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Bosakova, Lucia; Madarasova Geckova, Andrea; Borrell, Carme; Hajduova, Zuzana; van Dijk, Jitse P; Reijneveld, Sijmen A

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# How adults and children perceive the impact of social policies connected to unemployment on well-being in the household: a concept mapping approach

Lucia Bosakova<sup>1,2,3</sup> · Andrea Madarasova Geckova<sup>1,2,3</sup> · Carme Borrell<sup>4,5</sup> · Zuzana Hajduova<sup>6</sup> · Jitse P. van Dijk<sup>2,3,7</sup> · Sijmen A. Reijneveld<sup>7</sup>

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## Abstract

**Objectives** Social policies help people to overcome various unfavourable living situations, such as unemployment, which may lead to health inequalities. The aim of this study is to examine how adults and children perceive the impact of social policies connected to unemployment on well-being in the household, and whether their views differ.

**Methods** We obtained data from 123 stakeholders in Slovakia, 96 adults and 27 children aged 11–15 years. We used concept mapping, based on qualitative data collection and quantitative data analysis.

**Results** We obtained four clusters related to: children and education; current workforce; disadvantaged groups; labour office support. Adults rated the current workforce as the most important and urgent, and children the disadvantaged groups. Contrasts were largest on the disadvantaged groups and on combining family life and working abroad which children rated as very important and urgent but adults less so.

**Conclusions** Stakeholders had many perceptions, which may help to improve social policies. Adults were more concerned about work, and children were more so about inequalities. In general, adults were more practical and individualistic, and children, more emphatic and idealistic.

**Keywords** Unemployment · Social policies · Health inequalities · Concept mapping

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✉ Lucia Bosakova  
lucia.bosakova@upjs.sk

Andrea Madarasova Geckova  
andrea.geckova@upjs.sk

Carme Borrell  
cborrell@aspb.cat

Zuzana Hajduova  
zuzana.hajduova1@gmail.com

Jitse P. van Dijk  
j.p.van.dijk@umcg.nl

Sijmen A. Reijneveld  
s.a.reijneveld@umcg.nl

- <sup>1</sup> Department of Health Psychology, Medical Faculty, P.J. Safarik University in Kosice, Kosice, Slovakia
- <sup>2</sup> Graduate School Kosice Institute for Society and Health, P.J. Safarik University in Kosice, Kosice, Slovakia
- <sup>3</sup> Olomouc University Society and Health Institute, Palacky University in Olomouc, Olomouc, Czech Republic
- <sup>4</sup> Agència de Salut Pública de Barcelona, Barcelona, Spain
- <sup>5</sup> CIBER de Epidemiología y Salud Pública, Madrid, Spain
- <sup>6</sup> Department of Business Finance, Faculty of Business Management, University of Economics in Bratislava, Bratislava, Slovakia
- <sup>7</sup> Department of Community and Occupational Medicine, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

## Introduction

Unemployment is a factor leading to health inequalities (Gangl 2006), which are faced by most countries. It has a large impact on individuals and on society as a whole and is potentially even larger for some sub-populations (Artazcoz et al. 2004), such as families with children (Chzhen 2015). Unemployment of a family member affects the whole family, including spouses (Vinokur et al. 1996) and children (Bačíková-Šlešková et al. 2011). It also has an impact on children who have not directly experienced unemployment in their own families, as the negative atmosphere in society caused by an unfavourable labour market may affect their life satisfaction, hopelessness and educational and occupational aspirations (Pfoertner et al. 2014).

To combat unemployment and protect families, governments have developed various policies and interventions subsumed under the broad heading of “social policies”, including active policies aimed at bringing people back to work and passive policies based on income support schemes. Social policies involve the provision of services and/or income substitution or remuneration in various fields (unemployment, education, health, etc.), with the goal of preventing or mitigating the negative effects of poverty (Blakemore and Warwick-Booth 2013). Thus, social policies may have a major impact on health inequalities (Quesnel-Vallée 2015). It seems, however, that social policies in Slovakia have resulted rather in a shortage of labour market access and education, among others (Schraad-Tischler and Schiller 2016).

In the development of public policies, stakeholders' involvement is important (Riege and Lindsay 2006). Their perspectives can unravel the issues around a policy subject, reveal where consensus among actors is likely to point the way forward in the policy process and identify other potentially viable policy approaches (Monterrosa et al. 2015). Also, policy implementation is more likely to result in positive outcomes if it is the result of a collaborative process, in which multiple stakeholders' needs are addressed. This is likely to increase the relevance of the resulting priorities for various groups. Thus, factors at multiple levels and of importance to multiple stakeholders should be carefully explored, interpreted and valued (Green and Aarons 2011). However, evidence is lacking on the best way to include stakeholders' participation in this process.

A similar approach of stakeholder consultation can be applied to examine the impact of social policies connected to unemployment on well-being in the household in an effort to reduce health inequalities. The beliefs, attitudes and norms of different stakeholders may play an important role in creating and implementing social policies, as they might help decision-makers better understand, use and

identify with these policies. These stakeholders may be adults, but children are important as well, as their perspectives and experiences may differ from those of adults (Ben-Arieh 2014). To consider them may not only help with informing policymakers but also enhancing the legal and political socialisation of children (Melton and Limber 1992; Ben-Arieh 2005). Perspectives of different stakeholders, especially those concerned with social policies, are important and might help improve these policies. Improved social policies in turn result in decreased unemployment, which contributes to reducing health inequalities. Thus, evidence on the views of different stakeholders, including both adults and children, has major importance not only for general social policies but also for public health. Therefore, the aim of this study was to examine how adults and children perceive the impact of social policies connected to unemployment on well-being in the household, and whether their views differ.

## Methods

This study was carried out within the EU-FP7-funded SOPHIE Project, which aimed to generate new evidence on the impact and effectiveness of structural policies in reducing health inequalities and to develop innovative methodologies for evaluating these policies in Europe.

## Design

We used concept mapping (CM) to structure the reported perceptions of adults and school-aged children from eastern Slovakia towards social policies related to unemployment. CM is a method for assessing how study participants cluster their conceptual assessment of a particular topic by developing a conceptual framework with a visual display of the clustering (Kane and Trochim 2007). This method allowed us, in relation to the aim of our study, to realise a participatory approach, with civil participation, stakeholders' involvement and the empowerment of specific groups, such as children, and visualisation of results in a way accessible and understandable for various groups.

## Sample

We recruited participants following Kane and Trochim (2007) to ensure the availability of a wide variety of viewpoints and to support a broader range of people to adopt the resulting conceptual framework. We did this by involving a variety of people in some way engaged in and/or responsible for the studied topic. Purposive sampling techniques were used to recruit school-aged children (11–15 years old) both from families with working parents

and from families with at least one parent unemployed. We also purposively sampled adults, both employed and unemployed, in order to have a sufficient number of participants from each of the following categories: parents (employed, unemployed), other adults who are not parents (employed, unemployed), students, academics, teachers and officers. Our aim was not to include only professionals but also lay stakeholders who might be affected by unemployment.

We next organised 13 brainstorming sessions, one for each working group: Elementary School A—students (5th, 7th and 9th grade), teachers; Elementary School B—students (5th, 7th and 9th grade), teachers; Municipality—officers; Labour Office A—officers; Labour Office B—officers; Regional Public Health Authority—officers; and a group of unemployed citizens. The initial sample for brainstorming consisted of 145 people recruited from the region. Finally, we obtained data from 123 participants, 96 of whom were adults (23% male) and 27 children (15% male). Regarding adults, sorting-rating sample consisted of 19% students, 13% academics, 20% teachers, 20% officers, 22% with other types of employment (both parents and not-parents) and 6% unemployed (both parents and not-parents). Of the adults, 60% had their own personal experience with unemployment, with 54% having been unemployed in the past and 6% currently unemployed. Further, 17% did not have any experience with unemployment in their family, while 56% had someone unemployed in the family in the past and 22% currently has someone unemployed. Children were not asked about experience with the employment status of their parents. The sorting-rating sample was smaller than the brainstorming sample; however, it was fully in accordance with the CM methodology, which counts for some losses of participants between the brainstorming and sorting-rating step (Jackson and Trochim 2002). The sample size for each CM step in our study was sufficient to meet the statistical requirements for valid and reliable results (Jackson and Trochim 2002).

## Procedure

The procedure consisted of four steps, three relating to data collection, i.e. (1) preparation, (2) brainstorming, (3) sorting and rating, and a fourth step, (4) analysis, as suggested by Kane and Trochim (2007), and Schröter et al. (2012). In the first *preparation* step (Kane and Trochim 2007), we identified the focal question (the core question to be asked), selected participants and determined the schedule, including logistics. As regards the focal question, we first did a pilot with a small group of school-aged children prior to our study, in which we asked how social policies might help tackle health inequalities. This appeared to be too complicated a question, so we decided to make the focal

question in the CM very simple, with an additional explanation of the connection between unemployment, health inequalities and social policies. We considered health equity to be an ultimate outcome of decreasing unemployment and successful social policies, thus fully covering the upstream causes of health inequalities. This led to the following focal question, understandable by all concerned stakeholders, especially children: “What helps the family when parents do not work?”

Second, we organised *brainstorming sessions* in the 13 working groups (described in the Sample) with respect to the above-mentioned focal question to obtain a final list of statements (Kane and Trochim 2007). Participants were encouraged to generate as many statements as possible, leading to more than 500 statements (summary number of all statements for all 13 groups including many multiplicities). To eliminate any bias in the selection of items, we took several steps in accordance with Kane and Trochim (2007) in two rounds. In the first round, the research team removed obvious redundancies and overlapping concepts and merged those which were obviously semantically similar into a reduced, parsimonious set of statements. We excluded, for example, statements on rather personal topics like love, faith and religion, and those which could not be a policy issue, like support from the family, etc. In the second round, the advisory board of stakeholders, including four external experts, was asked to restrict this set to only those statements which might be influenced by any intervention (auxiliary question: “Which of these statements can be affected by either existing or future interventions?”). This led to a final list of 51 statements.

Third, we asked participants to *sort these 51 statements* into piles of similarly themed statements and to create a descriptive label for each pile at their sole discretion. Subsequently, we asked them *to rate* these statements according to two selected domains of interest—importance (Likert scale: 1—not important at all, not helpful at all, 4—very important, very helpful) and urgency (Likert scale: 1—not urgent at all, almost useless, 4—very urgent, need to be solved immediately).

Finally, in the fourth *analytic* step, we made a final data categorisation. We entered all the piles and statement ratings into a data analysis program. The findings of these analyses, described in the next section, were then discussed in an advisory group consisting of the researchers (Kane and Trochim 2007). This advisory group chose a varying maximum number of clusters (4–8, i.e. the highest and the lowest desired cluster number) and discussed the resulting cluster solution. Subsequently, based on the advice of this advisory group, three different cluster solutions (4, 5 and 6 cluster solutions) were prepared. The outcomes were then discussed with the interpretation group, i.e. a selected group of participants: school children, parents, teachers, officers and

unemployed people (two representatives of each group). These persons were actively involved in selecting the final number of clusters (4 cluster solutions), cluster labelling as well as in the interpretation of the resulting maps.

## Statistical analysis and reporting

We performed the statistical analyses in a number of steps. First, we clustered the generated statements (items) into a *cluster point map* and created a final cluster solution. In that each map, point (dot) represents an item, the distance between the points indicates the likelihood that participants have placed the items concerned in the same pile, and clusters represent discrete groupings of related items. To see the ratings of clusters by importance and urgency, as raised by participants, we generated *cluster rating maps* in this step, where a third dimension (layer) displayed on top of the clusters represents the mean ratings of selected criteria (importance; urgency) across all items, while the number of layers represents the higher or lower mean ratings related to other clusters in the map.

Second, we examined differences between adults and children. To visualise the differences between clusters, we produced a *pattern match*, i.e. a ladder graph which displays the comparison of mean cluster ratings between two selected variables. To display differences between individual items, we produced *Go-Zones*, i.e. an X–Y graph which compares items across two rating criteria and is divided into quadrants above and below the mean value of each rating variable. In this stage, we also computed *Pearson's product–moment correlation coefficients* for the ratings of the relationships between all variable pairs (Schröter et al. 2012).

We also computed the stress index, i.e. the degree to which the distances on the map are discrepant from the values in the input similarity matrix, with a high stress-index value indicating a greater discrepancy (i.e. the map does not represent the input data well) (Kruskal and Wish 1978; Kane and Trochim 2007). Within a CM context, stress-index values between 0.205 and 0.365 are desirable (Kane and Trochim 2007).

All the data were analysed using the Concept System Core V4.0 (CSC).

## Results

### Final cluster solution

#### Clusters of items as raised by all participants

Respondents sorted statements into 2 (the lowest number of piles) up to 10 piles (the highest number of piles). The most

frequently occurring number was 4 piles (modus). Respondents most frequently sorted statements into the piles according to these themes: who is the recipient of help (employees, employers, unemployed, children, etc.); who has the competencies to solve a problem (Ministry of Health, Ministry of Labour, Ministry of Education, etc.); what is the character of the intervention (direct, supportive, operational, strategic, motivational, etc.); who is/should be the executing entity (labour office, school, city council, etc.); or a combination of the previous mentioned. Most of the themes were mentioned very often.

We obtained a four-cluster solution, which was seen by the interpretation group in the final CM phase as the most appropriate. The final cluster solution was perfectly fitted to all the above-mentioned themes, and all of its variety was covered by them. Clusters were labelled by the interpretation group as follows:

Cluster 1 represents *Help and support to children/ Education support*,

Cluster 2 represents *Labour market policies/Current workforce*,

Cluster 3 represents *Help to disadvantaged groups/ Social support*, and

Cluster 4 represents *Services and support from the labour office/Support mechanisms/Return to the labour market*.

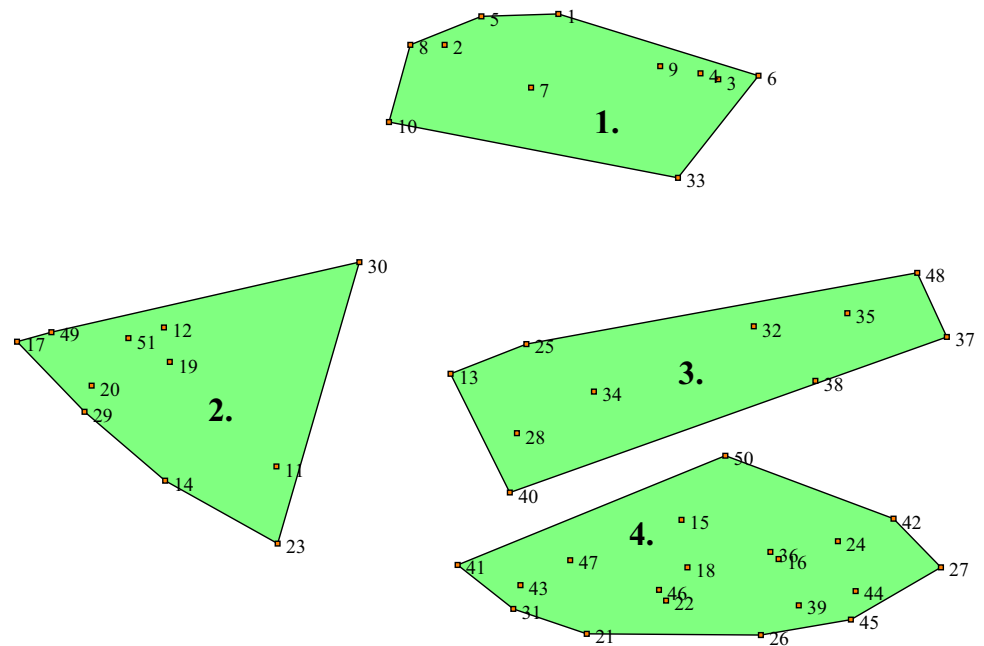
All items and clusters can be found in Online Resource (ESM 1). A cluster point map is shown in Fig. 1. All clusters were relatively balanced, although Cluster 4 was the broadest. The stress index was 0.213, suggesting a strong fit between the configuration (map) and the actual data.

#### Rating of clusters by importance and urgency as raised by all participants

The importance and urgency of the various clusters as rated by participants (both adults and children) are shown in Fig. 2. Participants considered Cluster 2, related to the current workforce and labour market policies, as the most important, and Cluster 4, concerning services and support from the labour office, to be the least important. In terms of urgency, the results were similar. In general, the differences between the ranking of importance and of urgency were small, i.e. what was important for respondents was also urgent for them, and vice versa. A slight difference was seen for Cluster 1, related to support for children and education, which was more important than urgent, and for Cluster 3, related to help to disadvantaged groups, which was more urgent than important. Also, the differences between the clusters were not huge, with 0.47 point between the most and least important cluster and 0.51 point



**Fig. 1** Cluster point map—final 4 clusters solution, Slovakia, 2015. Note: Each dot represents an item. The closer the dots are to each other, the more participants sorted the items concerned into the same piles, so the items are more likely to regard similar concepts. The size of the surface of a cluster indicates the degree to which its various contributing items are related



between the most and least urgent cluster. Table 1 shows the ranges of importance and urgency per cluster.

## Differences between adults and children

### Differences regarding clusters between adults and children

Figure 3 shows differences between adults and children regarding the importance and urgency of the clusters. As regards importance (Fig. 3, top), children considered Cluster 3, related to help to disadvantaged groups, to be most important, while adults considered Cluster 2, related to current workforce and labour market measures, to be so. For urgency (Fig. 3, bottom), the results were similar: Cluster 3 was rated by children as the most urgent and Cluster 2 by adults. On the other hand, Cluster 4, related to services and support from the labour office, was the least important and urgent for both children and adults. For importance, the Pearson coefficient indicated a positive correlation of the ratings of children and adults ( $r = 0.64$ ) and likewise for urgency ( $r = 0.69$ ).

### Differences regarding individual items between adults and children

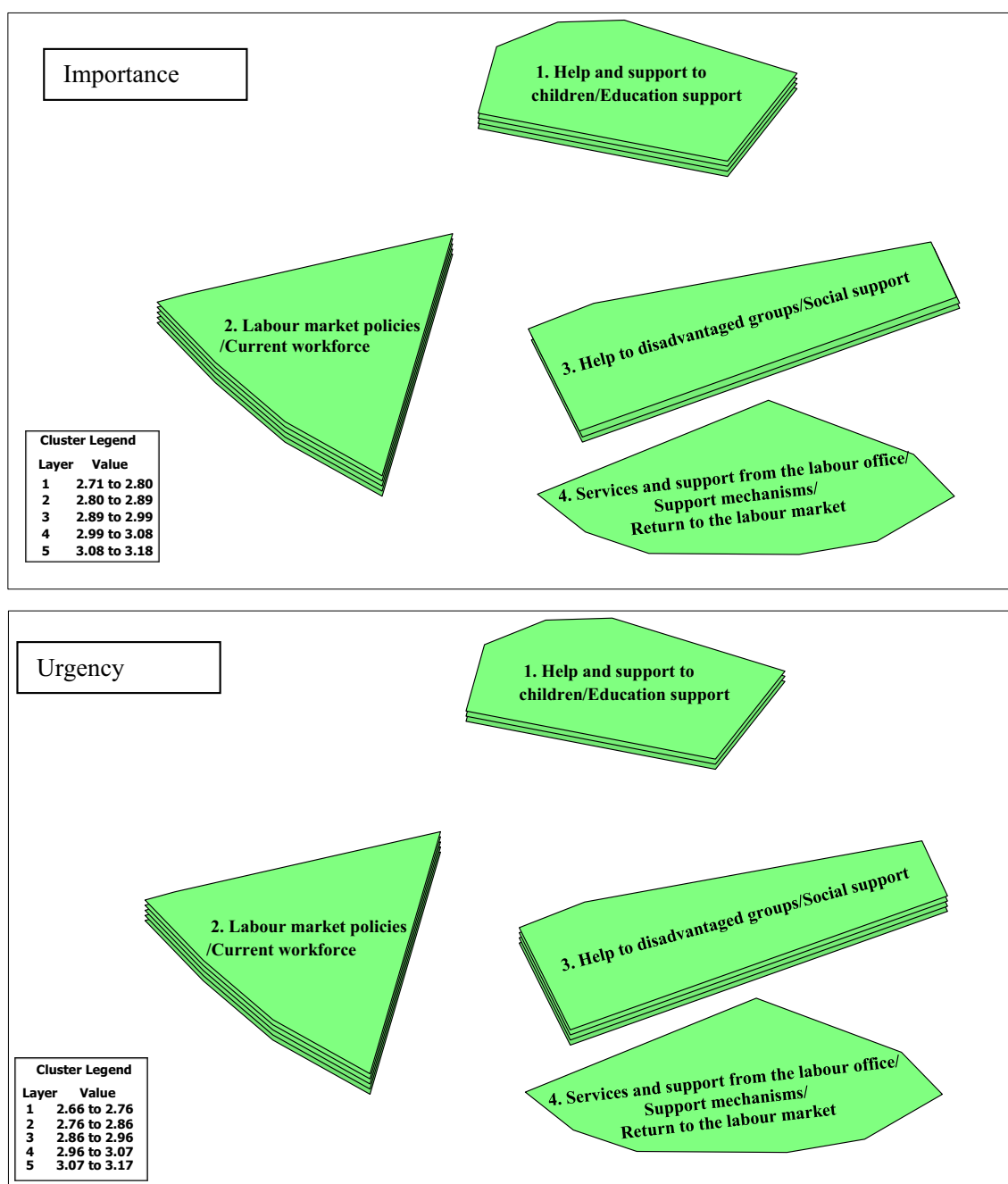
Figure 4 (top) shows the rating of individual items by children according to importance and urgency. Most important and urgent for children was item 12—Increasing of the minimum wage. Conversely, least important and urgent was item 29—Option to pay “by time”, or in kind. The correlation of ratings of importance and of urgency among children was strongly positive (Pearson  $r = 0.91$ ).

Figure 4 (bottom) shows the ratings of individual items by adults according to importance and urgency. Like the children, adults also considered increasing the minimum wage (item 12) to be the most important and urgent. In contrast, the least important and urgent for adults was item 22—Creation of clubs for the unemployed (self-help groups aimed at mutual support and creation of a social contacts network) (Fig. 4b). The correlation of ratings of importance and urgency among adults was strongly positive and even higher than in children (Pearson  $r = 0.98$ ).

Go-Zone graphs for both children and adults also showed that items were not very scattered (Fig. 4, top and bottom); thus, items showing extreme values, i.e. being very important but not urgent (lower-right corner) or being very urgent but not important (upper-left corner), do not occur. The highest contrast between the ratings of children and adults concerned the individual items on disadvantaged and vulnerable groups (items 4, 6, 37, 38) and the item related to combining family life and working abroad (item 43). Children considered these to be very important and urgent (Fig. 4, top) but adults less so (Fig. 4, bottom part).

## Discussion

The aim of this study was to examine how adults and children perceive the impact of social policies connected to unemployment on well-being in the household, and whether their views differ. We found 51 statements (items) grouped into four clusters related to: support to children and education; current workforce and labour market policies; help to disadvantaged groups; service and support



**Fig. 2** Importance and urgency of items per cluster: Cluster rating maps, Slovakia, 2015. Note: more layers indicate more importance and urgency

from the labour office. We found that adults rated the cluster related to current workforce and labour market policies as the most important and urgent, and children the cluster related to help to disadvantaged groups. Both groups rated the cluster related to service and support from the labour office as least important. Overall, there was relatively small variation between the ranking of importance and of urgency and among clusters, suggesting that

respondents perceived social policies connected to unemployment as rather critical.

### Clusters of items as raised by all participants

We found perceptions that could be grouped into four clusters: support to children and education; current workforce and labour market policies; help to disadvantaged groups; and service and support from the labour office. Our

**Table 1** Importance and urgency of items per cluster: mean scores and ranges, Slovakia, 2015

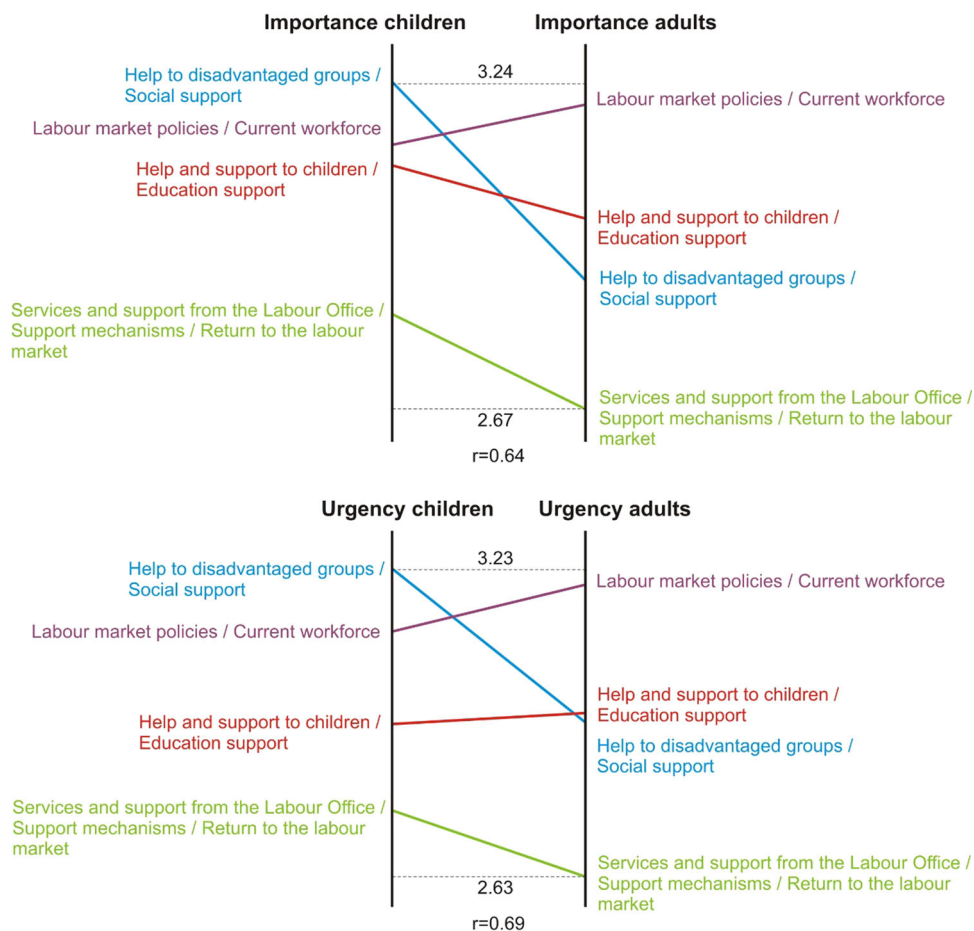
Clusters		1	2	3	4
Number of items		11	11	10	19
Importance	Mean <sup>a</sup> (SD)	3.02 (0.25)	3.18 (0.42)	2.97 (0.27)	2.71 (0.23)
	Range <sup>b</sup> (min–max)	2.59–3.37	2.35–3.76	2.47–3.27	2.26–3.08
Urgency	Mean <sup>a</sup> (SD)	2.94 (0.29)	3.17 (0.46)	2.99 (0.29)	2.66 (0.27)
	Range <sup>b</sup> (min–max)	2.40–3.30	2.18–3.76	2.55–3.29	2.11–3.06

SD Standard deviation

<sup>a</sup>Mean values per clusters—higher scores indicate more importance and more urgency

<sup>b</sup>Minimum and maximum values of items per clusters; the possible range of values was 1–4

**Fig. 3** Comparison between children and adults, their ranking of importance (top) and urgency (bottom) by cluster, Slovakia, 2015

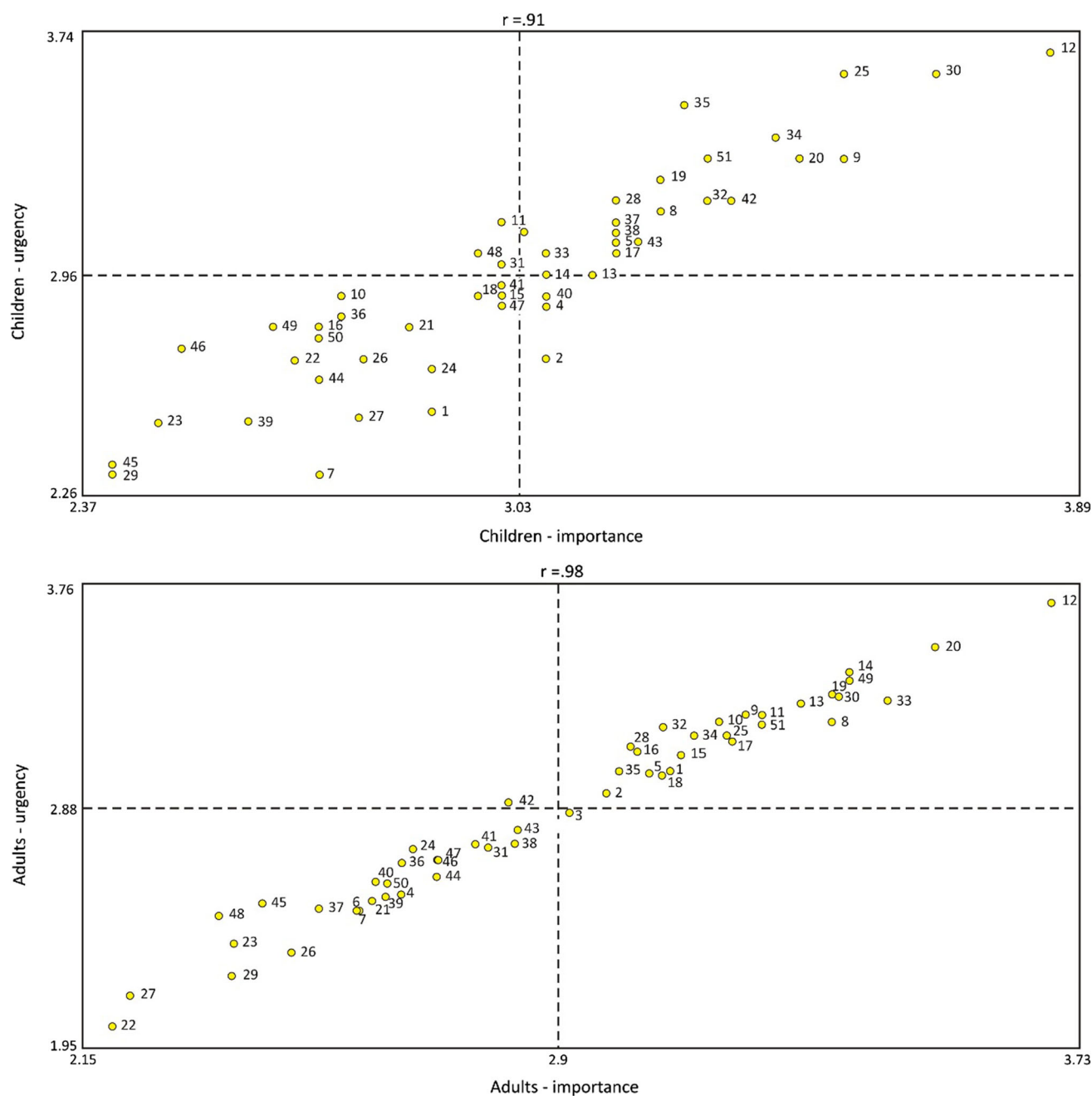


results are in accordance with Saunders et al. (2017), who describes the same concepts in the context of key policies for addressing the social determinants of health and health inequities. Our results also perfectly reflect the parts of social policy previously identified as most critical in Slovakia (Schraad-Tischler 2015). The country is facing probably the most serious challenges regarding its educational system, labour market and regarding disadvantaged groups (Schraad-Tischler 2015). This concordance supports the face validity of our findings.

### Rating of clusters by importance and urgency as raised by all participants

The cluster related to the current workforce and labour market policies was rated as the most important and urgent. We did not find any other study in the available sources to compare with. We might just speculate that work plays a central role in people’s lives (Blustein 2008) and that people are probably aware of its benefits, regarding both income and the meeting of psychological needs (Creed and Macintyre 2001). The focus and composition of statements





**Fig. 4** Ratings of individual items by importance and urgency, in children (top) and adults (bottom): Go-Zone, Slovakia, 2015. Explanatory note: Each dot represents each item. The X-axis shows the range of mean values for importance (in children 2.37–3.89; in adults 2.15–3.73); the Y-axis shows the range of mean values for

urgency (in children 2.26–3.74; in adults 1.95–3.76). Dots (items) in the upper-right quadrant indicate issues that were rated above the mean (most important and urgent items). All items can be found in Electronic supplementary material (ESM\_1)

in this cluster seem to call for active labour market policies (Auer et al. 2005) and employment policies (Khan 2001) to increase employment and reduce poverty. Our findings might suggest that people put most emphasis on work, that they are aware of its benefits and agree that promoting economic activity is key also to reduce health inequalities.

This attitude should be considered in creating and implementing social policies.

The cluster concerning services and support from the labour office was rated as the least important and urgent. Our results are in accordance with other research (Shore and Tosun 2019) suggesting lower trust and dissatisfaction with public employment services. Our results probably also

reflect the unfavourable situation of labour offices in Slovakia (OECD 2014), which seem to have a limited capacity, unbalanced caseload distribution and the absence of a customer-service orientation (OECD 2001), which may all together lead to limited effectiveness and to negative perceptions towards them (OECD 2001, 2014). Our results indicate that people most likely do not see the importance of labour office services or are even discontented with their performance. This view should be considered in order to improve and promote the services of labour offices to the public.

### Differences regarding clusters between adults and children

We found the largest contrast between the ratings of adults and children for the cluster on help to disadvantaged groups, which for children was the most important and urgent, whereas for adults less so. Our results are in accordance with the study of Barraza (2001), which revealed children's concerns about the world with the strong emphasis on the disadvantaged groups' issues. We may assume that children are empathic (Decety et al. 2008) and altruistic (Warneken and Tomasello 2009). Regarding adults, we did not find any study in the available literature to compare. We may just assume that some adults may perceive disadvantaged groups primarily as being unemployed (Schneider and Ingram 1993), whom they consider to be less deserving than, e.g. elderly, sick and disabled people, or the current workforce, with this level of conditionality even higher in Central and Eastern Europe (van Oorschot 2006). These results suggest that appropriate attention should be given to the issue of disadvantaged groups by politicians and decision-makers.

### Agreement and disagreement regarding individual items between adults and children

We found an agreement between children and adults regarding increasing the minimum wage (item 12), which was rated by both groups as the most important and urgent item. This is in accordance with the study of Lapshyna and Düvell (2018), who examined perceptions on social policies as a driver of migration aspirations and found insufficient salaries as one of the biggest issues. This probably reflects the perception of a higher disposable income flowing from an increased minimum wage, having a distinct effect on health (Rosicova et al. 2016), through the purchase of healthier food and/or investment into better health care, housing, schooling and recreation (Adler and Newman 2002). Also, a salary offered that is too low discourages the unemployed when job-seeking and motivates them rather to remain on the social benefits

(Zabarauskaitė and Skackauskiene 2014). These results suggest that an appropriate income is the key, and this should be seriously considered when tackling unemployment and health inequalities.

We further found that the highest contrast between ratings of children and adults concerned the items on disadvantaged and vulnerable groups (items 4, 6, 37, 38) and the item related to combining family life and working abroad (item 43). Both were seen by children as being very important and urgent, but by adults the opposite. Regarding the item on family life and working abroad, our results are in accordance with research highlighting the importance of this issue, arguing that children perceive parental working abroad to be stressful (Adumitroaie and Dafinoiu 2013), and research showing that adults perceive working abroad as a need and opportunity (Polovina et al. 2013). The different perception of adults might be due to the significant wage gap between Central and Western Europe, being the major reason for work migration (Cook et al. 2011). It seems, however, that children in such families feel abandoned and rejected (Adumitroaie and Dafinoiu 2013) despite the better financial opportunities. Our results suggest that an inappropriate income at home still forces people to work abroad, which might have far-reaching negative consequences on the family. This topic should be intensively discussed when creating and improving social policies.

### Strengths and limitations

A strength of our study lies in the quality of the sample, as our study ensured the availability of a wide variety of viewpoints by involving a variety of people in some way engaged in and/or responsible for the studied topic. Another strength is the quality of the information, taking into account the depth of our study.

Regarding limitations, the size of our sample was limited, despite being large for studies of this type. Also, women more often participated in this study than men, which might possibly have an impact on the results. Moreover, higher participation of stakeholders from the labour market (employers, trade unions, workers from different sectors), social services, and the wider health system (e.g. Public Health Authorities) or NGOs promoting labour integration might enrich our findings and allow to compare views of different stakeholders groups. Another limitation may be seen in the methodology used, which might be prone to social desirability. Regarding causality, the cross-sectional design of our study limits the potential to draw causal conclusions from the findings. Explanations should thus be considered with caution, as they are based on discussions within the interpretation group about the outcomes of our study. These require further research to be confirmed.

## Implications

Our study showed that people do have preferences regarding social policies. Participants in this study found current workforce and labour market policies to be an urgent and important issue for public health, providing a major reason to pay attention to it in order to prevent a further deepening of unemployment. Also, the labour office, holding the key to new employment, should be seen as such. Furthermore, extra attention should be paid to disadvantaged groups to help them with entering and remaining on the labour market. Similarly, increasing the minimum wage and combining family life and working abroad are also topics, which should not be omitted from public health discussions. Accommodating the above-mentioned preferences may increase the effectiveness of social policies and positively contribute to public health.

We also found that adults and children differ regarding attitudes towards social policies. To give children a voice may be valuable, as they are often the most affected by socioeconomic disadvantage.

A replication of this study in countries with better employment services may provide additional information on the role context plays in such a study. Moreover, a longitudinal study may help to get a better view on the pathways leading to specific ratings. In general, the CM methodology deserves wider use.

## Conclusion

We can conclude that adults and children identified four main areas of concern: children and education; current workforce and labour market policies; help to disadvantaged groups; and service and support from the labour office. All participants view the current workforce and labour market policies as the most important and urgent issue and service and support from the labour office as the opposite. Adults and children vary somewhat in their views, with adults ranking current workforce and labour market policies higher and children help to disadvantaged groups. Differences were also seen with regard to combining family life and working abroad, which was rated by children as very important and urgent to solve, but less so by adults. Compliance between adults and children occurred for service and support from the labour office, which was seen for both groups as least important and urgent, and also for increasing the minimum wage, which was rated by both groups as the most important and urgent item. Overall, respondents perceived social policies connected to unemployment as rather critical, with a relatively

small variation regarding the ranking of importance and of urgency and also between clusters.

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## Compliance with ethical standards

**Conflict of interest** All authors declare that they have no conflict of interest.

**Ethics approval and consent to participate** The study was approved by the Ethics Committee of the Faculty of Medicine at Safarik University in Kosice under no. 104/2011 and with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

## References

- Adler NE, Newman K (2002) Socioeconomic disparities in health: pathways and policies. Inequality in education, income, and occupation exacerbates the gaps between the health “haves” and “have-nots”. *Health Aff* 21:60–76. <https://doi.org/10.1377/hlthaff.21.2.60>
- Adumitroaie E, Dafinoiu I (2013) Perception of parental rejection in children left behind by migrant parents. *Revista de cercetare și intervenție socială*. 42:191–203
- Artazcoz L, Benach J, Borrell C, Cortès I (2004) Unemployment and mental health: understanding the interactions among gender, family roles, and social class. *Am J Public Health* 94(1):82–88
- Auer P, Efendioğlu Ü, Leschke J (2005) Active labour market policies around the world: coping with the consequences of globalization. International Labour Office, Geneva. ISBN 92-115789-X
- Bačřiková-Šlešková M, Madarasova Geckova A, van Dijk JP, Groothoff JW, Reijneveld SA (2011) Parental support and adolescents’ health in the context of parental employment status. *J Adolesc* 34:141–149
- Barraza L (2001) Perception of social and environmental problems by english and mexican school children. *Can J Environ Educ* 6:139–157
- Ben-Arieh A (2005) Where are the children? Children’s role in measuring and monitoring their well-being. *Soc Indic Res* 74(3):573–596. <https://doi.org/10.1007/s11205-004-4645-6>
- Ben-Arieh A (2014) Social policy and the changing concept of child well-being. The role of international studies and children as active participants. *Zeitschrift für Pädagogik* 60:569–581
- Blakemore K, Warwick-Booth L (2013) Social policy: an introduction. Open University Press, England

- Blustein DL (2008) The role of work in psychological health and well-being: a conceptual, historical, and public policy perspective. *Am Psychol* 63(4):228–240. <https://doi.org/10.1037/0003-066X.63.4.228>
- Chzhen Y (2015) Perceptions of the economic crisis in Europe: do adults in households with children feel a greater impact? *Soc Indic Res* 127:341–360. <https://doi.org/10.1007/s11205-015-0956-z>
- Cook J, Dwyer P, Waite L (2011) The experiences of accession 8 migrants in England: motivations, work and agency. *Int Migr* 49:54–79. <https://doi.org/10.1111/j.1468-2435.2009.00595.x>
- Creed PA, Macintyre SR (2001) The relative effects of deprivation of the latent and manifest benefits of employment on the well-being of unemployed people. *J Occup Health Psychol* 6(4):324–331. <https://doi.org/10.1037/1076-8998.6.4.324>
- Decety J, Michalska KJ, Akitsuki Y (2008) Who caused the pain? An fMRI investigation of empathy and intentionality in children. *Neuropsychologia* 46(11):2607–2614. <https://doi.org/10.1016/j.neuropsychologia.2008.05.026>
- Gangl M (2006) Scar effects of unemployment: an assessment of institutional complementarities. *Am Sociol Rev* 71(6):986–1013
- Green AE, Aarons GA (2011) A comparison of policy and direct practice stakeholder perceptions of factors affecting evidence-based practice implementation using concept mapping. *Implement Sci* 6:104
- Jackson KM, Trochim WMK (2002) Concept mapping as an alternative approach for the analysis of open-ended survey responses. *Organ Res Methods* 5:307–336. <https://doi.org/10.1177/109442802237114>
- Kane M, Trochim WMK (2007) Concept mapping for planning and evaluation. Sage Publications Inc., California
- Khan AR (2001) Employment policies for poverty reduction. Issues in employment and poverty, discussion paper no. 1. Working paper. International Labour Office, Recovery and Reconstruction Department, Geneva. ISBN: 92-2-112783-4
- Kruskal JB, Wish M (1978) Multidimensional scaling. Sage University Press, Beverly Hills
- Lapshyna I, Düvell F (2018) ‘We can only dream about Europe’: perceptions of social policy as a driver of migration aspirations: the case of Ukraine. *J Soc Policy Stud* 16(3):661–676
- Melton G, Limber S (1992) What children’s rights mean to children: children’s own views. In: Freeman M, Veerman P (eds) *The ideologies of children’s rights*. Martinus Nijhoff, Dordrecht, pp 167–187
- Monterrosa EC, Campirano F, Tolentino Mayo L, Frongillo EA, Hernández Cordero S, Kaufer-Horwitz M, Rivera JA (2015) Stakeholder perspectives on national policy for regulating the school food environment in Mexico. *Health Policy Plan* 30:28–38. <https://doi.org/10.1093/heapol/czt094>
- OECD (2001) Labour market policies and the public employment service. OECD Proceedings. Prague Conference, July 2000
- OECD (2014) OECD economic surveys: Slovak Republic 2014. OECD Publishing, Paris
- Pfoertner TK, Rathmann K, Elgar FJ, de Looze M, Hoffmann F, Ottova V, Ravens-Sieberer U, Bosakova L, Currie C, Richter M (2014) Adolescents’ psychological health complaints and the economic recession in late 2007: a multilevel study in 31 countries. *Eur J Pub Health* 24(6):960–966. <https://doi.org/10.1093/eurpub/cku056>
- Polovina N, Čirović I, Jošić S (2013) The issue of migration according to adolescents and their parents’ perceptions of their future. In: Pracana C, Silva L (eds) *International psychological applications conference and trends, InPact 2013*. Book of proceedings. World Institute for Advanced Research and Science, Lisbon
- Quesnel-Vallée A (2015) Policies and health inequalities: state of the field and future directions. *Can Public Policy* 41(Supplement 2):1–9. <https://doi.org/10.3138/cpp.41.s2.s1>
- Riege A, Lindsay N (2006) Knowledge management in the public sector: stakeholder partnerships in the public policy development. *J Knowl Manag* 10(3):24–39. <https://doi.org/10.1108/13673270610670830>
- Rosicova K, Bosakova L, Madarasova Geckova A, Rosic M, Andrejkovic M, Žežula I, Groothoff JW, van Dijk JP (2016) Regional mortality by socioeconomic factors in Slovakia: a comparison of 15 years of changes. *Int J Equity Health*. <https://doi.org/10.1186/s12939-016-0404-y>
- Saunders M, Barr B, McHale P, Hamelmann C (2017) Key policies for addressing the social determinants of health and health inequities. Health evidence network synthesis report, no. 52. WHO Regional Office for Europe, Copenhagen. ISBN-13: 978-92-890-5265-8
- Schneider A, Ingram H (1993) Social construction of target populations: implications for politics and policy. *Am Politic Sci Rev* 87(2):334–347
- Schraad-Tischler D (2015) Social justice in the EU—index report 2015. Social inclusion monitor Europe
- Schraad-Tischler D, Schiller C (2016) Social justice in the EU—index report 2016. Social inclusion monitor Europe
- Schröder DC, Coryn CLS, Cullen A, Robertson KN, Alyami M (2012) Using concept mapping for planning and evaluation of a statewide energy efficiency initiative. *Energ Eff* 5:365–375. <https://doi.org/10.1007/s12053-011-9141-7>
- Shore J, Tosun J (2019) Assessing youth labour market services: young people’s perceptions and evaluations of service delivery in Germany. *Public Policy Adm* 34(1):22–41
- van Oorschot W (2006) Making the difference in social Europe: deservingness perceptions among citizens of European welfare states. *J Eur Soc Policy*. <https://doi.org/10.1177/0958928706059829>
- Vinokur AD, Price RH, Caplan RD (1996) Hard times and hurtful partners: how financial strain affects depression and relationship satisfaction of unemployed persons and their spouses. *J Pers Soc Psychol* 71(1):166–179
- Warneken F, Tomasello M (2009) Varieties of altruism in children and chimpanzees. *Trends Cogn Sci* 13(9):397–402. <https://doi.org/10.1016/j.tics.2009.06.008>
- Zabarauskaitė R, Skackauskiene I (2014) The survey of attitudes toward work by the unemployed in Lithuania. *Int J Manag Theory Appl (IREMAN)* 2(4):116–122

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