Learning from Families

Policies and Practices to Combat Social Exclusion amongst Families with Young Children in Europe

Μαθαίνοντας από τις Οικογένειες - A Családoktól Tanulunk - Learning from Families

Transnational Report

Co-Financed by Home-Start International

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Foreword

The rather technical term “Social Exclusion” conveys little about what it actually means for the millions of people who are on the margins of modern European society. In this study, parents with young children have been given the opportunity to talk about their experiences of being out of the mainstream of social and economic life. Their testimony offers a moving and telling insight both on national policies and on public service provision.

As the often neglected casualties of utilitarian thinking, their ideas and proposals for change demand attention. The families were drawn from Greece, Hungary, Ireland and, in the UK, from England and Wales - and they had experienced very different problems. It is all the more significant, therefore, that their stories were often markedly similar. Perhaps, as we reflect on their experiences, the processes which take people into and out of social exclusion will merit more attention.

Whilst this report and the associated tool kits for policy makers and managers, videos and family leaflets are the product of a joint team of researchers, its essence lies in the remarkable insights and ideas offered by the families themselves. In this lies its significance both as a contemporary picture of real lives and a reminder of the importance of genuine engagement with those who are affected by public policy.

Brian Waller
Project Coordinator

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LEARNING FROM FAMILIES

Executive Summary

What is this project about?

The project, one of a number funded by the EU as part of its interest in tackling social exclusion, has focussed on the experiences and views of parents with very young children. This group of people are of special interest, given what is now known about the crucial importance of providing a positive and nurturing environment for children in their very early years. Neglecting children is not only wrong but it has life long and costly consequences, both for them and for the wider community.

The study was designed to look not just at socially excluded families, but at those who, in addition, were finding it difficult to ask for help. Our chief interest was in seeking their opinions and ideas about how public policies and services had affected their lives and how they thought these might be improved.

How was the study conducted?

The project has been carried out in Greece, Hungary, Ireland and the UK. Within the UK we were able to talk to families in England and in Wales. Sadly funding did not permit us to extend the study into Scotland or Northern Ireland. The study has involved researchers interviewing parents in their own homes and in groups. The families faced different challenges in their lives. These included being disabled or having a child with a disability, being on their own as “single parents”, and being immigrants. The study did not seek the views of children directly – which would have been very difficult given the ages of the children involved - but it was concerned to hear from their parents about the impact social exclusion was having on their children’s lives and prospects. The study also looked behind the National Action Plans for Social Inclusion (NAPs /incl) 2001 – 3 and 2003 – 5 at the key policies (and their challenges) to promote social inclusion as expressed by policy makers, programme developers, academics and representatives of relevant statutory and voluntary agencies in the partner countries.

The researchers in this project did not, a little unusually, have their own theories to test out on families. Instead, by using an approach which involved qualitative thematic analysis, all the ideas and conclusions reported here have come from the families’ own experiences.

What did the families say about their experiences?

The families, regardless of their nationality or particular problems, gave graphic and, at times, moving accounts of what it means, in modern Europe, to be outside of the mainstream life enjoyed and experienced by the great majority of other families. Whilst this is perhaps not surprising, it is nonetheless shocking to hear at first hand just how corrosive and debilitating social exclusion can be, especially where very young children are involved. The familiar statistics on poverty, unemployment and social isolation take on a new significance when attached to real people who are much more impoverished than the raw numbers might suggest. Words like “battle”, “conflict “and “ despair” all frequently used by the parents, suggest that once families fall below certain thresholds their lives become disproportionately challenging and miserable.

Families felt that policies were too often inflexible and family unfriendly and that public services were frequently hostile and stigmatising, as well as being difficult to access and negotiate. In one sense it might be said that these families were the ones that had been failed by the system. The “poverty trap” is but one example of this. It is as if both policies and services were designed to cater for 90% of the population - but overlooking the fact that if everyone’s needs are not met then there are very likely to be consequences and casualties.

The parents in the study were deeply worried, aware and depressed about how all of this affected their children even though they worked hard to try to shelter them from the most immediate impact of deprivation.

Families had valuable insights to share as to what had taken them into social exclusion and also, for some, what was helping them to move back into normal life. Their experience varied from nation to nation inevitably according to how well developed policies and services were for families. There were, though, some significant common themes suggesting that the processes into and out of social exclusion may transcend national boundaries and even the nature of the problems faced by families.

What ideas and suggestions did families have to make life better?

Families felt that help should be provided much earlier than was usual – that preventive services should be developed that could help them deal with problems before they become crises – and that national policies needed to explicitly reflect the special situation of families with young children. Many agencies should be included in these policies as families needed to make use of a wide range of services – housing, transport, health, education and employment as well as child and family services.

In particular they asked that Family Support services, which could both guide and support young families, should be made widely available and accessible. Information about services was of crucial importance as well as, improved coordination and cooperation between the many services likely to be involved.

Policies and services for families should be more responsive and flexible than at present. It is unusual to find policies that take proper account of the uniqueness of each family - although the UK’s Sure Start programme is one good example of such enlightenment. Services, too, need to become much less judgemental and stigmatising if parents are to feel confident and have a sense of self worth.

These issues take on a special significance for parents in balancing work and family life. For too many of them there are no real choices and, on both sides of this equation, governments need to do more to develop policies and to influence employers and the wider public as to the importance of providing genuine options which parents can choose between according to their circumstances and needs.

What else has come from the research?

As well as reports for each nation and a combined transnational report the project has developed a tool kit for policy makers and service managers (See *Part 1 – The Practical Framework*). This should help them to review existing practice as well as to suggest that a much greater willingness to engage with and listen to families can be the key to better outcomes. Other products include a video in which families are shown speaking out and a leaflet for families themselves.

The importance of learning from families themselves is the key message from this project – not just to be done tokenistically- but in a way that includes every group and really takes seriously what families have to say. After all they are the experts.

What happens next?

This project comes to an end with the publication of this report and its associated materials. Its usefulness will now depend upon the readiness of others, especially those in government and those with responsibility for service provision, to really hear what families have said and build this into their own approaches to planning and delivering the wide range of services - especially preventive services - needed by families with small children. Its chief message is not primarily about major new expenditure or programmes. It is much more about recognising the diversity of needs that exist and finding imaginative ways of responding to every family's unique circumstances. That is quite a challenge.

LEARNING FROM FAMILIES

Introduction

The aim of the project described in this report was to look through the eyes of parents of young children, particularly non or reluctant users of services, at policies and practices in **England** and **Wales, Greece, Hungary** and **Ireland**, in order to help governments, statutory and voluntary bodies develop policies and build social environments that lessen the accumulation of risks, encourage protective buffers and help families out of social exclusion.

The project is divided into three parts. **Part I** provides a practical framework based on what parents said. It aims to help policy makers and programme developers to construct and assess robust and appropriate family support policies and programmes, and to implement existing policies more effectively in order to promote social inclusion in some of the most vulnerable groups. The focus is on families with young children due to the lack of social policy and needs awareness for this sector of society (with the exception of the UK) despite the evidence from numerous fields of study demonstrating the importance of the early years for future well-being and early intervention to break repeated generational cycles of social exclusion (for a review see Home-Start International, 2002).

Part II, which is main body of the report, aims to provide insight and understanding into the reality of social exclusion from the perspective of hard to reach parents with children under five years of age.

Part III outlines the challenges and key principles expressed by policy makers, programme developers, academics and executive representatives of relevant statutory and voluntary agencies in the partner countries. It looks behind the National Action Plans for Social Inclusion (NAPs /incl) 2001 – 3 and 2003 – 5 at the rationale for the main policies to promote social inclusion in families with young children and what is thought to contribute to positive and less positive outcomes for families. Reasons why there is such limited attention to vulnerable families of this age group and the special measures available to them are explored as well as their views of key priorities.

Part IV is our conclusions and recommendations. For an examination of the methodologies employed in the report please see *Appendix 1 - How we conducted the inquiry.*

A collaborative association underpinned the project. Home-Start International coordinated the work of a partnership between Home-Start UK, Home-Start National Office Ireland, Home-Start Hungary and the then Hellenic Council for Social Care (now Institute of Social Protection and Solidarity in Greece) in cooperation with the Directorate General for Employment and Social Affairs from the European Commission through their framework for Social Protection and Inclusion. The European Commission co-financed the project.

Home-Start International is an independent voluntary organisation, dedicated to supporting vulnerable families with pre-school age children through information exchange among governmental and non-governmental bodies. It supports Home-Start schemes internationally of which there are 543 in 21 countries. Home-Start is a home-based visiting service. By sharing their time and friendship, volunteers from their own community offer families an opportunity to develop new relationships, ideas and skills and experience support. The approach varies according to the needs of

each family which could include: being alongside parents with post natal distress; supporting lone parents in the difficult job of child rearing; providing an extra pair of hands; encouraging families from other ethnic origins in meeting new friends; providing a break for the parents of children with physical or mental disabilities or accompanying the family on outings or appointments. The families visited, like the Home-Start volunteers, come from a wide range of educational, cultural and financial backgrounds.

In 2002 Home-Start International successfully completed a trans-national exploratory study supported by the European Commission entitled *Tackling Social Exclusion in Families with Young Children* involving organisations in four countries from December 2000 – June 2002. That project highlighted a number of gaps in knowledge about social exclusion, in particular the importance of the social and subjective dimensions♣[1] and the need for deeper and more extensive listening to parents (including young children), as well as learning from their actual behaviour in response to policies and practices designed for their benefit. For the current project the partners identified large families, families where there were disabilities, immigrant and ethnic minority families together with lone parenting and issues related to reconciliation of work and family life as focal points for attention.

Subsequently, Home-Start International secured funding under the European Commission Community Action Programme to Combat Social Exclusion 2002 - 2006, Transnational Exchange Programme for a second project to address the gaps in knowledge identified about social exclusion. The partners agreed that the National Action Plans for Social Inclusion (NAPs/incl), mandatory in EU member countries, should provide the context for the inquiry. Whilst families themselves are the focus of the project, preliminary activities included mapping policies that seek to combat social exclusion in families with young children in each country and documenting policy maker's intentions and strategies in a number of key areas within the National Action Plans for Social Inclusion. Overall, the project seeks to:

- Document families' priorities and needs for inclusion in national and transnational reports.
- Devise practical frameworks/guidelines for policy and practice to promote social inclusion.
- Produce supporting materials (DVD and family-friendly materials) for dissemination.
- Promote Transnational European understanding of initiatives to promote social inclusion for families with young children.

[1] Whenever you see this symbol see *Appendix 2 - Explanations and Definitions*

Learning from Families

Part I

A PRACTICAL FRAMEWORK

About the Framework

This framework is a practical tool for policy makers and those who deliver policies and programmes. It is designed to bring into focus some of the issues from the perspective of socially excluded families with whom service providers find it difficult to engage.

It is based on a family enquiry that took place in England and Wales, Greece, Ireland and Hungary within the context of the transnational project «Learning from Families»[1].

"Policy makers are very far removed from people", a parent said; "Will our words have any meaning to those that make decisions?" asked another.

*This practical framework aims to connect in a direct way what the families said and what those who **Plan** and **Deliver** policies and programmes should think about and act upon. The framework should be viewed as a tool to promote lateral thinking and action. The framework consists of three different guidelines:*

***"Guidelines 1"** addresses those who **plan** policies and programmes. The issues raised by parents are organised in categories that relate to aspects of family and socio-economic policies whose objective is combating poverty and social exclusion.*

"Guidelines 2" *addresses those who* ***deliver*** *policies and programmes. The issues raised by parents are organised in categories that relate to the ways policies are implemented and programmes are delivered, which often create a barrier between the service and its recipient, leading to service exclusion.*

"Guidelines 3" *addresses both those who* ***plan*** *and* ***deliver*** *policies and programmes. The issues raised refer to principles of good management that perhaps are well-known but often forgotten. The issues were not all directly raised by parents but, in many instances, were implied in our discussions with them.*

Parents, in a vivid and often heart-touching way, provide a clear picture of the difficulties they experience in their everyday life. Many policies and services are experienced as "non-family friendly" and parents point out where there are gaps and inefficiencies. They also provide ideas and suggestions on how to improve the situation.

It is possible and important to ***listen to parents:*** *if asked they are not only willing to share their experiences and opinions but ready to contribute to the policy making process by fully elaborating the issues. The crucial factor is the cooperation between individual parents, the Non Governmental Organisations (NGO's) and the governmental bodies.*

Please listen to what parents say, think about it and act.

You can make a difference.

The project team

[1] Transnational Project "Learning from Families- Policies and Practices to Combat Social Exclusion in Families with Young Children" (European Programme to Combat Social Exclusion 2002-2006 - Transnational Exchanges)

HOW TO USE THE FRAMEWORK

"The Framework is a tool for reflection and action"

This box is about **parents'experiences.**

We have not changed the parent's wording here at all – they tell you very frankly how they feel.

This box – and the one below – refer to policies and programmes. The temptation may be to "tick boxes", i.e. answer all the questions positively and feel contented that you have all the policies and programmes right. But this is not the purpose!

This box is intended to be thought provoking and prompt you to think about how far your policies and programmes go and about the way they are delivered:

- Do they include **all** the families that need them?
- Are they really effective? Do they make a difference in the lives of those that receive them?
- Are they known, accessible and acceptable to those whom they are meant to address?

This is the **action box!**

If you have identified gaps and inefficiencies in your policies programmes and practices, or in the evidence on which you base them, think about what you should do about it. Prioritise and act. Don't forget: **you can make a difference.**

This box contains **parents' suggestions**

(The letters in brackets after the quotation tell you where the quotation comes from: - E for England W for Wales, G for Greece, H for Hungary and IR for Ireland)

This box invites you to examine the evidence on which your answers above are based.

First, there is hard evidence based on statistics.

Second, there is the 'soft' but crucial evidence which stems from the parents' experiences and highlights possible inefficiencies and gaps in policy formation and delivery.

We recommend that you pay special attention to the latter kind of evidence.
You are urged:

1. To consider incorporating parental consultation into your policy making and assessment

2. To address how you can include the views of parents that do not usually participate in such processes.

GUIDELINES 1: For those who plan family policies and programmes

1. Think about the content, effectiveness and coverage of income support policies and programmes for families

What parents told us about income and consumption…

"First we gave up the phone line, then the TV channels." (H)

"I am always in debt." (IR)

"I have Income Support, Disability Living Allowance and Carer's Allowance, but I still go without so that I can buy dairy free and other foods needed by my son. Holidays and presents are out of the question." (W)

What policy-makers should think about…

Do you have an adequate income support policy for all families in need?

- Are you sure that it does not exclude any families in need?
- Are you sure that it corresponds to real needs and to accepted poverty lines? Are you sure it does not create a poverty trap?
- Are you sure that benefits are fairly distributed amongst different kinds of families?
- Are you sure that income support is fairly distributed within the families themselves?
- Do you know that a significant number of families are in debt? How are you helping these families and/or those who find it hard to manage money?

What do you plan to do to improve the situation?

1.....

2.....

3.....

What parents suggested…

"The eligibility threshold for social assistance should be equal to the minimum wages." (H)

"We need regulation of money lenders and banks to stop them preying on vulnerable families." (IR)

"Disability Living Allowance should be paid to the mother for the child. Mums do not always have access to funds intended for children." (W)

How do you know that you have an adequate income support policy?

- What evidence do you have (statistical or other) that answers the above questions?
- Have you consulted with the families themselves, particularly the most poverty stricken and /or hard to reach?

GUIDELINES 1: For those who plan family policies and programmes

2. Think about the resources (savings, housing, property and skills) available to families

What parents told us about their resources...

"I was literally living from week to week to pay the bills. I wouldn't have had the chance (to save)." (IR)

"I am lost without a car. You need a car. You are miles away from anywhere." (IR)

"When my family broke up, I had nowhere to live. The municipality offered me this container." (GR)

"I did try a course, but everyone was much quicker than me – I didn't go back." (E)

What parents suggested…

"The amount of the housing construction benefit should follow the prices of the real estates." (H)

"There should be quality control of houses paid for by Housing Benefit." (E)

"Adult training courses should take into consideration the needs of parents with particular difficulties." (GR)

What policy-makers should think about…

Do you have policies that secure a minimum level of resources to all families and do you provide an environment of economic stability so that family resources are not eroded?

- Are you sure that your housing policies are adequate and include **all** families in need? Do you have policies of temporary accommodation for emergency cases? Do they cover **all** families in need?
- How do you ensure that families, particularly the socially excluded ones, have the means to obtain and maintain basic property resources?
- How effective are your policies in reaching out with education and training to alienated and hard to reach parents?

How do you know that you have adequate policies that secure stability and a minimum level of family resources?

- Do you have evidence (statistical or other) that answers the above questions?
- Have you consulted the families themselves, particularly the most poverty stricken and socially excluded?

What do you plan to do to improve the situation?

1.....

2.....

3.....

GUIDELINES 1: For those who plan family policies and programmes

3. Think about the employment situation of family members

What parents told us about employment...

"They accepted my child at the kindergarten for a few hours, but when I asked them if they would keep him longer hours if I find a job, they said no because they were full….so I stopped looking for a job." (GR)

"As a lone parent I prefer not to be on social assistance but then you have the cost of a crèche. You are working to pay the crèche." (IR)

"I do voluntary work because they understand my needs and are flexible. The Job Centre do not understand and put pressure on me to work." (E)

What parents suggested…

"Unemployed parents should have equal rights to childcare facilities with the employed ones." (GR)

"We need Family Friendly Working Places." (H)

"Parents who want to look after their children themselves until they start school want real choice." (E)

What policy-makers should think about…

Do you have policies on employment and reconciliation between work and family that address family needs?

- Do you have employment policies that specifically help mothers with young children to find (flexible and family-friendly) employment? How effective are such policies?
- Do you implement specific measures that enable **all** parents to work and at the same time enjoy being with their children (i.e. number of places, conditions of acceptance and operating hours of care facilities, parental leaves, operating hours of services etc)?

How do you know that you have adequate employment and work-life balance policies?

- What evidence do you have of the impact of your policies with regard in particular to socially excluded parents with young children?
- How do you ensure that you know the views of such families?

What do you plan to do to improve the situation?

1……

2……

3……

GUIDELINES 1: For those who plan family policies and programmes

4. Think about how families feel about their situation; think about the support available to them

What parents told us about how they feel...

"I don't have friends. The locals see me in a different way. They think we have other attitudes and traditions." (GR)

"My basic problem is that I have no helper. I had three sisters and now my mother freaks out from her grandchildren. She just wants to be left alone…" (H)

"Outside of these four walls, it's hard to find outside contact. I'm in most of time here – we are miles away from the park." (IR)

"I just felt so alone. Terrible – depressed, desperate, powerless." (W)

What parents suggested…

"We need Social Support Services that know how to listen… that do not tell you what you should or you shouldn't do." (GR)

"We would be happy to find a playgroup or a meeting place where we can go with our children and even such places where someone looks after our children while we can just talk and meet other mothers." (H)

"We need facilities nearby so the kids can be part of the community instead of sending them away." (E)

What policy-makers should think about…

Do you have a policy of long term and short term social support for those families who need it?

- What kind of social and emotional support policies are there? How far do they cover **all** families in need and how effectively?
- To what extent are you mindful of the value of **preventative** ervices, especially in relation to psychological/mental health needs and early years intervention?

How do you know that you have an adequate policy of social support for families?

- How do you ensure that consultation includes families who find it hard to communicate with those 'in authority'?
- Do you have evidence (statistical or other) that answers the above questions?

What do you plan to do to improve the situation?

1.....

2.....

3.....

GUIDELINES 2: For those that deliver policies and programmes that support families

5. Think about how aware families are of policies, programmes and services

What parents told us about their awareness of policies, programmes and Services

"I really had no access to services because I didn't know about them." (IR)

"They flood you too quick, too fast, too impersonal. They make you feel stupid, thick. They said 'She wants OT'. I thought: 'What's OT?' I daren't ask." (E)

"I don't even know what's happening in a Family Support Service." (H)

What those who deliver policies, programmes and Services should think about…..

Are your Services known to almost all members of the local community?

- How do you ensure that the information about the Services is widely disseminated?
- How do you ensure that the most marginalised members of the community are informed about the Services and what they offer?

What do you plan to do to improve the situation?

1……

2……

3……

How do you know that your Services are known to almost all members of the local community?

- Are you distributing information door to door? Are you using any other effective ways of disseminating information?
- Are you using methods other than the written word in first language to reach families who may have reading difficulties or language problems?
- Have you consulted the families concerned?

What parents suggested…

"I would have liked somebody from the municipality to go around door to door with leaflets and informed and explained what was available." (GR)

"Attractively presented information booklets or a cd should be given to every parent in the maternity hospitals, which would contain information not just about social welfare benefits but also about local services." (IR)

"The health visitor and Home-Start are best; they talk face to face and explain about what can help you." (W)

GUIDELINES 2: For those that deliver policies and programmes that support families

6. *Think about how accessible Services are to families*

What parents told us about their accessibility to Services

"The closest medical center that provides vaccination for the children is about an hour drive by bus." (GR)

"The citizens' advice centre is upstairs in the centre, this is not accessible with a buggy and they have unfriendly hours." (IR)

"The thought of catching one bus, then another and then another to get anywhere – shops, job, a swim. You just don't do it." (W)

"We live so far from the town centre I can not go there with the children. The roads are so bad it's impossible to use a pushchair, and when I can manage I can't get on the bus... .." (H)

What those who deliver policies, programmes and Services should think about…..

Are your Services geographically close to families that need them?

- How do you ensure that the location of your services is easily accessible to families, particularly to those with small children and/or with a disability?
- What means do you use to facilitate families in their access to your Services (i.e. special transport arrangements, mobile services)?

How do you know that you have an adequate policy of social support for families?

- How do you ensure that consultation includes families who find it hard to communicate with those 'in authority'?
- Do you have evidence (statistical or other) that answers the above questions?

What do you plan to do to improve the situation?

1……

2……

3……

What parents suggested…

"Child care services and medical services for children should be close to where families live." (GR)

"Plan housing estates with shops and crèches and services." (IR)

GUIDELINES 2: For those that deliver policies and programmes that support families

7. *Think about how acceptable policies, programmes and services are to families*

What parents told us about the acceptability of policies, programmes and Services…

"I do not trust doctors in the public medical services. I believe that they are not interested, that they do not look into your problem enough." (GR)

"Some of the professionals have no people skills, especially with children." (E)

What those that deliver policies and programmes should think about…..

Are your Services well accepted by the families of the local community, including the less vocal?

- How do you ensure that your Services are family-friendly, meet the needs and include the most marginalised?
- How do you prepare and supervise your staff to reach out to those who do not easily avail themselves of your services?

What do you plan to do to improve the situation?

1……

2……

3……

What parents suggested…

'We need a national campaign in order to improve the sense of responsibility and behaviour of the employees in the public sector..." (GR)

"Workers in public services should be trained to develop a client based approach – non-judgemental, respectful and trusting."(IR)

"Humanize the professional." (E)

What those that deliver policies and programmes should think about…..

Are your Services well accepted by the families of the local community, including the less vocal?

- How do you ensure that your Services are family-friendly, meet the needs and include the most marginalised?
- How do you prepare and supervise your staff to reach out to those who do not easily avail themselves of your services?

GUIDELINES 2: For those that deliver policies and programmes that support families

8. Think about the principles and methods of intervention of Services

What parents told us about the principles and methods of intervention of Services...

"I felt like a beggar that waits charity..." (GR)

"You have to go up every week initially and sign on then monthly, this is very degrading."(IR)

"The two little ones have had funded nursery places for the past year – but now they're stopping it. It's time limited. They should have told us. You feel let down." (E)

"It's not worth to go there and ask for some allowances. They never give you anything. They all behave if it was their money." (H)

What those that deliver policies and programmes should think about…..

Are your Services based on principles and methods of intervention that respect the families' dignity and rights and respond to their individual needs?

- How do you ensure that your Services Respect the families' dignity and rights?
- How do you ensure that your Services respond to the families' individual needs?
- What exactly have you done to implement and promote the above principles and methods of intervention? Do you have documentation on Principles, Good Practice Guides etc? Do you train, supervise and raise awareness of your staff in these issues?

What do you plan to do to improve the situation?

1.....

2.....

3.....

How do you know that you have an adequate policy of social support for families?

- How do you ensure that consultation includes families who find it hard to communicate with those 'in authority'?
- Do you have evidence (statistical or other) that answers the above questions?

What parents suggested…

"Flexible operating hours and absence of long queues would much facilitate families with small children." (GR)

"Everyone who needs help should be able to have it, never mind where they live." (W)

"We are all different and so are our situations." (H)

GUIDELINES 3: For both those who plan and those who deliver policies and programmes

9. Think about management principles and practices

- Is the policy or programme based on evidence concerning the extent, degree of urgency and nature of family needs?
- Is the policy or programme actually reaching the families it is intended to reach?
- Has the policy or programme clear objectives and procedures for implementation?
- Is the policy/ programme outcome based? Is account taken of the earliest indications of change among some of the most marginalised parents – that is, of movement towards social inclusion even though it is difficult to measure?
- Are there enough high calibre staff responsible for planning and delivering a policy or a programme? Are they adequately trained, specifically in dealing with socially excluded families, and supervised on an on-going basis? Have they clearly understood what the policy or programme is about?
- Is a culture of learning, self evaluation and openness apparent amongst those who plan or deliver policies and programmes?
- Does it extend to genuine joint working between governmental and non-governmental bodies, between departments and agencies, and does it involve true partnership with parents?
- Are adequate resources secured so that both policies and programme are implemented and sustained as envisaged?
- Are these resources utilised in such a way that the best results are achieved with the least possible cost?
- Are the structures for delivering a policy sufficiently flexible to deal with change and able adequately to implement any new policy? Are those responsible for developing policies aware of the degree of flexibility in the system?
- Does the policy/ programme incorporate an evaluation procedure from its earliest stages? Does it encompass minority groups who tend not to take up services?
- Is there provision for client participation in the formulation, implementation and assessment of the policy/programme?
- Do you **really** listen to families, including the most marginalised, hear what they say and respond to their advice and feedback?

Learning from Families

Part II

What Families Said

Part II – What families said

2.1 Introduction to Part II

> *I felt stuck … I felt I could not move… I felt numb. .. I tried to do things all at the same time … no order, no priority … all together, cooking, taking care of kids, work. It was all a nightmare with no way out… The result is that I destroyed my health too, I have been operated on several times …I don't want to talk about it.*
> *(As* expressed by one parent in Greece)

The main aim of the second stage of the project was to offer insight into the reality of social exclusion. We asked parents what they thought of the policies and programmes that are meant to support them. We present their views in their own words under headings that relate to the dimensions of social exclusion (see explanation below). In addition we examine and analyse:

- What we learned from the families (refer to section 2.2), drawing on our work in Tackling Social Exclusion in Families with Young Children (Home-Start, 2002), in relation to the dimensions of social exclusion and the impact on children (refer to section 2.3).
- The risk factors that may have contributed to social exclusion of the families and the protective factors which acted as buffers (refer to section 2.4), along with the families' coping strategies (refer to section 2.5).
- The process in and out of social exclusion: the barriers; reasons for non use of services and the breaking and turning points that ultimately led families to accept help (refer to section 2.6).
- Families' experience and assessment of the support they received (refer to section 2.7).
- Testing the accuracy of the predominant themes that emerged (refer to section 2.8).

Dimensions of Social Exclusion

Drawing on our work in a previous project (Home-Start International, 2002) social exclusion is defined as a lack of social participation by families, with six distinguishing dimensions♣[1]

1. Low income
2. Limited cultural and material resources
3. Unemployment /poor training
4. Limited social networks
5. Non or reluctant use of Public Services
6. Subjective experience (negative feelings)

Families described how they fared with regard to these dimensions at the time of their introduction to the "reference service"♣. The context of social exclusion is analysed drawing on the families' experiences with regard to the six dimensions above; the impact of their situation on their children; the risk and protective factors and the families' coping strategies. Themes which emerged in the course of parents' narratives that are common to the participating nations are identified and where countries differ is also addressed.

[1] *see Appendix 2 Explanations and Definitions*

2.2 What parents said

2.2.1 Low income (dimension of social exclusion):

In Ireland a parent reflected that to live on €151.60 a week with a young child is

> *…ridiculous. You need to lead a normal life. You don't lead a normal life in the situation I'm in*.

In Hungary a parent reported:

> *My neighbours say I'm a crank, because we have no cars, I work in the garden a lot and we have a fireplace to save money on heating…*

As expressed by a parent in Greece:

> *Food is not enough – sometimes it's impossible to feed 9 people. Not even the bread is enough.*

Regarding the dimension of low income, the common themes experienced and reported by parents at the time of referral to the reference service are that families were living in a state of poverty – some in a really devastating state (Greece [GR]) - and consumed very little (England and Wales [E; W]; Greece [GR]; Hungary [H]; Ireland [IR]). The overall picture when parents accepted help from an agency was of a struggle to make ends meet and of benefit dependency (at a time when benefits were not always as supportive as they are today in England and Wales).

Lone-parent families fared worst of all (**E; W; GR; IR**). One single mother in England with two young children was in full time employment receiving £80 (€119) a week. She spoke of inability to pay for childcare or to make ends meet. Another on £75 (€111) a week said she went without food one day each week and relied on her mother to tide her over. Others detailed inability to heat the house adequately, to pay for basic needs of a new baby. A parent in Greece described their situation as:

> *Very bad, very bad. I lived in hunger and pain, me and my kids. Terrible. No job. The other (ex-husband) had left me entirely on my own. Showed no interest at all.*

Similarly a parent in Ireland acknowledged that *"it's very, very humiliating, trying to survive on the Lone Parents*♣.[2] *it's really impossible*".

Income was supplemented by Government benefit schemes (**E; W; GR; H; IR**). In England and Wales most families qualified for income support♣ and were receiving child benefits♣ of between £55 and £120 a week (€82 and €178). In Ireland child benefit♣ is:

> *the only thing that bumps up your money once a month. But, even at that you probably owe from the weeks previous*.

In Hungary a family could buy food and pay the bills for heating and electricity from the mother's childcare benefit♣.

In Greece, there is not a general child benefit scheme as a mechanism for income support for poor families. However, benefits for special categories of families exist such as families with 3 or more children, poor families in which one or both parents are absent, families with disabled members etc (see *Appendix 3 - Contextual Grid*).

[2] see *Appendix 2 Explanations and Definitions*

There was a lack of free activities for families in addition to a lack of ability to socialise or have a holiday♣ (**E; W; H; IR; GR**). In England and Wales holidays were not on the agenda; narratives echoed reports from more extensive studies (Adelman *et al*, 2003). In Hungary none of the parents could go out to spend an evening or a day just together. Even those families who could afford to spend some money on going out occasionally had no one to leave the children with. "*Ninety nine per cent of anything you do costs money"* was expressed by many frustrated parents in Ireland. "*All of the free things are miles away*".

There were difficulties with fathers paying maintenance for their children (**E; W; IR; GR**). In England and Wales hardship accrued for lone parents who had not received money owing to them through the CSA♣. In Ireland:

> *They encourage people to take fathers to court* (to pay for the maintenance of the child) *but then the money is reduced, so you don't get the benefit of it, but you do get a lot of hassle and bad feeling*.

Differences emerged across countries reflecting variations in income supports and the employment situations of the families. For example in England and Wales examination of parents' comments relative to the time that had elapsed since they accepted help from the agency suggested that changes in tax and benefits had improved standards of living in recent years. Few complained of current excessive or enduring financial hardship. However a lack of comprehensive information on benefit entitlement and difficulties for those just above means tested benefit was expressed. It was also clear in England that social exclusion was not confined to the most deprived areas. In Wales difficulties were identified in accessing benefits, especially by those with learning disabilities.

In contrast in Ireland whereas social welfare has increased the level of the One Parent Family Payment earnings disregard (which stipulates that any additional income is assessed against entitlement to a payment in excess of €146.50 per week) has not increased since 1993 (One Family, 2005).

In Greece income was scarce, unstable and insecure; families were forced to live in poor areas and in small and old houses with low rent or to cohabit with other extended family members. Consumption was limited to absolute necessities and living conditions were described from poor to unbearable.

In Hungary although families did emphasise their state of deprivation they were in fact able to cover their daily food, bills and travelling expenses. All the families were two parent families where the fathers were employed legally and earning their wages on a monthly basis. They were all paying tax and getting the family allowance through their employer (although in one family the father's employer had not paid his wages for 6 months, because of the company's bankruptcy).

2.2.2 Limited cultural and material resources (dimension of social exclusion):

> *Savings? Where from? Because it is not only the daily expenses, it is the extras like children's illnesses. Whatever I did to put one euro aside in one month, it just disappeared in the next month. (a single mother in Greece)*

There were very limited opportunities to save money (E; W; GR; H; IR). In Greece lone parents in particular had no savings, however, a little saving was possible amongst some of the repatriated population. In England and Wales parents on low incomes and in all groups said that they been unable to save.

In Hungary a few families had savings. In Ireland:

> *I was literally living from week to week to pay the bills. I wouldn't have had the chance.* (to save) was reiterated many times. The inquiry into the families' resources and 'cushions' (material and cultural) across the participating nations revealed that:

Indebtedness was common (E; W; GR; H; IR). In England and Wales families were unlikely to have a bank account or insurance or a car, but almost all had debts, some of them running into thousands of pounds. *'I can't save a penny and I'm in debt. It's bad, bad, bad.'* expressed a common but not universal response. In England Wales and Ireland the parents spoke of the pervasive pressures to borrow. Families with disabilities who could not get out, and those in more isolated areas cited the need to buy goods from catalogues or door to door salesman, coin operated systems of Pay-as-You-Go television and other 'indispensable' items like washing machines, as reasons for getting deeper into debt. In Greece some of the mothers had no personal insurance (mothers worked on the black market) – though most were still covered by the husband's insurance scheme-and often were in debt to relatives and landowners. The majority of the families in Hungary had monthly debts to pay. In Ireland the debts ranged from €800 to €45,000. Christmas, birthdays, court fees, deposits on apartments for rent, times while waiting for benefits to be allocated, cars, pre-school fees, and "*just trying to get by*" were among the items named that created the debt in Ireland.

One of the most important and influential resources for any family with young children is their **house and the neighbourhood in which they live (E; W; GR; H; IR)**. In Wales whereas families did have local authority accommodation parents expressed concerns about "*forgotten*", run down estates with few amenities where it was felt that everyone was labelled because of the misdemeanours of some others. Families with disabilities experienced victimisation and theft. In Greece there was a lack of secure accommodation and this had a negative impact, particularly on the lone-parent families who did not own any property (i.e. a house of their own). However, the repatriated families fared better; some were living in a house of their own or managed to get a house loan for the repatriated♣ (see *Appendix 2 - Explanations and Definitions*). In Hungary whereas a few families had no property the majority owned their own houses. In Ireland a few families owned their council house but the remainder lived in private rented accommodation (one with her parents). All the families wanted to move and the majority did not have access to a safe, cleared back garden. Children old enough were not allowed to play outside because of "*roughness*" of the other children, "*toys being stolen*", and "*needles in the alleyways*".

> *It was much different when we were young. We could be out playing, he can't; it's not safe*.

Many of the children were too young to be let out to play, but many families expressed concern over what their children were going to be doing in the future without access to "*sports*" and other "*healthy activities*". "*Football teams*" are needed, "*something to occupy the teenagers, to enhance their futures but also to stop being a threat".*

Cultural capital such as training and education were limited amongst the families (E; W; GR; H; IR). In England and Wales parents said they had enjoyed at least some lessons in school, or had enjoyed lessons but not been good at exams. Exceptionally, some families with disabilities had formal educational qualifications ('O' levels, nursing qualifications or a degree). In Greece amongst mothers, only

three had some kind of secondary technical education, (others had sewing skills and hairdressing skills). The fathers in the two-parent families had some kind of semi-skilled or skilled occupational activity. Indigenous language skills were limited amongst the repatriated parents. As reported by one mother:

> *I did not learn anything. I only completed basic education level and stopped school because I got married.*

In Hungary, even if parents had a low level of educational attainment, their determination and morals were equally influential factors of social capital. Mothers with basic level of education are still able to set a good example for their children. In Ireland those who had had opportunities to train for example in art college, hairdressing or office management felt those skills could be utilised in the future. Two of the parents are currently pursuing third level qualifications (business management and nursing).

Cars were seen as a basic resource (H; IR). In England and Wales almost no family had a car because they simply could not afford one. In Greece it was not mentioned as an issue as most families did not have them. In Hungary some of the families had cars or planned to buy one as the next big family purchase. In Ireland half of the families had cars which they could ill afford, and which in some cases were not insured or taxed but deemed necessary because of the lack of transport within in the area and the distances between the houses, shops, schools, Home-Start and other services.

2.2.3 Unemployment / poor training (dimension of social exclusion)

> *The hairdresser's I used to work was in the centre of Athens. It took me an hour and half to go and an hour and a half to come back…. if the bus was late it could take me two hours. I left in the morning and came back in the evening. I did not see my family at all. My husband had to pick the kid up from the kindergarten, but it was difficult for him too. ….I had to quit.*
>
> (a mother in Greece)

Concerning the production/employment activity of the family, this dimension emerged as of paramount importance in the process of marginalisation. Across the participating nations common themes emerged:

Problems of work/life balance (E; W; GR; H; IR). In England and Wales some mothers had tried getting a job, but it "*had not worked*". The hours were long or did not fit in with family life. In Greece reconciliation between family and working life was not easy in single or indeed two parent families (see the quotation at the beginning of this section).

In Hungary

> *If we stay at home in the village we can buy a cheap house. But there are no jobs. Now my husband has a good job but we never see him during the week, only the weekends*...

In Ireland one parent took a job packing shelves late at night, while her teenage sons minded the toddler. She would get home at 1:30am and then was up at 7:00am to get the rest of the children out to school. She lasted in the job for 13 months but in the meantime became very ill and was "*worried"* continually about "*what her teenagers were up to"* in her absence.

Employer attitudes and types of work available (E; W; GR; IR). The following from Wales illustrates the benefit extra income and interest can make to the effect of employer attitudes and the need for skills training and guidance:

> *When I worked it was brilliant because it was part-time in school hours (children 3 and 4 years old). I had the weekends off – it was great. I could pay my debts and I could buy the little extras. Then we had a new boss. He didn't like me. He didn't understand that if the children were ill, I had to be there with them. I left*.

In addition, in England and Wales, Greece and Ireland local jobs were often poorly paid. In Greece for lone parents any kind of employment would do since what was essential was the income from work and not its content. Yet getting a steady job was not easy: parents lacked skills, had no previous work experience and did not know how and where to look for a job. Parents did not have the jobs they would like to have. Similarly in Ireland the jobs available would not pay for the expense of working such as childcare.

Lack of child care and child care costs (E; W; GR; H; IR) was expressed as an issue for parents in England and Wales. For lone parents in Greece work was essential as it was the main income source; however, in Greece child care places for children below two and a half years of age are very limited. Also some provisions such as the all-day schools in Greece were not universal. "I could not work in a full-time job now that the kids are in school… at the kindergarten I could". In Ireland there was no state free childcare although there were limited subsidised crèches. One parent in Hungary said "*I would do anything I even finished a course as a chiropodist but where would I put my baby?*" In Ireland a parent described her situation when she had to use private childcare because a return to work scheme which had a crèche attached had ended and concluded "*it's really not worth it".* She was unable to afford the childcare fees.

Preference to stay at home with young children (E; W; H: IR) combined with the desire to work (GR) part-time (H; IR). In England and Wales parents with disabled children made it clear that their first responsibility was to their children and this would conflict with responsibilities in paid employment. In Greece mothers saw work not only as a means of income and security but also as a means of independence, of controlling one's life, of self-esteem and of communicating and socialising with other people:

> *When I left my job I felt very bad and very lonely...I had learnt to work. I just could not bear being all day at home with just the kids and the TV on…As a person I feel good working and making other people happy through my work.*

In Hungary and Ireland parents wanted to care for their young children although they also saw work as a social outlet and desired part-time employment.

The effects of ill health and disability (E; W; H; IR). In England and Wales at the time they accepted help from the reference service, most mothers in the hard to reach groups were single parents prone to ill health. Anti-depressants and smoking were common resorts. In Hungary "*Since my illness I can't work more than two hours, my body starts shaking...*" In Ireland parents were too exhausted, depressed or on medication to even consider working at the time of referral to Home-Start.

The main difference across countries was the availability of jobs and the state provision for parental leave (refer to *Appendix 3 - Contextual Grid*) and social security. In the Hungarian inquiry all fathers were working and the families were mostly two parent families. In the Hungarian Social Security System mothers could maintain 85% of their income for the first 2 years and could avail of an extra year's

parental leave for children up to the age of three years at a reduced allowance. In addition there is a special allowance called child-raising support. It is an entitlement for a parent with 3 or more children in the household, if the youngest is between the ages of 3 and 8. Although the child-raising support is not enough financially to support families with young children, the mothers have no other choice: there are no part time jobs or any other possibilities for mothers who want to be employed and raise children in Hungary.

Ireland is unique in the partnership in that there is an absence of free state-funded childcare. There is only a very limited financial provision towards the cost of childcare for families.

2.2.4 Limited social networks *(dimension of social exclusion)*

> *I don't really have any friends.*

In Ireland loneliness was expressed by many: The importance of social networks has been well documented (Burchardt *et al.*, 1999; Home-Start International, 2002). The following common themes (there were no differences) emerged from the experiences of the families:

Loneliness (E; W; GR; H; IR). In England and Wales, Hungary and Ireland most parents (not just those from Home-Start for whom isolation is the most frequent reason for referral) spoke of loneliness. In England and Wales ethnic minorities were not numerous in the project areas, and the few who participated brought home the isolation experienced by parents living in a very different cultural environment from their own:

> *I didn't have friends or relatives. I am Muslim and there are not many things in this area for my culture. There is no one whom I or my children can share with*.

In Hungary it was said:

> *My husband is working long hours; he comes home very late. I have nobody except the children, but I needed someone to talk to.*

In Greece one repatriated parent reported

> *I don't have friends. The locals see me in a different way. They think we have other attitudes and traditions.*

Lack of social activity (E; W; GR; H; IR). All families exhibited a more or less similar pattern, that is, they had extremely limited social activity. Lack of financial resources, long hours of work, the care of very small children contributed to this. The younger the children the more difficult it is to maintain social contacts. With a baby's daily routine and the exhaustion of parents even those who had friends before have difficulties maintaining the friendships.

Social networks (E; W; GR) were viewed as a double edged sword (negative and positive) sometimes depending on whether the networking was instigated by professionals or family. In England and Wales, families with disabilities found that they were in constant contact with people, who were excessively demanding or unsupportive, taking time in lengthy assessments and promising help that failed to materialise. In contrast in Greece the repatriated families, but also a Muslim family, appeared to have an extended kinship support network. This meant that families could provide shelter in times of difficulty, practical help (with building work) and some (albeit very limited) financial resources.

Lone parents experienced particular social isolation (GR; IR). In both countries for one-parent families, kinship support was not always available and if it was, it was fragile and limited in scope. Support from the fathers was also extremely limited to non-existent and other networks did not seem to be available. In Greece *"When I told them I had separated all my colleagues and mates abandoned me".* In Ireland the need to have a phone (although expensive) was highlighted spontaneously many times as this is parents' "*only contact with the outside world*". The fact that lone parents are with their children "*twenty-four hours*" a day was identified many times.

Local features had a role in isolation (E; W; H; IR; GR). In Wales isolating influences were small hilltop communities lacking many basic amenities, approached by narrow twisting roads, without footpaths or adequate bus services.

> *My Mum is only about five minutes drive away – but it's two buses if I want to go and see her and a long walk up the hill.*

In Greece geographical isolation and poor transport facilities made social contacts difficult. In Hungary one family lived

> *So far from the town centre I can not go there with the children. The roads are so bad it's impossible to use a pushchair, and when I can manage I can't get on the bus. At least now I have someone* (Home-Start volunteer) *to talk to…*

In Ireland as one parent reported *"we are miles away from the park".*

There was evidence of **decreasing kinship support for some families (H; IR)**. In Hungary and Ireland it was felt that a new phenomenon was emerging in society where the focus is on the individual and not on the family. Those whose parents are alive would not consider moving in with the grandparents even though it could be a solution for problems. And in many cases the grandparents don't feel responsible for their children or their grandchildren. They "*have reared their children and don't really have an interest in young children*".

Families spending time indoors (E; W; IR). In England and Wales for families with disabilities the emphasis was on the effects of caring responsibilities, and/or inability to leave the house, as well as not having supportive friends and neighbours. "*We never go out or leave them. It's a 24 hour job and no social life".* In Ireland spending a lot of time indoors was identified by all of the women, who live in private rental accommodation*;* "*I'm in most of time here"* was articulated by one parent. A second parent said that without Home-Start *"I would sit in the house all day".*

2.2.5 Non or reluctant use of public services (dimension of social exclusion)

> *She (the service staff member) talked to us very abruptly and I was a bit afraid of her, I felt very bad inside me. (a mother in Greece)*

Many people find it difficult to look for assistance from public services. All of the families struggled with looking for and accepting help and most were at the receiving end of public services. Recurring themes were:

Positive experiences with public health nurses and voluntary services (E; W; GR; H; IR). In England and Wales almost all parents had been in contact with health visitors, their GP and a variety of hospitals and health professionals. In the main, health visitors and GP's, where families had made contact, were found helpful. In Hungary all families had an intensive contact with the Health Visitor. The visits of the Home-Start Volunteers had a very positive impact on families' lives and helped them

to develop trust in themselves. In Ireland all families had come in contact with the Public Health Nurse and their General Practitioners and reported positive experiences.

Lack of information (E; W; GR; H; IR). In England and Wales parents were not always fully aware of all their entitlements, but they were aware of the role of social services and some had been in close contact. They knew about schools and playgroups, and other local facilities, but seldom about initiatives or about voluntary sector associations that offer support to vulnerable groups with specific problems. In Greece similar feelings were expressed:

> *I knew nothing about the benefits, I knew nothing about the fact that some services – some people can spend their time on you.*

In Hungary the families were not aware of the existence or the programmes of the services. The majority of the families were aware of benefits and entitlements. In Ireland whereas the families that had joined Home-Start recently were reasonably well informed about their social welfare entitlements. Their main source of information was through word of mouth from others in a similar situation. All parents indicated that information from the state was not forthcoming. They had to "*look for everything*" which is not "*easy with young children*" when their "*confidence levels*" and "*general health*" were low.

Unhelpful attitudes by public servants (E; W; GR; IR). In England and Wales parents often described hospital staff as remote and abrupt. They said they felt shunted around from one consultation to another without being properly informed. Problems with bureaucracy were also expressed in Greece:

> *There was a problem with papers at the Medical Centre, bring this paper, bring the other, go there and then there, come today, come tomorrow.*

In Ireland many found that when they approached personnel in the social welfare offices they were not always helpful and gave conflicting information. This was particularly in relation to secondary benefits which are not full entitlements where there is an element of discretion on behalf of the staff member.

Lack of trust in the services (GR; H; IR: E; W). Some families reported a lack of trust in the services. In Greece it was said that parents "*don't trust*" the services and that public servants "*treat you badly*". In Hungary although families knew available public services they never visited any of them since they heard "*bad news*". They preferred a helper coming to their home. In Ireland one parent remarked that:

> *I went to Citizen's Information. They've actually told me what my entitlements were but when you confront the Community Welfare, they tell you no. They don't give you an explanation*.

It is difficult for her to know who to believe.

Difficulties in asking for help (E; W; GR; H; IR). In England and Wales parents said how difficult it had been to ask for or to accept help. For some, this seemed to have its roots in a prevailing culture of independence. In Greece one parent said "*I felt like a beggar that waits charity*". Similarly in Hungary the parents have difficulties in making any personal connections and have a low level of self-esteem. Some parents said it was difficult (to ask for help) in the beginning "*to feel like a beggar*" but later realised that there is nothing to be ashamed of "*it is the fault of society and not mine, that I have to ask*". In Ireland many of the mothers complained that they either had to "*beg*", or "*cry",* for what were their *"rights*". Many had been tax payers and found it particularly hurtful to be treated so poorly:

They make you feel so low, as if you're not worth it, as if you've never worked before when I had.

These experiences are not conducive to further seeking assistance.

Distances to travel with poor public transport (E; W; GR; H; IR). In England and Wales almost all parents referred to cost, the distance they had to travel and transport difficulties, particularly in Wales. In Greece problems of accessibility of services were also reported. "*Then the medical centre is very far … it is difficult to get to and wait to immunise my kid …".* Distance combined with poor transport was also a barrier to accessing services in Ireland.

2.2.6 Subjective experience - negative feelings *(dimension of social exclusion)*
The quotation introducing Part II and repeated here starkly communicates the emotional withdrawal and lack of control experienced by one parent in Greece:

> *I felt stuck … I felt I could not move… I felt numb. .. I tried to do things all at the same time … no order, no priority … all together, cooking, taking care of kids, work. All was a nightmare with no way out… The result is that I destroyed my health too, I have been operated on several times …I don't want to talk about it.*

How people feel about their situation is a crucial indicator of social exclusion that should give rise to political concern and demand for different policy responses. Every case was unique; however there were some strong common experiences articulated by the families demonstrating clearly their stressed emotional and psychological state and feelings related to all dimensions of social exclusion. They included:

Isolation, worry, self blame, depression, powerlessness, low self esteem (E; W; GR; H; IR). In England and Wales one father with agoraphobia was particularly expansive, giving insight into the tension engendered by his situation:

> *I just felt inferior. You feel belittled because you cannot look after your kids and that. You're supposed to be an adult, able to look after your kids. To me, I wasn't a man. I couldn't even open the door.*

In Hungary isolation was felt by many families and was accentuated by the loosening of traditional support mechanisms. In Ireland feelings of "*isolation", "loneliness", "worry*", "*depression*", and "*worthlessnes*s" were expressed. There was a general lack of self esteem; "*I was wary, isolated, and my confidence was down".*

Anger and frustration, feelings of 'being fobbed off', concerns ignored, exhaustion, fear, a never-ending struggle (E; W; GR; H; IR). In England and Wales a second father who was a full time carer in the home asserted:

> *I'm down the hospital, but then I get shouted at because I'm neglecting the housework. Then I get shouted at because I'm not doing this and I'm not doing that. Then I get told off by social services because I'm not in the house, which I'm not really, because I'm always running about after other people.*

In Greece the following experience was recounted:

> *For one year we lived in a container due to an earthquake, all together, 24 hours in one room 20m^2… I was in a terrible condition … no friends, no phones, no visits, with my violent and alcoholic father and I was afraid even to talk…*

In Hungary one family never "*visit my parents; when I do they don't give me anything but advice".* In Ireland parents felt humiliated when having to live off Food Banks.

> *Everybody knows that you're in that queue because you can't afford to feed your children. Things like that breaks up the person's spirit. It is good food, don't get me wrong, but it's not good enough to be sold in a shop. So if you were to think of it like that, what's that saying about you as a person?*

Concern regarding the negative effects on the children (E; W; GR; H; IR) were also expressed which will be further discussed in the next section.

In Ireland the feeling of overwhelming responsibility was unanimous amongst lone-parents: "*you have to be your own accountant, a cook, cleaner, carer and taxi service and everything else*". There was a lack of independence due to welfare dependency and a desire to shift from that:

> *It takes away your independence when you're on benefits. It isolates you because you're not around people when you're caring for children and you're certainly not being paid the salary you would have if you had a job. It's the independence, that's what I want back.*

2.3 Impact on children

Parents were asked what they felt was the impact of their situation on their children. Themes that were common across countries are outlined followed by country specific themes:

Children experienced physical violence (GR; IR): In Greece two families described differing situations:

> *I was crying all the time… non stop. They told me to stop crying but I could not. The kids also were crying, they were very young … when we* (the parents) *had a fight the kids were shaking… I was bad with the kids, sometimes I hit them and then I felt very sorry.*
>
> *My husband hit me – my body hurt. I was in pain, couldn't find a job, couldn't offer my kids anything. I felt desperate. … you know the kids understand …*

In Ireland "*children weren't happy*". "*They were withdrawn and quiet*" particularly those living with violence - "*it's just that he totally went into himself and wouldn't participate in school or with friends".*

Stress and tension experienced by parents, negatively affected even very young children (**E; W; GR; IR**). As one parent put it in Greece:

> *The kids were affected too… they believed what I said to them. If there was no food I said - oh! I forgot to go to the supermarket - … sometimes they cried or asked for sweets … they asked to see their grandmother or their father it was terrible … I said I will die, I cannot take it any longer … pain and sorrow. I was like a zombie … half dead … animal.*

A second parent voiced:

> *I think that my kids also felt insecure – they were in agony about tomorrow – they saw me falling into pieces and I could not stand it.*

Similarly in Ireland a parent acknowledged that:

> *I know the children are being affected because when I get really upset they tend to play up more; they're not getting the attention they need. I'm actually getting to the stage now where sometimes it'll just keep building up and building up before you know it I'll just flip. Ash trays and everything start getting smashed – plates, cups, just so I can get it out.*

A second parent explained:

> *I'm a very stressed out person, especially at the end of the month when the rent and everything comes in and the bills and all. I'm not going round happy, so if* (the child) *is screaming or he's annoying me I'd roar more.*

Inevitably children missed out on material possessions and entertainment (**GR; IR; E; W**). In Greece:

> *The kids felt somehow inferior when they compared themselves with the other classmates … more toys, more nice clothes, more entertainment.*

Parents described in Ireland how their children "*can't have the things I'd like them to have, we are always short".* Those who are attending school cannot access after school activities. When asked can her son play football one parent admitted "*he'd be interested alright. But I couldn't afford it really".*

In England and Wales two issues surfaced in families where there were disabilities. Where a parent had disabilities, there were instances of carers as young as four and five years of age:

> *Terry looks after me. He does the laundry. He does the hoovering. He does the mopping and dusting. He cleans the cat tray, feeds the dog and on really rough days, when I'm in a lot of pain and find it difficult to move at all, he will go and fetch a drink and painkillers and make sure I take them. He worries about me and won't settle at night until he knows I've gone to bed. He'll put me to bed and then pop back in the middle of the night to make sure that I'm alright.*

Repercussions on siblings of a child with disabilities could be equally challenging:

> *As a family, we can't even play a game. Jack will just walk through it. The children know we can't get them out. As for TV, well Jack loves it, but we have to watch everything he likes from the time he gets in from school until he goes to bed with us at about 11.30pm. We have to lock all the food away or he'll just eat and eat it all. We can't leave him alone with the little ones because of what he might do.*

In Hungary:

> *My eldest daughter was my company during the weekdays when my husband was away. I don't know if it's good or bad but I needed someone to share my thoughts with. She had to grow up a few years earlier than her generation.*

In Ireland children's health was affected; some children experienced asthma, eczema, and continual colds in some instance due to "*dodgy heating*" and "*damp bedrooms*". The impact on one child was severe. The mother said that "*the youngest child was...they described it as disturbed. She was pulling her hair out by the roots. They said it was because of the living situation. There was constant arguing*". This child had also failed to thrive and had to go through a year of speech therapy and physiotherapy to learn to crawl and walk. One parent mused on how "*people are*

slipping through the net; not being able to cope, dysfunctional families rife with alcoholism, violence, drug abuse. Children are seeing this and a new cycle begins".

2.4 Risk factors and protective factors

Marginalisation is obviously not just a state of affairs. It is a process aggravated by risk factors♣ (see *Appendix 2 - Explanations and Definitions*) but also constrained by a number of protective factors♣. These factors are important in the process of intervention and policy making for supporting socially excluded families. By identifying the risk factors it is possible to give more effective aid, and assist the division of responsibility between the statutory services and non-governmental organisations. A theoretical approach to risk factors♣ (see *Appendix 2- Explanations and Definitions*) and their effects on young children that influenced the partners in their earlier thinking was the work of the Dutch developmental psychologist, Jo Hermanns (1998). He found that a single or specific risk factor does not cause behaviour problems in children, but rather that an accumulation of risk factors (three or more) is the necessary trigger. The families in this inquiry manifested many risk factors with reference to the individual, the social environment and the physical environment. The following risk factors are common across three or more of the nations in the inquiry:

- **At the individual / family level**: poor health (all nations); low educational attainment (all nations); low expectations (Greece, Hungary, Ireland); distrust of public services (all nations); discrimination (all nations); lone-parenting (all nations); domestic violence (all nations); financial poverty (all nations); child or parent with a disability (England and Wales, Hungary); and large families (all nations).
- **At a societal level**: poor housing (Greece, Ireland; England and Wales); unemployment (all nations); gaps and limitations of relevant policies and programmes (all nations).
- **At an environmental level**: transport (England and Wales, Hungary, Ireland); and geographical isolation (all nations).

Jo Hermanns (1998) also drew attention to the buffering nature of protective factors, above all that of social support for the parents. In our inquiry whilst we agree with governments that sufficient income and adequate purchasing power are of fundamental importance in combating social exclusion, we argue that the nature and quality of personal and community relationships are also powerful buffers or protective factors in helping people retain mental health. Money alone does not necessarily achieve this. Social support functions as a buffer that protects against the accumulation of risk factors. The supporting networks that the families had were the more important factor in offering protection from exposure to the serious consequences of social exclusion. The Greek report depicted immigrant families in particular as "protected" by strong kinship and ethnicity networks. The same report points out that at times, though, those same protective networks, could limit individual choices and social participation, thus protecting and excluding at the same time. The following were protective factors across the participating nations in the inquiry: family support (Greece, Hungary, Ireland); social support (England and Wales Greece, Hungary, Ireland); educational and personal skills (Greece, Ireland); optimistic personality, inner strength and motivation (Greece, Ireland); desire to do best for children and the bond established with the children (all nations); good couple relationship (England and Wales, Greece, Hungary, Ireland,) and Home-Start (Ireland, Hungary) itself.

Exceptionally, in Wales, families with a disability mentioned singing, drawing and religious faith as protective factors – and *"knowledge – yes, knowledge – through reading, finding out that what was happening to us was actually quite common".*

2.5 Coping strategies

The probes in the schedule (*Appendix 1 (1.1.1 a) Person-to-Person Schedule*) suggest that researchers expected that in talking about how they coped, parents might refer to making do, buying clothes from charity shops, jumble sales, buying cheaper foods or borrowing. Whereas some of these strategies were suggested in Greece, Hungary and Ireland, interestingly in England and Wales with the exception of borrowing, nobody referred to those aspects. Coping was not understood as managing affairs. The typical answer to 'How did you cope?' was succinct: - "*I didn't cope*" or "*with great difficulty"*. Parents thought in terms of emotional rather than practical coping. Five types of reaction emerged: pretending - "*I bottled it up and pretended I was happy and coping*"; withdrawing - *"I just felt hopeless and stayed away from people"* or escaping - "*I kept it all inside me till it got too much. I took to the bottle*", whilst families with disabilities struggled on, coping (managing) with difficulty. Some lone-parent families in Ireland also reflected that they were not coping - "*I've no idea* (how I manage)*. It's just like the same thing over and over again"*. However in common with Greece and Hungary strategies did emerge: all families' incomes were (and in most cases still are) less than their needs, thus as described previously, families resorted to going to a lot of lengths to shop cheaply (see Figure 1 overleaf for a summary of countries' coping strategies).

As reported in Greece, the lone-parent families, struggled to survive by "doing nothing" in terms of expenses and by "doing indiscriminately everything" in order to earn some income. They asked and even begged to get a job and asked for clothes and even food for their children. In the repatriated two-parent families, where family income seemed better, priorities in spending were made.

> *My husband and I are deprived of things in order for our child to have what is necessary, food, vaccines, clothes and toys. We have not bought any clothes for a long time.*

In Hungary personality, social capital and the nature of the problem influence the coping strategy. Responses could be active or passive. Talking things over with a partner or with a professional helps; finding alternative ways of saving money;

> *We were so poor for about two years that I bought a few chickens to save money on buying eggs and we had a vegetable garden. The boys enjoyed helping me and we had cheap and healthy vegetables also enough for some of the winter months.*

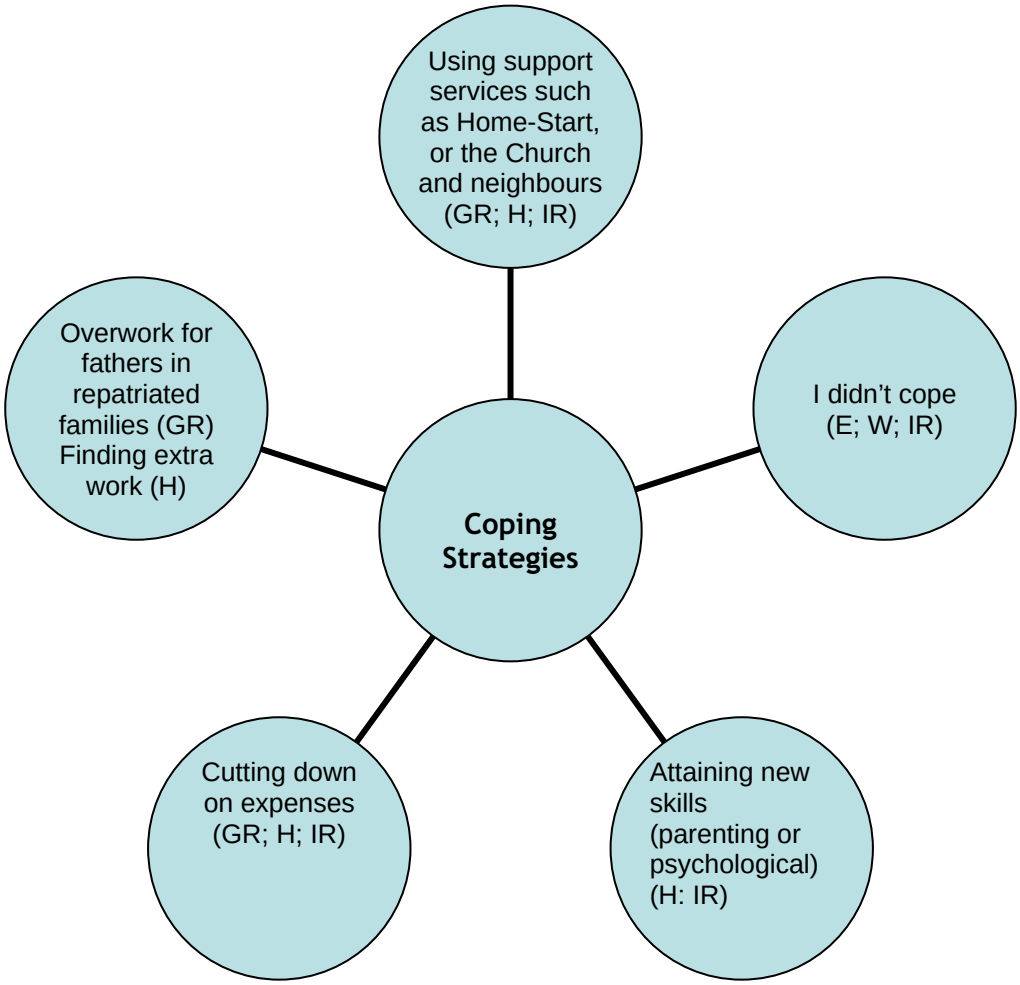
Finding extra work;

> *My husband repairs computers at home and he can also assemble new PCs out of old ones. Nobody phoned yet but he has some leaflets out in the streets.*

In Ireland people "*just did without*". One parent outlined how she asks her family to "*club together for birthday presents" or* for her to get her hair done; another learnt:

> *to de-compartmentalise. My focus would be on what I was doing. If I was working, my focus would be on work. If I was with my child I'd focus on that. And that helps me to normalise my life.*

Figure 1 - Summary of Coping Strategies



We now turn to the part played by these strategies and other factors in the process into and out of social exclusion.

2.6 The process into and out of social exclusion

What can we learn from the experience of parents in this study as to how their situation came about, the barriers that prevented them making use of services, the factors that influenced them in accepting help and the outcomes of that action?

2.6.1 The process into social exclusion

It is hardly surprising that, with the varied backgrounds of the country specific groups, a number of distinct clusters of risk factors appeared to make major contributions to the process into social exclusion. Across countries, these were: -

- **Pregnancy, and/or breakdown in relationships (E; W; IR; GR)** tended to have triggered the process for single parents. Problems associated with the situation were accentuated by lack of education or skills and low self-esteem that made it difficult to get a job or pay for child care.
- **Other life events (E; W; IR; GR; H)** for example job loss, onset of chronic or acute illness or disability eroding financial security as well as physical and emotional resources (England and Wales); being uprooted from home/repatriation, earthquake (Greece); bereavement, additions to the family

resulting in financial strain (Hungary), were all seen by parents as contributing to their situation. Whilst some events (abusive relationships, drug addiction) developed over a lengthy period, others had precipitated families into social exclusion quite suddenly.

- **Isolation (E; W; IR; GR; H)** in consequence of one or more of the above, families manifested social, emotional and/or physical isolation. This is the factor which, more than any other, all parents had in common.
- **An inter-generational cycle of disadvantage (E; W; IR)** evidence in England, Wales and Ireland of an inter-generational cycle of disadvantage also emerged. Some of the parents interviewed were children of parents who had been jobless or in and out of work all their adult lives, benefit dependent and with low expectations for themselves and their children.

In sum, an accumulation of stress-generating circumstance and the absence of strong resilient factors created a fragile situation in which an event, an extra risk factor (most often family breakdown) threw already susceptible families off balance and triggered the process that sank them deeper into social exclusion – desperation grew, mental and physical health worsened and decision-making became more difficult. The self-fulfilling process of social exclusion was underway.

2.6.2 Reluctant use of services

Most parents knew they needed help, but seldom sought it. Even with the small numbers involved, a lack of homogeneity was apparent, although the reasons given for non or reluctant use of services occurred to a greater or lesser extent across all partner countries:

- **Practical difficulties – lack of transport, cost and form filling**

These were particularly apparent in parts of the Wales, England and Ireland in semi rural areas where the topography made use of public transport difficult, or on the outskirts of major conurbations where it failed to meet local needs, especially for mothers with prams and young children, and those with disabilities:

> *It takes three buses …and you have to get off and wait, and then they come late, and you have a row then when you get to the hospital because you're not on time, but you can't do nothing about it*.(W)

> *You have to fill in a form* (to obtain reimbursement of expenses) *and if they ask a question you don't know the answer to, then you're stuck.* (W, dyslexic father).

Parents in Ireland were also among those who expressed difficulties in filling in forms and having to read leaflets.

- **Ignorance, lack of information**

These were especially true of Hungary, Greece and Ireland where, as we have already seen, they were closely linked to attitudes to use of public services.

> *I did not know that such service* (social services) *existed. I had not heard about them from anywhere…I thought 'Will they help me just like that?'* (GR).

In England and Wales, although parents had expressed strong views about the lack of information regarding entitlements and specialist resources, most were well aware of available local facilities. Other psychological barriers, also evident in Greece, Ireland and to a lesser extent in Hungary, intervened to prevent take-up. These included:

- **Humiliation (E; W; IR; GR;H)**

The link here was to the felt need to hide a situation, either from husbands and relatives, from prying neighbours and/or from anyone in authority.

> *They said I had to go round the shops and get written quotes for the things we needed and then approach this Board. I thought it was so degrading I decided not to bother. (E)*
>
> *It's so hard to admit you can't cope. I was thinking – social workers are going to be involved; they're going to be digging around and know my business. I just had to admit that I was failing at what I was doing. Mothers are supposed to just know and be able to cope. (IR)*
>
> *I do not like telling people what I have been through. I don't like strangers even if it is their job to occupy themselves with my misery. I do not like people feeling sorry for me.* (GR)
>
> *They know that we have six children and they said I could go there anytime, they would find me some entitlement. I just don't like to go there and ask.* (H)

- **Fear of those in authority, and the unknown (E, W, IR, GR)**

Some parents, particularly in countries where social services have responsibilities for child protection as well as a supportive role to play, were inordinately fearful of any contact with the service or anyone who might put them in that position.

> *I was frightened they would take him (son with cerebral palsy) off me, so I didn't go to the doctor.* (E)
>
> *I was very depressed and isolated. I was frightened to say it in case people would think I was an unfit mother.* (IR)

- **Lack of trust stemming from bad experiences, disillusion with services that were unavailable, inappropriate, or unacceptable (E; W; GR; H)**

> *I don't trust anyone, not after our experience of hospitals and social services.* (parents who took a child to hospital and were wrongly suspected of abuse but offered no apology when the facts were established) (W)
>
> *You go to a service and ask something and they don't show interest, they don't care. They treat you like an animal.* (GR)
>
> *Help would be gratefully received, but it has not been forthcoming – promises made, but no follow up.* (E)

- **Guilt/stigma/embarrassment (GR; IR; W; E; H)**

Guilt was mentioned only in Greece by mothers who had left their husbands and experienced feelings of guilt because they had broken up the family and been the cause of financial hardship for their children. There was currently clearly more stigma attached to being a single parent in Greece than in any other partner country, although in Ireland, England and Wales some parents not only feared social services but also felt stigmatised by contact with them because they associated them with cases of child neglect and abuse.

- **Poor health and lack of stamina (E; W; GR; H; IR)**

These sometimes came very suddenly and called for crisis intervention, but for most it was a long drawn out affair that eventually affected most parents. It was summed up by the mother who said*: "Everything was such a struggle and a fight; you don't have the strength." (W)*

2.6.3 Breaking points

Yet families in all groups came to the point when they accepted, however reluctantly or thankfully, help from the reference services. Researchers in Hungary pinpointed the crucial first stage as recognition of a problem and that this was something few mothers did soon enough:

> *I tried and tried for a long time doing everything alone but when the little one was born and I was breast feeding him all day long I just had enough…Finally I gave up.*

In Greece the mechanism usually hinged on a piece of information passed on by a relative or acquaintance, but the researchers felt strongly that what really made very excluded parents turn to some agency for help were poverty, desperation and no alternative, together with wanting to do better for their children.

> *We were living like animals. When I heard there was this service that could help us…I said I will go and see. I had nothing to loose.*

Some parents in Ireland expressed this experience of feeling there was nothing more to lose as being at one's "*wit's end - the child hadn't slept in two days and neither had I"* and another "*I was so down I couldn't get up in the morning. There was nothing to lose"*. For others it was accusations of instability and being unfit mothers that drove them to seek help. The motivating force was the desire to do better for their children as much as seeking support for themselves.

A very similar picture emerged from England and Wales. It seemed that hard to reach mothers had to hit 'rock bottom' before they would ask for or accept help. Sometimes they had no choice because the statutory authority stepped in and removed the children because of suspected neglect or abuse, - "*I don't know when the breaking point was. I was out of it* (drunk)*. The kids were taken away. I never see them*" - but most just gave up the fight, the pretence that they could manage, and accepted help. These mothers repeatedly said that it was because they realised something had to be done for the sake of the children.

> *I thought: I've got to do something different for my baby, so I accepted the offer of Home-Start.*

This was a common thread that ran through the narratives of families who had found it most difficult to accept help. Although submerged at times of greatest stress, it was the strength of the bond between parents and children that mothers said made them accept help and change.

2.6.4 Turning points and the process out of social exclusion

It was normally a health visitor, a doctor, relative or outreach worker who had made a sufficiently trusting relationship who also made the breakthrough, but only when there was no more point in pretending. "*It was my health visitor... She put me in touch with the doctor who put me in touch with Home-Start."*(E)

Among the Irish families, as with mothers in other countries who eventually accepted support from Home-Start (England, Wales and Hungary) involving parents who were wary and suspicious placed a crucial responsibility on the first point of contact – the Home-Start Coordinator. S/he had to be prepared for rebuffs, to be gently persistent, to pay several visits to the home before enough trust could be established for a parent to accept a volunteer or perhaps be accompanied (a key to engagement) to a 'family morning'. In all countries it took time to establish real trust and openness.

As one parent explained

At first I was paranoid and thought that she (the volunteer) was in the secret service. It would have taken me six or eight months before I would've even opened up to her. I stayed with it though because I enjoyed her coming.

This may seem extreme, but most families thought that it took about six months before they could 'really be themselves'. Those mothers who needed fairly long term support also needed time to develop confidence in the volunteer or helper. Outreach and the relaxed but persistent approach of the intermediary were thought to play an important part not only in Home-Start, but in finding and helping single parents into training or employment through Genesis in South Wales, and providing the link to services and support in the home through Sure Start (E). Qualities of genuine warmth, listening without judging and the offer of practical help appealed to parents across countries.

Factors other than service interventions also helped. Family support was more evident among some communities than others – notably repatriated families in Greece. For single parents, it was often finding a new partner that made a crucial difference, for others it was being re-housed, or starting training or a new job. Also as children grew older and began nursery, reconciliation of work and family life became easier, though not necessarily for those whose children had disabilities

The older child now goes to school and the other to the kindergarten. We also have a place of our own. I feel better inside me.

2.6.5 Outcomes and aspirations

Outcomes for hard to reach and country specific families differed according to their initial needs. Not all problems were solved; much appeared to depend on the intellectual resources of the family and the skills and resources of the supporting agency. Some families, especially where there were disabilities, would need sustained support.

In general, however, parents accounts suggested that support from Home-Start volunteers (IR; E; W; H) had resulted in increased confidence in both mothers and fathers. Coping, including budgeting and parenting skills, improved and social networks developed where appropriate. Take up of other services, attendance at hospital appointments and participation in social activities had increased. Some parents started training courses following low key Home-Start courses delivered in partnership with other organisations. (IR; E; W). These gave them confidence to go on to further education. "*I wouldn't have had the confidence before Home-Start to even think of going for something like that".* Most mothers were considering a part-time job when the youngest child began school (IR; E; W). In Hungary, increased confidence and positive attitudes led to higher aspirations among mothers. Some wanted to become volunteers themselves, others also said that they would like part time employment, but it was not available.

Social Support Services in Greece led to better use of public and other services, but it was noted that the further 'down' a family was when help arrived, the longer it took for members to recover. In all countries the emotional support received, whether from Home-Start, Sure Start, Genesis or Social Support Services (GR) promoted self-confidence and almost everyone felt better

My financial situation is as bad but the difference between yesterday and today is huge….I feel a totally different person today. I feel stronger. I feel I have a right to life and that I should fight for it. I feel very proud of myself. (GR)

Indeed, most families still had to contend with housing problems, unaffordable or non-existent child care and inadequate incomes, but by the time of the interviews, their aspirations for themselves and their children had changed. In the words of one mother

> *I didn't want to see my daughter get pregnant at a young age and end up feeling a failure like I did. I'm doing a course in child care – I've always wanted to do that. It has changed me….. I'm more confident in myself. I'm doing it for my children's future and I'm also doing it for myself.* (W)

2.7 Interventions and assessments

All the parents interviewed had, to a greater or lesser extent, used some other services in addition to the Reference Services (those they felt had made a significant difference in their lives). Both public services and those provided by non-governmental organisations fell into the latter category. A point of interest to the project team therefore was how parents assessed the interventions they had experienced and what criteria they used in making judgements. These are the issues to which we now turn. Services will be set in context and parents' comments used to illustrate their verdicts and their underlying thought processes.

2.7.1 Voluntary services

The majority of families interviewed were supported by Home-Start, but a potentially important difference between the circumstances in Hungary and elsewhere should be noted. Families in all the participating countries had long experience of public services but non-governmental or voluntary services had been operating in Hungary a comparatively short time[3]. Recourse to Home-Start, a voluntary organisation and the only Reference Service in Hungary could therefore be regarded as a challenge for some parents – a step into the unknown in more senses than one.

In contrast, the Home-Start schemes in Ireland, Wales and England were all over ten years old and well established. There is considerable flexibility within individual schemes to respond to the needs of families in imaginative and individually appropriate ways, as well as willingness to offer support for as long as necessary. Consequently, although the main focus of Home-Start's work is to offer informal support to families in their own homes, some established schemes also provide activities, for example family groups, outings, social events and a variety of informal courses and activities for parents and children that complement the core home visiting support.

In Ireland, in addition to Home-Start, some families also used two other voluntary organisations – Barnardos♣ (see *Appendix 2 Explanations and Definitions*) and Aisteor Beo♣. Barnardos runs a pre-school service which includes the High/Scope Pre-school Programme♣ and Aisteor Beo provides speech therapy and counselling.

What was it about these projects/services that reached and helped to make a difference to the lives of parents and children in the study? By what criteria did they assess them?

Home-Start (E; W; IR; H)
Parents' responses across countries were overwhelmingly positive, although as the researcher in Ireland discovered, it was difficult to identify any one particular form of support – a reflection of the freedom afforded volunteers to respond to individual and changing needs of families, and the flexibility inherent in the Home-Start approach. Nevertheless, the theme of friendship permeated accounts from all countries

[3] Since Transition in 1989

A trusting, non-judgmental friend with a listening ear, and that can give you a hand practically as well as emotionally. (IR) and again

She (the volunteer) *was like a friend who wanted to be there – she wasn't paid.* (IR)

The volunteers and staff are always there and you can talk to them. It's like being with your mates. We have a good laugh. It never feels official. (E)

Such friendships manifested themselves in many different ways: -

They came right after the day I phoned them. We talked about my problems and they said what they could offer. (H)

He (the volunteer) *was teaching us new games to play with the children. Now the evenings and weekends are full of fun.* (H)

I didn't know where to go (to find help) *but she let me off-load, knew places to go, helped me develop a routine and manage the children better. I found some really good facilities through Home-Start, and I feel quite different about myself. I wouldn't have talked to you like this a year ago.* (W)

My volunteer chased up Social Services, and Aids and Adaptations. She was a big support in getting advice about incontinence. She's made it possible to keep hospital appointments, helped me know where to go to find funding and help with equipment. And she helped get my friend from the group re-housed. It's been a life-saver. (E)

The trips are great because you can take the kids to places you just couldn't afford and you're with people you know. They don't cost a lot. (E)

For a year he came every Saturday and took the boys for a walk or skating or fishing. He was the grandfather they never had. (H)

I would still be in bed if it hadn't been for Home-Start. (W – agoraphobic father)

Parent's mornings have helped me make friends and talk to other parents who are in the same position as myself, without being judged and being able to get advice if I had a problem. (IR)

Without them and Aisteor Beo, I would never have learned to manage and fully enjoy and appreciate my children. They have given me back some of my confidence. (IR)

There are many more examples of different activities and ways in which volunteers supported families, even from the small number of families in this inquiry. Each family is unique and, in consequence, given flexibility in the system, the responses to its needs are unique. But as is clear from the last quotation, Home-Start was not the only service to make a difference to the parents in this study.

Other voluntary / non-governmental organisations (IR; E; W; GR; H)
Parents in Ireland whose children needed specialist help also appreciated Aisteor Beo♣ (see *Appendix 2 - Explanations and Definitions*), due to the way the staff helped their children over their frustrations, through speech and language therapy and counselling. They also valued the pre-school service (High/Scope♣), run by another voluntary child care agency, Barnardos♣, in which children are active learners who plan, carry out and reflect on their activities

> *The teachers are very good. They'd always tell me what was going on with the kids……they really are improving with it.*

Barnardos♣ also provided transport to the school. This made attendance a realistic option for many parents, (who also expressed frustration and disappointment that places in all three organisations were limited and waiting lists were long).

In England, parents of children with disabilities were unequivocal in their praise of Portage♣, where it was available. This is a home and educational service that aims to equip parents of pre-school children with skill and confidence to help their child whatever the child's difficulties may be. It offers practical help and ideas to encourage a child's interests and to make learning fun for all the family. Around 150 Portage services are currently registered with the National Portage Association.

As we have already seen (2.4.5), fear of what people 'in authority' might do was one reason why some parents in England and Wales would accept help from a voluntary organisation in preference to a public sector agency. However, this did not mean that all voluntary organisations were acceptable.

In Greece, Efxini Poli♣, a multi-functional information and support centre for socially excluded groups and particularly Pontians repatriated from the ex-Soviet Union provided social and psychological support, occupational counselling, information services, legal aid, care at home and community activities. The recipients assessed positively the help they received from the centre. Accordingly, the staff cared and helped in many different ways - practical and psychological

> *She spoke very nicely and explained things. She tried to help me as much as she could. She encouraged me and gave me opportunities to learn things.*

> *She helped with the unemployment card….to enrol the children in kindergarten….to get benefits for the children. I got legal aid and counselling….about housing loans.*

> *They made me believe in myself.*

Some negative reactions were expressed by one or two parents in Greece about provision by the Church as well as some non-governmental organisations because of the lack of respect shown to 'clients'. Similarly in parts of Wales it was noted that although local churches ran playgroups and parents were aware of them, they did not make use of them for their children. They were reluctant to make contact because of cliques, the victimisation rife in the local community and fear of attack when they ventured out. In Hungary too, facilities organised by the church appeared to have little impact.

2.7.2 Sure Start Local Programmes

Sure Start Local Programmes are the key Government strategy for tackling social exclusion in families with children under four in the most disadvantaged areas in the UK. They appear here under a separate heading because they aim to unite

governmental and non-governmental services. In England, Central Government provides generous funding to Local Partnerships provided they work to national targets and bring together everyone who is concerned with children in the local community – public sector professionals in health, education and social services, private and voluntary sector workers, community organisations and most importantly, parents themselves. Many Home-Start scheme, including those in the project in England and North Wales, work across the boundaries of Sure Start Local Programmes and non Sure Start areas.

Sure Start Local Programmes aim to work with parents to improve health and social development through early identification of children with emotional, behavioural and learning difficulties. Help begins within three month's of a baby's birth, providing an assessment of need and advice for parents. These Programmes differ according to the needs of a particular area, but they all provide a range of services including stimulating play facilities for children and openings for training and education for parents.

It became clear that the manner in which a service was delivered could make or mar the service and affect take-up. Home-Start was appreciated by parents who were wary of 'authority' and reluctant users of services for the reasons already given, but parents' experience of support by other workers in the Sure Start area was also positive. Although two parents supported by Sure Start had to be omitted from this study because it emerged that they had been initiative takers, it was clear how much they appreciated accessible and affordable child care, (independent childminders and day care mainly accessed through Tax Credits); free nursery schooling, wrap around care and outreach – and as the one hard-to-reach single mother commented:

> *Sure Start has really made a difference…. They got me help with his speech and they got him into a nursery to give me a break. Someone comes out to see me every week and to make sure I'm alright and that I don't need anything.*

She and the other mothers were interested only in the performance and delivery of the services, not how they came about.

2.7.3 Government sector/ public services

Several Reference Services♣ in the public sector made a considerable difference in parents' lives. In Wales, Genesis♣ is a project that aims to help parents gain the necessary confidence and skills to train and access gainful employment, and to participate in all aspects of community life. Parents spoke of the Adviser's willingness to visit them in their homes, to listen and to draw out aspirations that had been repressed as hopeless, to find ways of making them a possibility, and to give individual attention. All this involved not only ensuring provision of child care, but introducing informal, fun-based activities that helped build confidence, raised self-esteem and encourage parents to move on.

> *I felt a failure to my children because I was sitting at home all day, nothing to do, nowhere to go. I got very low. Then when Sue* (the Women's Adviser) *came along – she came to my house as well – and said we can help you do this and that, it was like – I wanted an appointment straight away.*

There were similar positive responses in Greece to one local authority service. That was the Social Service of the Municipality of Taurus♣ in which social workers and a psychologist work with individuals and families in need offering individual and couple

counselling and social support. It provides a listening and non-judgmental ear, and again the concept of 'friendship' surfaced.

> *Before I was keeping things to myself. At that time I had no friends. I had nobody to talk to. The fact that there was somebody I could share my problems with was very important. What was different was that for the first time I found somebody who could understand me…who could look at my problem without judging me, without criticising me, without telling me if you had done this or that, things would have been different.*

Parents also expressed satisfaction with the childcare facilities that made it possible for them to reconcile work and their obligations to the family, as well as child benefits – a welcome source of income for basic essentials for the children. Parents in Ireland also evinced appreciation for shelter and gratitude to some public servants *"who went out of their way"* in so far as they could.

As emerged earlier (2.2.5) other public services across the participating countries failed to meet with approval. In England and Wales parents observed that many of the staff in hospitals and elsewhere were not sufficiently well trained in dealing with children. Where it was available however, child care through nursery schools, childminders, family centres and playgroups was highly valued.

The general feeling in Greece was that staff in public services were indifferent, unfriendly, and at times failed to treat parents with respect. Dissatisfaction with public services, particularly education, which was free of charge, was such that most parents perceived private tuition as a necessity for their children to succeed. Further, even when health services were covered by insurance, the often difficult access to the service and / or lack of trust was such that parents chose to pay to prevent hardship.

> *In the medical centre that was close – actually next to us – they could not provide vaccines for our children. We had to go to another medical centre that was quite far. It was winter. You had to go in advance in order to get a queue number and then you had to wait….. It was very difficult with a new born child…so we decided to use a private doctor nearby.*

Information was another important issue across countries. In Hungary, Family Help Centres were identified as key to parents finding organisations to help them. Elsewhere, lack of information about public services and what they could offer was common, but what also became clear was that some parents quickly feel overwhelmed by too much written information.

> *Every time I go there, they have new programmes and if they cannot help they have so many information and leaflets about other services.* (H)

> *I would have liked somebody from the municipality to go around door to door with leaflets and to inform and explain what was available.* (GR)

Parents wanted face to face explanations in small, digestible chunks and without the use of jargon and acronyms: "*They said: she wants OT. I thought: What's OT? but I daren't ask" (E)*. In Ireland parents wanted a variety of ways of receiving information. A strong appreciation of equality, justice, and common sense pervaded many comments, for example that parents (including fathers) should not only be routinely informed of their responsibilities to the State regarding payment of taxes and dues but also of their rights and entitlements as well. This desire for openness, clarity and fairness applied to any encounter between parents and services. *If Governments are agreeing to give support to people, let them know their rights* – and:- *If you earn €5,*

euro for euro it's taken away in rent allowance or maintenance – it doesn't make sense to work and there is the extra cost of childcare (IR).

In general, in spite of notable exceptions among service providers in every country, parents in this study felt undermined, rebuffed, passed from pillar to post by the way social services, health and particularly housing issues were mediated. This applied especially to those with learning disabilities or who lacked confidence.

Across countries and within the groups of parents interviewed, it became very clear that as well as the availability, accessibility, affordability and appropriateness of a service to their needs, the attitudes of those with whom parents came face to face and the manner of delivery decisively influenced take-up and the degree of satisfaction felt with the service. Parents in England and Wales were also well aware and dismissive of agencies that failed to work together and when, within the same agency, continuity and liaison were lacking.

The main criteria whereby parents assessed interventions, did not hinge on whether they were governmental or non-governmental, although punitive powers existing alongside supportive roles could sometimes colour parental perspectives and prevent take-up (E; W; IR; GR). Parents judged the policy or service by whether:

- They felt the environment to be safe (emotional as well as physical safety);
- Those who delivered the service were willing to listen, were willing and able to grasp the issues from the family's point of view, showed respect; were non-judgmental, straightforward and genuinely cared about their job and the people they were there to help; did not prevaricate or make promises they could not keep;
- They were able to communicate accurate and relevant information in understandable ways;
- They were dependable, able to take reasonably rapid and effective action, providing flexible support that met the needs of the family and not simply those of the service provider;
- Steps were taken to deal with unintended consequences and anomalies in policy and practice (tax, benefits, debts etc);
- Agency staff worked in genuine partnership with colleagues and with other organisations – "The left hand knows what the right hand is doing."

2.8 Checking the accuracy of our findings through family reference groups

The number of families whom it was possible to interview on a person to person basis was small. The partners therefore decided to carry out interviews (see *Appendix 1 - How we conducted the Inquiry*) with two groups of families in each country to test more widely for evidence of concern with the major themes and issues that had emerged in in-depth interviews (see *Appendix 1 (1.1.2 d)) Family Reference Group Topic Schedule*). Those who participated in these Family Reference Groups were not necessarily 'hard – to – reach' or reluctant users, but they did include representatives of the country specific groups. This meant that families were not all characterised by low income as a major element of social exclusion. In Hungary, large families were chiefly characterised by social isolation, whilst in England and Wales, families with disabilities were not necessarily without some resources, but they too were very socially isolated, and concerned with other issues associated with social exclusion including reconciliation of employment and family life and access to services.

Discussion in the groups focused on the major topics raised in the main part of the inquiry, and given the diversity of background, a remarkable degree of agreement

and confirmation of earlier statements transpired both within countries and across countries

2.8.1 Reconciliation of work and family life

The difficulties for families to reconcile work and family life, for both general and group specific reasons, were evident across and within all partner countries.

In spite of government policies aimed at improving working conditions for mothers with young children (E; W), employer attitudes were found to vary greatly. They were often said to be overly demanding; reneging on agreements made on appointment by requiring mothers to work overtime and at weekends. Even where in theory mothers were entitled to parental leave, fear of job loss or other negative repercussion led them to forego any claim and struggle on (GR).

Difficulties facing mothers with large families (3+ children) led them to speak of bitter experience (H) – of actively seeking any work over several years, but with total lack of success or interest in providing training as a means to re entry into the labour market. Employment was seen by parents as providing an adequate source of income, but prospective employers turned down applicants with large families (GR). Mothers in Hungary who did find menial work found themselves exploited by their employers who put them on renewable three month contracts, thereby retaining probationary status and ensuring that no pension or insurance was paid for them. Mothers who had previously worked as public servants stood a better chance of getting back into paid employment, but it was felt that even those with good educational qualifications had very little likelihood of finding gainful employment in the private sector. Part-time work, the really practical solution for mothers with large families, was non-existent (H).

In Ireland too, there was complete agreement between parents interviewed and those in the Reference Groups. The overwhelming desire was for part-time work. Some was available, but other disincentives, particularly for lone parents, intervened to stop mothers working - the prohibitive cost of childcare, even for those living outside hyper-expensive Dublin; that the hours care was available failed to coincide with working hours in common types of work for women,

> *If you want to work in retail, the hours are not compatible with childcare hours, there's no childcare available for evening work or weekend work.* and
>
> *As a lone parent I prefer not to be on social assistance but then you have the cost of a crèche – you are working to pay the crèche…the cost of everything, rent allowance, travel, childcare. I would lose all my benefits and I could not afford to pay for everything else.*

Difficulties of re-entry into the labour market were linked with the need for re-training: "*I've done college, but still need to re-train".* Even where training schemes existed, parents spoke of being unable to access them without there being available child care.

Similar issues arose in England and Wales, even though in Sure Start areas high quality free pre-school care was available and, wrap around care, where it was available, made all the difference to mothers being able to cope. It was also true that more part-time work was available in both countries than in other partner countries, though not necessarily in the immediate locality. This applied especially in Wales where mothers sometimes had to travel long distances and with great difficulty to find part-time work.

Strongly expressed views emerged from Ireland, England and Wales regarding undue pressure on mothers with young children to work outside the home and with a concurrent lack of recognition of the value of 'working at home' when children are very young. Mothers pointed out that much of the available work is unfulfilling and for some, the stress of coping with work and family life undermines maternal health and has a deleterious effect on the children.

Families where there were disabilities brought out even more clearly the financial disincentives to working (loss of benefits not outweighed by financial gain) as well as the practical impossibility of working full time, if not part-time.

> *It seems to be all or nothing. There is a need for soft entry into employment. You can't try it and withdraw if it really does not work.*

Not only is there the added stress of caring for someone with a disability, but also of finding someone or some organisation that can and is willing to care adequately for someone who needs extra attention. In addition there is always the need to be on hand for frequent but not necessarily easily foreseen crises. This places both worker and employer in an invidious position. It is not to say that some mothers would not appreciate part time work, it is to highlight the physical and emotional pressures under which they live and the realisation that there is a limit to the flexibility of even the most understanding of employers. That is why some mothers in this position felt they gained so much from voluntary work. Not only did it give them an opportunity to make a contribution to something worthwhile, but they also felt they benefited from the social contacts they made and that the experience helped to build their confidence and self esteem that might make it possible for them, at a later date, to undertake a course and eventually to work either in the home or part-time outside it.

Across countries parents gave priority to their children over jobs, except for lone parents for whom financial stringency afforded no choice. They had to work to live. Yet almost all mothers said that, once their children had started school, they would like a job –part-time or full-time to help pay the bills, provide adult companionship and conversation and promote self-fulfilment. They also identified with the difficulty of re-entering the labour market experienced by erstwhile very competent women who, following a break, found they lacked confidence and doubted their ability to hold down a job.

2.8.2 Benefits and income support

Here again, Reference Groups confirmed what parents had said in person to person interviews. They spoke of incomes that were insufficient to meet the costs of bringing up young children, lack of resources to cope with emergencies or even day to day living, of going without holidays and of parents going without food in order to feed the children (IR). Again the negative impact on benefits of paid employment, particularly for lone parents and those with disabilities came to the fore. In Hungary where unlike Ireland, most of the parents interviewed were in couple families, it was found impossible to cope on one income.

Debts and loans, particularly housing loans were endemic in all countries and the situation was made more difficult for families in Hungary because loans were counted as income. Parents in each country could pinpoint individual entitlements that failed to work in the way that policy makers intended. For example in Ireland, for those who have a medical card the income limit was a disincentive for people returning to work who feared loss of benefit. Medical costs are high and parents put their children's needs above their own: "*I put off going to the doctor myself because I can't afford it".* In Hungary it was found that couples divorced or chose not to marry in order to get higher income support. Housing construction benefit on paper superficially appears

to be a good idea but has pitfalls for large families. Prices are so high that it is not worth moving. If the family already has a property but needs a bigger one, they are not entitled. If they sell the property they are obliged use all the money from the transaction for their new home or they have to wait another five years before applying, by which time they are probably past the age limit of entitlement (35). In Greece, parents who are not in paid employment do not qualify for a place for their child in kindergarten, with the effect that they cannot even go in search of a job unless they have someone to care for their children meanwhile.

Across all participating countries the effect of low means tested levels were found to cause great hardship amongst those who just fail to qualify. This was particularly marked in families with disabilities, even in couple families who had some resources because they incurred many unforeseen and heavy expenses. Similarly in England and Wales where Sure Start policy involves assessment of need by degree of area deprivation, parents confirmed that poor and vulnerable families living outside those areas forego the support they need.

None of the parents interviewed or in the Reference Groups wanted to be on benefits. They were not playing the system or scrounging. Parents who could work wanted to work as much as they could without jeopardising their children's welfare. "*We want work and not benefits".* In Greece, one reason suggested for this was the low level of benefits. While paid employment undoubtedly made it possible for parents to have an adequate income for the little extras, administrative blunders, payment in arrears, non-payment or clawing back of money mistakenly paid all created situations in which families got into debt and/or took on loans they could not hope to repay - *a picture of bureaucratic mismanagement* - now widely recognised (E).

2.8.3 Services and service delivery

Yet again strong agreement within countries and between countries emerged in relation to services. Parents expressed general dissatisfaction with public services. With some notable exceptions, they were found to be unfriendly, lacking respect for clients and untrustworthy: "*Only one in ten doctors can be trusted" (GR).* And another: "W*e go to a private doctor in order to be treated decently".* In England and Wales even parents who appeared to be articulate and confident confirmed what parents had earlier said about the attitudes of medical staff, especially in hospitals, frequently undermining confidence and how they felt fobbed off instead of being properly informed regarding their illnesses. "*People in authority knock your self esteem and are not good at explaining or taking parents worries seriously."*

Health visitors, who visit new mothers in their homes, were well thought of in England and Wales, but experience varied in other countries, especially Hungary. There some parents said they had never met her, only received a letter occasionally regarding the date for vaccination, while others valued what they had experienced as a close, friendly service. Parents also confirmed that poor transport, lack of access to facilities, (both geographical distance and unsuitable timing), dearth of parking facilities and their cost, and the complexity of form filling could all combine to make it difficult for families to keep hospital appointments. Lack of facilities for mothers with young children, of places to meet, of life in inappropriate and/or substandard housing (except Hungary) lack of outside play space and environmental stresses were added problems. They corroborated lack of information in digestible form, misinformation (particularly regarding entitlements), lack of coordination between departments and agencies and above all the feeling of humiliation engendered as much by the manner in which parents were treated as the protocol

> *You find out information on the street or someone sitting next to you in the queue, when you go up to the counter the person won't tell you what you are entitled to.* (IR)

2.8.4 Social support

Finally parents in the Reference Groups confirmed the need expressed by parents in the person to person interviews for undemanding social support. In Ireland, lone mothers described their experiences of Home-Start as a community based, non-threatening, confidential family support service. They particularly valued practical help and support – "*small things, but huge at a particular time of your life"* - the volunteer who came once, perhaps twice a week and held the baby while the mother had a shower, who helped her collect the children from school. As we have already seen the number of ways in which volunteers helped families was as many as the families themselves since all had unique needs. But it was the undemanding nature of the way support was offered, the non-judgmental, open but confidential nature of the developing relationship that appeared to matter most.

The attitude of parents in Greece was more or less along the same lines. There was general appreciation of similar non-judgmental, open, friendly quality support whether it came from the local municipality service or the non-governmental agency Efxini Poli for the repatriated. What however differentiated Greece from the other countries was that there was more kinship support among families, particularly among repatriated families.

In Hungary, the situation was different again. Family Support Services with statutory obligations received mixed reactions depending on what they offered and especially depending on the attitudes of staff. As has already been pointed out, NGO's are new and comparatively unknown in Hungary. Just under one third of parents in the Reference Groups were aware of them (a similar rate to the national statistic). Thus they found it difficult to comment.

By contrast, in England and Wales, where voluntary organisations are well established, there was unanimous agreement that some parents need undemanding social support as a first step to seeking help. In the words of one such father: -

> *I didn't need social services, or the health visitor, never mind how nice she was. It needs other people, like you and me, to say 'I had that problem' – I found that was easier – and not to judge you, just be there for you.*

Learning from Families

Part III

The Policy Context

PART III - The Policy Context

The experience and perceptions of difficult-to-engage families lie at the heart of the project. If we are to translate their experience into meaningful recommendations for policy makers, we need to place their views in the context of the policies that are intended to help them. Part III sets out the social and economic context in each of the participating countries for comparative purposes. It is followed by a synthesis of responses to five key questions addressed to expert panels in each country, with brief concluding remarks.

3.1 England and Wales, Greece, Hungary and Ireland

In order to understand the wider policy context it is important to recognise the differences in background between the participating countries. The Contextual Grid (*Appendix 3*) sets out the major social and socio-economic differences between the partner countries. It also gives comparable statistics and includes family policies. The Departmental Map (*Appendix 4*) sets out the principal policies for families (with emphasis on families with young children) according to departmental responsibility in the participating countries.

These are especially important with regard to the National Action Plans for Social Inclusion (NAPs/incl), which each country within the European Union is obliged to produce. Clearly, the stages that each country is going through are relevant to the policies and strategies adopted. The UK and Ireland, for example, have in the last decades of the twentieth century seen a growing gap between rich and poor. Government has taken over many traditional family roles. There is increased mobility, a reduction in the influence and input of the established church, an increase in divorce and re-marriage (step-parent families), and significant changes in the division of labour between men and women, including those with young children. These trends characterise much of Europe, but in Greece they are only just beginning to appear. There, family values are still strong. It is still expected that families will assume responsibilities for their members, especially the weaker ones. Parents expect to support their children into adulthood. Grandparents play a distinctive role in childcare.

It is important to stress that being a post-communist country, democracy in Hungary is still young and civil society is still weak (Howard, 2003). After the transition in 1989 civic thinking and engagement had to be re-established for the older generation while for the younger generations these skills have to be acquired. According to the latest statistics almost 72000 NGOs, 340 churches and religious associations, 30 000 foundations and 161 political parties are registered in Hungary. Civic participation rate is about 30%[1]. In Ireland, despite considerable economic growth, areas of deprivation have developed. Changing family structure and spiralling house prices have resulted in greater dependence on the state for accommodation. Each country has its unique characteristics and problems and this must be kept in mind when considering the policy context.

3.2 Findings: Policies and Practices from the Perspective of Policy Makers, Programme Developers and Academics

[1] Albert F. - Dávid B. - Nemeth R - Társas támogatás, társadalmi kohézió (Social Support, Social Cohesion) 2005

Individual country reports suggest a common rationale among partner countries accepting the importance of what happens to children in the early years. Clear differences emerged, however, regarding the stages of policy development and of relevant structures. Such differences need to be seen in the wider context of cultural backgrounds and the extent to which certain trends have advanced.

The following findings comprise a synthesis of responses to five key questions addressed to an expert panel. (The methodology is addressed in *Appendix 1*).

3.2.1 The National Action Plans for Social Inclusion (NAPs/incl) and other major policies that target families with children under five

The central concern in **Hungary** was to think through the full implications of the issues for families with young children and to develop policies to meet their needs. In **Ireland,** one of the major policies consistently referred to was the National Children's Strategy (2000) which was developed in response to the Report of the UN Convention on the Rights of the Child (ratified in 1992) and the hearing in Geneva in 1998 that called for a more coherent approach to children. It was also a statement of support to parents, an opportunity for all the people in children's lives to work together for and with children and an encouragement to children to become more formally involved in shaping their own lives. Whilst the focus on children aged 0-5 was accepted in principle, it was not yet fully reflected in policy programmes. There was minimal understanding of and response to the needs of vulnerable young families together with a lack of coordination. For example, whilst 75 per cent of working women are of child bearing years, childcare provision was insufficient to accommodate them.

In **Greece**, family policy was described as fragmented and uncoordinated. It was viewed as less important than other social and economic policies. This was because traditionally, the family in Greece is regarded as strong and able to cope with social problems. However, demographic trends – including increases in divorce, single parenting, family size – are creating new risk factors in the working and social environments and creating new demands on the state that it was not yet geared to meet. There was a lack of consensus regarding what should be done.

In **England and Wales**, since 1997 when the New Labour Government came into power, there was evidence of a strong political commitment to re-structure government and to bring about greater inter-departmental cooperation in order to eliminate child poverty and support vulnerable families with young children. A comprehensive review, development and implementation of family policy were an obvious and arguably unavoidable priority. The magnitude of child poverty in the UK (the highest in Europe) and chronic problems of social exclusion, especially in the most deprived areas, meant that the pressures on Government reached a critical stage. This coincided with an incoming government that was committed to combat poverty, particularly child poverty.

In **Greece**, **Ireland** and **Hungary**, except where families are at risk or in crisis, historical and cultural reasons had so far combined to place family support below the political horizon. In **Ireland**, there were also fewer resources and choices available due to the policy of maintaining a low tax and low public spending economy.

> *If the rhythms of marginalisation are quicker than the rhythms of inclusion, then social cohesion is at stake.*
>
> *(Greek National Report, 2004)*

We can now see trends in parts of Europe similar to those in the UK two decades ago. They gathered speed in the 1980's and 90's. The pace of change varies from country to country as individual structures and economies change, influenced by belief systems, traditions and external effects, for example migration. What we learn from observing developments in the UK is the importance for politicians of recognising and anticipating the pace and processes of marginalisation, and matching them with appropriate measures for social inclusion.

Discussion of National Action Plans for Social Inclusion (NAPs/incl)
At the time of the inquiry **Hungary** was preparing its NAPs/incl and therefore it is too early to comment on their impact. Home-Start **Hungary** had contributed to the NAPs/incl by finding experts in the early years and bringing them together to form a working team.

In **Greece** expert panel respondents thought the NAPs/incl process only marginally improved dialogue and cooperation between different government departments. However, positive aspects included the introduction of a system to monitor developments in the implementation of policies and, for the first time, the gathering together of data relevant to combating social exclusion. The former "vertical" approach (i.e. the production of policies and programmes by government departments in a state of isolation from other concerned departments) was reduced and a more "horizontal" approach (i.e. policies and programmes resulting from the collaboration of different departments) was favoured. The absence of the latter was seen as weakening the value of the NAPs/incl as a means of tackling social exclusion. The impact of the NAPs/incl was not discussed among experts in **England**, **Wales** and **Ireland**, but it emerged that some respondents in government and most outside government were well versed in relevant policies, but they were unaware of the NAPs/incl themselves. The Home-Start National Office **Ireland** was invited to make a submission to the Family Affairs Unit (Department of Social and Family Affairs) with a view to informing the forthcoming Family Policy Strategy and subsequently did so.

3.2.2 Reasons for the limited attention to vulnerable families with children under five

These historical and cultural differences together with the relative speed and kinds of demographic change are thought to account in large part for differences in policy that emerged between partner countries. The UK Government requires a focus on families with under fives, especially in areas of high deprivation, whereas in the other three participating countries young children had not been seen as a high priority group. It was to experts in these three countries that this question was particularly directed.

Historically no special attention had been accorded families with children under 5 in Hungary. The only exceptions were the needs of vulnerable large families, of single parent families and of children under three of working parents, for day care. The situation is changing. Preparation of the Joint Inclusion Memorandum (JIM) identified sub groups that included children in poverty among other vulnerable groups. It is recognised that there is a need to facilitate employment for socially disadvantaged people. Other challenges included modernisations of social protection systems and the provision of accessible education, health and social services.

The Greek report quoted a striking statement from one expert: "*Children 0-5 years old are invisible for the state*". Intervention only occurs when the family cannot cope. Only two relevant national policies were identified - child care facilities for children under five of working mothers, and the 'third child benefit' provided for children aged 1-6. Whilst the latter was considered generous in comparison to other family benefits,

survey evidence suggested inadequate coverage of the former mainly at the level of infant facilities.

Members of the Irish expert panel affirmed that the limited attention was due to the country's current stage of development (young by European standards) and the existing structures/income support schemes, which are designed to support children from 0-18 years. There was no deliberate intention to ignore families with young children; the importance of the early years was fully appreciated. The focus was on older children because they were more visible, and in common with all partner countries, more information about them was available. Emphasis has been on increasing employment participation rates and as the consequences of that approach became evident, more attention was being paid to other support services such as childcare. Respondents identified lack of power in vulnerable families, lack of leadership in early intervention within the community, lack of participation by organisations with experience and lack of politicisation as contributory factors to the limited attention to the needs of families with young children.

3.2.3 Strategies for the implementation of national policies that target families with children under five

The matrix in *Appendix 5* sets out the trends, priorities and commitments relevant to families with young children from the NAPs on Social Inclusion 2003 -5. It shows that all partner countries shared similar objectives and strategies. All stress the need for strong economies, and for adequate systems of social protection as well as a commitment to end poverty and social exclusion. All are agreed on the vulnerability of children. The major strategy to help families out of social exclusion is to encourage all who can to enter the labour market, including mothers with young children. Governments recognised that this entails increasing availability of child care.

It is noteworthy that, in 1997 when the Labour Government came to power, the United Kingdom had the highest rates of child poverty, workless households and teenage pregnancy in the European Union. It was the United Kingdom Government that took the lead in recognising the urgent need for substantial investment in programmes of **early** intervention and family support if the cycle of disadvantage were to be broken, especially in areas of greatest deprivation. This drive amounted to an experiment in combating inter-generational social exclusion of a scale hitherto unmatched in Europe. How this experiment develops has implications for all member states. *Appendix 5* includes an update from partner countries of developments since the NAPs of 2003 – 5.

3.2.4 Special measures for vulnerable families

Through the NAPs/incl process all countries identified their most vulnerable target-groups in order to plan interventions and programmes directed to their specific needs. In **England** and **Wales** those at risk include families low in skills, workless households, especially where there is long term unemployment; families where there are disabilities; where mothers are pregnant, single mothers, large families and some ethnic families. Lone fathers are increasingly recognised as often marginalised and in need of support. In **Greece**, using as a criterion their family form/size, two main groups were identified as drawing policy concern: large families and single-parent families. Whilst sharing many of the same target groups: in **Hungary** there was special attention paid to improving social inclusion of the Roma; and in **Ireland** Travellers were considered the most vulnerable group regarding child mortality, health and educational status.

Full details of measures designed for particularly vulnerable families with children under five are contained in the appendices of the individual country reports (see

www.home-start-int.org). Sure Start Local Programmes in **England** and **Wales** are unique amongst the partner countries in the extent and level of support directed to families in areas of highest deprivation with high proportions of children under four. Some expert panel members criticised Sure Start because it was not a universal service and many marginalised families live outside the designated areas. Barnardos and Home-Start, both voluntary sector services, were mentioned as beneficial and are not confined to the most disadvantaged areas. The Department of Health hoped to extend the 'Healthy Schools' Programme to nursery schools through the Sure Start Programme. Regarding funding policy in England, in addition to funding mainstream services, there was a move away from support for innovative projects that target the most vulnerable families to supporting local projects with national significance that were known to work. Some respondents also expressed concern regarding a perceived lack of adequate support for children of asylum seekers, prisoners and Travellers and about the real benefits of working for many parents – given the costs of childcare and travel, the prevalence of debts and the low wages of many female employees.

In **Greece** large families seemed to be the focus of attention since they were provided not only with financial support but also with many measures of preferential treatment i.e. in job placement, in housing loans and in other situations. These provisions did not relate to income and thus could not be considered as part of an anti-poverty policy, though of course they supported poor families too. However, poverty rates for large families remained higher than in other families. The state benefits for single parent families - if they were entitled to any - were not adequate to cope with their difficulties. Unemployment appeared to be the biggest and most serious social problem and a major factor pushing individuals and families into social exclusion. Emphasis was given to skill acquisition through training and through measures of social support for those who are particularly marginalised, with some positive results. However, these measures were not seen as a total solution: unemployment is mainly a structural social problem and to a much lesser extent a problem related to personal aptitudes and skills. Gypsies, refugees, immigrants and repatriates are in a more difficult situation and the policies and programmes were seen as far from satisfactory and effective. In spite of recent laws and measures, many immigrants had no green card and pension rights; most did not engage in trade unions, some were part of the "black market", others got involved with minor or major criminal offences and finally face imprisonment. People with disabilities got pensions, benefits, loans, preferential treatment in job placement and some support services from the regional and local authorities, the non-governmental agencies and the church. However, there were many issues still to be tackled, particularly regarding the extent and coverage of the support services and the accessibility of the infrastructure.

T**he major policy measures instigated by Hungary** had been identified **in the Joint Inclusion Memorandum (JIM) prepared by all accession countries. These policies were based on existing family support benefits programmes mostly delivered under the Human Resources Developmental Operational Programme, and the Regional Operational Programme. The programmes focused mainly on the development of the infrastructure of both the services and the institutions especially in less advantageous regions. In addition the Office for Equal Opportunities aimed to support the Roma.**

All of the income support structures of the Department of Social and Family Affairs in **Ireland** aimed to facilitate marginalised families or those families who had a need for a short or a slightly longer term income support. One measure that was consistently praised by respondents was the One-Parent Family Payment which, along with the

income support measure, allows people to work or to stay at home and keep their benefits. Also identified as special measures were the Equal Opportunities Childcare Programme, (Department of Justice, Equality and Law Reform), which funds quality childcare places (although childcare costs in Ireland are still among the highest in Europe); Early Start a one-year preventive programme for three year old children in primary schools in disadvantaged communities and Preschools for Travellers (both Department of Education and Science); and the Teen Parent Initiative (Department of Health and Children) which provides practical support and encouragement to young teenagers and their children aged up to two years.

It became clear that all countries were concerned with particularly vulnerable groups and designed measures to combat social exclusion. However policy development and the efficacy of those measures for vulnerable families with children under five varied. Expert panel members noted that in many cases impacts on vulnerable families with children under five were incidental to and an unplanned consequence of these policies.

3.2.5 Positive and less positive policy outcomes

As already mentioned, in **Hungary** the NAPs/incl was still in the course of preparation, at the time of writing, so that while strategies were being developed, it was too early to evaluate outcomes. In the remaining three partner countries there was considerable overlap in the opinions of the expert panel respondents. This was in spite of a variation in the development of scientific evaluation. In **England** and **Wales** evaluation was integrated into policy and government funded programmes, in **Greece** it was a relatively new concept (and practice) and in **Ireland** was rapidly becoming an integral part of practice.

Features of policies and programmes that have effective outcomes are:

- An ethos of helping families rather than policing them. The client's best interests are at heart (rather than a law and order approach or a threatening agenda).
- Attention is paid to the quality and stability of staffing arrangements.
- The recognition that the enabling factors for many socially excluded parents are measures which help them to gain confidence and self-esteem and to raise their expectations of what they can achieve.

In **England** and **Wales** the expert panel agreed that considerable progress had been made in getting mothers into work through the Sure Start Local Programmes, New Deals with increased availability of and easier access to childcare, improved training facilities and financial incentives (benefits and tax relief), which were all seen to play a part in positive outcomes. Successful childcare policies were also stressed in **Greece**: the child day care structures for preschool age children, the all day schools for the 5-12 years old children and the programme “help at home”. Parental leaves were applauded, particularly the paid maternity leave for employees in the public sector allowing mothers to stay with their infant babies for almost a year after birth.

In **Greece** and **Ireland** success stories seemed to be those that took into consideration and tackled in advance all the issues that might lead to failure, were tailored to real needs, were outreaching, broad, flexible and delivered in a non-discriminatory basis and with respect for the beneficiaries.

In **Ireland** what made an impact was the service’s sense of reflective thinking, evaluation and being led by research. Success was attributed to the conducting of an assessment of needs prior to the establishment of a service. The proactive building of positive relationships contributed to positive outcomes for families, staff and civil

servants. Peer led approaches such as parents supporting parents were identified as being really powerful.

Clearly, there will always be pitfalls in the process of selecting, prioritising, planning, implementing and evaluating a policy or programme.

The problems common in all the project countries were:

- the gap between practical knowledge of needs on the ground and the policy makers themselves;
- lack of sustainable funding;
- poor accountability;
- the strong sense of self–preservation within bureaucracies or organisations;
- poor or non existent training and standards among staff.

In **Greece** and **Ireland** poor coordination and collaboration between the various government departments and agents involved in the process lead to inadequate input by key actors, inability to communicate the policy, random service delivery and duplication. In both countries there was a lack of early intervention programmes unless the family was in crisis. Not being able to tell what programmes were effective was a barrier to progress. In **Greece** the absence of evaluation studies based on scientific methods was identified as was the need for concrete action plans linked to policy implementation.

Some members of the expert panel in **England** and **Wales** identified poor housing and unreliable and expensive public transport as barriers to positive outcomes. In **Ireland** a lack of affordable housing and poorly planned estates without access to shops, community centres, public transport, play facilities, amenities or a community health care system were cited as having disastrous consequences for families with young children. A lack of consultation and participation by the communities regarding proposed programmes were identified. In **England** and **Wales** stigma was identified as counterproductive as were cliques and the assumption that a few active and articulate members of a community speak for all. This can account for failure to reach and involve disengaged families.

Clearly **England**, **Wales** and **Greece** had seriously grappled with the need for affordable childcare in helping people to access training, education or employment. **Ireland** was still facing a challenge in this regard.

3.3 Conclusion Part III

In Hungary policies currently focus on building the infrastructure of services and institutions. In **Ireland** and **Greece** support for families on low income favoured benefit oriented strategies as opposed to family support services. Respondents in both countries commented that the state only intervenes when the family is in crisis; the focus is then on the consequences of the crisis, rather than on support and prevention. In **England** and **Wales** a combination of family support services, benefits and childcare services are available, albeit not universally. Nevertheless, the capacities and resources of families cannot be taken for granted. All families need both financial and family supports, particularly in the crucial early years, if the cycle of social exclusion is to be broken.

CONCLUSIONS AND RECOMMENDATIONS

4.1 Concluding Comments

4.1.1 Preventive strategies and outreach are crucial

> ***Policy makers are very far removed from the people.***
> **(a parent in Greece)**

There is a growing mass of evidence[1] that confirms that early intervention is much more cost effective than the remedial programmes that may have to be instituted to try to make up for damage once it has taken place in children's lives. Most of the families in our study experienced multiple negative circumstances and an accumulation of risk factors coupled with few resources or protective mechanisms. The effects of these on the emotional equilibrium of parents rebounded on their children, many of whom showed symptoms of stress, depression and behaviour problems. What was worrying, again across all countries[2] was that parents characteristically hung on without help until they reached 'rock bottom'. This behaviour was strongly associated, particularly in England and Wales, with a culture of independence together with psychological barriers including fear of what others would think and of anyone in authority. It emphasised the need for early preventive strategies and outreach that help parents recognise that everybody needs support at some time and there is no shame or blame attached to accepting it. It is also important to ensure that the help offered does not take control away from parents but builds on their strengths to create situations in which trust can grow.

4.1.2 Family Support Services provide a buffer and a link to other helping agencies

Lack of social contacts and family support characterised families in all countries[3]. The prevalence of loneliness highlighted the need for family support services. These services may not be able to reduce the risk factors, but they can reinforce protective factors through emotional support and practical help. Positive relationships founded on trust, friendship

1. See "Tackling Social Exclusion in Families with Young Children" Home-Start International 2002.
2. This was so to a lesser degree in Hungary due to the type of families interviewed which were basically two-parent large families
3. Except among the Pontians in Greece where a sense of kinship and solidarity persists, although researchers noted that they were on the decline.

and encouragement appeared to lie at the root of parents gaining sufficient confidence to move forward. In Ireland, for example, a few parents at the time of interview were employed or in full time education. In every case, their re-engagement in society had been triggered by their initial engagement with a Home-Start volunteer. The support provided included reassurance, advocacy, finding information and linking families with other services - necessary early stages in the process of inclusion. Facilitating access to services, improving parenting skills, building confidence and self–esteem emerged as vital functions of family support services. Many NGO's have expertise developed over the years that governments could tap into more widely.

4.1.3 Women appear to bear the brunt of social exclusion

Across the countries in this study social exclusion impinges mainly on women, and most acutely on those who are single. Fathers made almost no contribution to the raising of children in lone parent families, financial or otherwise. In two parent families, they seldom spent much time in the home since they had, or felt they had, to work long and often unsocial hours to make ends meet. However, fathers in families where there were disabilities had sometimes given up good jobs to help care for their children as there was no other acceptable help available. The inevitable drop in income contributed to their slide into social exclusion. The project has raised awareness of our lack of knowledge of the ways in which poverty and isolation bear upon fathers, especially in relation to child rearing.

4.1.4 There are Implications for agency roles and responsibilities

Overall, parents' responses suggest that almost all statutory and voluntary services of different kinds can be acceptable and work well. The project brought to light the ways support services are conceived and organised in different countries. In Greece, social services in the public welfare sector are mainly organised on three levels, local, district and regional, each with specific responsibilities. The social services offered by the municipal authorities are the level used by families in the study. They are basically local services of a preventative and supportive nature. There is a trend for an increasing number of social services, but the main emphasis is on the development of kindergartens. In contrast, in the UK, local authorities have both a supportive and a statutory role to play. In Child Protection this role is sometimes construed as intrusive and authoritarian and this accounts in large part for the fears expressed by parents regarding the powers of social service in the UK and their reluctance to accept help.

4.1.5 The nature of a relationship is key to engagement

The common factor in reaching parents with whom agencies found it difficult to engage appears to lie in the nature of the relationship established between the 'representative' of the service or policy and the parent(s), and their ability to recognise and match the perceived need with an appropriate service. As others have found[4] where a genuine attitude of trust, empathy and respect is communicated, where the approach is non-judgmental and accentuates the positive rather than dwelling on what needs to change, then there is fertile ground for parents' trust to grow and to see that the help offered is

4. ATD Fourth World, (2004) *Valuing Children Valuing Parents, focus on family in the fight against child poverty in Europe,* Val D'Oise, France: International Movement ATD Fourth World.

desirable and beneficial. These general factors penetrate cultural and psychological barriers of temperament and personality, the legacy of damaging experience, and sometimes manifestations of mental and physical ill health.

4.1.6 Confidence and a sense of self-worth are the next precursors of inclusion

Arguably it could be said that all families lie along a continuum of disengagement – engagement, and that they can move in either direction in response to services and policies. If child care, training, a job or medical help meet a felt need, then an offer of help will probably be accepted, provided there are no practical obstacles – for example lack of transport, - and there will be increasing engagement.

Towards the disengaged end of the continuum offers of child care, training and job opportunities tend to fall on deaf ears. The obstacles that preoccupy these parents have to be identified and addressed before formal information, established social groups, medicine or employment can help. Time-limited support can also increase mistrust rather than provide a kick-start. Depressed, worn out isolated parents are more likely to respond to low profile, undemanding and sustained social support from one and the same person who will listen without strings, than professional advice and assessments, or enthusiastic invitations to join groups[5]. That is not to imply that they never will respond to them, it is to signal the necessity for informal groundwork that can be challenging and not immediately rewarding. The small early changes take time and patience and are not easy to measure. They are about the parents at rock bottom gaining a sense of self confidence and self esteem. These are the first and absolutely necessary steps out of social exclusion.

4.1.7 Families at different stages respond to different approaches

Across countries and within countries the picture was far from uniform. As we already noted, Pontian families in Greece enjoyed greater kinship support and, compared with other disadvantaged families; they had high visibility and had also received some intensive support from well funded integrated programmes as well as their own repatriated networks. They were more ready to respond positively to services and support.

Families in Hungary would be differently placed on the hypothetical ‘continuum’ from families in England, Wales and Ireland. Participating parents of large families in Hungary had the support of their partner and other family members. Unlike many participating parents in other countries, they were not characterised by longstanding low income, poor standard of accommodation, instability of employment and non-use of public services. Each of them had temporary difficulties, for example physical or mental illness, short-term lack of income, a difficult pregnancy or problems coping with young children. What they shared was a lack of social activities such as networking with family, friends and community. It was this that, in some mothers, led to an overwhelming sense of insecurity, lack of confidence and self-esteem - to a degree of social exclusion. Whereas the sense of isolation of lone parents in Ireland, England, Wales and wherever they occurred was far more intense, and this together with prolonged low income and lack of material and other resources combined to undermine their abilities to reverse the slide into social exclusion. It placed them nearer the disengaged end of the continuum.

5. Everitt, S (forthcoming) *A Study of Isolated and Lonely Families Supported by Home-Start*

Furthermore, gaps and unintended consequences of tax and benefit policies highlighted by parents in the national reports also affect the direction along this imaginary line of progress into social inclusion, as do differences between countries in the amount and kind of financial support available. These are well illustrated in the National Reports of Hungary and Ireland. Differing parental expectations also impact on responses to services and movement along the continuum. Researchers in Greece commented that the lack of complaint about the poor level of benefit stemmed from mothers' low expectations. They lived with little and expected little. Anything that would add to their almost non-existing income was valued, if not overvalued. They did not seem to consider state support as a right – an attitude that was not so evident in England and Wales.

4.1.8 *Flexible policies and practices are essential in balancing work and family life*

None of the parents who participated in this project wanted to be dependent on benefits. In the main, tensions regarding work and family life arose from strong feelings on the part of some parents that children are best looked after in the home in the early years and the need to earn money; or from an intense desire to work where there were no employment opportunities and/or adequate child care facilities; or where available work created unacceptable stresses on family life. This applied particularly to families where there were disabilities. These responses highlight dilemmas for policy makers and for employers – the importance of enabling parents to gain from the advantages that paid employment offers and the difficulties of ensuring the availability of the types of employment (for example part-time work) that most parents in this study said they wanted.

4.1.9 *Dilemmas raised by targeting*

The project highlighted the dilemmas regarding targeted versus universal policies. Low level means testing brought many of the families who hovered above the cut-off points into social exclusion and made their lives a never ending struggle. Similarly, support targeted by area deprivation, as in Sure Start Local Programmes in the UK, meant that seriously deprived families living outside the designated areas went without services and support. Group targeting has shown that people from other groups that may experience similar problems are not eligible for help because they are not targeted and this might create group antagonisms.

On the other hand, it has been obvious from the project work that socially excluded individuals, groups and areas need special attention in order to bridge the distance from the more socially included and universal policies do not often correspond to their needs and do not help their process towards their social inclusion.

Our conclusion is that those affected by policies could tell us a lot about what kind of policies best meet their need. Perhaps "targeting and universalism" are not two contradictory and mutually exclusive policy approaches. What is important in any choice is what makes more sense and what works best for the recipients.

4.2 Conclusion

Overall, this project suggests that there are still significant gaps between vision and reality in all participating countries where the most vulnerable families with young children are concerned. It becomes abundantly clear that many vulnerable families in Europe will continue to fall through the net unless policy makers listen to what they are saying and address shortcomings across the whole range of services and support in tandem with issues of poverty. These vary by country, region, district and locality, but include transport, housing, medical, legal and benefit systems. In this connection, The Practical Framework for Assessing Policies and Practices for Families with Young Children in Relation to Combating Social Exclusion (Part 1 of this Report) is a tool based entirely on what parents in England, Wales, Greece, Hungary and the Republic of Ireland have said. The partners hope that, together with the recommendations that follow, it will prove a means of bringing policy makers and practitioners into closer understanding of those they wish to help, and result in appropriate action.

……if only one percent of families in Europe are experiencing similar problems then there have to be millions of others just like them. Millions of individual needs just aren't being addressed. Perhaps they suffer as individuals because they don't have a collective voice. One single voice can struggle to be heard. Or perhaps there's another problem

(An extract from "Are You Really Listening" the video / DVD which accompanies this project report © Home-Start International 2005)

4.3 Recommendations

The recommendations are for policy makers, programme developers and service providers engaged in the fight against poverty and social exclusion, and should be considered alongside the conclusions and the Practical Framework in Part I.

Along side the "key messages" of the recommendations are points of shared learning which have emerged through the process of the five countries working together. Their value should not be underestimated; in these five very different countries, the same messages came up again and again.

The fight against poverty and social exclusion is not the exclusive domain of social policy makers or programme developers. The problems straddle numerous policy areas. No policy combating social exclusion can ignore the wider context (for example a polluted environment, structural unemployment, rising prices etc.) which affect family life and family choices. We urge all policy makers and programme developers to engage with other departments in other policy areas, and above all, to listen to families.

Recommendations - Prevention

Prevention is better than cure - and cheaper in the long run

KEY MESSAGES

- **Break cycles of Disadvantage -** at national level invest in measures that support families with young children

- **Prevention, prevention prevention -** Those in charge of finance at local, regional and national levels need to allow adequate funding for preventive work as well as crisis intervention

- **Flexibility** Ensure that policies are flexible and robust enough to allow for local variation

- **Work AND family life -** Those involved with work force development should include outreach and *relationship building with families* as part of their training and approach

- **Charities and NGOs are already doing great preventive work -** Make use of the skills, creativity and experience of Non Governmental Organisations providing family support

SHARED LEARNING

- **Prevention** The call for prevention occurs in every policy document, but the money is seldom there for other than 'fire-fighting'

- **Shame** Most reluctant users of services are simply proud, independent, people; or shy and lacking confidence due to their life experiences. There is a need to change the culture of shame or stigma attached to asking for help in some communities

Recommendations - Delivery

It's not what you do; it's the way that you do it

KEY MESSAGES

- **The way services are delivered** is key to the impact of services on families
- **All service delivery should be non-judgemental**
- **Deliver information** by family friendly people, backed up by family friendly materials (e.g. leaflets, DVDs, CDs,) and telephone calls
- **All services** should operate in family friendly hours and take account of physical access and adequate transport
- **One-Stop Services** are greatly valued by parents with young children, but **satellite services and/or transport** plus **a sense of ownership** are needed to engage some of the most vulnerable and reluctant users
- **High calibre staff** are needed throughout with internal monitoring and evaluation of services
- **Improve conditions for staff** dealing with the public (reasonable workloads, training, supervision and support)

SHARED LEARNING

- **Good service delivery makes all the difference** for vulnerable families and to the efficiency and effectiveness of policies and practices
- **Poor delivery** makes it impossible to evaluate the true benefits of policies

Recommendations - Justice

Equity and Justice for All - including the silent minorities

KEY MESSAGES

- **Ensure sufficient flexibility** to encompass the needs of minority groups
- **Identify anomalies** in the system that trap families in poverty (for example unrealistic financial thresholds in income support policies) and act to eliminate them (ref. National Reports)
- **Acknowledge the dilemmas of both targeting and universalism,** and adjust wherever possible

SHARED LEARNING

- **You ARE appreciated!** Parents recognise and appreciate good policies and practices wherever they experience them
- **Targeting by area** and/or group means often results in inequality and injustice, especially for those near the thresholds
- **Minor adjustments** pulled from suggestions from parents at the grass roots could make substantial differences to the lives of many vulnerable families

Recommendations - Build on your Successes

Recognise your successes and build on them

KEY MESSAGES

- **Fund the charities and NGOS that provide family support services;** they are highly valued by the families that use them. Recognise the value of volunteering for families with young children
- **Child care -** High quality, available, affordable and accessible child care really helps, but it must be sustainable
- **Part-time work** is all that many parents can undertake. Encourage shared working and other ways of making part-time work practical (E.g. flexible working hours)
- **Provide incentives** for employers to change attitudes towards parents of young children
- **Allow real choice** for mothers either to stay at home when children are young or work (full-time or part-time) and **value** parents who chose to stay at home and raise their children
- **Recognise and build on** small positive steps made by parents on the way out of social exclusion

SHARED LEARNING

- **Many parents in this study who want to work** are prevented through lack of part-time opportunities, poor transport, employer attitudes and lack of affordable, accessible child care
- **Given the choice, people want work,** not benefits; therefore give them incentives to help themselves
- **Children are the priority for parents**

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Appendices

APPENDIX 1: How we conducted the inquiry

1.1 Learning from Families – How we conducted the inquiry

1.1. 1 Person to person interviews

The project partners agreed to carry out small, qualitative studies in each country of a maximum of ten families based on face-to-face interviews. Subsequent to the analysis of the studies revealing areas requiring further study, clarification would be sought through Family Reference Groups (FRG's). There was much debate amongst the project partners regarding interview instruments. The method had to allow the respondents to freely articulate their views and to capture their voices while simultaneously allowing the interviewer to gather the information in a way that could be readily analysed and support trans-national exchange. Two different approaches were proposed: a highly structured interview schedule and one which invited more open-ended responses. Having piloted both approaches it was agreed to develop an interview schedule (see *b) below)* which combined having clearly identified items for discussion and flexibility to allow respondents answer spontaneously and develop points of particular interest to them resulting in person-to-person semi-structured interviews.

Parents in ten families were interviewed within each country; within those a minimum of five focused on an area of specific interest - in England and Wales this was families in which parents and/or children had disabilities♣ (see *Appendix 2 Explanations and Definitions*); in Greece the country specific group were the Pontian♣ repatriated families from the ex-Soviet Union. In Hungary, large families♣ were the focus of study. In Ireland the study involved one-parent families♣. Careful consideration was given to the selection of the parents interviewed which varied in each country. In England and Wales, Hungary and Ireland advice was sought through Home-Start Consultants or Coordinators/Organisers. In England and Wales advice was also sought through two family support services to broaden the scope of the enquiry (3 out of the 20 families interviewed there, were not accessed through Home-Start). The geographical area was largely determined by the location of the Home-Start service which tended to be in areas of deprivation (see *Appendix 7 - Map of Project Areas within Europe*). Confidentiality – a key component of the Home-Start ethos – was assured to all families. In Greece two areas of high deprivation were chosen and subsequently two researchers who were experienced in working with families from two local social support services were selected for advice and participation in the research. The following criteria for the choice of parents in the person-to-person interviews applied:

1. Families targeted are those who are or who had been 'hard to reach'♣
2. Each family should have had at least one child less than five years at the time that they were/are 'hard to reach'.
3. Each family should fall into at least three categories of the six dimensions♣ of social exclusion.
4. Each family should experience one or more risk factors♣ over and above the list of social exclusion dimensions, where possible (see *Appendix 6 - Individual Family Information Grid* for further information on the families).

Including fathers in the project was a particular challenge in some countries; for example in Ireland all of the Home-Start clients were female at the time of the interview process and the country specific group, one-parent families, are statistically

more likely to be female (at 85%, Census, 2002). In Greece similarly a number of their respondents happened to be lone parents and even in two parent families the father was absent due to long working hours. This also applied to the reference groups. Nonetheless some fathers were interviewed with the mothers (5 in England and Wales, 4 in Hungary and 2 in Ireland).

It was decided amongst the project partners that it was inappropriate to engage children directly in the interviews, many of whom were babies and toddlers. Other studies (ATD Fourth World, 2004) have overcome this challenge by drawing on work reported in publications which included children as participants. There are no participatory studies of the views of children under five years on social exclusion found although studies undertaken recently in Ireland and UK (Border Counties Childcare Network, 2005; Centre for Social and Educational Research, forthcoming) demonstrate consulting with children in relation to their childcare settings. Although in this project we did not interview children we recognise:

- That it is essential to engage with children.
- That the children's views must be sought in a way that is appropriate for their age and level of understanding.
- That an important aspect of the child's right to participate is also their right to be fully informed about how their views will be used.

It was agreed among the project partners to note anything of relevance observed and parents were asked their views on the impact of their situation on their children.

The interview process involved the researcher meeting the individual families in their homes, occasionally with a Home-Start coordinator (England and Wales); children were usually present. All families were very facilitative and open. The interviews, which were conducted in a relaxed manner, lasted from a minimum of one hour to a maximum of two hours and were held in October and November 2004. Observations and interview data were collected through field notes and tape recordings of the interviews with the families' permission. In some instances (England) the researcher was accompanied by a note taker. The feedback was later transcribed for analysis. Opportunities to clarify assumptions with the reference services and families were made. Thematic analysis was employed to present the responses and information succinctly; issues identified twice or more by the families were collated and themed.

a) Introductory note to families in person to person interviews

Explanation of who we are and why we are seeking an interview: to learn from families how they experience the policies and programmes intended by government to help them – what has helped or hindered them in accessing and accepting services (not just Home-Start or Social Services). We want to understand why it is that some people ask for and accept help and others do not. So we are seeking an interview

- To look at what was helpful or unhelpful for families in times of need
- To look at how easy or how difficult it was to ask for help
- To feedback to governments the views of families from four countries in Europe who, by taking part and reflecting on their experience, will have helped to compile the joint report.
- We hope to influence government thinking on policies where necessary by sharing parents' views, with the aim of improving services and support for families.

2. We are asking families to participate who have sought help (for example from social services, Home-Start or other services) during times of stress and who are willing to share their experiences.
3. All interviews will be treated in the strictest confidence and individuals will not be identified
4. Unless there is any objection, we would like to tape our conversation so that there is no need for copious note-taking. The tapes will be erased at the end of the project.
5. Feedback will be available to all participants – either directly, or through a copy of the report.

b) Person to Person Schedule: This was the schedule used by researchers interviewing the families:

INTERVIEW NUMBER _____

Hard to Reach (HR) □ **Specific Group (TG)** □

Introduction: Explanation of who we are and why we are seeking an interview: to learn from families how they experience the policies and programmes intended by government to help them – what has helped or hindered them in accessing and accepting services (not just Home-Start or Social Services). We want to understand why it is that some people ask for and accept help and others do not. So we are seeking an interview

- To look at what was helpful or unhelpful for families in times of need
- To look at how easy or how difficult it was to ask for help
- To feedback to governments the views of families in Europe who, by taking part and reflecting on their experience, will have helped to compile the joint report.
- We hope to influence government thinking on policies where necessary by sharing parents' views, with the aim of improving services and support for families.

SECTION 1 PERIOD OF NON-USE OR RELUCTANT USE OF SERVICES

Can you think back to the time you were first referred to Home-Start / other service and your situation then?

A. EXPLORING SOCIAL NETWORKS AND ENVIRONMENT

Questions and prompts	Code	Notes
A1 Were you living here then? (allow the discussion to flow to get a picture that could include the following prompts) On your own? Husband/wife/partner? Children? Mobility? Mother alive? (explore contact) Other relatives? (explore contact) In-laws? (explore contact) Special friend? Neighbours: friendly? unfriendly? hostile?		

in and out of each others houses? keep themselves to themselves? ***A2 Had your children friends to play with informally?*** Neighbours children? Immediate siblings? Cousins? How often did they get to play? ***A3 How was the area you were living in?*** *Social Environment* High unemployment Influx of immigrants Funding cuts Discrimination Lack of community spirit *Physical Environment* Physical remoteness Lack of public spaces Lack of appropriate social services/amenities e.g. School Clinic/GP Hospital Post office Baker Grocer Pharmacy Meeting place/village hall/Pub Sports Centre Play grounds Library Poor public transport Poor road/rail links Poor housing Pollution Bad town planning Vacuum in countryside Geographical isolation Dog fouling Racial harassment Prostitution Violent Crime Burglary, Drug misuse, Other. ***A4 Did you get any help or support from*** Husband/wife/partner? Parents/ in-laws? Relatives/friends?		

Neighbours? (Explore acceptability/ reliability/ appropriateness – willingness to ask/accept help) ***A5 How did your social network and where you lived impact on your children?*** ***A6 How did you feel about your living conditions at that time?***		

B. EXPLORING THE EMPLOYMENT SITUATION

Questions and prompts	Code	Notes
B1 Did you have a job? if not go to B6 Explore availability, type of job, working hours, stability of job, whether obliged to take on work e.g. early morning cleaning, night shift, home work, gender equality, whether paid the National Minimum Wage, whether covered by insurance? ***B2 Was your job what you wanted to do?*** Explore work expectations ***B3 How did your work fit with your family life?*** Did work hours match school/childcare hours? How much spare time did you have? For yourself? For relaxed play with your child(ren)? For bedtime stories? For you & partner? For you and friends? For your close relatives? Was it stressful for you? Did you have any help? If yes, from whom and what? ***B4 How was it for your children?***		

B5 How did you feel in general about your work? Overall, was it felt worthwhile working? ***B6 If not working, were you looking for a job?*** How difficult was it for you to look for a job? (Lack of know-how, presence of children, not enough jobs, other). Did anybody help you and how? Did you get an unemployment benefit? ***B7 If not working, was there anybody else in the household working?*** Explore nature and stability of work ***B8 How did you feel about not working?*** Did you feel bad for not having a job or that you should have had a job?		

C. EXPLORING CONSUMPTION AND LIVING CONDITIONS

Questions and prompts	Code	Notes
C1 Was your family's income adequate to meet your family's needs? Meet food expenses? Pay the bills? Pay expenses for children (clothing, education etc)? Buy toys for the children? Go out for entertainment? Buy presents for family members/friends/children's friends? Have some holidays? Emergency repairs or buy some extra furniture or equipment that you thought you needed for the house? Did you have to pay rent or a loan instalment on top of your other expenses? How difficult that was for you? Did you have other debts? How were your living conditions: Bad housing? Overcrowding? Forced to live with relatives? ***C2 How do you think all this***		

affected your children? ***C3 Did you get any help from anywhere?*** If yes, what and from whom? (From a family member, friend. List here in each country benefits that could have been availed of e.g. in Ireland: Lone Parent Income Supplement Back To Education Grant Child Benefit). Was this help reliable and substantial ***C4 How did you feel about that?***		

D. EXPLORING THE FAMILY'S RESOURCES AND "CUSHIONS"

Questions and prompts	Code	Notes
D1 Did you manage to put something by for a rainy day or have something that you could draw on as a fall back? A house of your own? A car? Some savings? Some piece of property? – we will not include this in Ireland/UK (Explore if anybody helped to obtain all the above) An insurance scheme that covers health expenses and allows for unemployment benefit? A degree? Some professional experience? Some practical skills? A good relationship with partner/parents/children? The Church? Personal emotional resources? Other?		

E. EXPLORING THE RELATIONSHIP WITH PUBLIC SERVICES

Questions and prompts	Code	Notes
E1 Many people find it difficult to ask for help from a Service – was it like that for you? Lack of information Attitudes Cost Distance Access Inertia Independence etc		

E2 Before you used Home-Start/ Social Services, did you try to get help from any other agency or services? Did you know where to get help? Health Visitor GP Social Worker Other ***E3 Did you use any services for your children?*** Kindergarten? Play group? Speech and language support? A child minder? Pre- or after-school childcare ***E4 What were your experiences of other services – were they helpful to you? How did you feel about your relationships with services?*** ***E4 How did you get information about what was available in the community?*** CAB Family Centre T/V Radio Magazines, local paper, Other ***E5 What for you is the best source of information?***		

F. EXPLORING FEELINGS AND SUBJECTIVE EXPERIENCE

Questions and prompts	Code	Notes
F1 Can you describe how you felt about all this? Stressed? Depressed? Desperate? Deprived? Powerless? Isolated etc? Other? Any effect on physical and mental health? ***F2 How about your children?*** Do you think that they have been affected?		

G. EXPLORING GAPS AND MISSING POINTS

Questions and prompts	Code	Notes
G1 Thinking back, can you think of any other factors that made your situation more difficult - e.g. money worries, child behaviour (if not already discussed). Illness/ poor health Bereavement Relationship problems Low expectations Loneliness Domestic violence In laws Criticism Children – behaviour, feeding problems, lack of sleep Family breakdown Young mother Large family Lack of mobility Distrust of authority Lack of legal status Immigrant status Too many responsibilities Problems with the police Other		

H. EXPLORING COPING STRATEGIES

Questions and prompts	Code	Notes
H1 How did you manage through that time? ***H2 What did you do to cope with the situation?*** Cutting down on expenses? Buying second-hand clothes? Borrowing money? Other?		

SECTION 2 TURNING POINTS

Questions and Prompts	Notes
TP1 How did you hear about/get in contact with Social Services/Home-Start? ***When exactly did it happen? Duration of visiting (in months)*** ***When – if there was any point you can remember – did you***	

feel that things began to change? ***What were the turning points that made you give them/it a try?*** ***Who or what led to you accepting help?*** Looking at my baby and thinking 'What am I doing?' TV Programme Being bullied by a friend (or professional) A persistent health visitor Other	

SECTION 3 THE PRESENT SITUATION

Questions and Prompts	Code	Notes
PS1 How would you describe your present situation compared to the situation you were living in before contacting the Social Services/Homestart? Substantially improved? □ Partly improved? □ More or less the same? □ Worse than before? □ What difficulties that you were facing then, are less of a problem now in terms of: social networks, employment, income, resources, relationship with services personal problems, psychological state ***PS2 Who or what first helped you to feel better? What made the difference?*** Making a friend Starting training Getting a job Stopping working Better housing Winning some money Move out of district Finding child care (preferences?) Finding a new partner Separation/divorce Getting treatment/counsel for a problem Children older Having a volunteer Having a social worker, Other		

SECTION 4 ASSESSING INTERVENTIONS

Questions and Prompts	Notes
AI1 How would you describe the help you have received from the Government/Social Services/Home-Start? ***Was there any value in it?*** ***AI2 From the above Services that you (or your children) have used in the past or using now, which have helped you (and you children) most?*** Exploration of why s/he thinks so? Effectiveness of intervention? User-friendly Service? What else? ***AI3 Which have helped you (and your children) least?*** ***Can you suggest anything to improve them?***	

SECTION 5 HOPES AND ASPIRATIONS

Questions and Prompts	Notes
HA1 What are your hopes for the future for you and your children? Have you any plans of how to make them happen?	

SECTION 6 OBSERVATIONS OF CHILDREN

Any extra points pertinent to children (if present)

SECTION 7 ISSUES OF RELEVANCE TO THE TARGET GROUP

1.1.2 Family Reference Group Interviews

It was agreed that themes arising from the person-to-person interviews would be further explored through two Family Reference Groups (FRGs) in each country. These were to incorporate: families with at least one child under the age of five; and families that, additionally, would belong to the country specific group. It was further agreed that each group should involve at least six parents, preferably of both sexes. All parents should have small children, experience or have experienced difficulties in coping with the demands of raising their children and be able to contribute in a group discussion. The FRGs were held from March to April 2005 and lasted up to two hours. In England, Wales and Greece the FRGs were taped. In Hungary they were videotaped and in Ireland they were facilitated by the interviewer with an accompanying note taker/coordinator (*Appendix 6 - Family Information*).

The strength of this qualitative approach is that it provides in-depth insight and comprehensive understanding of the experience of families themselves and allows for an exploration of relationships and processes and on the spot clarifications. It may illuminate aspects relevant to the research questions that may otherwise remain untapped. Parents interviewed on their own territory arguably feel more secure and will speak more freely, providing insights into relatively small populations (hard to reach families, and country specific groups) and suggesting hypotheses for further study.

It must be acknowledged however that given the lack of random selection and the small sample size that the findings may not be representative of all families, or indeed be appropriate to generalise for the population. There are the dangers of missing data - raising issues of validity, of reliability, and of interviewer bias. The process of analysis takes time and requires constant checking for loss of objectivity in selection of facts and comments. However, even though each case is unique it is reflective of a broad range of families with children under five, who are reluctant users of services and who in many cases are dependant on social welfare across the five countries and different cultures (N= 50). In addition the use of two family reference groups in each country (N= 72) adds to our fund of knowledge.

a) Introductory note to Family Reference Group discussion

We want to enlist families' help to be part of a Family Reference Group, to 'test' out the themes and issues that had been suggested by ten families in the national report about how they experience the policies and programmes intended by government to help them. There will be 6+ in the group. The themes that emerged from the national report were:

- Work/life reconciliation/attitudes to employment, training and staying at home…
- Benefits and getting by…
- Services and service delivery of services….
- Family support …..

The purpose is to feedback to governments the views of families from the countries in Europe (Greece, Hungary, England and Wales and Ireland) who, by taking part and reflecting on their experience, will have helped to compile our joint report to government. We hope to influence government thinking on policies by sharing parents' views, with the aim of improving services and support for families.

2. We are asking families to participate who have sought help (for example from social services, Home-Start or other services) and who are willing to share their experiences.

3. All discussions will be treated in the strictest confidence and individuals will not be identified

4. Unless there is any objection, we would like to tape the meeting so that there is no need for copious note-taking. The tapes will be erased at the end of the project.

- Feedback will be available to all participants – either directly, or through a copy of the report.

b) Family Reference Groups – Topic Schedule

This was the questionnaire on which the Family Reference Group discussions were based:

1. Work and family life.....

A. What has your experience been?
Prompts
Do you have a job? What type of job is its? How does work fit with family life? How is it for your children? Did work hours match school/childcare hours?
If not working, do you feel you should have a job? What are the barriers?
How did you feel about that?
B. What would you like to see happen

2. Benefits/income and getting by.....

A. What has your experience been?
Prompts
Can you meet food expenses? Pay the bills? Pay expenses for children (clothing, education etc)? Go out for entertainment? Buy presents? Have holidays? Emergency repairs or buy some extra furniture or equipment that you thought you needed for the house?
Do you have to pay rent or a loan instalment on top of your other expenses? Do you have other debts?
Do you get any help from anywhere, Lone Parent Income Supplement, Back to Education Grant?
How did you feel about that?
B What would you like to see happen?

3. Services and service delivery.....

A. What has your experience been?
Prompts
Was it difficult to ask for help from a Service?
Outside of Home-Start, did you try to get help from any other agency or services?
What were your experiences of other services –are they helpful to you?
How do you feel about your relationships with services?
Did you know where to get help? How do you get information about what was available in the community? What for you is the best source of information?

B. What would you like to see happen?

4. Family support

A. What has your experience been and what would you like to see happen?

Prompts
Do you get family support from your own families?
How would you describe the help you have received from the Government/Social Services/Home-Start? Is there any value in it?

B. What would you like to see happen

1.2 Policy Context - How we conducted the inquiry

1.2.1 National Expert Panels: Researchers in each partner country established a national expert panel composed of policy makers with a particular interest in or responsibility for the National Action Plans for Social Inclusion (NAPs/incl), academics with expertise in the early years and/or social exclusion and executive representatives of relevant statutory and voluntary agencies. Between ten and fifteen members contributed to the expert panels in each country (see Acknowledgements). The aims were to map and assess policies and practices intended to combat social exclusion amongst families with young children. *Appendix 4 - Departmental Map of Responsibilities* sets out the ways in which the partner countries structure and allocate responsibilities for early years services including family support. It shows that the UK alone has brought most departments together in one unit with a Minister for Children and may therefore function in a very different way from partner countries. (See also *Appendix 3 - The Contextual Grid*)

The researchers identified five key questions about rationales, strategies and positive and less positive outcomes (see *1.2.2 Topic Guide, below*). They were circulated to expert panel members in advance of interviews and discussion. Most were taped and fed back for confirmation. Questions were linked to the National Action Plans that each member country was obliged to submit for the years 2001 - 2003 and 2003 – 5 with the aim of tackling problems of social exclusion by developing policies and systems at national levels. The next complete set of National Action Plans for Social Inclusion (NAPs/incl) is due in October 2005 for 2006 - 2009 (the Greek national report was submitted in July 2005 and refers to the period 2005 - 2006). It is hoped to contribute information on a small but important section of the community to these Plans through the project's work with families and through the on-going dialogue with the expert panels.

1.2.2 Expert Panel Topic Guide

These are the agreed questions that all countries asked of their expert panels:

1. What is the rationale behind the NAPs/incl 2001 – 2003 and 2003-2005 objectives, and other major policies that target families with children under 5?

2. What is the rationale for the limited focus on families with children under 5 behind the NAPs/incl 2001 – 2003?

3. What were the Government's strategies for implementing the objectives and the rationale for selecting those strategies?

4 (a) Note views on significant successes, weaknesses and barriers to progress

4 (b) What do you think contributed to positive and less positive outcomes?

5. Were there any special measures for particularly marginalised families?

with young children?

APPENDIX 2: Explanations and Definitions

- ***Aisteor Beo:*** The Daughters of Charity Family Centre called Aisteor Beo provides therapeutic intervention for families experiencing parenting difficulties; bereavement, grief or loss, family conflict, and counselling in Blanchardstown, Dublin 15. Families can be both self referred or referred by public health nurses, doctors and other professionals.
- ***Barnardos:*** Barnardos works for and with children through a range of services ranging from locally based family support projects to advocacy and national services providing information, training, publications, research, policy and advice on all matters relating to children. Barnardos' Family Support Services currently include: Breakfast Clubs, Parent and Toddler Groups, Toy Libraries, After-school Groups and Homework Clubs, Lone Parents Support Groups and Parenting Programmes nationally. Two of the inquiry families accessed two Barnardos services in Dublin 15.
- ***Child Benefit:*** In Ireland is a universal monthly payment for each child under age 16 and/or a child aged 16, 17 or 18 who: is in full-time education, or is attending named courses, or is physically or mentally disabled and dependent. Child Benefit is currently set at €131 per child per month with increases for three or more children e.g. for five children €890 is received.
- ***Childcare allowance (gyermekgondozási segély GYES):*** In Hungary this is a universal entitlement, paid until the child reaches the age of three. The monthly payment is equal to the minimum pension receivable in a person's own right. This period may be extended, especially in cases of difficult subsistence of the family, or in consideration of the illness or severe disability of the child; in the latter case the benefit may be paid until the child reaches 14 years of age.
- ***Child raising support (gyereknevelési támogatás -GYET):*** In Hungary universal entitlement for a parent with 3 or more children in the household, if the youngest is between the ages of 3 and 8. The amount is also equal to the minimum pension receivable in a person's own right. Part time (4 hrs/day) working is allowed. In 2005 it is 24.700 HUF, (€ 99) per month.
- ***Child Support Agency:*** In England and Wales the Child Support Agency, set up by Government to ensure that divorced and separated fathers contribute to support their children.
- ***Dimensions of social exclusion (Home-Start, 2002):*** 1. Consumption: Insufficient income that does not allow at least up to some minimum level the consumption of goods and services which are considered normal for a society. 2. Production: Unemployment, unstable employment, non participation in education and training 3. Resources: No or poor savings, lack of property ownership or limited cultural resources such as education or training skills. 4. Public services: Non-availability, non-accessibility, non-acceptability, reluctant use. 5. Social networks: Poor social interaction with family or friends, poor supporting networks 6. Subjective experience: Feelings of poverty, of not being treated as equal, of distrust towards institutions and of powerlessness and marginalisation.
- ***Disability:*** “A physical or mental impairment which has substantial and long-term (normally 12 months or more) adverse effect on a person’s ability to carry out normal day-to-day activities” (Disability Discrimination Act 1995). In the UK children in families with one or more disabled people at greater risk of poverty; 55.200 children under 5 in the UK have disabilities with approximately 1 quarter with severe disability.

- ***Efxini Poli:*** "Efxini Poli" is a multi-functional information and support centre of non-governmental nature that developed in 1995 in order to support socially excluded groups in the local area (Ano Liosia and Aharnes). They particularly help Pontian repatriated from the ex-Soviet Union. Its activities include social and psychological support, occupational counselling, information services, legal aid, care at home and sensitization activities for the local community. Presently, it employs 4 social workers, 2 psychologists, 2 occupational counsellors, 1 information officer, 2 health visitors, 3 people for project support, 4 family helpers, 2 secretaries and a driver.
- ***Family Reference Groups:*** The term refers to the two groups of parents that were held in each country within the context of our family enquiry in order to discuss and further explore issues that came out of the person to person interviews.
- ***Hard to Reach:*** Families that are particularly marginalized and have no or have poor and/or reluctant relationship with the public services.
- ***Health visitor:*** In Hungary Health visitors duties' include protection of women, care-giving to pregnant women, to children aged 0-18, and to families and the handling of public health tasks. Visits to families, and ongoing care for pregnant women and families with children in the home make up a substantial portion of health visitors work. The registry maintained by the health visitors guarantees that all children in the area receive prophylactic care and all mandatory inoculations in a timely manner. The Health Act of 1997 guaranteed the presence of health visitors in all settlements throughout the country within the primary care framework. The Health Visitors' service is cited as one of Hungary's good practices in the NAP/inc 2004-2006.
- ***High/Scope Pre-school Programme:*** In the High/Scope Curriculum, developed by David Weikart and colleagues in Ypsilanti (Michigan) for the Perry Pre-school Project (1960s), children are seen as active learners who plan, carry out, and reflect on their activities. In addition, the curriculum is based on the experiences of early childhood practitioners. The High/Scope environment is carefully planned and divided into distinctive work areas including a book area, a home area, a construction area, and an art area. The curriculum process includes a plan-do-review sequence within the daily routine.
- ***Holidays:*** Defined as involving saving for at least two weeks vacation, within the country or to a sunnier climate.
- ***Housing Loan:*** In Greece the repatriated from the ex- Soviet Union are allowed to have "softer" insurance provisions (i.e. fewer insured working days) to become eligible for a housing loan from the Workers' Housing Organisation.
- ***Income Support:*** England and Wales – Minimum income guarantee as long as savings do not exceed £8,000 (€11,700) per annum. Not available if attending a Job Centre.
- ***One-parent family:*** In Ireland applies to both men and women who are bringing up their children without the support of a partner. This includes a person who is unmarried, widowed, a prisoner's spouse, separated, divorced or whose marriage has been annulled and who is no longer living with his/her spouse. European figures (EU Survey on Income and Living Conditions, 2005) based on the last six months of 2003 in Ireland reveal that one-parent families are three-and-a-half times more likely than others to experience consistent poverty. Children living in lone-parent households showed the highest consistent poverty rate at thirty two per cent. In Ireland 85% of lone parents are women. In this study 50% of families referred to Home-Start Blanchardstown are parenting alone.

- ***Large families:*** A “Large family” is defined differently in EU Member States. In some it is defined as a family with 3 or more children and in others as a family with 4 or more children. In Hungary, where large families were the country specific target group for this study, a large family is defined as one with 3 or more children living in the same household. In Hungary there is likely to be 3 times more poverty in families with 3+ children aged under 2 years. (Ferge (1984) suggests that 70-90 percent of those families raising 3 or more children should be a special target group regarding risk of poverty)
- ***One Parent Family Payment***: in Ireland the One-Parent Family Payment (OPFP) is a payment for both men and women who, for a variety of reasons, are bringing up a child(ren) without the support of a partner. The Payment is means tested and is and is only applicable to those families on low incomes. The current rate is €148.80 weekly for parent and €19.30 per dependent child under 18 or 22 in full time education. Those in receipt of OPFP can earn up to €146.50 per week and may still qualify for full payment.
- ***Pontian repatriated families:*** The Pontians are Greek in origin people that in the ancient times (i.e. 8th century B.C). had colonized the coast of Efxinos Pontos (present Black Sea), from where they got their name. They have a long history of suffering since after the genocide that they suffered from the Turks (1918-1922) and the persecution of the Soviet State before and after World War 2, they were exiled in central Asia (Uzbekistan, Kazakhstan and Kirgisia) (see Tsakiris K.,1996). The overall number of registered repatriated Pontians in Greece from 1989-2000 is around 155.000 people.
- ***Portage:*** Is a home and educational service for parents of pre-school children with additional support needs and their parents. It takes place in the child’s home and aims to equip parents with the skill and confidence to help their child whatever the child’s difficulties may be. Portage offers practical help and ideas to encourage a child’s interests and make learning fun for all the family. There are currently around 150 Portage services registered with the National Portage Association.
- ***Protective factors:*** For example, family networks, good relationship with partner, sound personality, personal and communication skills.
- ***Reference services:*** The services that are used as points of reference in the study, that is, the services that made a difference in the families’ lives and who referred the families to the researchers.
- ***Risk factor:*** For example bad health, family breakdown, immigration, language problems, single parenthood, lack of transport and geographical isolation.
- ***Social Service of the Municipality of Taurus:*** The Social Service of the Municipality of Taurus in Athens consists of 3 social workers, 1 psychologist and 1 administrator. They work with individuals and families in need offering individual and couple counselling and social support. They also run parental groups and offer counselling in local schools.

APPENDIX 3: Contextual Grid

ITEM	GREECE	HUNGARY	IRELAND	ENGLAND; WALES
A. SOCIAL CONTEXT	►Strong family cohesion. Traditional family patterns still dominant: low divorce rate, low percentage of births outside marriage, low % of teenage births. However, evidence shows that family stability cannot be taken for granted anymore ► Strong family solidarity: Family supporting members in difficulty and protecting them from poverty though with increasing difficulty ►Relatively low employment rate for women, but the majority of those employed work for more than 30 hours per week ► Improved growth rate facilitating improvements in living standards but poverty rate still high, particularly for the elderly. Amongst families with children single parent families run the highest risk ► High unemployment rate, particularly for women and young people, rising cost of living and higher expectations regarding quality of life are putting a pressure on starting a family and having children (significant drop in fertility rate) ► Increasing pressure for effective policies that improve entrance in the labour market for women, young people and the long unemployed and increasing pressure for more effective family support	►Negative trends in demographic processes: a decline in birth rates while increase in mortality rates resulted that the population went down 500 000 in the past 20 years ►Very high rate of economically inactive people: 40% of the working-age population (15-64) is inactive (2003) ►Substantial regional disparities in employment: most affected areas rural and small settlements ►Economically the Roma population is in a very disadvantageous position ►Risk factors for poverty: - ethnicity, jobless households, families with three or more children, children aged under two ►Low level of internal migration ►Reshaped traditional family structures: decreasing no. of marriages, increase in the rate of non-married couples (11% in 2002), 40 in every 100 marriages ends in divorce, every 3rd child is born outside of marriage	► The population in Ireland increased by 12.3% to over 4 million persons in the period 1995-2004. Yet the average household size decreased from 3.13 persons in 1995 to 2.88 in 2004* ►There was a 45% increase in the number of two-person households and a 14% increase in one-person households between 1995 and 2004* ► Divorce has trebled since 1997. The number of divorces granted in 2004 rose by 14.3% from 2003; attributed to stress associated with attempts to strike a balance between work and family life ►The proportion of births outside marriage has increased to almost 33% over the last decade. Factors contributing to the rise are changing social norms, attitudes towards the church and socio-economic factors ►The employment rate in Ireland rose from 54% in 1995 to 65.5% in 2004* with increased participation in the labour market by females and a reversal of the trend of emigration toward immigration. The unemployment rate in Ireland increased from 3.6% in 2001 to 4.4% in 2004* ►Cumulative inflation in Ireland over the period 2000-2004 was 16% (EU 25 average is 9%)* ►The proportion of people at risk of poverty, after pensions and social transfer payments were taken into account, was 21% in 2004*. Lone parents head approximately one in eight families and are 3½ times more likely to be in poverty	► The population has grown over the last half century and is expected to peak at about 64 million in 2040. There is a particular increase in the number of elderly and lone parents. Increased demand for small units is having a marked effect on housing requirements ► The fertility rate is below replacement level ► Minority groups, of which over 50% are age under 16, comprise 8% of the population ► Fewer people marry but the rate is close to the EU average of 2.1; divorce has risen affecting 1 in 4 children under 5; more couples co-habit and women tend to start their family later in life (nearing 30) Teenage pregnancy is still exceptionally high. ► Since 1970, the number of children in poverty more than trebled, but it is now declining. In 1997, almost half the poorest children lived in workless households, many in one parent families. By 2003 there were 350,000 fewer children in workless households ► Employment rates remain stable, well above the EU average at 75%. Ethnic minorities, disabled and lone parents still find it difficult to find work. ► Women are over represented in low income groups. A gender pay gap and unequal distribution of income exist in some households ► The economy is generally healthy showing year on year growth

B. SOCIO-ECONOMIC PROFILE (STATISTICS AND INDICATORS)						
Population (1.1.2003)[1]		**Greece** 11,018,400 (slow rise)	**Hungary** 10,142,400	**Ireland** 3,963,600 (and rising)	**UK** 59,328,900 49.2 million and rising Trend for elderly to exceed numbers of children under 16	**Wales** 2.9 million, rising slowly
Children under 4 (1.1.2003)	No	517,800	477,700	283,100	3,472,500	
	% (of total popul).	4.7	4.7	7.1	5.9	
Total fertility rate (per woman)[2]	1980	2.21	1.92	3.25	1.90	
	2002	1.27	1.30	1.97	1.64	
Live births outside marriage (as % of total live births)[3]	1980	1.5	7.1	5.0	11.5	
	2002	4.4	31.4	31.1	40.6	
Teenage births (per 1000) 1998[4]		11.8	26.5	18.7	30.8(UK)	
Life Expectancy at Birth (2003)[5]	Men	75.4	68.3	75.2	76.2	
	Women	80.7	76.6	80.3	80.7	
Infant mortality (per (1000)[6]	1980	17.9	23.2	11.1	12.1	
	2003	4.8	7.3	5.1	5.3 (Regional variation 4.4 – 8.1)	
Lone parent households (% of all households with dependent children, 2001)[7]		4		7	17(UK) 6 % of the total population; 90% mothers/ 10% fathers	

[1] Eurostat, Population Statistics, 2004,
[2] op.cit
[3] op.cit
[4] Innocenti report card, Unicef,2001
[5] Eurostat, Population Statistics, 2004
[6] Eurostat, Population Statistics, 2004
* Information on Ireland from Central Statistics Office, (2005) *Measuring Irelands' Progress 2004*
[7] Eurostat, Statistics in Focus, 13-5/2004.

Divorce rate (per 1000 population)[8]	1980	0.7	2.6	-	2.8
	2003	1.0	2.5	0.7	2.7 (In 2002 149,000 children under 16 affected. Of these 1 in 4 was under five years old)
Minimum wage (Jan.2004)[9]		605 euro	189 euro	1073	1083
Gender pay gap %, 1999[10]		87		78	78
Female employment rate % 2001[11]		40.9	49,8 in 2001 (15-64 yrs), 50,9 in 2003[12]	55	65.1
Employed women 20-54 working for more than 30 hours per week % 2002[13]		90.2		70	71.8
Current unemployment rate%[14]		9.3 (Dec.2003)	5.9 (July 2004)	4.5 (July 2004)	4.7 (May 2004)
Long-term unemployment rate %[15]	Men	2.9	2.5	1.9	1.4
	Women	8.4	2.3	1.0	0.7
Unemployed seeking first job %[16]		40.7	14	44.2	19.5
% of workless households (EL UK2000, IRL21997)[17]		15	36,8 in 2002[18]	20	17
Risk of poverty rate by household type, 2001[19]	Total	20	10[20] in 2002	21	17
	Single parent (at least 1 child)	37	18	42	50
	2 adults, 1 dep.child	8	8	17	8
	2 adults, 2 dep.children	14	10	17	12

[8] Eurostat, Statistics in Focus, 13/2004.
[9] Eurostat, Statistics in Focus, 10/2004
[10] The Social Situation in the European Union 2003
[11] op.cit
[12] Hungarian National Action Plan on Social Inclusion 2004 -2006 Statistical appendix
[13] Eurostat, Labour Force Survey 2002
[14] Eurostat, « Euro-Indicators », 106/2004, 1 September 2004
[15] Eurostat, EU Labour Force Survey 2003
[16] op.cit
[17] Eurostat, Statistics in Focus, 3-15/2002. At least 2/3 of the workless households are single households.
[18] Hungarian National Action Plan on Social Inclusion 2004 -2006 Statistical appendix – Households with no employed member as proportion of total households
[19] Eurostat, Statistics in Focus 16/2004 (from data of ECHP 2001 wave)
[20] Note: “using OECD1 consumption units doesn’t give a realistic picture, the subjective poverty threshold is more reliable” in NAP/incl Hungary 2004-2006

	2 adults, 3+ dep.children	26	28	37	30
Risk of poverty rate with reference to social transfers, 2001[21]	Total (Including all transfers)	20	10	21	17
	Before all transfers	23	45	30	29
Child poverty (0-15), 2001[22]		18 1 in 5 children	16	26 1 in 4 children	24 (U.K). I in 3 children (Improving)

C. FAMILY POLICIES				
Leave for parents	**Maternity leave** (taken before or just after birth): Private sector: 17 weeks, paid; public sector: 5 months, paid. Private sector: 2 days, paid; public sector: no provision **Child care leave:** Private sector: reduced hours of work each day for up to 18 months or, if parent/employer agree, taken in one or more continuous stretches of time provided the total number of hours is the same, paid; public sector: reduced hours of work until the child turns 4 or 9 months continuously off work, paid. **Parental leave**: Private sector: 3 ½ months for each parent, unpaid; public sector: 2 years total, unpaid **Paternity leave:** Private sector: 2 days during the child birth, paid **Other leaves:** Reduced hours of work for parents with children with disability; a few days off work for parents visiting children's school or for children's illness, special leaves for single parents , leaves during children's illness	**Extra-holidays after children** from the child's birth until the 16th birthday. The days given are increased after the no. of children raised in the family: after 3 or more it is 7 days/year	**Maternity Leave**: Available for employed and self-employed women who satisfy Pay Related Social Insurance contribution conditions. Paid maternity leave is currently 18 weeks at 75% of gross income, taken from 2 weeks before the child is due to be born. **Parental Leave**: The Parental Leave Act, 1998, allows fathers and mothers to take unpaid leave to look after young children; either as a single block of 14 weeks or, with employer's agreement, as smaller blocks, broken up over a period of time. **Limited paid leave** ('force majeure'), of up to 3 days in any 12 months, or up to 5 days in any 36 months, to let you deal with emergencies resulting from a family member's injury or illness.	**Maternity Leave:** Statutory Maternity Leave is 26 weeks provided the woman has been employed by the same employer for at least 26 weeks, is into the fifteenth week before the expected date of birth and earned an average of £79 a week. Pregnant women who are self or recently employed may qualify for Maternity Allowance of £106 or 90% of their average wage provided they have worked for at least 26 of the 66 weeks before the expected date of childbirth **Parental Leave**: Fathers who qualify can take Paternity Leave of up to two weeks paid leave to care for the new baby and support the mother. **Force Majeure Leave**: Parents who have completed one year's service with their employers are entitled to 13 weeks unpaid leave up to a child's fifth birthday (18 weeks for parents of disabled children up to the 18th. Birthday)

[21] op.cit.
[22] Eurostat, Statistics in Focus, 16/2004

Childcare: *Private – providers* *Universal - state* *Targeted - state*	Income related fees are charged in state childcare. In cases of demand exceeding available places, social criteria are used for selection. Poor parents may not be obliged to pay fees. Estimated coverage is 4-5% for under 3s and 65-70% for 3 ½-6. Information on relation between demand/availability is not easily obtainable.	*Nursery* is an institution providing daytime care and education for children below the age of 3, raised in families. Once a child is over the age of 3, but if, on the basis of his level of physical or mental development, he is not mature for kindergarten education yet, he may stay in the nursery until 31 August after his 4th birthday. Both state and private nurseries are available. *Kindergartens family day-care service* is daytime care for children raised in families, not participating in nursery or kindergarten education, or children attending school, outside the opening hours of school, or children not using the daytime facilities or study rooms of schools, provided in a family environment. If the service is organised by a self-employed entrepreneur, one entrepreneur may care for 5 children. *Family assistance services and child-welfare services* – run by the local government, free services, counselling, informational centre etc.	There is no universal state provided childcare for children. Childcare has been dominated by private childminder arrangements and private crèches/playgroups. There is an early education network within the primary infant schools for children between the ages of 4 and 6 (4hours, 40 mins) ►Special needs facilities exist within some schools; and pilot programmes for disadvantaged children such as Traveller Pre-Schools and Early Start (approx 2.5 hours daily). ►Grant aid has been provided since 2000 to develop not-for-profit and community based child care services in areas of disadvantage. ►A limited crèche allowance is available for families dependant on social welfare who meet specific criteria and limited services for children at risk of abuse.	All three and five year olds in England are entitled to free, part-time early education for 2 and a half hours a day, five days a week, 33 weeks a year. Some settings offer more hours. These have to be paid for. Nursery class and schools may be state, voluntary or private sector run Most day nurseries are privately run. The majority of children of working mothers are cared for by registered childminders. Tax Credits are intended to make child care affordable, but many parents still find that child care costs render work not worthwhile The vision is of multi-purpose Children's Centres in the country's most deprived wards by 2008.

Benefits and measures of financial nature	a) Family benefits for working parents b) Third child benefit for children up to 6 c) Benefit for large families d) Life pension for mothers of many children e) Benefit for unprotected children (it concerns basically single-parent families) f) Benefit for poor families with school age children g) Maternity benefit for uninsured mothers (one lump sum) i) Tax relief for families with children i) Rent subsidy to low-earners with children and other measures that facilitate the purchase of house Some of these measures have been criticized for not providing effective support for families and for leaving out many poor families.	Universal payments: ▪ Family allowance ▪ Childcare allowance ▪ Maternity benefit ▪ Child raising support ▪ Tax allowances for children For socially insured: ▪ Maternity leave/ pregnancy-confinement benefit ▪ Childcare benefit Benefits in cash and in kind ▪ regular child protection benefit ▪ assisted meals for children ▪ free textbooks Universal payments: *Family allowance*: paid until the child reaches the mandatory school attendance age. The amount paid on behalf of each child depends on the number of children in the family, and in the case of single parents the amount is higher. *Childcare allowance* paid until the child is 3 years old. Monthly payment is equal to the min. pension receivable in a person's own right. *Maternity benefit*- a one-time benefit paid to a mother after confinement, with eligibility being subject to attendance of antenatal consultations at least 4 times during pregnancy *Child raising support*:-GYET): universal entitlement for a parent with 3 or more children in the household, if the youngest is between the ages of 3 and 8. *Childcare benefit*: for socially insured people, paid after the maternity-confinement benefit until the 2nd birthday of the child. The amount is calculated on the basis of 70% of the daily average earnings.	▪ Maternity Benefit ▪ Child Benefit (universal) Primary social welfare payments ▪ One-Parent Family Payment ▪ Disability Benefit ▪ Widow's (Contributory) Pension ▪ Widow's (Non-Contributory) Pension ▪ Family Income Supplement Although there are financial provisions; the welfare-to-work transition in Ireland, has developed in a piecemeal fashion. *It does not take account of the changing profile of the unemployed. It requires those seeking employment to carry out very complex calculations. Increases in social welfare have not been matched by increasing limits for those receiving supplementary support such as a medical card; making it impossible for particularly lone parents to return to work.	• Maternity Benefit • Child Benefit (universal) • Income support; Housing Benefit • Child Care Tax Credit (helps low and middle income parents with child care) • Working Tax Credit • Child Tax Credit • National Minimum Wage – narrows the gender gap and has had the greatest effect on women's pay since the Equal pay Act of 1970 • Disabled Child Premium – payable for each child who meets the qualifying condition • Heavy investment in Sure-Start, the key early years programme for children aged under four in the most deprived areas • Child Trust Fund: an endowment for children born from September 2002 rising to £500.00 for children in low income families to encourage the habit of saving. •New Deals e.g. for lone parents, and others.…

		Regular child protection benefit: this cash assistance is available to all families with children where the per capita income does not exceed the current minimum pension. *Occasional child protection benefit* *Tax allowances for children* - calculated according to the number of dependant family members and its amount increases progressively. *Maternity leave/ pregnancy-confinement benefit* offered for 24 weeks, the first four weeks of which may be taken in the four weeks preceding the expected date of the childbirth. *Assisted meals for children:* meals are provided free of charge for children in the greatest need in crèches and pre-schools. These are children with disabilities, children living in large families, and children receiving regular child protection benefit. *Free textbooks:* Children in grades 1-13 or attending a vocational training school, who are living in large families, chronically ill, disabled, or raised by single parent are entitled to free textbooks.		
Other measures	a. All- day nurseries and schools (numbers rising fast) b. Social support (child centres for creative activity, medico-pedagogical centres, family centres, counselling centres, crisis intervention services). Number of facilities has been rising, yet little information on extent of coverage and impact. c. Measures for the integration of mothers into the labour market	Housing construction benefit	Secondary Benefits ▪ National and Smokeless Fuel Schemes ▪ Christmas Bonus payment ▪ Supplements paid under the Supplementary Welfare Allowance scheme in respect of rent, mortgage interest ▪ Back to School Clothing and Footwear Allowance ▪ Medical Card	• Winter Fuel Payments • Sure Start Maternity Grant • Council Tax benefit • Income based Job-seekers Allowance • Disability Allowance •Housing benefit •Council Tax Benefit •Neighbourhood Renewal

D. OTHER INFORMATION OF INTEREST					
Cost of Healthcare: *Free* *Threshold at which it costs*		State healthcare is free and universal. It is covered by the Insurance Funds or by the State itself if the client is poor and uninsured. However, Greek families compared to other families in Europe and with reference to their purchasing power seem to spend the most on health care.[23]	Healthcare is available for all citizens, it functions on an insurance basis, the operational principal is solidarity: income proportionate contribution. The Health Act specifies the obligations: Expenses mostly covered by the state budget Compared to EU average Hungarians spend more on pharmaceutical products: 24-26% increase in the market compared to 6-8% in EU	There is no universal free healthcare provision for citizens in Ireland. Entitlement to health is based on residency and means, rather than payment of income tax or pay related social insurance (PRSI). Citizens over 70 and in receipt of social welfare are entitled to free medical care. 50% of the population now has insurance cover against the cost of private treatment in public hospitals or private hospitals.	• National Health Service is free at the point of delivery. • Prescription charges £6 per item • In many areas, dental services are only accessible to those who can pay; in some places, not even then. • There were 524 Sure Start local programmes, 1,139 neighbourhood nurseries, 107 early excellence centres and 67 children's centres in 2004 • Children's Commissioner appointed in Wales, 2001 •Children's Commissioner appointed in England, 2005
Social protection expenditure (as a % of GDP)[24]	1991	21.2	n/a	20.3	27.9
	2001	27.1	19,8 [25]	14.6	27.2
Benefits on families and children (as a % of GDP)[26]	1991	1.7	n/a	2.1	2.1
	2001	1.9	n/a	1.7	1.8

[23] Eurostat, Health Statistics, Key Data on Health 2002
[24] Eurostat , European Social Statistics "Social Protection Expenditure and Receipts - Data 1991-2001"Den
[25] In Hungary NAP/incl 2004-2006, administrative expenditure is included, it shows a moderate decline
[26] op.cit.* One Parent Exchange Network, (2004)

APPENDIX 4: Maps of Departmental Responsibilities in Partner Countries

(with emphasis on families with young children)

4.1 Map of Principal Policies for Families (with Emphasis on Families with Young Children) according to Departmental Responsibility in Greece

Department mainly responsible	Principal responsibility	Delivery Agency	Principal policies/ programmes
Health and Social Solidarity	▪ Care of pre-school children ▪ Financial support of families with many children	▪ Municipal authorities ▪ Farmers' Pension Fund	▪ Day care centres for infants and pre-school children (some with afternoon care provision) ▪ Third child benefit (for children up to 6) ▪ Benefit for large families ▪ Life pension for mothers of many children (it does not concern mothers with dependent children)
	▪ Financial support of financially weak families[1]	▪ Prefectural authorities	▪ Benefit for unprotected children (it concerns basically single-parent families) ▪ Maternity benefit for uninsured mothers (one lump sum)
	▪ Social services for the support of families[2]	▪ Municipal authorities ▪ National Centre of Urgent Social Help	▪ Family Centres (Centres of the abolished National Organisation of Social Care) ▪ Services for crisis intervention (these concern not only families with children)
	▪ Sociomedical Services for the family	▪ Regional Health Administration	▪ Sociomedical Centres (Centres of the abolished National Organisation of Social Care) ▪ Medicopedagogical Centres
National Education and Religious Affairs	▪ Education and care of pre-school and school children	▪ Nurseries and schools	▪ All-day nurseries and schools
Internal Affairs, Public Administration and Decentralisation	▪ Measures in the area of employment for the facilitation of working parents (public sector)	▪ All agencies providing employment in the public sector	▪ Parental leaves, maternal leaves, leaves for parents with disabled children and leaves for visiting children's school

[1] There are some other benefits like the benefits for people with disability that concern children too.

[2] Programmes like "Help at Home" in an indirect way support families with children too, if such families have the responsibility of elderly and disabled members. One should also mention that many municipalities have developed in the last few years various services for the support of families, like counseling services, parental education programmes etc, however, these have not been developed in the context of nationally defined pregrammes

Department mainly responsible	Principal responsibility	Delivery Agency	Principal policies / programmes
Employment and Social Protection	▪ Measures in the area of employment for the facilitation of working parents (private sector)	▪ All agencies providing employment in the private sector	▪ Parental leaves, child care leaves, maternal and paternal leaves, leaves for parents with disabled children, leaves for children's sickness, leaves for visiting children's school, special leaves for certain categories of single parents
	▪ Measures for the care of children of working parents (mainly funded by the 3rd Community Support Framework)	▪ Municipal authorities	▪ Infant and pre-school child care centres (some with special adaptations for children with disability) ▪ Centres of creative activity for children (some specially designed for children with disability)
	▪ Financial support of working parents (in the private sector)	▪ Manpower Employment Organisation	▪ Family benefits
	▪ Support in matters of housing to families with working parents	▪ Workers' Housing Organisation	▪ Rent subsidy to low-earners with children, allocation of houses or provision of loans without interest to large families, priority in the allocation of new houses or in the provision of housing loans to working parents with children.
	▪ Measures for the promotion of employment	▪ All agencies providing employment	▪ Special regulations for the support of integration in the labour market of members of large families, special categories of single parents with three under-age children and mothers
Economy and Finance	▪ Financial relief of families with children	▪ Tax offices	▪ Increased non-taxable level of earnings and tax reductions to tax-payers that protect children ▪ Benefit for poor families with school age children
		▪ Agencies providing employment in the public sector	▪ Family benefits
Justice	▪ Regulations that concern family relations and the protection of children	▪ Courts and Services of the Departments of Justice, Health and Social Solidarity and Public Order	▪ Family Law and other laws (the principle of equal responsibility in the care of children, provisions for children in the case of parental divorce or in the case of the need for their protection, regulations for adoption and foster care etc)

4.2 Map of Principal Policies for Families (with Emphasis on Families with Young Children) according to Departmental Responsibility in Hungary

Department mainly responsible	Principal responsibility	Delivery Agency	Principal policies / programmes
Ministry for Health, Social and Family Affairs[3]	Child protection Family support system Sectoral Administration and professional supervision Maintenance of certain institutions Co-ordinating the NAP Co-ordination of Human Resources Development OP	▪ Dep. of Family and Social Benefits ▪ Dep. of Child and Youth Protection ▪ Division of Social Strategy ▪ Structural Funds Program office	▪ **Family benefit system (**Appendix 3). ▪ **Promoting social inclusion through the training of professionals working in the social field (HEFOP[4]/2004/2.2)** ▪ **Developing the infrastructure of services supporting social inclusion (**HEFOP/2004/4.2)
Ministry of Education, Ministry of Employment and Labour and National Regional Development Office	Co-ordination of OP-s Human Resources Development and Regional Development The Ministry of Education has responsibility for the early education and care of children 3-7 years, from kindergarten	▪ Fund Management Directorate of the Ministry of Education	▪ Launching regional centres for developing Kindergartens and Schools to promote the competition based learning programs (HEFOP/2004/3.1.2) ▪ Developing the infrastructure of kindergartens and primary educational institutions (ROP[5]2.3)
Ministry for Children, Youth and Sport[3]		Child and youth relations department - officer responsible for equal rights and minorities	Part of the Child and Youth Programs[6] ▪ The development of the infrastructure of child- and youth associations (IFJ-GY-04-B) ▪ Supporting the training programs of child- and youth associations (IFJ-GY-04-A) ▪ Plus several programs for supporting Child and Youth festivals, programs and summer camps[7]

[3] From September 2004 new ministry is formed combining three former ministries and one governmental office – under the name Ministry of Youth, Family, Social Affairs and Equal Opportunities

[4] HEFOP – Operational Program for Human Resources Development (HRDOP) this program is one out of the five OP-s submitted by the Hungarian authorities in respect of assistance from the Structural Funds.

[5] Regional Operational Program (OPRD)

[6] The emphasis is mainly on youth and less on children especially under the age of 5

[7]

Department mainly responsible	Principal responsibility	Delivery Agency	Principal policies / programmes
Governmental office for Equal Opportunities[3]			▪ Houses of Chances program ▪ Programs for children of Roma ethnicity – about culture, language, tradition (No. of code: 5231) ▪ Inviting applications with the Ministry of Youth, Family, Social Affairs and Equal Opportunities
National Institute for Family and Social Policy (background institute of the Ministry of Youth, Family, Social Affairs and Equal Opportunities)	Provide professional guidance to local agencies. Its work is supported by the network of methodological centres.	Family Policy Division Division for child welfare Social policy division Division of research	

4.3 Map of Departmental Responsibility/Programmes for Family Support with Emphasis on Families with Young Children in Ireland

Department	Principal Responsibility	Sections / Structures	Principal policies / programmes
Health and Children	▪ Child Health Services ▪ Regulation of pre-school facilities ▪ Provision of childcare places for children from families under stress ▪ Support services for children with disabilities ▪ Driving the implementation of the National Children's Strategy	▪ Child Care Policy Unit ▪ Child Care Legislation Unit ▪ Health Boards ▪ ***Review of Family Support Services*** ▪ Disability Services ▪ Community Health Division ▪ National Children's Office (note that the NCO is a cross-departmental initiative)	▪ ***Teenage Parenting Support Projects*** ▪ Springboard Initiative ▪ ***Community Mothers Programme*** ▪ ***Family Resource Centres*** ▪ ***Family Support Workers*** ▪ ***Home-Start*** ▪ Parenting Programmes ▪ Neighbourhood Youth Projects ▪ Community Child Care Workers ▪ Pre-and After-School Nurseries ▪ ***Medical Card Scheme*** ▪ ***Maternity and Infant Care Service*** ▪ ***Foster and Residential Child Care*** ▪ ***Children with Disabilities*** ▪ ***National Children's Strategy research - Longitudinal Study of Children in Ireland*** (10,000 children from birth, 8,000 from 9 years to adulthood, joint responsibility with Social and Family Affairs) ▪ ***Ready Steady Play*** **National Play Policy**
Social and Family Affairs	▪ Payment of child-related income support ▪ Pursue findings in the *Report of Commission on the Family*	▪ ***Family Affairs Unit*** ▪ ***Family Support Agency*** ▪ ***National Office for Social Inclusion***	▪ ***Child Benefit*** (€131.60 for first 2 children + €165.30 for 3 or more per month) ▪ ***Maternity Leave*** (18 weeks) ▪ ***Income supports to low-income families*** (Child Dependent Allowances, One-Parent Family Payment, Family Income Supplement,) ▪ Carer's Allowance ▪ ***Back-to-School Clothing and Footwear Allowance*** (€80 child 2-11) ▪ Supplementary Welfare Allowance ▪ ***Family Services Project*** ▪ ***One-Parent Family Payment earnings disregard*** ▪ ***Family & Community Resource Centres*** ▪ ***Family Mediation Service*** ▪ ***Families Research Programme*** 14 research projects plus joint responsibility for longitudinal study above ▪ Grants for voluntary organisations providing marriage, relationship, child and bereavement counselling services

Department	Principal Responsibility	Sections / Structures	Principal policies / programmes
Education and Science	▪ Funding, managing and inspection of pre-school education ▪ measures for children at risk of educational disadvantage ▪ Funding, managing and inspection of infant classes in primary schools. ▪ Funding, managing and inspection of specific measures to address educational disadvantage in primary schools.	▪ Primary Section(s) Inspectorate ▪ Social Inclusion Unit ▪ Educational Disadvantaged Committee ▪ Educational Disadvantaged Forum ▪ ***Centre for Early Childhood Development and Education*** ▪ Vocational Education Committees	▪ ***Early Start Programme*** incorporating the Rutland Street Project ▪ ***Pre-Schools for Traveller Children*** ▪ Provision in Training / Further Education Centres ▪ ***Primary School Infant Classes***, ***including Special Classes for Children with Learning Disabilities*** ▪ ***Special Schools for Children with Learning Disabilities*** ▪ Giving Children an Even Break ▪ Designated Disadvantaged Areas Scheme ▪ Support Teacher Project ▪ Visiting Teachers for Travellers ▪ Resource Teachers for Travellers ▪ School Completion Programme ***Home/School/Community Liaison Scheme*** ▪ Learning Support / Resource Teachers ▪ English language provision for Non-Nationals ▪ School Development Planning ▪ National Educational Psychological Scheme ▪ 8-15 year old Early School Leavers Initiative ▪ Youth Reach (15-18 year olds who left mainstream education with no qualifications) ▪ Adult and community education
Justice, Equality and Law Reform	▪ Chair of National Childcare Co-ordinating Committee ▪ Establishment and funding of County Childcare Committees ▪ Management and Administration of the Equal Opportunities Childcare Programme 2000 to 2006	▪ Equality and Childcare Division ▪ Childcare Directorate ▪ Inter-Departmental and Inter-Agency Synergies Group ▪ National Co-ordinating Childcare Committee ▪ Certifying Bodies Sub-Group of the NCCC ▪ Advisory Sub-Group ▪ Working Group on School Age Childcare ▪ County Childcare Committees	▪ ***Equal Opportunities Childcare Programme***

Department	Principal Responsibility	Sections / Structures	Principal policies / programmes
Community, Rural and Gaeltacht Affairs	▪ To promote and support the sustainable and inclusive development of communities, both urban and rural, including Gaeltacht and island communities, thereby fostering better regional balance and alleviating disadvantage, and to advance the use of the Irish language	▪ Udaras Na Gaeltachta ▪ Area Development Management ▪ Commissioners of Charitable Donations and Bequests for Ireland ▪ Dormant Accounts Board ▪ Western Development Commission ▪ Bord na Leabhar Gaeilge ▪ An Coimisiún Logainmneacha ▪ Two cross-border implementation bodies - An Foras Teanga and Waterways Ireland	▪ Community Development Programme ▪ RAPID (Revitalising Areas by Planning, Investment and Development) ▪ CLAR (Ceantair Laga Ard-Riachanais-areas suffering depopulation) ▪ LEADER II groups (some services target rural families) ▪ Rural Social Scheme ▪ The Local Development Social Inclusion Programme (i) Services to the Unemployed: (ii) Community Development (iii) Community Based Youth Initiatives. ▪ Drugs Tasks Forces local and regional ▪ Assistance from the Dormant Accounts Fund for those affected by economic and social disadvantage, educational disadvantage; and persons with a disability. ▪ A number of schemes encouraging spoken Irish
Agriculture and Food	▪ Monitoring and direction of State bodies engaged in research and advice	▪ Teagasc Advisory Service	▪ Planning Post Fischler Programme (previously known as 'opportunities for farm families programme'
Enterprise, Trade and Employment	▪ Provision of childcare support to those on labour market programmes	▪ FÁS ▪ County Enterprise Boards	▪ Community Employment Programmes ▪ ***National Framework Committee for Work Life Balance***
Finance/Office of Public works	▪ Allocation of €12.7 million	▪ Capital Funding	▪ ***Provision for up to 15 civil service crèches for the children of civil servants***
Environment and Local Government	▪ Regulation of the planning and building of childcare facilities and social housing	▪ Local Authorities	▪ Programme of building new public and social housing (priority to low-income families) ▪ ***Dedicated childcare facility in local authority developments of 75 plus houses*** ▪ Traveller accommodation ▪ Programme of renovation of existing public and social housing

Compiled and updated by Geraldine French: sources include*:* McKeown, K. & Sweeney, J. (2001) *Family Well-Being and Family Policy: A Review of Research on Benefits and Costs.* Dublin, Department of Health and Children, Corrigan, C. (2003) *OECD Thematic Review of Early Childhood Education and Care, Background Report.* Dublin, Department of Education and Science and NDP/CSF (2003) *Evaluation of the Equal Opportunities Childcare Programme.* Dublin, NDP/CSF. Programmes in bold and italics above represent those of particular significance to families with children under 5 mentioned in Irish NAPs/incl related documents

4.4 Map of Departmental Responsibility/Programmes for Family Support with Emphasis on Families with Young Children in England and Wales

Note: The United Kingdom's approach is founded on a model of partnership and joint working inside and outside government, across all sectors – with public, voluntary and private sector bodies and through involvement with local people in the development and delivery of policies. Most measures are delivered by two or more agencies. Each country in the UK develops different approaches to suit particular needs. The UK, alone among partner countries, has brought most departments concerned with early years services together in one unit with a Minister for Children

ENGLAND

Department	Principal Responsibility	Delivery Agency	Principal Policies / Programmes
Work and Pensions	• Strategic planning of Government's welfare reform agenda	• **Job Centre Plus**	• **Services for working age people** in 17 areas, helping them obtain work and obtain Benefits
	• Promote opportunities for all to work, or support for those who are unable to do so.	• **Working Age and Children**	• **National Minimum Wage** • **New Deal for Lone Parents**
	• Ensure the best start for children/end child poverty	• **Child Support Agency**	• **New Deal for Disabled People** • **Parental Leaves** • **Child Support Scheme –** increases income to lone mothers
Inland Revenue	• Administering the UK's system of personal taxation	• **Inland Revenue Offices**	• **Child Benefit**
	• Financial support for families with children		• **The Child Care Tax Credit** (helps lower and middle income parents who are prevented from entering the labour force by expensive child care)
	• Provision for child care when parents are at work		
	• Making work pay		• **The Working Tax Credit** (helps ensure that people moving from Benefits into work are better off by guaranteeing a minimum income for working families with children)

Department	Principal Responsibility	Delivery Agency	Principal policies / programmes
Department of Education and Skills	• Planning and Delivery of the National Childcare Strategy • Early Years Education • Sure Start • Children's Social Services • Raise standards In early years Services	• **Children, Young People and Families Directorate** **Local Authority Children's Strategic Partnerships** • **Sure Start Unit** •**Support Grant Team**	• **Children's Centres** • **Neighbourhood Nurseries** • **Early Excellence Centres** • **New Deal for Communities** • **Registered Childminding/** • **Sure Start Local Programmes** • **Quality Protects –** for looked after children, those leaving care, children in need of protection and for disabled children • **Children Fund.-** local solutions via the voluntary sector • **Voluntary sector services e.g. Parent-Line , Home-Start** • **Children Fund Local Network** helps children in poverty achieve potential through the work of voluntary, community and Faith groups
Office of the Deputy Prime Minister	Housing, homelessness, social exclusion		
Home Office	Crime and policing		
Health	• Strategic planning for mainstream Child Health – • A particular interest in teenage pregnancy and children with disabilities	•Primary Health Care Trusts • Local clinics. • Health Visitors	• **Health and Equality Action Plans** • **Health Action Zones** • **Healthy Schools Programme** (extending to nursery schools**)** • **National Service Framework**

WALES

Note: The Assembly Government's cross-cutting policy development is overseen by the Cabinet Sub-Committee on Children and Young people, chaired by the Minister of Health and Social Services. This Committee is supported by the Children and Young People's Co-ordination Group. The Assembly Government is committed to the UN Convention on the Rights of the Child and to enabling children and young people to participate in planning and review of services that affect them. The Children's Commissioner is a "children's champion and independent human rights institution for children". Planning, transport, the environment, economic development and rural development fall within his scope as well as children's issues such as health, education and social services. (Ref. Children's Commissioner for Wales, Annual Report, 2002-3)

	Principal Responsibility	**Delivery Agency**	**Principal Policies / Programmes**
Welsh Assembly Government	**Strategic planning**	• **Children and Families Division (CFD)**	• Communities First – the Flagship programme for alleviating poverty across Wales
		• **CFD**	• **Framework for Partnership** This is an overarching programme for developing the health, social care and well-being of children. It also Children and Youth Support Fund (Cymorth)
		• **CFD**	• **Early Entitlement for 0 – 10 year olds in Wales –** within the context of the Framework for Partnership, this develops a positive focus on early intervention
		• **CFD**	• **Sure Start** supports children 0 – 3 and their families by working with parents, particularly in disadvantaged areas.
		• **CFD**	**Children First** – This is the key programme for protecting children from abuse
		• **CFD**	**Childcare Action Plans –** benefits children, parents and childcare providers by building on quantity, quality and capacity of childcare provision

Wales ctd.	Principal responsibility	Delivery Agency	Principal Policies and Programmes
Welsh Assembly Government	**Strategic Planning**	**CFD**	• **Young People's and Children's Forums –** These are established in all local authority areas
		CFD	• **Children and Young people's Assembly, Funky Dragon –** Council of representatives from forums and other peer led groups have bi-annual meetings with Ministers
		CFD	• **Genesis:** This project helps parents in Rhondda Cynon Taff gain skills and confidence to participate in all aspects of community life
		CFD/PSD (Policy Support Division)	• **Integrated Centres –** There is to be at least one integrated centre in each local authority with a range of services, early years education, child care, open access play and community development by March 2004
		CSWLD Culture Strategy Welsh Language Division	• **Iaith Pawb –** The National Action Plan for a Bilingual Wales
		TSCP Language and Play Coordinators in all Local Education Authorities	• **Basic Skills –** book bags are delivered to all babies in Wales at the 8-9 month health check.

As in England, at the time this project began, many more policies and programmes were in the course of being developed, with Task Forces on Child Protection, on Black and Ethnic Minority Ethnic Communities and Child Poverty, charged with setting long term strategic direction and recommendations for action. A National Service framework for Children was to focus on setting standards ad defining service models to improve quality and equity in the delivery of health and social care. In both England and Wales, re evaluation of the needs of Traveller's children, asylum seeking children and the services for children with special educational needs were underway

APPENDIX 5: National Action Plans for Social Inclusion

(with particular emphasis on families with children)

5.1 Table summarising National Action Plans for Social Inclusion 2003-2005

Reference	Greece	Hungary	Republic of Ireland	England / Wales
Groups/areas at risk	-Women, particularly with children -Young people -Disabled -Immigrants All the above are considered as risk groups particularly with reference to employment -Disadvantaged rural areas -The elderly	-Single parent families -Families with three or more children -Economically inactive people -Roma people -Disabled people -Homeless people -Rural areas: disadvantaged villages -People suffering from addictions -Psychiatric patients	- Women - Children and young people - Older people - People with disabilities -Travellers - Prisoners and ex-prisoners - Urban poverty and rural disadvantage Areas of special attention Gender and Migrants and Ethnic Minorities	Low income families Children in workless households Teenage mothers Large families People from ethnic minorities Disabled people
Priorities/ strategic objectives	1.Continue quality development 2. Economic improvement of rural areas 3. Support for the elderly 4. Integration of various vulnerable groups into the labour market (special reference to mothers and single mothers) 5. Full coverage of child care needs for working parents by 2008 6.Child poverty statistics to be above the average of the 7 best EU member states by 2010	1. Promote employment 2. Decrease the number of children in deep poverty by 10% by 2006 3. Invest in the future – the well-being of children 4. Mainstream social inclusion in all policy fields 5. Child to be raised in the family	1. Pursue sound economic and fiscal policies, which will help maintain competitiveness, reduce inflation and sustain high levels of employment 2. Maintain and increase employment participation, improve the quality of jobs, remove disincentives by 'making work pay', improve employability through education, assist in reconciling work and family life including through childcare provision 3. Increase levels of income support 4. Provide focused and tailored support for vulnerable people and to combat risks of exclusion such as homelessness, drug and alcohol misuse	1. Eradication of child poverty in a generation (halved by 2010) 2. Financial incentives to make sure that work pays 3. Improve level of basic skills 4. Promote flexi - hours 5. Provide decent, affordable and appropriate homes 6. Ensure that services to meet these objectives are provided by a wide range of providers – central and local government, NGO's and grassroots organisations 7. Require evidence-based practice

Reference	Greece	Hungary	Republic of Ireland	England / Wales
Objective 1 of NAPs/incl. in all countries Facilitating participation in employment and access by all to resources, rights, goods and services	1. Investing in human resources in employment, training and equal opportunities sectors 2.Strengtheing of tailored support for the promotion into employment of vulnerable groups 3.Further discouragement of non-registered work 4. Quota introduction in training programmes for vulnerable groups-women 5. Measures – incentives for increasing women's – mothers' participation in the labour market. 5. Improving the extent and quality of child care services and care services for the elderly 6. The promotion of legislation for part-time employment in social services of the public sector 7. The promotion of a Solidarity Network at the local level through the decentralization of Social Services, greater access to those in need and tailored support 8. Improvements in the benefit for the older long- term unemployed	1. In cash and in – kind support to families. 2. Increase places in child care centres by 10% by 2007. The focus is on day care for children under the age of three 3. Eliminate educational segregation	1. Reduce the numbers of those who are 'consistently poor' to below 2% and eliminate it 2. Eliminate long term unemployment by 2007; reduce level of employment and increase participation of women in the workforce 3. End child poverty by 2007 linked to Increases in social welfare; child benefit and child dependant allowance 4. Minimum wage increased €7 from 2004 5. Ensure the supply of necessary new housing including a significant number of social housing 6. Reduce health inequalities; improve access to health services; implement the National Health Strategy 7. Develop an infrastructure of care services to achieve a balance between the roles of family and work 8. Ensure equal opportunity 9. Access to services and poverty proofing	1. Services for working age people in 17 of the poorest areas, helping them obtain work and Benefits 2. National Minimum wage 3. Unpaid leave for parents up to 13 weeks 4.Child Care Tax Credit – helps parents prevented from entering the labour market by expensive child care 5. Working Tax Credit – helps ensure people are better off working than on Benefits 6.*New Deals* Promotes opportunities for all to work (training etc) 7. National Child Care Strategy – provision of affordable quality child care for all parents who want it by Sept. 2004

Reference	Greece	Hungary	Republic of Ireland	England / Wales
Objective 3 Supporting the most vulnerable	1. Expansion of Centres for Creative Activity for the Disabled, Child Care Centres, Centres of Training and Support for the Disabled 2. Special measures for the disabled, immigrants, the Muslim minority and the ROM	1. Child welfare in larger cities providing programmes for disadvantaged youth from 2005 2. Sure Start programmes 3. Establish specific children's homes for children with serious psychological problems or anti social behaviour. 4. Programmes for children of Roma ethnicity	*1.Springboard* offers advice, counselling and group work *2. Equal Opportunities Childcare Programme* provides increased funding for quality childcare places *3. The Teen Parent Initiative* provides practical support for teenagers and their children up to two years *4. Early Start* 1 year preventive programme for three year old children *5. Preschools for Travellers*	*1. Sure Start Local Programmes* – intensive family support in the most deprived areas of England and Wales for families with children aged under four that harnesses statutory and voluntary services *2. Neighbourhood Renewal Programmes* *3. Quality Protects* – for looked-after children, those leaving care, children in need of protection and disabled children
Objective 4 To mobilise all relevant bodies	1. Improvement of the efficiency of public administration 2. Provisions for improved coordination of Services and improved dialogue at the various levels of Government 3. The National Social Protection Committee to prepare a Chart of Social Protection until the end of 2003.	1. Acceptance of the principle of partnership and growing dialogue on social exclusion and groups not reached by the social protection system 2. Better of involvement with NGO's and extension of monitoring and evaluation.	1. All of the institutions regarding the implementation and monitoring of Ireland NAPS and National Action Plans mentioned above are in place among other local and community development initiatives 2. Improved poverty proofing and mainstreaming of equality and evidence-based policy-making process is to be developed	1. Joint Ministerial Committee on Poverty includes the Treasury and devolved administrations 2. The interdepartmental Sure Start Unit has responsibility for child care, early childhood education and Sure Start to ensure 'joined up working' . 3. Most Local Programmes are implemented by Early Years Partnerships convened by local authorities , with stakeholders included in the policy making process

5.2 Developments since the NAPs/incl. 2003-5

5.2.1 GREECE

Developments since the NAPs/incl 2003-2005 and basic objectives of the NAPs/incl. 2005-2006

The Greek NAP 2005-06 on Social Inclusion, as also the NAPs of the other EU countries, has come out just about when our report was ready for publication. We felt that we should not ignore them, in spite of the difficulty in incorporating additional information at such last moment, since some of the developments mentioned are extremely important for what we have discussing in our report.

The first conclusion out of the Greek NAP 2005 - 2006 is that poverty rate in Greece remains steadily high (21% in 2003) and does not seem to have been affected by the high development rates of the country (4.7% in 2003 and 4.2% in 2004). This means that the fruits of development have not been equally distributed. In fact, the gap between the richest and the poorest has widened. A worrying development has been, also, the rate of child poverty (0-16) which increased from 18.7% in 2002 to 23.1% in 2003. Single parent families followed by large families have some of the highest poverty rates (34.5% and 31.5% respectively for 2003). A reservation however must be held on the poverty statistics since the change of methodology used may have affected the figures. The long-term unemployment rate has remained high (5.4% in 2004). Particularly affected by unemployment are young people and women. Lastly, the Greek NAP notes the ineffectiveness of social transfers which reduce financial poverty by only 1.3% (2003) and this in spite of the fact that social protection expenses in Greece have increased over the years reaching average EU levels. The matter of the quality of government and the quality of social policy is noted in this respect.

Policy developments in Greece during the last two years must be seen within the context of the change of Government following the elections of 2004 that brought to power the New Democracy party. Some of the recent developments that have an impact on families are mentioned below: With regard to the objective of promoting participation in employment, we note the increasing numbers of Centres for the Promotion to Employment; the proactive employment measures; the integrated actions for certain vulnerable groups i.e. repatriates, people with disability; the social support services for the unemployed; the special measures for the promotion of women and mothers into employment and particularly the measure that allows mothers of preschool children or mothers caring for disabled members to be subsidized for a business they develop in their own home and the increased subsidization of employers that employ mothers; the institutionalisation of part-time employment in the public sector and particularly in the social service area that has increased the opportunities for part-time jobs for mothers; the increasing number of facilities for the day care of children of preschool and school age, but also the care for the elderly and the disabled; the increasing flexibility in the provision of the various leaves for parents and the increasing number of different types of leaves that correspond to different parental needs.

With regard to the objective of promoting access to resources, rights, goods and services, we note in particular the relative improvements in the existing benefit policies; the improvements in tax relief for families with children; the distribution of new houses to employees (a large number of them were built for the Athens Olympics), the rent subsidies and the large increase in the numbers of loans, whose interest is subsidized by the state, for the purchase or construction of a new house as well as loans for house repairs.

Amongst the other developments, the following are worth noting: the network of Social Services that has developed within the context of Municipal Authorities (over 90 units of such services have developed in the last 2-3 years); the integrated action programmes for certain vulnerable groups i.e. people with disabilities, repatriates, gypsies etc; the recent law for the provision of full legal aid to low income citizens; the facilitation of mothers of disabled children or spouses of disabled people to get pensions at an earlier stage; the Law by which divorced women with low income and under certain conditions are entitled to part of the deceased ex-husband's pension; the rapid increase in the number of the Citizens' Advice Bureaus; the recent legal provisions for the development of special Citizens' Advice Bureaus for matters of health and social solidarity within the peripheral structures of the Ministry of Health and Social Solidarity and the establishment of an Ombudsman for matters of health and social solidarity; the certification, for the first time, of NGOs that operate in the field of social care; the recent establishment of the Institute of Social Protection and Solidarity; the planned transformation of the National Social Protection Committee to a National Social Protection Council.

The NAP 2005-06 defines four basic policy objectives: A new development policy; coordination of social policy; strengthening the family; and supporting those that lack family support and other vulnerable groups. The placement of the support of family as a central objective of policy is undoubtedly a very positive development. It is the first time that the family as a whole becomes an object of policy priority in the NAPs, since previous NAPs seemed to focus basically on women's and mothers' integration in the labour market and reconciliation of family and work. However, the issue of the integration of women and mothers in the labour market is again stressed as a very significant buffer against poverty and child poverty.

Within this objective, that is the support of the family, four priority sub–objectives for action are identified: child poverty; measures for the care of children (in order to reconcile work and family); a new legal framework for the support of low-income families; and actions for education and training.

We believe that the above conclusions are well in accord with the conclusions of our work.

5.2.2 HUNGARY

Review of NAPs/incl. for 2004 and plans for 2005 – 2006
based on the draft report prepared for the Hungarian Government

- According to one member of our national expert panel it should be underlined that the political decisions and policies focusing on family and children are mostly the result of the NAPs/incl. objective: "Investing in the future, guaranteeing child well-being".
- The government launched a new program called "100 steps program" out of which 8 steps focus on families with children. The main aim is to change and reform the family support system to be more universal. The steps include:

1-2 Almost double the amount of the universal family allowance, for single parents and for parents with children living with disabilities this amount is even higher.

3-4 Tax credit: in families with one or two children it is eliminated (built in the family allowance), for large families it is reformed.

5 The regular child protection benefit is built into the family allowance. With this step the humiliating factor of applying for a benefit is eliminated.

6 The new system supports the living expenses of the families in most need.

7-8 From the child's first birthday the mother can work full time and is still entitled to the childcare allowances. After, the childcare allowance tax is not paid.

In the review of NAPs/incl 2004-2006 we learn about the programmes, initiatives and steps that concern families with young children under the following two main objectives:

1. Promoting employment, especially **promoting the employment of women and the reconciliation of work and family life**
2. Investing in the future: guaranteeing child well-being

1. Promoting the employment of women and the reconciliation of work and family life

From 2004 in four counties Labour Centres began to run integrated labour market programmes to support women who want to return to the labour market. These include for example training, support to alternative employment services and job-seekers clubs.

- Within the framework of the HRD OP a measure called *Promoting the participation of women in the labour market* in 2004 in the first round 27 organisations won and launched their projects.
- Between 2002-2004 a PHARE programme called *"Creating Equal Opportunity on the Labour Market"* intended to assist women over 40 who are inactive but want to return to the labour market after caring for children or other family members. During the programme almost 800 women were trained to be able to restart work and 545 were actually employed or helped to launch their new business.
- *Improving day-care facilities for children* is a priority for 2004-2006. From January 1, 2005, every settlement with a population of over 10,000 is obliged to operate a crèche. In smaller settlements a "family day-care facility" is supported as an alternative to the crèche. In order to guarantee the sustainability of the crèche, from 2005 the state grant is increased by 25%, and in settlements with less than 10,000 inhabitants the state grant for family day-care service is increased by 50%. It is now estimated that the state grant has reached 50% of the total expenses.
- The opening of new crèches is supported by the HRD OP measure calling for *Developing the infrastructure of services supporting social inclusion*. In the first round of the tender 10 projects were accepted. The awarded programmes should start in the second quarter of 2005. The goal is to increase day-care facilities for children under the age of 3 by 2-3 % (600-800 places) as a result of the competitions.
- From 2004 the mandatory employer contributions were reduced (for example the lump sum healthcare contribution is abolished) if they hire, on a part-time basis, women receiving childcare allowance or child raising benefit, or caregiver's fees. A new form of employment support is being offered to parents with a child under 14 who wish to work part time. From January 1, 2005 employers employing women who come back to work after receiving childcare allowance, child raising benefit, or caregiver's fees are entitled to 50% reduction of the social security payment.
- The Family Friendly Workplace award was issued in 2004 for the fifth time.

2. Investing in the future: guaranteeing child well-being
Under this objective the following measures were taken:

- *Regular child protection benefit (RCPB)* is the most significant cash assistance to families, especially to low income families. From 2006 this benefit will be built into the family allowance but the in kind entitlements with it remain: free or a reduced (50%) rate for meals and free textbooks.
- In kind benefits: from 2004, meals are free in pre-schools and crèches for children entitled to RCPB. Children with disabilities, children living in large families, and children receiving regular child protection benefit in schools are charged a reduced (50%) rate for meals.
- Free textbooks: children in grades 1-13 or attending a vocational training school, who are living in large families, chronic ill, disabled, or raised by single parent are entitled to free textbooks. So are children in grades 1-4 who receive regular child protection benefit. As of September 2004, children receiving regular child protection benefit will be entitled to free textbooks from grades 1 to 8. The system is under continuous expansion to increase the number of children entitled to the benefit, which will eventually include students in grades 9-13 who receive regular child protection benefit.
- As of July 1, 2005 in all settlements with populations of more than 40,000 the establishment of Child Welfare Centres is mandatory. The centres are to provide street and district social work by operating “street children” projects and provide hospital social work in hospital children’s wards (focusing on neglected and abused children). They also provide services to maternity wards (mothers in crisis, young mothers). On call services must be organised and weekend liaison services are optional in the centres to promote contacts between the children and the divorced- or the non-resident parent, and between children living in foster care and their birth parents. In 2004 7 institutions were supported which started hospital social work with or without on-call services. From 2005 the state grant will be introduced to establish the Child Welfare Centres. In 2004 there was a tender for child welfare services to build a specialist care network for special-needs children. Altogether 98 programmes were supported.
- Targeted programmes: In 2004 “Sure Start” (an adaptation of a UK programme) was started. The adaptation of the programme in Hungary began in five geographic areas where there were regional disadvantages as well as other risks of exclusion. "Sure Start base-institutes” were set up. Developing programmes were started involving 580 children.

5.2.3 IRELAND

Developments since the NAP/Inclusion 2003-2005 and update for 2005-2006

The Office for Social Inclusion has conducted an evaluation of the 34 specific targets set out in the NAP/inclusion and reports that substantial progress has been achieved across all objectives since 2003 in meeting or developing a number of key targets in the area of income support, employment and unemployment, education, health and housing. The following summarises the most recent developments from the *National Action Plan against Poverty and Social Exclusion 2003-2005*: *Implementation and Update Report* (2005) outlined below according to the four common objectives in the NAP/Inclusion which are relevant for families with children under five.

Objective 1: Facilitating Participation in Employment

Significant progress is being made in the implementation of the target to increase employment rates as set out in the NAP/Employment.

- The female employment rate has moved from 55.9% in 2003 to 57.2% in 2004 (the overall EU Target is 57%).
- The target to eliminate long-term unemployment has proved to be more difficult to achieve.
- Financial incentives such as: the minimum wage, (increased to €7.65 from May 2005); structural changes to the taxation system; and reductions in social security contributions (particularly for the low paid), seek to support entry, participation and progress in the labour force.
- Non-financial policies to make work pay are aimed at those outside, or at risk of dropping out of employment and attempt to reduce the under representation of vulnerable groups such as lone parents, women, older workers, and the disabled in employment. Policy initiatives in this area include: employment and training initiatives; flexible working arrangements; increasing access to childcare through the Equal Opportunities Childcare Programme; and increasing labour supply and gender equality.

Objective 2: Facilitating Access to Resources, Rights, Goods and Services for All

Social welfare payment rates in the form of allowances and pensions have increased on average over 8% which affects four out of every ten person in the state.

- Efforts to remove those on minimum wage from the tax net was achieved in budget 2005, currently a single person on the minimum wage will have 94.4% of their income free of tax.
- In relation to policy to facilitate the reconciliation of work and family life the Department of Social and Family Affairs is co-ordinating, with an inter-departmental committee, an integrated strategy on supports for families and family life, which is due for completion by end of summer 2005. It is also engaged in a number of different reviews i.e. Family Income Supplement (FIS), Child Dependant Allowance (CDA) and Lone Parents Allowance.
- The ten-year National Health Strategy (2001) is the framework within which the NAP/inclusion targets and commitments on health are being progressed. A major reform programme under the Health Act 2004 has provided for the establishment of a Health Services Executive (HSE) on a statutory basis with effect from 1 January 2005. It is envisaged that the reform will facilitate a more focused and co-ordinated approach to social inclusion issues. The development of a Mental Health Policy is well advanced and a National Cancer Strategy is being finalised.
- The target of 500,000 new housing units between 2000 and 2010 is well on the way to being met, with 61% of that total completed by end 2004. 60% of the target of 41,500 Local Authority housing starts between 2000 and 2006 has been achieved, with investment under the National Development Plan in this area running 8% ahead of target. The shortfall in the social housing (as opposed to affordable housing) element of the total number of Local Authority starts is due to higher than expected construction costs. In order to improve the housing situation in Ireland a new framework of five-year action plans for

local authority social and affordable housing programmes has been introduced to cover the period 2004-2008.

- DEIS (Delivering 'Equality of Opportunity in Schools') an action plan for educational inclusion was launched in May 2005. It focuses on addressing the educational needs of children and young people from disadvantaged communities, from pre-school through second-level education. A Joint Working Group drawn from the Educational Disadvantage Committee and from the Advisory Committee on Traveller Education is finalising a strategy on Traveller education to be completed by autumn 2005.

Objective 3: To Prevent the Risks of Exclusion

- A number of initiatives involving Homelessness, Homeless Offenders, Youth Homelessness, and Drugs Misuse have been implemented and are progressing well.
- In order to strengthen supports to volunteering and to encourage social participation 32 projects are currently being funded in the amount of €5.48 million over a three-year period under the Scheme to Support the Role of Federations, Networks and Umbrella bodies.
- The Money Advice and Budgeting Service continues to flourish under increased Government funding.

Objective 4: To Help the Most Vulnerable

- A special initiative on Child Poverty is being progressed under the National Partnership Agreement, to assist vulnerable children and their families. The Office for Social Inclusion is co-ordinating work in this area, involving the relevant Government Departments, the Combat Poverty Agency, the National Children's Office and the Social Partners.
- The initiative also includes an examination of obstacles to employment for lone parents through a steering group comprised of the Department of the Taoiseach, the Department of Finance and the Office for Social Inclusion. Work includes an examination of child income supports which is being undertaken by the National Economic and Social Council.
- A National Longitudinal Study on 10,000 children from birth and 8,000 children aged nine has been launched and begins in November 2005. The data will inform the next NAP/Inclusion.
- As part of the Disability Strategy, six sectoral plans have been developed, which set out the services to be provided to people with disabilities in the areas of health, transport, communications/marine, welfare, employment and the environment. A multi-annual investment programme for disability specific services in health and education was announced in Budget 2005.

5*.2.4 ENGLAND AND WALES*

The Labour Government was returned to power in 2004 and it has pursued and developed the policies detailed in the NAPs/incl. of 2003 – 5 with vigour. The economic stability of the country continues and the commitment to end child poverty by 2010 is on track although growing more difficult as the rich grow richer and the gap between the haves and the have nots persists and widens.

The intensive part of the NAPs process is yet to take place, but the most important recent developments as they affect families with young children are as follows: -

Objective 1: Facilitate participation in employment and accessibility for all to resources, rights, goods and services

- The national Minimum Wages has been raised, as have the pay and length of maternity and paternity leaves for parents from April 2007.
- A universal offer by 2004 of two and a half hours free nursery education for three and four years olds whose parents want it has been met.

Objective2: Preventing Social Exclusion

- A Children's Commissioner for England was appointed in February 2005
- Sure Start local programmes are being mainstreamed through local authorities who will have a duty to provide quality child care places through extending 'one-stop' children's centres (target 3,500 centres; 1,700 by March 2008 in the most deprived wards).
- The Child Care element of the Working Tax Credit increased from April 2005

Objective 3: Supporting the most vulnerable

- See above – extending/ mainstreaming Sure Start and Children's Centres

Objective 4: To mobilise all relevant bodies

- 'Get Heard' is a project set up by a group of anti-poverty NGO's and the Department of Work and Pensions. It is designed to get people with experience of social exclusion to express their views. Local and regional events will be followed by a national event in early 2006 when all parties will come together to pin down the key issues to be put into the next National Action Plan.

APPENDIX 6: Background Information on the families interviewed

6.1 Background information for Person to Person interviews

6.1.1 Situation of families in person to person interviews at time of referral in Greece

Family	Social network	Employment of parent/s	Consumption & living conditions	Resources & Cushions	Public services	Health of parent/s	Marital status of parents	Education of parent/s	Age of parent/s	Housing	No of children	Target group
1	Mother's sister	M: Unemployed	Poor conditions	No savings	Little or poor contact	M: Heavy psychological stress	Separated Lone parent	M: Elementary	M: 24	First at sisters and then rent	2	
2	Mother's brother-in-law and neighbours	M: Unemployed	Poor conditions	No savings	Little or poor contact	M: Nervous breakdown Hospitalised	Separated Lone parent	M: Elementary	M: 30	Rent	3	
3	None, only sometimes the flat owner	M: Part time in cleaning services	Poor conditions	No savings	Little or poor contact	M: Stressed	Separated Lone parent	M: Elementary	M: 27	Rent	2	
4	Mother's employer and neighbour	M: Saleswoman	Poor conditions	No savings	Little or poor contact	M: Stressed & depressed	Separated Lone parent	M: Elementary	M: 33	Rent	3	
5	None	M: Part time at home	Poor conditions	No savings	Little or some contact	M: Stressed Serious health problem	Unmarried widow Lone parent	M: Elementary	M: 38	Rent	2	
6	Relatives	M: Unemployed F: Driver	Poor conditions	No savings	Little or some contact	M: Stressed	Married	M: Elementary F: Secondary	M: 25 F: 30	Container earthquake	1	Repatriated
7	Relatives	M:Hairdresser F:Carpenter	Poor conditions	No savings	Little or some contact	M: Stressed	Married	M:Secondary / Technical College F:Elementary	M: 26 F:30	Tent Own flat after the earthquake	2	Repatriated
8	Relatives but with problems	M: Part time in cleaning services F: worker	Poor conditions	Very little savings	Little or some contact	M: Headaches (violence in the family) Stressed & depressed	Separated Lone parent	M: Elementary	M: 32	Rent & sharing a flat	5	Repatriated
9	Relatives but with problems	M: Seasonal factory worker F: Worker	Poor conditions	No savings	Little or some contact	M: Spine operated and depressed	Married	M:Diploma in baby and infant care services F: Secondary	M: 31 F: 35	Rent	3	Repatriated
10	Relatives	M: Unemployed	Poor conditions	No savings	Little or some contact		Divorced Lone parent	M:Technical college	M: 25	Rent	1	Repatriated

6.1.2 Situation for families in person to person interviews at time of referral in Hungary

Family	Social network	Employment	Resources & Cushions	Public services	Health	Marital status	Education	Housing	No of children	Age	Target group
1	None	Father employed Mother on sick leave	No savings Minor debts	Home-Start Community Psychiatric Nurse	Mother had serious mental illness	Married	Both secondary school	Council flat	2	34 36	
2	Exists	Father employed Mother on Childcare benefit	No savings No debts	Home-Start, Christian Community	Normal physical and mental status	Married	Mother, Primary Father secondary school	Small, but Private house	6	42 54	Large family
3	None	Father employed Mother on Childcare benefit	No savings Debts	Home-Start		Married	Mother, Primary school Father Secondary school	Rented flat, but recently bought a flat using bank loan and housing construction benefit	3		Large family
4	Some	Father employed Mother without any income	No savings Debts	Home-Start, Family Support Centre	Mother disabled Father normal physical and mental status	Married	Mother, Primary school Father Secondary school	Father owns the house	6		Large family
5	None	Father employed Mother on Childcare benefit	No savings Debts	Home-Start	Normal physical and mental status	Married	Both High school	Rented apartment, but house is under construction built with using bank loan and housing construction benefit	3		Large family

(….cont)

Family	Social network	Employment	Resources & Cushions	Public services	Health	Marital status	Education	Housing	No of children	Age	Target group
6	Exists	Both employed	Some savings Minor debts	Home-Start	Normal physical and mental status	Married	Mother secondary Father Primary education	Council flat for a limited period	3	40 40	Large family
7	None	Father employed Mother on Childcare allowance	No savings Debts	Home-Start	Mother bad physical state	Living together	Both Primary education	Father owns the week-end house where they live	2	22 40	
8	Some	Father employed Mother on Childcare benefit	Some savings Debts	Home-Start	Normal physical and mental status	Married	Mother secondary Father high school	Own house built with using bank loan and housing construction benefit	3		Large family
9	None	Father employed Mother on Childcare allowance	No savings Minor debts	Home-Start	Normal physical and mental status, but the Mother over worried	Married	Mother, Primary school Father Secondary school	Fathers company provides a flat for low rent	3	25 26	Large family
10	Exists	Father employed Mother on Childcare benefit	Some savings Minor debts	Home-Start	Normal physical and mental status	Married	Both High school	Fathers employer provides a flat for free	2		

6.1.3 Situation for families in person to person interviews at time of referral in Ireland

Families	Social network	Employment	Consumption & living conditions	Resources & Cushions	Public services	Health	Marital status	Education	Housing	No of child/ ren	Age/
1	None	No	OPFP♣ Rent allowance Maintenance	No savings Education	Home-Start Aisteor Beo♣	Physically well Stressed - Anti-depressants prescribed	Lone Parent	2 Years of third level	Private rented Accommodation	2	2.5 yrs
2	None	No	OPFP Income inadequacy	None	Home-Start	On medication for depression	Lone Parent	Junior Cert	Parents home	1	1yr
3	None	No	OPFP Rent allowance Income inadequacy	€600 in Credit union but owes also	Home-Start Aisteor Beo♣	Headaches, continual tiredness Anti-depressants	Lone Parent In relationship	Junior Cert	Private rented Accommodation	3	5 yrs 3 yrs 2 wks
4	None	No	OPFP Rent allowance Income inadequacy	No savings	Home-Start	Good health but very stressed + isolated	Lone Parent	Junior Cert	Private rented Accommodation	1	0.5 yrs
5	None	No	Disability Benefit* Income inadequacy	No savings	Home-Start	Bi-polar depression, on continual medication isolated	Lone Parent	Junior Cert, Self Development FAS	Rented council house	1	2 yrs
6	None	No	OPFP Rent allowance Maintenance Income inadequacy	No savings	Home-Start	Was very down, isolated and prescribed anti-depressants	Lone Parent	Business + computer management	Private rented Accommodation	2	2 yrs 1 yrs
7	None	No	OPFP Rent allowance Income inadequacy	No savings	Home-Start	Stressed	Lone Parent In relationship	Junior Cert	Private rented Accommodation	1	3.5 yrs
8	None	No	OPFP	No savings	Home-Start	medication for stress	In relationship	Group Certificate	Rented council house	1	0.5 yrs
9	None	No	OPFP Income inadequacy	No savings	Home-Start	Experienced post natal depression And stress	Lone Parent	Junior Certificate	Rented council house	3	5 yrs 3 yrs 2 yrs
10	None	No	Both unemployed Income inadequacy	No savings	Home-Start	Completely stressed	Married	Leaving Cert	Rented council house	4	11yrs 10yrs 9 yrs 3 yrs

6.1.4 Situation for families in person to person interviews at time of referral in England and Wales

Note: Due to concerns regarding confidentiality on the part of some Home-Start coordinators, 'case-study' information on the 20 participating families is presented here in less individually identifiable ways than in the Grid format originally agreed by researchers.

1. **Sure Start Local Programmes**

5/10 families in the Project Areas in both England and Wales lived in areas designated as Sure Start Local Programmes; 3/5 in both countries were FWD

2. **Family Status**

FWD in England and Wales	7/10 = couple family
	3/10 = single parent
HTR in England and Wales	2/10 = couple family
	8/10 = single parent

3. **Age groupings of parents in England and Wales**

Age grouping	FWD	HTR
41 – 45	2 (couple families)	0
37 – 40	2 (couple families)	0
31 – 36	5 (3/5 single parents)	4 (3/4 single parents)
26 – 30	0	3 (2/3 single parents)
20 -25	1 (single parent)	2 (single parents)
15 .19		1 (single parent)

4. **Number of children**

No. of children	FWD	HTR
1	4 families (2 single parents)	0
2	1 single parent family	4 single parent families
3	1 couple family	4 (3/4 single parents)
4	0	1 couple family
5	3 couple families	0
6	0	0
7	1 couple family	0
9	0	1 (single parent)

Dimensions of social exclusion in participating families in England and Wales

Dimensions	Categories	FWD	HTR
1. Social networks	Very isolated, no family or friends nearby	6	9
	Social network much curtailed	2	1
	Social network but negative effect	2	0
2. Employment	Father working (couple family)	3	2
	Neither parent working (couple family)	4	0
	Single parent – not working	3	8
3. Low income	On Income support	5	9
	Not qualifying for income support	5	1
4. Lack of resources	Modest savings	1	0
Financial	No savings or 'cushions'	4	3
	No savings and in debt	5	7
Educational	No formal qualifications or skills	6	8
	Some work experience/ higher education	4	2
Amenities/ environment	Adequate	6	5
	Poor or very poor	4	5
5. Public services used	Social Services/ Home-Start/ NHS	6	2
	Home-Start/ National Health Service	3	6
	Sure Start/ NHS	1	0
	Genesis/ NHS	0	2
6. Feelings	Angry, frustrated	7	1
	Hopeless, depressed, powerless	3	9
Health	Chronic disability	5	0
	Mental or health problem likely to improve	5	0
	Post Natal Depression, and/or trauma	0	10
Housing	Private	1	0
	Private rented (poor standard)	3	3
	Local Authority rented	6	7

6.2 Background information for Family Reference Group Interviews

6.2.1 Information on the families interviewed in the Family Reference Groups in Greece

Family Reference Group 1 Greece: Parents (living in Kalamaria, Thessaloniki)

Participating parent	Sex	Age	Marital status	Educational level	Employment	No of children
1	F	34	Married	Secondary level	Unemployed	1
2	F	30	Married	Elementary level	Unemployed	2
3	F	40	Married	Secondary level	Unemployed	2
4	F	45	Married	Secondary level –stage 1	Unemployed	4
5	F	33	Married	Secondary level –stage 1	Unemployed	2
6	F	34	Married	Secondary level	Part-time employed	3

Family Reference Group 2 Greece: **Pontian Repatriated Parents (Pontians from the ex-Soviet Union living in Ano Liosia, Greater Athens)**

Participating parent	Sex	Age	Marital status	Educational level	Employment	No of children
1	F	30	Divorced	Secondary level	Unemployed	1
2	F	35	Married	Elementary level	Unemployed	2
3	F	34	Married	Secondary level	Unemployed	2
4	F	34	Married	Secondary level	Unemployed	4
5	F	25	Married	Secondary level	Unemployed	1

6.2.2 Information on the families interviewed in the Family Reference Groups in Hungary

Family Reference Group 1 Hungary

Participating parent	Gender	Age	Marital status	Education-Profession	Number of children	Home Start user	Employed
1	F	23	Lone parent	Secondary school-Childcare allowance	2	-	
2	F	36	married	Secondary school-Childcare allowance	2	-	
3	M	45	divorced	Skilled worker-Unemployed	2	-	
4	F	38	divorced	Skilled worker-Childcare Allowance	2	-	
5	M	37	single	Secondary school-	2	-	+
6	F	40	married	High school-Childcare benefit	4	+	
7	M	40	married	High school-Fireman trainer	5	+	+
8	M	41	In relationship	Secondary school-Unemployed	3	-	

Family Reference Group 2 Hungary

Participating parent	Gender	Age	Marital status	Education-Profession	Number of children	Home Start user	Employed
1	F	38	married	University-Childraising support	5	-	
2	F	39	married	Secondary school-Childcare allowance	5	-	
3	F	41	Lone parent	Secondary school-Editor	3	+	+
4	F	31	divorced	Secondary school-Childraising support	3	-	+
5	F	33	married	Skilled worker-Childraising support	3	-	
6	F	33	married	Secondary school-Childcare allowance	3	-	
7	F	25	married	Skilled worker-Childcare allowance	1	-	
8	F	37	divorced	Secondary school-Childcare allowance	1	-	

6.2.3 Information on the families interviewed in the Family Reference Groups in Ireland

Family Reference Group 1: Blanchardstown and Lucan, Dublin, Ireland

Participating parent	Gender	Age	No and age of children		Marital status	Employment	Education	Nationality
1	Female	22	3	5 years, 3.5 years 8 months	Lone parent	N/A,	Junior Cert	Irish
2	Female	28	2	8 years and 6 months	Married	N/A	Degree	Mauritian with Irish citizenship
3	Female	26	1	3 years	Married	N/A	Degree	Kyrgyzstanese
4	Female	34	5	9, 7, 4, 3, 1 years	Married	Part time	Degree + Diploma	Irish
5	Female	26	2	2.5 and 3.5 years	Lone parent	N/A	Leaving Cert and further Education	Irish
6	Female	23	2	4 years and 2 years	Married	N/A	Leaving Cert and further Education	Irish

Family Reference Group 2: Tullamore, Co Offaly, Ireland

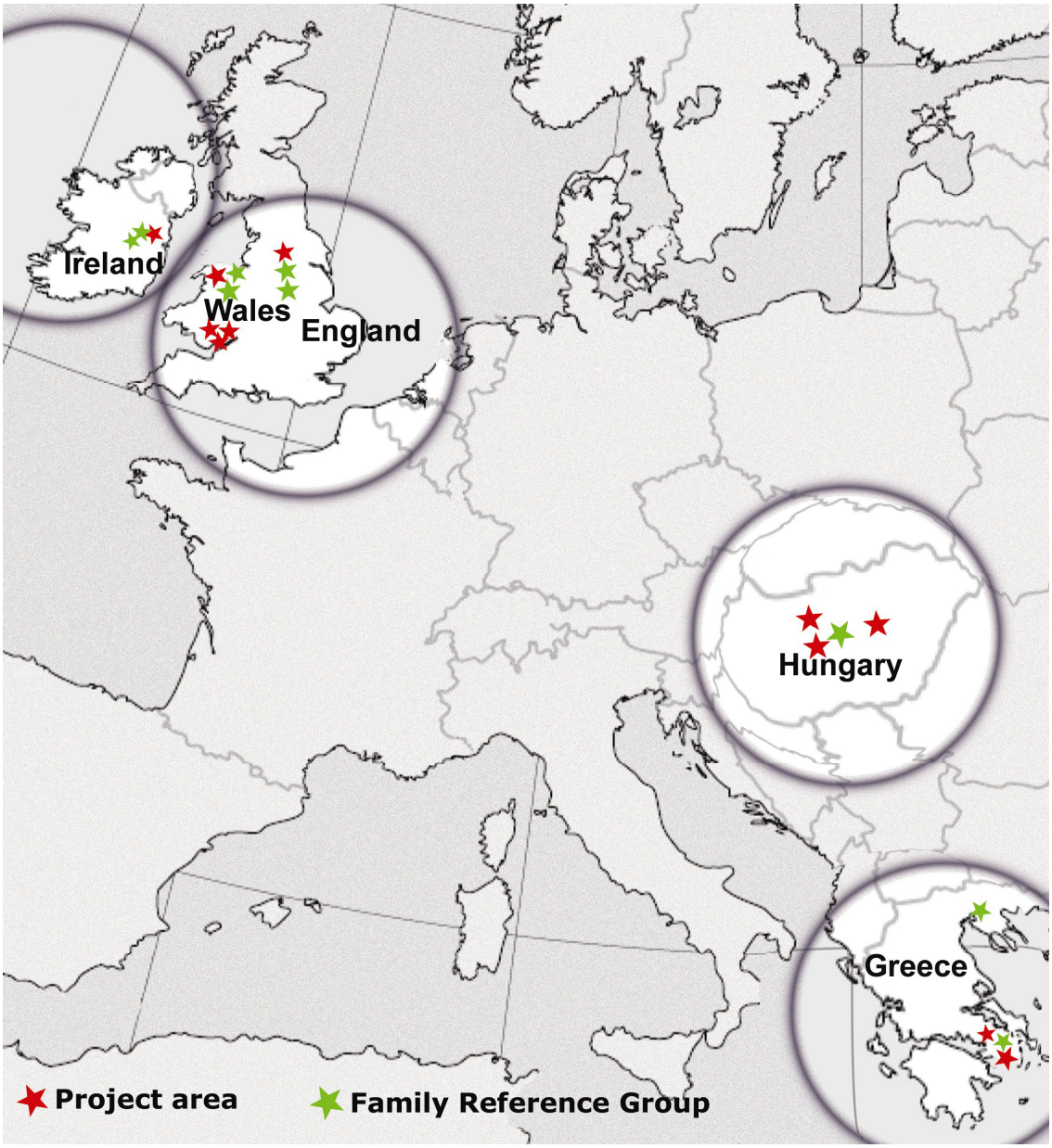
Participating parent	Gender	Age	No and age of children		Marital status	Employment	Education	Nationality
1	Female	49	6	20, 19, 19, 17, 15, 9 years	Lone parent	None, at home	Leaving Cert	Nigerian
2	Female	45	1	7 years	Married	Part time	Diploma	Irish
3	Female	35	1	4 months	Married	None, at home	Leaving Cert	Irish
4	Female	38	3	12, 6, 2 years	Lone parent	None, at home	Leaving Cert	Algerian
5	Female	26	1	18 months	Lone parent	None, at home	Leaving Cert	Irish
6	Female	33	2	3 years and 18 months	Married	Part time	Degree	Irish
7	Female	39	2	3 years and 18 months	Married	None, at home	Leaving Cert	Irish
8	Female	34	3	7, 4, 2 years	Married	None, at home	Junior cert	Irish
9	Female	25	3	5 months, 2.5, 4 years	Lone parent	None, at home	G.C.S.E.	English

6.2.4 Information on the families interviewed in the Family Reference Groups in England and Wales

Participating families in Wales lived in the north of the country in the mixed rural/urban county adjacent to the district where in depth interviews had taken place. Preliminary contact with two existing Home-Start groups was made through the Home-Start Scheme Manager. Both groups were in areas of deprivation, one of which benefited from Sure Start funding. Families were self-selected in that they were told about the project and its aims, and chose to come to special meetings. Two members of 'Daffodils,' a support group for families with multiple births also joined in one of the meetings. Two Reference Groups took place. These were held in Home-Start offices and a Sure Start Centre. Three families contributed to the first meeting (with additional input in writing from 3 parents who had been unable to attend) and nine to the second. Brian Waller moderated both these groups using the Topic Guide (Appendix.6, 6.2.3). Proceedings were tape recorded and notes also made by the researcher.
In England, Family Reference Groups took place in Community Centres, one in the northern and the other in the southern outskirts of Sheffield – a northern city known for steel production, with areas of high deprivation as well as affluence. One group of families (also members of an existing Home-Start group) - (FRG 1) lived in a large estate with a high degree of deprivation but not qualifying for Sure Start. The other was a semi-rural area of mixed development. Parents with disabled children who took part in FRG 2 were users of the Family Inclusion Project, one of the services provided by PACES SHEFFIELD, an organisation that provides training, information and advocacy for parents with disabled children. Six parents came to FRG1 and nine to FRG2. The researcher used the Topic Guide (*Appendix 1 – (1.1.2 d)*) as a framework for informal discussions. Maggie Rowlands and Moira McCourt respectively took notes in the groups as a fail-safe for the tape recording.

30 families in total took part in the Reference Groups. Participating families represented a wide range of backgrounds – single parents on income support (10), parents from couple families (20 – including 4 fathers). Some were in paid employment, a few professionals but mainly skilled and non-skilled workers in their twenties and thirties. Most were receiving Benefits.

APPENDIX 7: Map of Project Areas within Europe



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