases in the costs of living eat up any spare income that might be generated by, say, children leaving home or taking up employment.

A quote from a Belgian lone parent encapsulates some of the main issues involved:

> *"Everything has become expensive, there is no budget for it. It's easy to fall into poverty, it's not like before. The middle class is also already close to the poverty line. And then I find myself thinking 'things simply aren't affordable anymore'."*

Rising costs do not provide the full picture though – such costs formed a trifecta along with low or stagnant wages and low or inadequate benefit levels.

The discussions as a whole convey a strong impression of income being consumed by routine purchases (especially food, transport, rent and utilities), leaving people struggling with other costs and especially expenses such as paying back loans or a mortgage or non-routine expenses. This situation was not the case for everyone but was a common experience of the lowest-income participants in all countries. For those who were not in a dire income situation, the increased costs and prices meant an inability to: (a) have 'luxuries' (however defined - most widely holidays or leisure activities), (b) afford a large purchase, or (c) save for the future. The inability to save was felt as a particular deprivation by the Croatian and Polish participants (given the perceived importance of saving in these societies). One Polish participant described their situation as: "*living on zero*".

The costs of housing came up in this context in all countries – with rent and energy strongly to the fore.

There are some cross-national variations. While the costs were often viewed through the lens of their children's situation and experiences, the actual perspective adopted varied. In Sweden, a strong sense was conveyed of children's social deprivation in the here and now. That is, the Swedish parents were worried about their children's possible social exclusion. For example, one mother referred to her son as 'lonely' because she did not have the money for him to take the bus to attend leisure facilities. Children were also prominent in the narratives in other countries – especially Croatia and Spain - but the concerns around shortages in relation to children in these countries were often more basic – putting food on the table, for example, or being able to afford the costs associated with their children's education. Here is a continuation of the quote above from the Belgian participant:

> *"These days children don't just go to school anymore, they all need a laptop and the government doesn't help and, well, you just have to come up with the money yourself. And certainly for families with 3 to 4 children, good luck paying! It is difficult enough with two parents, and if you're a single parent, you're left to your own devices."*

This worry about being able to afford the costs of children's education came across very strongly in Spain. At least a part of the variation between Sweden on the one hand and Croatia and Spain on the other may be attributed to the prevailing philosophy around children and, more particularly, the extent to which a children's rights perspective informs social policy. Sweden is a positive outlier in this regard with a strong history of recognising and prioritising children for the purposes of policy (Heimer et al 2018).

One of the consequences of changing (and generally rising) costs is insecurity. This was how one Polish participant depicted her situation:

> *"Every month is different, I don't know … For example, my husband and I both pay KRUS* [The Agricultural Social Insurance Fund]. *So for example, when the third month comes, we have to pay over 2,000 then … for example, last month … well that month was a lot lighter than this one. The car breaks down, or OC* [civil liability insurance] *or insurance comes. I don't know … the house, or some fees like that. … it seems to me that no two months are the same … no?"*

Insecurity was by no means a Polish particularity though. Some participants in all of the countries identified financial insecurity as a feature of their lives, especially picking up on the widespread inflation during the period when the fieldwork was carried out (the first six months of 2023).

Caring-related constraints

The discussions around care-related needs were strongly grounded in a constraints framing. Trying to engage in and manage employment with caring responsibilities was the core problem in this regard. Problems with childcare were more prominent than those associated with adult care but this may be due to the fact that caring for children was the most widespread form of care-giving among the participants (see Figure 4 above). Looking at the evidence as a whole, there was a two-fold problem in relation to childcare: lack of employment that is aligned with child-related timings; lack of services to cover more than the usual periods of schooling or early childcare.

There was some cross-national variation here, with care-related constraints least verbalised as a problem in Sweden. Certainly, work-life balance was brought up there, with mention made of difficulties of scheduling sufficient time for family and finding childcare at unusual times or for children with special needs. But there was little indication that Swedish participants could not manage in 'normal' family circumstances or that they were not well served by the existing service infrastructure. The Swedish evidence, does, however, question the adequacy of services for people struggling with care in cases where the family is affected by physical and mental ill-health or difficulties in cognitive capacity (e.g., autism, attention deficit hyperactivity disorder - ADHD). It was those parents who had to cope with illness or disability who most often verbalised constraints and challenges around care in Sweden.

Care-related constraints were much more widespread and 'normal' in the other five countries. In particular, participants in Belgium, Croatia, Poland and the UK spoke at length about the costs of childcare and service availability. Weaknesses in public services were attributed a large role in these countries and the participants seemed very sure that they were describing a landscape of inadequate services.

While there was considerable intra-national variation in families' experiences, lone-parent families stood out in voicing feelings of inadequate attention and support in all six national settings. The absence of a second parent to help with care and income was a strongly-voiced deprivation. Here is the voice of a lone parent in Croatia:

> *"Well, it's the biggest problem, time management. Most of us work, which means we practically work 24 hours a day. Although for instance, I work in the public sector, where you get fixed working hours, but you know yourself that it's never that fixed, it's never 8 hours. So you get up at around 5 am, and*

return home in the evening, around 6 or 7 pm. And the children, the underage ones – well, my son's of age, I'm not including him here at all, he jumps in and helps a lot – but the children practically spend half the day alone. The school operates in two shifts, so for instance, if she attends school in the morning, she's left alone in the afternoon until I come home, all the more so since they are in opposite shifts, which means they are never together."

Taken together and looking across family types, the thrust of the many interventions on this theme pointed to a 'care dilemma' or 'care trade-offs', centred upon the lack of public support for care-giving and insufficient financial resources to manage family life (and pay for 'private' care should that be available). At its worst within and across countries, it is actually more accurate to speak of a care trilemma: in the sense of a scarcity of paid work, money and time. The trilemma betokens an intersection of different types of scarcity. For one, there is an inadequacy of resources to care in the way one wants to as a parent or family member. One Spanish participant's words convey a core meaning here of always being too busy when she is not doing paid work: *"I don't have quality time with them. I only have the time that I'm running around doing things* [at home]*."*

Secondly, 'choices' are not real choices in the sense of people being able to take the best option in a situation. 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 but increasing employment naturally decreased the time available to participants to care for their family members (as well as themselves). Hence, the action of potentially and partially resolving one dimension leads to a scarcity in another key resource. This paradox left those affected feeling 'squeezed'. Here is how a Belgian lone-parent participant framed it:

> *"Well for me the main issue is time management … and my work. I don't work fulltime and that's okay because now I have a lot of time with my son. Because the school ends at 3:30 we got to pick him up at school, bla bla bla. But of course it is a part-time job. So financially it is not a great thing. So you got to choose, you want to do some fun stuff with your kid, you need money, but you also have to leave other stuff if you work fulltime. So it's like you are searching for balance between the two."*

What are the consequences? Three emerge from the evidence taken as a whole.

One is of patchwork arrangements for care of children whereby people try to manage the practical arrangements by putting together child-minding and other arrangements that are composed of different actors and arrangements, many of which are insecure. These arrangements were usually contingent on the availability of/entitlement to public childcare and other care-related services. Hence, the prevailing 'care infrastructure' and variations across countries is an important contributor to the cross-national variation. There are two types of gap that 'patchwork arrangements' are designed to fill – lacking access to childcare during standard employment timings; lacking access to such services during unusual work times. Together they pick up on cases where the parent or other care-giver did not have entitlement or a service does not exist or is limited to particular times. So in Sweden for example - where services are among the most developed of the six countries - the main groups who spoke of patchwork arrangements were those who had to work unusual hours and migrants (whose entitlement to services is conditional). In all countries it seemed that migrants had to struggle for access to care-related services. But apart from migrants, some participants in all countries lacked service access. The narratives of Croatian, Polish, Spanish and UK participants especially underlined this. Where they exist, the patchwork arrangements often involve family, neighbours or friends (or

all three) (see the findings on social support below). There is a sense of 'short-term fixes', as in the words of a Spanish participant: *" … it's scrabbling together time from anywhere I can."* The the consequences and deprivations were also visible to people.

Gender formed an important part of the subtext here (and in other regards) with a relatively strong presence of traditional views on the gender division of responsibilities. The female participants – especially in Croatia, Poland and Spain - seemed most readily to self-identify as mothers whereas the male participants depicted themselves more as breadwinners than active care-takers of children. Such a gendered understanding was unquestioned by many in these countries (and also by some in others).

A second consequence is not being able to be employed at all. There were many instances recounted of care-related responsibilities either excluding people from paid work or meaning that they could not maintain a job over time. In the latter situations, people recounted forms of pressure placed on them by employers or of the employer's limited patience. This was a strong theme in the UK where participants reported being scolded or 'disciplined' at work for attending to their family care-related responsibilities. It was not uncommon for people to use most or all of their annual leave to care for their children or other family members. Indeed, the difficulty of retaining a job as a parent or carer was one of the strongest themes to emerge in the UK, particularly so in the lone parent and carer groups.

Thirdly, work-family balance failures seemed to create 'psychological freight' – such as feelings of guilt and of inadequacy. Here is a revealing exchange among a number of Polish participants:

> Participant 1: *"It is not known what is better now, whether to have money or be with children, bring up, watch…"*
>
> Participant 2*: "It is impossible to reconcile the two."*
>
> Participant 1: *"Well, you just can't."*
>
> Participant 3: *"Well, you can't … unfortunately these are the times…"*

Gender again formed an important part of the subtext here with a relatively strong presence of traditional views on the gender division of responsibilities in some countries (especially Croatia, Poland and Spain) and associated psychological and other 'burdens'.

Employment

Employment-related issues were quite widely referred to (both spontaneously and in response to discussion probes). Some of these related to the difficulties of securing sufficient well-paid work because of family constraints (as outlined in the last section). But structural labour market weaknesses were also involved. It should be noted in advance that employment was not spoken of as negatively in Sweden as in other countries. Indeed, a significant subset of Swedish participants felt that the labour market was relatively easy in respect of job availability and there were overall very few negative comments about the actual work that people did (unlike the other counties). In general, the participants felt that it was possible to be employed in a regular-waged job in Sweden especially if one did not have particular health or other difficulties (including language difficulties).

When people spoke about the working conditions, they emphasised two risks mainly: the availability of suitable and formal employment, and pay levels. Problems with informality and too few or irregular hours of work bleed into and create the conditions for poor pay. The following is an insightful experience of a Spanish participant:

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

When it came to wages and low pay, the Croatian respondents were especially vocal. Low wages and rising inflation were among the most widely-mentioned factors in the research in that country. Across all the Croatian focus groups, the widening gap between pay and market prices was a persistent theme, with people trying to pick up extra income: *"everyone is paying the minimum wage but you pray to God you get some on the side."*

The evidence from Croatia, Poland and Spain especially makes clear that many of those who were employed had to work extremely hard under constrained conditions. Below is an example of the pressures on people from the experience of a Spanish participant:

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

The extent of the informal economy is causal in this regard and influenced the lives of participants to a striking degree in both Poland and Spain. The Polish participants described informality as taking several forms and drew attention to the widespread use of so-called 'junk contracts' in that country. Such contracts, officially known as civil law contracts, 'commission' a worker for a particular mandate or task; the jobs are temporary and are in effect a form of non-standard employment. They are widely-used in Poland and have been critiqued as exploitative and as institutionalising insider/outsider divides between workers and core and peripheral labour markets (Muszyński 2019). Against a backdrop of labour market informality, the Polish participants widely recounted experience of informal and disadvantaging labour practices (not always limited to junk contracts). One experience was of having to work longer hours or do tasks or even jobs that were not in the job description (if people even had such). Another was of having to work without a contract of employment at all. A third type of informality was 'under the counter pay' whereby a few participants described receiving all or part of their wages in cash (which they assume meant the employer was not declaring it). A fourth element of informality that was mentioned was the absence of a career structure and a lack of promotion.

The informal economy loomed large in shaping the employment experiences and deprivations faced by Spanish respondents also. Some of this was related to the composition of the Spanish participants - as mentioned slightly over half were migrants to Spain. In this part of the discussion, the Spanish participants raised similar issues as the Polish participants around poor working conditions and pay. But the Spanish focus groups were especially revealing about the situation of migrants and how they tend to be confined to particular sections of the labour

market and face a general scarcity of well-paid and decent work and supportive services. Issues of legality were involved here, with previous work experiences and qualifications (often high-level) disregarded in the new country. This was echoed by the migrant participants in the UK.

But migrants have particular experiences in all countries also. While the issue of exclusionary processes for immigrants does not appear to be as widespread in Sweden, participants with a migrant background in that country too felt that they were treated differently and had too many barriers imposed. Proficiency in the Sweden language as a condition of employment was queried strongly and the Swedish migrant participants also mentioned having to deal with additional difficulties such as getting one's papers from one's home country and having them validated. One participant shared how her husband who had been a professional in his own country did not have his certificates recognised in Sweden and so had to start all over again. In the interim, she was supporting him through her employment:

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

There is a connection between how migrants felt and more widespread feelings of exclusion among the participants in Sweden. While migrants spoke about their perception of 'insider' practices and being excluded from networks and contacts that would help one get a job, this connected with a more widespread sense of being outsiders or not fully included in Swedish society. This dovetails with fears some Swedish participants expressed of their children being excluded.

Looking at this first set of themes overall and thinking of them through a lens of resilience, it is possible to make a number of observations. First, the most low-resourced families were subject to not one but several risks or challenges that tended to compound one another. The idea of a care trilemma, in which scarcity of time, money and employment cumulate or intersect to create trade-offs for people, captures the core notions involved. A second observation is that, looking at the risks overall, what we seem to be seeing is a phenomenon of insecurity. This had different roots and meanings but was of two main (inter-related) types: general insecurity of condition and material insecurity. The former occurs when people do not know how core elements of their lives are going to develop. This was especially the case for the migrant participants who were, of course, undertaking a major (and in many cases traumatic) transition. But it also extended more broadly and was especially connected to insecurity around jobs, incomes and care. One might therefore ask how is resilience possible in such situation? In a third observation, it can be said that there is a good deal of variation in the degree of effort needed to be invested by families to make up for gaps and manage necessary trade-offs. The variation depends somewhat on the type of family and family situation but also on the resources and especially childcare and other services available through the welfare state. The variation is therefore both intra- and cross-national in nature. Sweden is the country where it seemed easiest to conduct a family life without a care trade-off whereas in the remaining five national settings care trade-offs and compromises were quite widely reported.

Practices and Patterns in Resource Use and Coping Behaviours

Questions probing how people manage their circumstances gave rise to very vibrant discussions that cohered into the second of the over-arching five themes. A wide range of skills and behaviours was mentioned with 'coping' and 'adapting' very much to the fore. The evidence suggested strong similarities in strategies and approaches across groups and countries but also some differences. The latter reflect both cultural practices and also some situational (and resource) differences.

It is possible to think systematically and in a more integrated fashion about these (drawing from existing work, including Dagdeviren and Donoghue 2019). A first dimension examines the type of practices involved, differentiating between cognitive and behavioural practices. Cognitive practices refer to non-physical activities such as planning and monitoring whereas behavioural responses focus on the tasks and labour that effect the coping behaviours in practice. This differentiation rests on a recognition of cognitive labour as a particular type of labour that entails such practices as anticipating needs, identifying options for fulfilling them, making decisions, and monitoring progress (Daminger 2019). A second dimension pinpoints the degree and type of change involved. Following Keck and Sakdapolrak (2013), we can differentiate absorptive from adaptive agency – the former involves behaviour that manages or copes with the resources available, shifting purchases and so forth, whereas the latter seeks to change the resources or the overall situation. Some have said that the search for adaptation is one of the grounding interests of the resilience concept (Nelson et al).

This is the framework with examples of the different actions involved.

FIGURE 7 A FRAMEWORK TO UNDERSTAND THE CONSTITUENT ELEMENTS OF COPING AND MANAGING
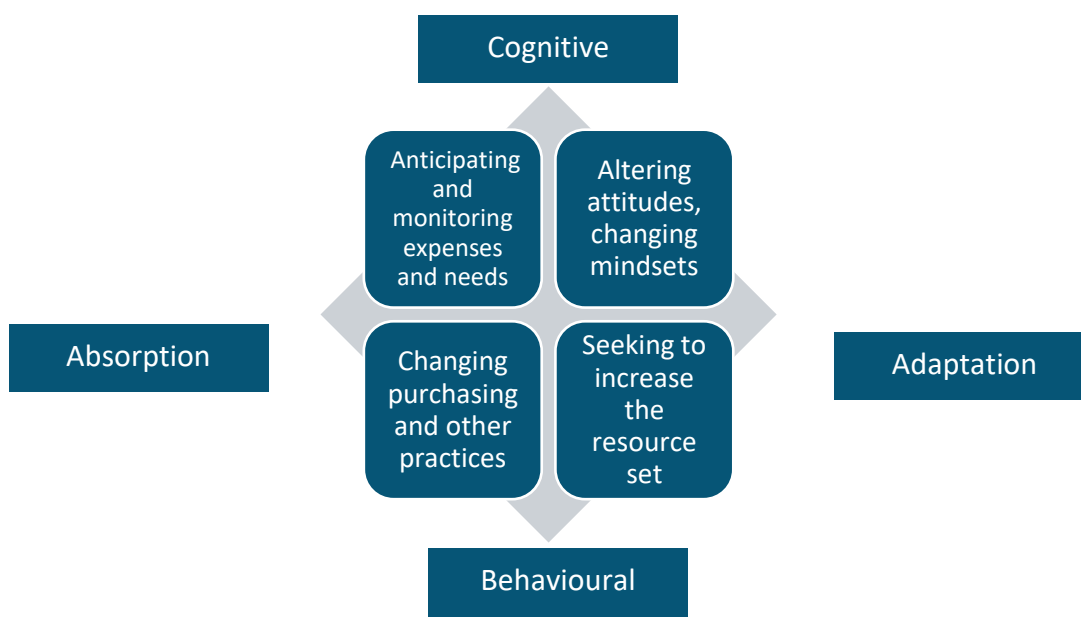
In the upper left quadrant are cognitive activities such as monitoring expenses, checking prices and costs and generally remaining aware of and feeling responsible for expenses and costs. This is classified as a form of absorptive agency because it stays within the overall volume of existing resources but switches how they are used. Particular skills and priorities can be identified. In

some cases, participants explained that they simply kept track of expenses and, in an awareness of their spending, weighed the pros and cons of buying items. Thinking, planning and decision-making were signature skills here. 'Researching' is another relevant skill or practice. This 'research' mainly took the form of online searches on platforms or through social media. An important part of monitoring expenses was managing debt. One UK 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*."

But coping went beyond the cognitive as there was widespread evidence of the use of behavioural skills and practices to modify consumption patterns (lower left quadrant of Figure 7). These are classified as absorptive because they, too, are focused on working within the existing resource set. The evidence shows a relatively complex and diverse repertoire of such behaviours.

The first major form of modification of consumption patterns was reducing consumption of 'essentials' or 'luxuries'. This could mean turning off heating and electricity, cutting down on basic necessities or eliminating "*extras*," with family activities, or meals out frequently given as examples. Postponing and sacrificing were also common ways of reducing consumption; depicted by one Swedish participant as "*necessary sacrifices.*" A further absorptive type of behaviour was to optimise consumption using various strategies. With the focus on better using resources, the evidence on this was voluminous. The most common behaviours involved switching from buying branded products to generic, supermarket products, signing up for loyalty cards and notices of bargains, hunting for bargains in (physical or online) grocery stores (one Polish participant called it "*shop hunting*"), bulk buying of products offered at special discounts and purchasing most of one's goods in the reduced section/aisle (items with "*yellow stickers*"). People also reported using food differently. Here is an insightful exchange from one of the Croatian focus groups:

> Participant 1: *"So I cook soup today to have enough for two days, sometimes for three days, depends …"*
>
> Participant 2: "*We don't put pasta immediately in the entire pot, but you divide it …"*
>
> Participant 3: *"Divide it and put it in the fridge and …"*
>
> Participant 2*: "… then freeze it and so on."*
>
> Participant 4: *"You make do in all kinds of ways."*
>
> Participant 3: *"We save on everything so that … we make do."*
>
> Participant 2*: "… on everything, to be able to survive."*
>
> Participant 4*: "Not to throw away."*

A final way in which people optimised consumption was through goods exchange and buying second-hand. One striking example comes from Poland through what was described as "*the garbage truck*" which is a Facebook group wherein people advertise what they need and what they have to donate. It was said that there were over 30 such groups in Warsaw.

Moving to the side of the framework focused on adaptation or change, participants described a third type of response – in the upper quadrant of Figure 7 – that involves adopting a different outlook or perspective. Dealing with scarcity through psychological means was mentioned especially in the Swedish focus groups but it was present also in other national settings. People placed emphasis on needing to adjust their way of thinking or frame of mind as a strategy to cope with their situation. The mindset one adopts – and especially a positive approach – was seen to be very important. Stoicism is part of this mindset (and was noticeable as a general disposition among some participants in all national settings). The imagination and creativity that people bring to changing their mindset was striking. Here is a Swedish participant describing how she changed her perspective:

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

And the following Polish participant offers another angle on this (emphasising the taking of responsibility):

> *"Because it seems to me that we have a lot of … probably as citizens, in general as people, residents, also Poles … blaming on the authorities. And it seems to me that you can also try … with small steps on our own to influence some smaller problems."*

A somewhat different version of the same phenomenon came from a Croatian participant who mentioned training her children for '*moderation*', in the sense of imposing a restricted vision and expectations.

It was not just a problem-solving mindset that was needed though. One must also 'arm' oneself with a capacity to withstand criticism and/or to be able to justify one's choices (especially if one is seen as 'poor'). This view was especially expressed in the lone parents' group in Sweden and it related to both the existential condition of feeling (and being seen to be made to feel) 'different' and to being on a low income. 'Othering' in the sense of being the subject of (or indeed in some cases the source) moral and other forms of opprobrium was part of the experience of a significant minority of participants. The underlying point is that not alone are attitudinal resources necessary but attitudinal change may also be needed to be able to cope in low-resource situations. This point expands conventional understandings of 'resourcefulness' (MacKinnon and Derickson 2013).

Of course, people did not always try or manage to achieve a change or acquire stoicism and there were many negative emotions that people had to deal with. These included remorse and guilt, shame as well as anger and disappointment at the way their lives turned out or their treatment by the authorities. Feelings of unfairness or bad luck (especially evident among the Croatian and Polish participants) are a counter force to positive orientations being a 'solution'.

The final type of coping action is where people engage in behaviours to try to increase their resources (lower right-hand quadrant). Treating these as material resources in the main, there were a number of types of such actions observed. One related to increasing time in

employment such as increasing working hours or taking on additional employment. Cleaning work seemed to be a mainstay in this regard for women across all the countries. Care-related work was another one. While it was mainly adults who were involved, some mentions were made of teenage children taking on part-time work, often to earn money for their own needs (mentioned in the Polish focus groups especially). Another strategy was to start one's own business. A few participants in the focus group with lone parents in the UK had, in the past, started their own small businesses in order to make ends meet and some other UK participants mentioned an intention to do this. A further way in which participants sought to adapt to 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 in any country reported having returned to college or university to obtain degrees, or were planning on doing so. But other types of entrepreneurial behaviour were also present. Some of the Polish participants spoke of smoking meat (for themselves but also to sell) and raising chickens or baking were mentioned in both the Croatian and Polish focus groups.

Overall, when it comes to coping behaviours or the reactions to their situation, the evidence revealed a varied set of practices which can be organised according to the skills and behaviours engaged in on the one hand and the degree of change (as regards whether action remains within the existing resource set or extends it) involved on the other. Examples of each were evident within and across countries. The evidence does not allow us to be precise about variations but taken in the round there was little if any cross-national variation in either the strategies used or the range of available behaviours – most of the variation was intra-national based on the degree of need and financial deprivation and access to resources like the internet.

Sources of Help and Support

The third theme related to sources of support. There is both quantitative and qualitative evidence available on this theme also. Seeking to assess participants' support universe, one question in the survey asked participants to rate the relative importance of seven different sources of help for their family. Figure 8 presents the average scoring across the countries. It shows family being scored highest, followed closely by community organisations and then, with some gap, friends and neighbours. The employer or company as a form of support was less important again, and following this in declining order of importance were the local authority or council, food assistance and help from the government.
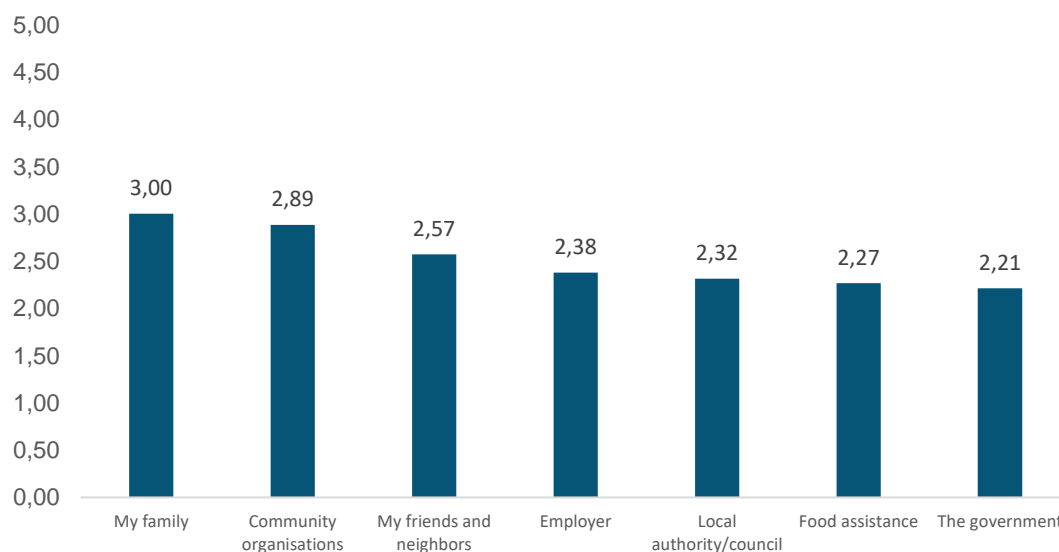
N = 299

When the patterning in individual countries is examined on the basis of the top three scored items, family was scored highest among the seven sources in Poland, Spain and the UK; it was second highest in Belgium and Croatia and third in Sweden (Figure 8). So nowhere does family not appear as a major source of help. The focus group discussions indicated that 'family' was usually interpreted to refer to close family members who do not necessarily live with participants - parents, siblings, (older) children and aunts or uncles were the most widely mentioned. Family support was followed in importance by community organisations which were mentioned as one of the top three sources of help in four countries and were placed at the top in Belgium, Croatia and Sweden (and second in the UK). 'Friends and neighbours' came next, with 'employers' placed twice among the top three (in third place in both Croatia and the UK). 'The government' is scored within the top three just once, coming in third place in Poland, and food assistance is there twice (scored second in Spain and third in Belgium).

TABLE 3 THE THREE TYPES OF HELP RATED AS MOST IMPORTANT BY PARTICIPANTS

Belgium	Croatia	Poland	Spain	Sweden	UK	Overall Average
Community organisations (3.57)	Community organisations (2.96)	My family (3.46)	My family (3.19)	Community organisations (2.82)	My family (3.29)	My family (3.00)
My family (2.95)	My family (2.68)	My friends and neighbours (2.79)	Food assistance (2.91)	My friends and neighbours (2.57)	Community organisations (3.26)	Community organisations (2.89)
Food assistance (2.68)	Employer (2.38)	The government (2.23)	My friends and neighbours (2.90)	My family (2.45)	Employer (2.78)	My friends and neighbours (2.57)

The focus groups again help to put substance on the nature and meaning of participants' support universe. They enquired quite extensively about family as a source of help and support. However, the other types of help listed were not always examined specifically – apart from government – which means that, when material on the other sources of help is presented in the following pages, the evidence is based on whether and how they emerged spontaneously in the discussion.

Help and support from family

As outlined in Figure 8 and Table 3 above, the significance of family as a source of support was high but variable. The focus group discussions indicate that most recourse was made to family by the Polish and Spanish participants, reflecting perhaps comparatively stronger family support norms in these national settings.[6] The Polish focus groups were striking for the extent to which family support and related responsibilities seemed to be a defining part of participants' lives. This was not universal though, in that family support mattered more for some groups of Polish participants than others; it was those in the lone parents and rural groups who most spoke about (and seemed to have available to them) family support. There are strong hints in the evidence that family support in this and other countries is neither automatic nor to be taken for granted. This is the case in three senses. First, in all national settings people expressed qualms about needing to ask relatives for support and were careful about doing so (that is, it was an action that had to be thought about). Second, there were almost always particular points of consideration: What type of help could be asked for? How soon to ask again after being helped previously? What would be the conditions (if any) attaching to the help and could one meet these? Third, it depended on who people felt close to and who was considered 'family'. For example, some participants, especially those in Spain, devoted considerable time and words to who they considered as 'family' and their discussions - taken as a whole - make clear that 'family' had a diverse set of meanings and actualisations for these participants.

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

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

Demurring from asking family for help may be rooted in a sense of shame mindful of societal norms around self-sufficiency and the revelation involved in asking. Both are present in the quote from a Swedish lone mother:

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

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[6] For evidence on people's assessment of social support in the EU in 2019 see https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Mental_well-being_and_social_support_statistics#Social_support. Croatia and Spain come out the best with the other three countries quite close to each other in the middle range (the UK is not included).

There are other reasons for not asking family for help also. Even though they ranked it first on the survey question, the UK participants were more likely to not receive support from family as to receive it. In most of these cases, participants explained that their parents, grandparents, brothers or sisters were older, ill or disabled and/or they did not have the resources to help (as explained by a UK father).

> "*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 ...*"

Notably, in this and other national settings there were very few mentions of wealthier or better-off family members. This reflects socio-economic stratification and the low-resource backgrounds of participants and their families.

Appreciating some of the complexities associated with asking family for help, it is possible to summarise the overarching elements of family as a potential source of help in a number of main points.

First, in each national setting there was some polarisation in the extent to which participants had access to family as part of a support system, present for some and absent for others. In general, as mentioned, in only two countries did family emerge as a significant source of support for the participants – these were Poland and Spain. A second cross-national pattern was for the identity of the family member(s) to vary; in all countries age and family stage were important conditioning factors in this regard as was migration (with physical proximity especially influencing the likelihood of having family as a source of support). Parents (most usually mothers) received by far the most common mention as sources of help and support. Third, there was variation within all countries in the content of family help and support. In most cases, support meant help with care responsibilities (such as taking children to activities or other appointments or babysitting); in others, participants referred to financial support (contributing to various costs) but this was rare. Emotional or psychological support was another type of support mentioned in the context of family help. Finally, the degree of reliance on family varied. In a few cases, participants emphasised that help from family was an irreplaceable form of support and could be relied on in most instances. These people were mainly referring to their parents. A comparative overview of the evidence in this regard suggests that, while it varied by family circumstances, family support was not make or break for participants in Sweden or the UK as seemed to be the case for those in Poland and Spain.

It should be noted however that, while there was no particular patterning by family type across countries, migration plays a role as a structuring factor, serving to deprive some participants of face-to-face contact with family. There is another side to family support in a migration context as well though – as emphasised by participants in the UK migration focus group, their extended families (which often included in-laws) had strong expectations of help especially if the extended family was in the home country. Expectations of income remittances were the main factor here. This borders on a burden (although not all the participants saw it as such) but the notion of family as burden rather than a support mechanism was indicated in some narratives.

Overall, the results suggest that the reality of receiving family support is complex. Not only is there the matter of availability but also asking for and receiving support depend both on social and personal norms and the quality of relationships. Wider family is not an ATM of money or other forms of support and yet most policies in most countries assume that such help is available and can be called upon without consequence. The evidence suggests that the family 'safety net' may be too fragile to be reliably counted upon except for a minority of participants. This was for some of the reasons already mentioned – social and personal norms, propinquity, perceptions about the capacity of family members to help – but it was also because asking for and receiving help are relationship-based. If one does not have good family relationships then - and here it is important to bear in mind the connection between family-related difficulties (e.g., violence, ill-health) and being in low-resource situations – the possibility of family support is unlikely to be available to one.

Help and support from community organisations

As Table 3 above shows, community organisations were ranked as the most important source of help in Belgium, Croatia and Sweden and second in the UK. This finding no doubt reflects the mode of participant recruitment – which in Belgium and Sweden relied exclusively on voluntary organisations. It may come from a second root also in Croatia where a weaker welfare state might see people needing to turn to voluntary organisations. One Croatian participant said: "*The sad part is that we first turn to the association, here, and not to the [social welfare] centre*." In the UK the cut-backs in public services are a key part of the context in explaining why NGOs emerged as so important there.

The focus group narratives reveal the reasons why the community organisations are a source of help; the discussion guide included no prompts to such organisations so the relevant evidence emerged spontaneously. Considered from this perspective, NGOs emerged as quite important in the Belgian and Spanish narratives and also in those of the UK whereas they were less mentioned in Croatia and Sweden and hardly mentioned at all in Poland.

The Belgian, Spanish and UK participants were among the most explicit about the advantages of the organisations. Three types of assistance were mentioned in this context: information on official programmes and procedures (and in some cases intervention with a statutory body), practical assistance and opportunities for skills development.

Information on and help with understanding the formal system of aid and support was very important in the three national contexts. The kind of need that this filled was of people being helped to understand and navigate the system of entitlements. The complexity of entitlement was often mentioned in this context, especially in the UK but also by the migrant participants there and in Spain. The types of practical help received followed from this with such things as filling out forms, including helping with digital applications, writing letters on behalf of the participant or their family and ensuring that they had the needed documents (and in the case of migrants that their documents were translated and notarised as necessary). The NGO as enabling service access was also widely mentioned in the Spanish focus groups – partly because administrative arrangements sometimes make the NGO the gatekeeper or conduit for some entitlements. There is another reason also why people seek help from NGOs – it can be rooted in low trust in how the welfare system works or negative experiences that people have with the system. The latter was especially the case in Croatia and the UK. In these and other ways, community organisations and charities can be a bridge between individuals and the benefit and service systems. But the services offered by the NGO were important in their own right in that

the third type of assistance mentioned was development programmes or training courses or involvement in charity-organised support groups. This was the least mentioned benefit of NGOs overall.

Above and beyond the specific help, the narratives convey a sense of people feeling accepted by the charity. Here is a Belgian participant describing their situation:

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

The 'community-making' or social inclusion features saw NGOs referred to by the Belgian, Croatian and UK participants as a place for sharing experiences, making friends, receiving support and voicing problems and concerns, and in this and other ways they contributed to overcoming isolation. Community centres or community-based organisations were also mentioned by UK participants as helpful in providing children with activities and families with leisure. They were referenced in a generally similar context in Sweden.

The dominant tone when reflecting about the association in whatever country was overwhelmingly positive. Organisations that provided resources and opportunities were most highly valued. The experience of food banks was less positive – they were criticised in Belgium, Spain and the UK for sometimes rigid rules, inappropriate food and lack of choice in what was provided. There was some criticism of charities as well – they were said to be bureaucratic for example – but both points of criticism were rather minor themes.

Overall, the evidence suggests that in two of the countries – Poland and Sweden – civil society organisations did not play a major role in people's lives unlike in the other four where they were reported to be important sources of information and social contact, practical support and development opportunities.

Help and support from friends and neighbours

Moving to the third most highly-ranked source of support in the survey – friends and neighbours – there was a good deal of intra- and cross-national variation on the significance of this in the discussions. Such sources of support were most strongly present in the narratives of the Spanish participants and, as a general pattern cross-nationally, it was participants in the migrant groups for whom this type of support was important (if it was mentioned it at all). These participants were usually referring to members of their migrant community. There was a sense in these cases of what one might call a 'constructed family' and it was those participants who did not have family support who most highlighted the role of friendship or neighbour networks.

The following quote from a Swedish participant conveys the ascribed meaning:

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

Neighbours were sometimes mentioned along with friends – they were especially mentioned by people in the rural focus group in Spain who expressed the opinion that 'neighbours' and 'neighbourliness' were substantially different in the rural areas as against cities, meaning this in a positive sense. There were echoes of this in the other countries as well.

In each country, there were some participants who described a situation of feeling relatively isolated, with few persons or places to turn to. In the UK for example, this feeling was especially present among people with heavy care-related duties, including carers for children with illnesses, disabilities or learning difficulties. Their fate can be tied to that of their children, especially when the child has health or functional 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."*

This is a different meaning of 'cancel culture'.

Notably, this participant was caring for an adult child. While this was a specific difficulty relating especially to the son's severe disability, the difficulty in accessing the right support at the necessary time for adults needing care was seen as a factor compounding other pressures already faced by families. The constraints around caring for adults were voiced very strongly by participants in Spain and the UK. Three types of constraint or challenge were to the fore in regard to caring for adults with debilitating conditions in Spain for example. The first related to income, with considerable discussion of the paucity of public income support in the Spanish system for people with illness or disabilities. The second constraint related to a paucity of support services combined in some instances with the intensity of caring placing limitations on the capacity to be employed. Thirdly, people made reference to the practical difficulties and skills required. This was referenced especially in regard to care of those with dementia or Alzheimer's.

Help and support from employers

A further possible source of support is that from employers or line managers. This was not widely mentioned in the focus groups, although it was scored third in the survey by both Croatian and UK-based participants. In the focus group discussions, it received most attention from the Polish and Spanish participants. However, it was a relatively minor part of the picture of support in all national settings.

When participants spoke about it as a source of support what they were referring to was an employer or manager who understood and made allowances for their family situation in cases where family matters interfered with their presence at work. The kind of support most often mentioned was an understanding employer/manager who allowed them some flexibility in hours and/or to take time off to attend to family-related, usually childcare, exigencies. Remote working was also mentioned in this regard in a few cases. A particular case was mentioned by a small number of migrant participants in Spain – of care-giving work being both possible for them and preferred because they could take their children with them as the (usually) older person they cared for did not mind or allowed it. The circumstances of some participants – both those in and out of employment - indicate that a supportive employer or company was a condition of their being able to maintain their employment. It was mainly women who needed this type of support from their employer. Among the participants as a whole though, those who had this type of situation were the exception – it therefore seems true to say that flexible working hours

and freedom in the time management of one's tasks were not available for the participants who were in low-paid jobs that require physical presence in the workplace,

There were four other notable findings in this regard. First, this was most often an informal arrangement between employer/manager and the employee, and there was a sense of an 'exception' being allowed. Second, and relatedly, in the cases mentioned it was more the personal disposition or dispensation of the employer (or manager) that was in play rather than, say, structural arrangements for work-family reconciliation, such as flexible working or employment rights in that regard. Moreover, participants' accounts suggested that more flexibility may be a privilege earned from an employer over time. Moreover, to the extent that it is relationship based, it makes finding a job that immediately offers needed flexibility a real challenge. A third finding is the lack of systematic differences across countries in this regard: finding or having a supportive employer seemed to be somewhat random, as indicated by the responses of some of those who had such an employer describing themselves as 'lucky'. Given this and taken as a whole, the evidence can lead to questions around how deeply formal 'family-friendly' measures reach into the populations covered in this study. Finally, the need for a supportive employer is mediated by service provision, particularly childcare and so relative silences in regard to the importance of a supportive employer or manager may be because the institutional infrastructure renders it unnecessary. This seems a plausible reason for why Swedish participants hardly mentioned employer support for example. Similarly they and to some extent the Belgian participants directed their expectations towards the welfare system in general. This was not examined directly and so needs to be interpreted with care - it may be that people rate this type of support high or low based on whether and how much they need it rather than whether it is available or not.

Overall, the analysis suggests that the majority of people have some support – most widely family and friends. But whether people have what might be called 'a support network' or support system is open to question. Most people seemed to have only one main source of support. This situation carries risks of inadequate support in some circumstances and in some national settings. This section has also brought out the ideal and the reality of support systems. Thinking in terms of four sources of support as constituting the support universe – family, friends, third-sector or community organisations and employer/company – is to sketch an ideal universe which does not exist when the individual accounts are examined. In terms of variation, there was some cross-national variation to be observed in the extent of reliance on family, with such a pattern emerging strongly from the Polish and Spanish narratives especially. Other variations are less robust, although reliance on community organisations did seem higher in Belgium, Spain and the UK, with Croatia in an intermediate position, and expressed reliance on NGOs least in Poland and Sweden.

Participants' Attitudes towards the Benefit and Service Systems

The evidence being analysed here comprises participants' responses to general questions about which aspects of government provision they found of most help and their accounts of the goods or facilities necessary for coping with their situation that they do not currently have.

Benefits and services were a source of critique in all countries although the strength of the critique varied. However, some positive views were expressed also in most countries, with people mentioning particular benefits (such as the 'Programme Family 500 plus' (*Rodzina 500*

plus) in Poland[7], the parent-child educator benefit in Croatia, in Sweden the contact family service[8] and in the UK such provisions as the Scottish Child Payment, Best Start Foods, Baby Boxes, and cost-of-living payments). But positive mentions were a minority and were often undercut by ambivalence towards the particular provision. Furthermore, many of the positive comments were made by migrants, whose positive attitudes were grounded in a comparison of provisions in their countries of origin.

Government support was the subject of wide, and often animated, discussion. It was most prominent as a topic of complaint in Belgium, Croatia, Sweden and the UK. But in all countries, participants expressed criticism of the policies and services that they perceived as not working well for them. Their reflections were rooted in the juxtaposition between their specific life circumstances - influenced by such factors as their parenthood and couple situation, the number, age and activity of their children, their caring responsibilities and their housing situation and area of residence – and the treatment they experienced at the hands of the benefit and service systems.

It is possible to think of the identified system weaknesses as being of two main types: structural weaknesses and 'operational weaknesses' (as in, for example, the bureaucratic requirements and the attitudes towards and treatment of applicants or beneficiaries). Table 4 groups the main issues or problems mentioned.

TABLE 4 MAIN ELEMENTS OF CRITIQUE OF BENEFIT AND SERVICE SYSTEMS

Structural	Operational
Failure to cover family-based need	Too much bureaucracy – red tape and high number of rules and regulations
Insufficient coverage of the need in terms of cost, gaps in provision	Inefficiencies, delays and errors
Too low benefits	Inflexibility
Inconsistencies in rules and conditions across benefits	Poor attitudes of and treatment by staff

Among the perceived structural weaknesses were failure to cover particular needs or insufficient and/or inadequate coverage in the provisions that did exist. In terms of the former, people felt aggrieved when particular needs that prevailed in their families were not addressed. Gaps in care-related provision and services were widely referred to as examples of unmet need – childcare in Croatia, Poland and Spain for example. There were also population sectors that felt the system did not cater for their particular situation. Lone parents were one such group; across countries they were critical of the extent to which the system in place recognised their specific

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[7] The 'Programme Family 500 plus' (*Rodzina 500 plus*), announced during the election campaign in 2015, is a form of child benefit. Initially it paid PLN 500 (about EUR 120) per month for each child until the age of 18 only to families with two or more children. The scope of eligible families has evolved over time so that by 2019 the programme covered all children, regardless of the family's size or financial situation.

[8] Families can apply to social services for a 'contact family' (either a family or individual) in cases where a child needs an additional supportive environment, or if the parent(s) needs such support to fulfil their parental responsibilities. Typically, this means that the child goes to stay with the contact family for a few days and nights per month. For a review see Andersson (1993).

circumstances. Lone parents in the Spanish focus groups, for example, were especially critical of the 'inequality' in the leave entitlements available to them as lone parents in comparison to two-parent families. Swedish lone parents were also very critical of the extent to which the system recognised their one-parent situation.

Most discussion prevailed around inadequate coverage though. The specificity of the complaint here was that provisions existed but did not go far enough. Sweden is a good example here - among the inadequacies raised there were coverage of the full costs of expensive medicines or non-emergency dental care, providing longer hours at nursery (especially for people relying on benefits), helping more with debt relief and doing more to force fathers to visit their children (raised especially in the lone-parents' group). In Croatia, Poland and the UK, too, the scarcity of nursery and early childcare services was a point of considerable deprivation. One Polish mother described her struggle to get her child into a nursery as:

> "A collision with the Polish reality … getting a child to a nursery, a state kindergarten, is bordering on a miracle."

Croatian, Polish and UK-based participants also spoke critically about the health services. Availability was a big issue, as was cost in Croatia and Poland. Availability and access issues pertained not just to specialist services like psychologists or psychiatrists but even to general practitioners (GPs). Fears of the costs of medical services and the perceived poor service were mentioned in almost all focus groups in Poland, whereas in the UK (where public health services are nominally free) people feared the need of having to 'go private'. The matching of employment and childcare was another issue raised and the lack of this type of 'joined up' service a source of frustration. A somewhat different example was given in Belgium of the public employment service offering (and expecting people to accept) full-time jobs without ensuring childcare service support for the working hours.

There was a pronounced critique of income support provision in Belgium, Croatia and the UK and somewhat less so in the Spanish groups (where low wages dominated the discussions on income). The Belgian and Croatian participants shared some concerns around the relative value of benefit and salaries, questioning whether the latter (especially in the often informal and low-paid labour markets in which they were located) paid sufficiently, especially when compared to benefit levels. A Croatian participant put it as follows:

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

The UK participants were among the most trenchant in their critique of the benefit system. It appeared incoherent to them as well as giving too little support. Participants pointed to the contradictions inhering in the system from their point of view and experience and its limited flexibility around income thresholds. This was especially illustrated in relation to the way Universal Credit – the main welfare payment – was calculated with many examples given of rigidities in cut-offs and unmet need.

> "We're in that awful grey area, we're only just £5 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."

The role of Universal Credit as a passport to other benefits and services is also important to note. All told, the strict criteria and thresholds for accessing benefits and a sense of incoherence were perceived by many UK participants as lacking fairness. The theme of unfairness also came up in Croatia and Poland.

The second set of issues raised were operational in nature. Especially to the fore here was the bureaucracy involved in claiming or receiving benefits and services. When people spoke of bureaucracy they meant both 'red tape' - especially in terms of bureaucratic requirements – and inefficiency. There was also a related critique of the attitudes of staff and how people experienced their encounters with state officials.

There were many criticisms of bureaucracy in the sense of rules and regulations that were hard to understand and comply with. This was a critique emphasised especially by migrant respondents – across countries. Complexity and lack of transparency in the application procedures were strong points of criticism. Filling in complex forms, navigating digital or online applications, using the 'right' words and terms, following up and filing appeals claims to overturn initial rejection were just some of the problems mentioned by the UK participants. Time and time again, the UK participants described their uncertainty with regard to the benefits they were eligible for. These kinds of issues were echoed elsewhere but to a lesser extent. The Spanish system (with its mix of national and regional benefits) was seen by participants to be difficult to understand also, especially by migrants. Indeed, a striking feature of group discussions in this and other countries was the spontaneous advice that participants provided each other regarding the benefits available, procedures to follow and other useful information for claiming benefits and services. Some discussions assumed features of a benefit clinic at times. In many countries, dealing with the benefit system, the health system or the social service system (or all three) can be hugely time consuming, especially in situations where people may not have the knowledge, language capacity, familiarity with or degree of confidence necessary for dealing with official systems and procedures.

The inefficiencies mentioned included delays or long processes and needing to make contact with different services and agencies. A further inefficiency, again most highlighted in the UK, 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 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 and injustice. Some individuals reported being sanctioned or pressured into finding work, including being offered jobs that were unsuited to the person's skills, competences or age. One UK participant called the social protection system "*abusive*" and many others noted the system's gaps, shortcomings and inconsistencies. 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.

A further point of operational critique was staff attitudes and their treatment of potential applicants and/or beneficiaries. This was the subject of critique everywhere but it was voiced very strongly in Croatia, Sweden and the UK. A sense of being neglected, dismissed or, at times, 'othered', continuously emerged across the discussions in Croatia. On a few occasions participants overtly referred to their treatment as *"discrimination."* The focus groups were revealing about what it is like to 'face the system'. The following comments by a Swedish participant highlights what it is like to be at the receiving end of negative treatment and how enabling it can be to find officials who relate in a positive way to them:

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

This picks up on another point made by the Swedish participants - the perceived narrow vision or range of expertise of individual services and their representatives. This was mentioned especially in relation to cognitive conditions (such as obsessive-compulsive disorder). Some migrant participants across countries also bemoaned the lack of understanding displayed by officials (and inbuilt in the system) of what it is like to face the system as a migrant.

In most countries attitudes to the benefit and service systems were grounded in a more general critique of the state as a whole. Two factors played in here: people's attitudes to the state and their beliefs and values about welfare and deservingness.

In five of the six countries – Sweden being the exception – the discussions led to a critique of either the government and/or the state. Indeed, failures or gaps were frequently attributed to a failure of government or of the state itself. This was sometimes political in the sense of the party in power (as in a critique of the successive Conservative-led governments in the UK) but it was also about the nature of the state itself (for being top-down, elitist, inefficient or even corrupt). Here is an especially strong intervention from a Belgian participant:

> *"Many of the, almost all, all, problems are political choices. Poverty is a political choice. Creating problems is a political choice. Not having childcare is a political choice. A living wage below the poverty line is a political choice."*

Elements of a political criticism were present in many focus groups in the five countries, although the degree of specificity and intensity varied and there was a tendency for the criticism to be most vociferous on the part of a few people, with others being silent or pointing out that all parties were to blame. Critique and even distrust of the state were strongly voiced by Belgian, Croatian, Polish and UK participants. The relevant participants were voluble about low trust in government and associated institutions and services. One Croatian participant put it in the following terms: *"In my opinion, it comes from the top* [the political hierarchy]. *They talk and do nothing and trample over these ordinary folk with how expensive everything is."* This in turn led another participant to comment: *"They steal a lot. Hasn't water now gone up by 300 percent?"*. In the UK it was more distrust of the (Conservative) government in power that underlay the relevant comments – this government was seen to be too removed from 'ordinary people' like

the participants themselves. Political critiques were generally rooted in an understanding of a system of power in which they (and in some cases 'the little man') have little power.

Ambivalence about welfare and the role of the state was another element. Polish participants' attitudes to the 'Programme Family 500 Plus' is a case in point. There was almost no-one who spoke of it without reservation, even while those who were receiving it acknowledged it as providing needed money. The following contributions from three different participants give a flavour of the attitudes.

> *"I also use the 500 plus, but I have this awareness in my head that I actually get the 500 plus from our taxes and from all these raised prices."*

> *"And 500 plus is good, but for those who work. And not only for those who do not work and, as they say, make a living from it, and ... it should be fairer."*

> *"Unfortunately, even when we just get the 500 plus, theoretically it should be for children, and we use it for our needs, like going to the store and buying, I don't know, bread, milk, and such … What is missing is that the child should develop, and the 500 plus is for them, and we simply cannot afford to put it aside for them, so that they have, well ...."*

Here one can see some reluctance to take it, a sense that it is unfair in being universal, that some who receive it misuse it and a feeling of guilt on the part of the father in the last quote because his family does not use it directly on children's needs.

An undercurrent of deservingness and 'othering' was to be seen in at least three national settings (Croatia, Poland and Spain). This took two forms: either people were vocal in establishing their own deservingness or they were dismissive of others' claims or rights. A classic mechanism for establishing one's own higher merit was to draw comparisons with people in other situations or indeed other groups. In both Croatia and Poland especially, there was considerable mention of people who abuse the system and how this should be factored into benefit reform, leading some Polish participants to suggest that aid should be given in the form of vouchers, rather than: *"here's the money, here's the money."* Ukrainian migrants were the subject of significant scrutiny and criticism in regard to their deservingness and entitlement in Poland. There was a strong sense of 'they' or 'them' as outsiders, with people showing their resentment by citing examples of how Ukrainian migrants were, along with being relatively privileged, also exploiting the system. In the Croatian focus groups, the notion of entitlement and deservingness was repeatedly referred to, although it was not always explicitly stated. This manifested in a competitive attitude towards other marginalised groups and an intergroup bias.

Overall, participants within and across countries had strong critiques to make of their respective benefit and service systems. The identified problems were of two main types – structural failings and operational weaknesses. In the former regard, unmet needs and insufficient or inappropriate provisions were the main perceived problems and the operational weaknesses were made up of a mix of bureaucracy and negative staff attitudes. Sometimes the critique was grounded in a distrust or perceived weaknesses of the state itself – especially in Croatia and Poland. Sometimes it was the government in power that was in the negative spotlight (especially in the UK).

The Priorities for Government Assistance

In outlining their views on what improvements would help them and their families, the focus groups provided rich insights not only on perceptions about helpful measures but also on the underlying causal factors and where the responsibility for change is seen to lie. The discussion in the previous section suggests that there are strong expectations of the state, although also some ambivalence and contestations around particular types or means of support and deservingness.

The usefulness of particular sources of help from government was one of the topics covered also in the survey given to participants at the end of the focus groups. The particular question asked them to rate (on a scale of 1 to 5) the potential helpfulness of eight possible types of government help. Figure 9 gives the cross-national picture, showing that the scoring is close, especially in regard to the first two: 'more understanding from the government of my family's situation' and 'more generous benefits'. The costs of childcare bring 'free childcare' into third place. More general care-related services are also widely supported as is clearer information about rights and entitlements and more help in finding work.

FIGURE 9 AVERAGE PARTICIPANT RATING OF THE DEGREE OF USEFULNESS OF DIFFERENT SOURCES OF HELP FROM THE GOVERNMENT FOR THEIR FAMILIES
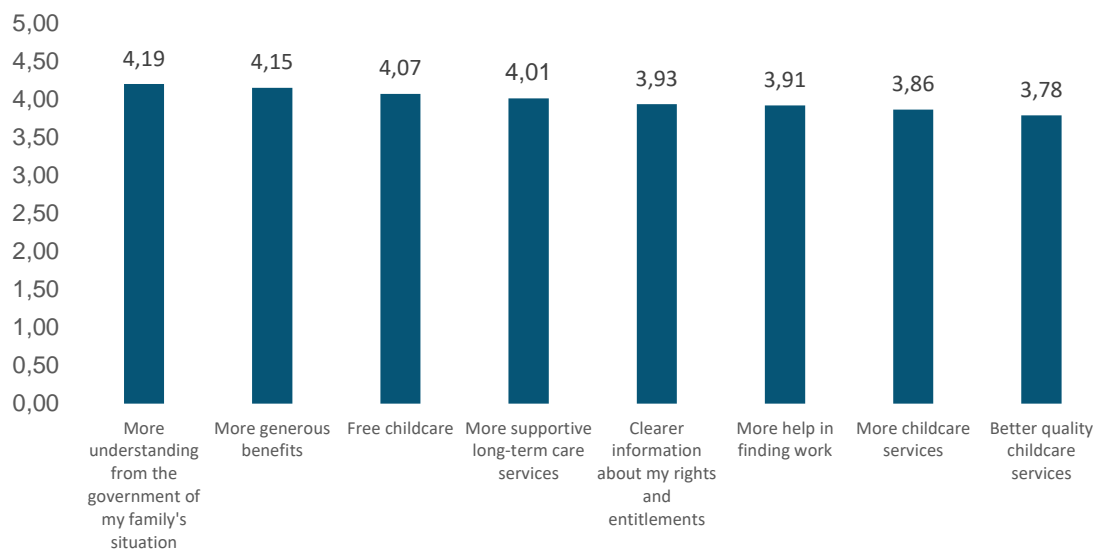
N=299

The following are the three most favoured options in each country.

TABLE 5 THE THREE TYPES OF GOVERNMENT HELP RATED AS MOST IMPORTANT BY PARTICIPANTS

Belgium	Croatia	Poland	Spain	Sweden	UK	Overall Average
More understanding from the government of my family's situation (4.44)	Free childcare (4.50)	Free childcare (3.91)	More understanding from the government of my family's situation (4.41)	More generous benefits (4.32)	More understanding from the government of my family's situation (4.47)	More understanding from the government of my family's situation (4.19)
More supportive long-term care services (4.22)	More generous benefits (4.42)	More generous benefits (3.90)	More help in finding work (4.17)	Clearer information about my rights and entitlements (3.81)	More generous benefits (4.25)	More generous benefits (4.15)
Free childcare (4.07)	More supportive long-term care services (4.31)	More childcare services (3.89)	Free childcare (4.09)	More understanding from the government of my family's situation (3.77)	More supportive long-term care services (4.25)	Free childcare (4.07)

Three 'asks' emerge strongly in the top three across the six national settings: 'more understanding from the government of my family's situation', 'free childcare', 'more generous benefits'. These are placed either first or second in all countries. Notably, in Sweden 'free childcare' was not mentioned because it is nearly free for everyone – at least for a certain number of guaranteed minimum hours).

Other improvements mentioned – but generally less prioritised - were more supportive long-term care services (placed second in Belgium and third in Croatia and the UK), more help in finding work (placed second in Spain) and more childcare services (placed third in Poland).

The evidence suggests that people want recognition of their situation and of the specificity of family life. This confirms the significance attributed above to 'too many demands on parents' as the most significant issue for participants. The root indication in both is that people feel that the powers that be generally do not appreciate what it is like to rear children and maintain family life. Among the Swedish participants, this manifested in two main forms. A first was a strong sense among the lone parent group of a mismatch between the policy aim of making fathers more involved in care for their children (also when living apart from the mother) and their own lived reality of fathers who are gone and/or do not show that they care. A second strong view was that the Swedish welfare system should allow more room for varied circumstances and take better account of families and family situations that do not fit the classic mould. Families coping with illness/disability was one prominent example given and rearing children in lone-parent families was another. There were similar underlying themes in the Spanish focus groups. Almost all group discussions in that country revealed particular situations that people felt were under- or un-recognised. Lone parents were to the fore especially as a type of family not fully catered for as well as the more personalised needs of carers for adults and migrants.

This and other evidence suggest that the degree to which people expect the government to help – and therefore direct their requests for change to government action – varies within and across

countries. The Swedish respondents were clearest in their expectation of government action. This was the case for participants in other countries, too, but a more complex and ambivalent set of attitudes prevailed elsewhere (as shown already). In Poland for example, while the participants saw the state (or 'government') as the main actor to improve the situation, there was little or no support for state largesse. This was partly grounded in economic concerns, especially worries about economic constraints and the fear that significant ameliorative measures might worsen the economy. But, as made clear in the last section, there was more to it than this – there was a strong view that the state or government benefits should help people to help themselves and also that benefits should be based on need and deservingness. The 'closeness' of the state and the willingness to help also cut across views here. In some cases, a sense of powerlessness was voiced, as in the following from a Croatian participant:

> *"But nothing will happen without the state, and the state is far away. So, it's just useless talking because nothing will come of it. We're too small to change anything."*

The vast majority of proposals or requests for change were grounded in people's direct experiences (rather than hearsay or general impressions) and what they wanted was reform and improvement rather than a radical restructuring. However, there were some more radical reforms called for by a few participants, especially in Belgium and the UK. But generally the participants wanted the system to work better. The specific comments about needed reforms have to be interpreted within the national context.

Swedish participants' suggestions for improvement ranged across three main themes as well as a general 'other' category. These were (in order of importance by virtue of the number of mentions): improving service supports; increasing benefit levels; helping with employment. In terms of better support from services, the discussions revealed different felt needs. Some of these related to new or under-recognised needs and others to services that were judged to be in short supply. Among the services mentioned were "*enabling activities for vulnerable families to be more socially included*" by which the participant was referring especially to sport and leisure activities (apart from football) for children. The point was made also that sporting and leisure should be free for families with children and especially children themselves. In what might be considered a grounding observation from the Swedish focus groups, a common underlying point was that government needs to do better at integrating people into society.

Key issues for Croatian participants and their recommendations revolved around the need for financial support. While some mentioned a minimum income guarantee, others named subsidies to pay utilities and bills and support with rent. The prioritisation of children was again prominent with the voicing of a desire for a universal child benefit. Housing support also figured rather prominently in the expressed improvements. The UK participants, too, were vociferous about the need to raise benefit levels, to reform the benefit system to give people a stronger set of rights (in this regard it is important to bear in mind that almost all of the participants were dealing with means-tested benefits which extend very widely in the UK), and to increase its coherence and improve operational functioning. The attitudes of staff were brought up here, a concern that was voiced strongly in other countries as well.

In both Belgium and Spain, the discussions leaned strongly in the direction of better in-kind forms of support. Among the priorities was easing of the care-related constraints that were prominent through such improvements as affordable and accessible childcare services available from an earlier age, affordable and accessible adult services (for older, ill or disabled adults),

more support services that would help with claiming benefits and accessing public services, increased support for parents and children with education. In Poland, services that would ease care-related constraints were also widely raised. As expressed, there was a perceived need for services that would substitute for or supplement the parent, whether in the form of babysitting or child-minding (mentioned in two groups: lone-parent families and those with female breadwinners) or even providing emotional support (mentioned especially in the female-breadwinner group).

In both Belgium and Poland, education services for children were also mentioned. Among other things, the costs of books and extra-curricular activities were raised in both countries. There was a consensus among Belgian participants that education should be free of charge. One participant summarised this request in the following words:

> "I think that they shouldn't touch education. Education should remain affordable to all children, in order to build a future, and if you fail in that … these are then mostly children who are in poverty. That does not mean that they are less intelligent, there are also a lot of intelligent children among them. That's unfortunate that they then can't function in a mainstream school because their parents can't foot the bill, I think that's a bit."

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

These suggestions were echoed in the Spanish discussions which extensively covered issues about the way services are organised and the underlying logics of approaches. The over-arching wish was for person-oriented services. Sometimes people wanted something beyond the existing service offer, as described in the following quote.

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

A further type of service mentioned was employment and its governance. In Poland mention was made of having an employment contract as a way of gaining security for workers. For other participants, security lay in an adequate wage, with some mention made of a minimum wage in this context (although fears were expressed that this might fuel inflation). Help with jobs and a

better functioning public employment service were also relevant improvements mentioned by Polish participants. Training opportunities for parents was another perceived improvement. Work and employment and the compatibility between the benefit system and employment were another important root here, and in fact more or better participation in employment was one of the reasons people wanted better services.

For others, affordable housing was the route to security, a foundation.

Overall, participants were able to identify many suggestions for improvements. These ranged across the benefit and service systems. There were considerable cross-national commonalities, although of course people were referring to the systems in place in their own countries. Welfare state provisions were attributed a major role in helping participants achieve adequate income and a measure of security in their lives.

Overview and Conclusion

There were two over-arching research questions guiding this report:

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

In answering these questions, the analysis also revealed the nature of the risks that families are exposed to; the resources families require and those that they have and what they lack; the similarities and differences across the six countries; and experiences with – and perceived functioning of – the welfare state in meeting families' needs.

The first part of this conclusion concentrates on the over-riding commonalities that prevail across countries; the second overviews some cross-national differences; the third briefly outlines some insights regarding resilience.

Cross-national similarities

The living situation and background of most of the participants across countries is <u>a state of resource scarcity</u>. Inadequate income is the most obvious scarcity, and this influences everyday life to a profound and quite minute degree. In this situation, most decisions are refracted through a lens of monetary affordability and many of the behaviours recounted relate to money and its management. Money is not the only scarce resource, however. Time can be and was also scarce for many of the respondents. This is especially associated with caring responsibilities which eat into time and, in a family context, are often the main priority. A third type of scarcity was adequately paid work. This could have different sources – for some people the difficulty was to get sufficient paid work whereas for others the challenge was to obtain sufficient income from employment.

A further notable common situation or phenomenon is <u>compounded hardship/adversity</u>. This is equivalent to what Desmond and Western (2018: 308) call "correlated adversity". It was commonplace for people to face more than one difficulty – the problems or challenges stem 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 mix of all), insecure or inadequate housing and/or relative social isolation. These and other problems tend to go together. There was, of course, variation but, nevertheless, there was also a strong sense of families being faced with more than one difficulty or risk. The compounded hardships also

had personal and social costs, such as isolation, loneliness, shame, guilt and feelings of inadequacy (and in a small number of cases powerlessness).

Intersecting inequalities – the existence of different types of inequalities intersecting with and reinforcing each other – is another facet of compoundedness or layering. Many of the patterns and thinking found can be understood as deriving from gender-based assumptions and inequalities. But other types of inequality also prevailed. Migrant or ethnic background mattered as did parental situation. Migrants have particular experiences in all countries, often setting them apart from those born in the country. Socio-economic differences, too, were on display, although the participants were selected on the basis of being in a low income or otherwise low resource situation. These all affected not just the resources that people had access to but their set of family-related responsibilities and the options they had access too.

Another striking set of findings was of how much effort the participants had to put in to manage their situation. Dealing with the benefit system, the health system or the social service system can be hugely time consuming, especially in situations where people may not have the necessary knowledge, time, language capacity, familiarity with or degree of assertiveness. But the required effort extended much wider. To take money for example, the skills and behaviours deployed ranged 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 (and thereby managing relationships and priorities within the family). The narratives also suggested that there is a psychological element involved in coping whereby people may have to adopt particular mindsets and 'arm' themselves psychologically to cope with the challenges and feelings involved.

The meaning and significance of family was revealed again and again by the narratives. This had a number of core references, especially care-giving (for children and adults) and familial responsibilities. These amplified pressures in situations of low resources. One of the strongest voiced complaints was that the expectations on parents were too high and one of the strongest requests across countries (albeit with some variation) was for more understanding from the government of the family's situation. Participants were notably bound by care-giving obligations, with some identifying readily as 'carers'. Because of the sample characteristics, it was mainly caring for children that was in focus but caring for sick or frail adults was also experienced as a constraint with many references to inadequate service support and the difficulty of obtaining knowledge and help with care-giving in situations of adult frailty and disability. Gender divisions and differentiations figured strongly in this regard: mothers and other women involved in care-giving (and it should be noted here that most of the participants were women) conveyed a strong sense of dominant if not total responsibility for the care of family members. This was especially the case when the care-giving was for a child or adult with disabilities or serious health condition. The importance of family was especially manifest in people's felt responsibility and concerns about children. The child emerged as a key focus of people's concerns, worries and hopes. In some cases it was fears that were being voiced; in others it was the reality of their children being excluded that was being adverted to. The parents' response was often to make personal sacrifices on their own needs, desires, or expectations so as to try and meet children's needs.

The strong focus on family suggested that the resource scarcities and overall prevailing constraints might be conceived in terms of a care trilemma. There are a number of ways in which this trilemma is constituted. With care-giving as its core, a trilemma betokens, first, an intersection of three types of resource scarcity, specifically paid work, money and time. A

signature way of understanding resource shortages in families is in terms of the resources to care (especially physical care-giving). Second, a care trilemma means trade-offs in the behaviours that are possible. Hence, 'choices' are not real choices in the sense of people being able to take the best option in a situation. The following is a typical example of care-based trade-offs. 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 but increasing employment decreased the time available to participants to care for their family members (as well as themselves). Hence, the action of potentially and partially resolving one dimension leads to a scarcity and potential deprivation in another key resource.

In addition, many of the participants were in an insecure relationship to the welfare state (including both income support and public services). Benefit levels were generally considered too low and many people found it difficult to navigate and meet the demands of 'the system'. Some people also experienced what they see as dismissive or disrespectful attitudes on the part of officials – such experiences were reported especially on the part of those administering the benefit system but they sometimes referred also to service providers. NGOs often functioned as intermediaries between the person and the system, this being one of the main forms of NGO support identified and highly valued by participants.

Significant numbers of participants could also be said to be insecure in social support. The discussions in the focus groups conveyed a sense of necessary self-reliance and indicated that, if support existed, it was mainly from one or a small number of family members (often husbands or partners, or sisters or daughters or mothers). People could not automatically call on their wider family (such as parents or siblings) however, because this depended on family norms and the state of the relationship involved. Another constraint on receiving help or support from family was the perception or reality that relatives would not be able to help given their own situation of scarce resources. Friendship networks did not figure prominently in the discussions. In terms of institutional support, only minor mention was made of helpful benefits and services (these were mainly a source of critique) but across countries participants reported strong support received from some local organisations – this is most likely associated with the role played by NGOs in recruitment of the participants for the study. Overall, the focus group discussions conveyed a strong sense of people trying to manage in a situation where help and support from others could not be counted on.

Cross-national variation

The preceding discussion has shown the many similarities between the six countries, underlining key commonalities in the reality of living in low-resourced situation in the six countries. Some variations can also be identified. In this regard though, the qualitative design, the use of focus groups as a methodology and the scale of the study seriously constrain the identification of robust cross-national variations. Caution is especially called for because of the variation among focus groups at national level, suggesting that the national level evidence is not a single case.

It is possible to identify some variations however.

First, family seemed to have a stronger resonance in some countries in comparison to others. There are a number of pieces of evidence suggesting that family (norms and practices) are comparatively strong in Croatia, Poland and Spain. First, family was scored as the top source of help in Poland and Spain and second in Croatia. In addition, although family help was associated with constraints everywhere, the significance of help and support from family resonated stronger in Croatia, Poland and Spain than in the other countries. Further, the focus group

discussions indicate that most recourse was made to family by the Polish and Spanish participants. In particular, in the Polish focus groups family support and related responsibilities seemed to be a defining part of participants' lives and identities. These cross-national variations may be traced to prevailing norms and values – it seemed less acceptable to ask family for help and support in Sweden and the UK as compared with the other countries, for example.

Second, the institutional support architecture and the functionality of the labour market seemed less problematic in Sweden, judged on the basis of participants' situation and experience, their complaints and their suggested reforms. As a general pattern, the Swedish participants wanted better coverage of 'unusual' or emergency situations whereas participants in the other countries pointed to major gaps in coverage and some needs not being covered at all. Care-related constraints were much more widespread and 'normal' in the other five countries. In particular, participants in Belgium, Croatia, Poland and the UK spoke at length about the costs of childcare and the availability of these and other services. Weaknesses in public services were attributed a large role in people's situation in these countries and the participants seemed very sure that they were describing a landscape of inadequate social provision. Low pay also seemed more widespread and a more significant contributor to low-resource living elsewhere as compared with Sweden. There were differences among the five countries in this regard though, especially in the causal role played by labour market weaknesses in participants' disadvantaged situation. The narratives of the Polish and Spanish participants indicate that the labour market that they engage with is highly informal and under-regulated. So-called 'junk contracts' were very prominent in the Polish participants' experience and in this country and in Spain employment often meant working for low pay, varying hours, un- or ill-defined tasks and few if any of the social rights and entitlements that are part and parcel of regulated employment.

Third, people seemed comparatively more disaffected by the 'system' in Belgium, Croatia, Poland and the UK as compared with Spain and Sweden. The main point here is that while participants everywhere could point to weaknesses and lack of coverage in benefits and services, Belgian, Croatian, Polish and British participants tended to attribute these to a failure of either the state itself or the government in power. The underlying causal factors ranged across lack of trust in the decision makers or in the history and functioning of the state, perceiving the leaders as elitist and too removed from people like the participants. This and other difficulties made people feel that 'the system' was unfair and could not be trusted and that they could never 'win'.

Fourth, undercurrents of deservingness and 'othering' were seen most strongly in Croatia, Poland and Spain. This took two forms: either people were vocal in establishing their own deservingness or they were dismissive of others' claims or rights. A classic mechanism for establishing one's own higher merit was to draw comparisons with people in other situations or indeed other groups in society. In both Croatia and Poland especially, there was considerable mention of (other) people who abuse the system and how this should be factored into benefit reform. Ukrainian migrants were the subject of significant scrutiny and criticism in regard to their deservingness and entitlements in Poland. There was a strong sense of 'they' or 'them' as outsiders, with participants showing their resentment by citing examples of how Ukrainian migrants were, were exploiting the system. Part and parcel of an 'othering' disposition is to see oneself in competition with other groups for jobs, benefits and services.

Some insights of relevance for resilience

The findings convey the situations in which people are called upon to be resilient. They present evidence of the extent to which people must respond to risks and challenges and how they do

so, emphasising a wide range of skills and behaviours. The literature on resilience has informed this research in a number of ways.

For one, it places the spotlight on the actions people engage in to deal with their situation and it also asks questions about the sustainability of behaviours and practices. Thinking in this way led the research to develop a framework to assess the relationship between the reactions to the situation they are faced with and the family's capacity to adjust and change. The research developed a two-dimensional framework to systematise this set of relationships. One dimension measures the type of action/practice engaged in and the other classifies the practices as either absorption or adaptation (as in Figure 7). Applying this framework both underlined the complexity and variety of responses and indicated that most of the behaviours were using (up) existing resources rather than increasing them. Coping by absorbing loss or greater demand is a short-term strategy. How sustainable is this? Dagdeviren and Donoghue (2019: 552) term these types of response as 'burden-bearing', rather than burden shifting or overcoming adversity. The findings generally tend to confirm the results of other research in that: (a) the participants are engaging in a range of different practices, which are mostly plurifunctional (Promberger et al 2020: 236); but (b) they are not significantly transforming their situation. Hence, their possibility to be resilient is being underlined.

A second core element of the resilience concept focuses on the resources used. The study has something to say here too and it is in essence a critique of resilience. Much of the work on resilience tends to take the situation in which people are expected to be resilient as status quo (apart from the 'shock'). The research reported here, as well as that of Bartova et al (2023) and Nieuwenhuis et al (2023), indicates the need to start from a recognition of the uneven distribution of material and other resources and the associated difficulties of 'disadvantaged' groups and communities to access the levers of change in situations calling for resilience or other forms of adjustment. A very broad set of resources may be needed to cope and the unit's resilience is signally determined by the volume and type of resources available and the capacity to use them. The point here is that it is not just people's agency that matters but their structural positioning. Resilience, then, needs to problematise the capacity to act in a situation as shaped by the resources one has available and of these in turn as shaped by broader patterns of inequality in society.

A third mainstay of the resilience concept is of a shock as the precipitating event in the resilience cycle (Keck and Sakdapolrak 2013). The rEUsilience research has critical insights to make here too. It reveals that people's current situation has evolved over time and that, while it can be the case that a one-off event or 'shock' may catapult people into a situation of risk, the stronger and more widespread pattern is of resource scarcities accumulating over time, not least because the existing resources are being used up and new or replacement resources cannot be accumulated. When the two types of pathway to current situation identified by Chaudhuri (2003) are examined, it is the weaknesses in long-term income-generating capacity that are predominant. Chaudhuri's other pathway is also present - exposure to adverse aggregate/idiosyncratic shocks – but it is the former types of weaknesses that are more widespread. This kind of finding raises questions about the utility and meaning of a resilience framework in this context given that resilience places so much emphasis on the suddenness or unpredictability of a shock as starting off the resilience sequence (Daly 2024). On the basis of the evidence produced by the current research, ongoing risks and vulnerability are a more pertinent and common feature of people's lives than sudden or unpredictable shocks.

Future work will further develop these insights.

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Annexes

Annex 1 Focus Group Discussion Guide

1. **Preamble (5 minutes)**

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

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

   - Each participant introduces him/herself and answers one brief ice-breaker question [9]

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

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

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[9] 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.

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 Socio-demographic Questionnaire

1. Gender (please tick one)
□ Female
□ Male
□ Other

2. Age group (please tick one)
□ 18-25
□ 26-35
□ 36-45
□ 46-55
□ 56-65
□ 65+

3. Which of the following words best describes the family members that you care for (please tick all that apply):
□ Children
□ Grandchildren
□ Partner
□ Parent
□ Other: _____

4. My family … (please tick the one that best describes my family's economic situation)
□ Makes ends meet very easily
□ Makes ends meet easily
□ Makes ends meet with difficulty
□ Makes ends meet with great difficulty

5. Were you born in this country?
□ Yes
□ No

6. Would you describe yourself as part of an ethnic minority in this country?
□ Yes
□ No

Annex 3 Opinion Survey

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

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

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

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

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

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

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