8. Families with low resources striving for resilience in the United Kingdom

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INTRODUCTION

This chapter examines the strategies that a sample of people in the United Kingdom (UK) employ to manage their resources in a family context, including actions oriented both to optimizing the resources that they have and to gaining additional resources. These are treated as resilience-oriented behaviours or strategies, understood in the context of the family seeking to find ways of keeping going in both everyday circumstances and conditions of transition, risk or challenge. The concept of strategies seeks to capture the dynamic interaction between choices and constraints, risks and uncertainties (Deckard and Auyero, 2022: 376). The book understands family as both a social institution – and hence charged with obligations and functions around the maintenance and stability of family life and kinship relations – and a set of intimate relationships. Looking at families is a real opportunity to uncover aspects of people's relational universe and how that influences orientations and behaviours around resource use. Family life is conceived especially in terms of managing everyday life with children and other family members and the care-related and employment commitments that are part and parcel of family life. Contextual positionality is seen to be crucial for understanding people's situations. Hence, the analysis also considers families' social and normative context and the role of community and other forms of support, including that provided by the welfare state, as an essential part of that context.

The chapter's core contribution is to demonstrate and contextualize the reality of managing family life in situations of low resources in the UK. It is grounded in the perspectives of families themselves, aiming to understand the family system of meaning and how family members reason about decisions that may affect their resilience.

The evidence is drawn from seven focus groups, conducted in different parts of England (five groups) and Scotland (two groups) between January and April

2023. Fifty people in all took part, drawn from sectors of the population that the project targeted as living in situations that are likely to heighten the need for resilience: families on a low income, families with one parent, families living in a rural area, families from a migrant background, and families containing a child or adult with significant health or disability-related need.

The focus groups were conducted using a discussion guide, which was similar across groups and the six countries of the rEUsilience project (Belgium, Croatia, Poland, Spain, Sweden and the UK) (see the guide in the Appendix). The national researchers were requested to use the guide, mindful of the iterative nature of focus groups as a methodology, and variation in group composition and dynamic, as well as relevant particularities in the national and/or local setting. Among the main topics covered were: participants' views of the circumstances of families in general as well as those of their own families, experiences of money-related difficulties, employment-related difficulties, difficulties related to childcare or adult care, how people manage their situation, what support and help they had access to, and what changes they felt were necessary (especially in policy and provision) to improve their situation and that of others. As well as the focus groups, which lasted between one and two hours, participants filled out two short questionnaires: one on their background characteristics and the other an opinion survey on the main issues affecting their family, their main sources of help and what would best assist them.

The book's Appendix describes the fieldwork and the key features of the sample for the UK (and for the other five countries). It also describes the ethical principles that underpinned the research and the procedures for ethics approval followed in each case. Some particularities of the recruitment of the UK participants should be noted for context now, however. First, the participants were recruited through a diversity of channels but primarily through non-governmental organizations (NGOs) and local service providers catering either for a particular population group (e.g. migrants, lone parents) or people generally in need of support or advice with their welfare. Second, there are particularities in the sample (as one would expect given the sampling criteria and methodology), such as a high concentration of female respondents (82 per cent), the fact that most described their families as struggling financially and that all participants had some caring responsibility, mainly towards children. A further point to note is that although COVID-19 was in retreat when the research was carried out, cost-of-living increases were rampant and so people were under additional financial pressures.

The evidence from the focus groups was analysed using an inductive process of thematic analysis (Braun and Clarke, 2021), assisted by NVivo software. Having gained in-depth knowledge of the content of the focus group discussions, the research team undertook an iterative series of coding and recoding. The results were published initially in Daly and Osinski (2023), which is

drawn upon at times in this chapter. Key points are illustrated throughout by the selective use of quotes from the narratives. The quotes have been lightly edited for legibility, and in some cases to insert explanatory material (presented in square brackets). In addition, some of the quotes were edited to protect anonymity and to respect the conditions of ethical approval of the national research as well as those of the project's Joint Controllership Agreement.

The chapter is organized into four main parts following the main research questions guiding the book as a whole: what developments or events in their lives do families have to respond to? What resources do families have available and how do they use them? What levers of change do people have at their disposal? What barriers to well-being and adaptation do they encounter? In the analysis that follows, we especially attempt to identify common elements that cross different family situations, rather than concentrating on particular types of families. A short conclusion brings the chapter to a close.

FINDINGS

Key Developments and Transitions in the Families' Lives

Both structural and more personal developments are relevant here.

To start with structural developments, during the period when the research was carried out, the UK was experiencing economic pressures such as inflation (sustained rise in prices, particularly of food and energy products), low and stagnating wages, and a significant reduction in funding for public and community-based services. Major reform of the benefit system – with key benefits streamlined and the application process significantly changed – was also an important part of the context of participants' lives (Wood and Bennett, 2024). A decade of austerity from 2011 drove much of the reform. In a general climate where people were expected to take more responsibility for their own welfare and that of their families, the reform of the benefit system followed a strict and penalizing workfare policy (Williams, 2021). The result is a significant erosion in the benefit system's capacity to protect working-age adults and families with children from poverty (Cooper and Hills, 2021; Vizard et al., 2023), as well as a greater reliance by claimants on local state and third-sector organizations to help with benefit applications and their management (Edmiston et al., 2022). Among the consequences have been sharp cutbacks in what families are entitled to, accompanied by a less robust and struggling service architecture. Long-term care services provision was especially affected. So too were services for children. Smith and colleagues (2018) report that local authority funding for early intervention fell by 64 per cent between 2010 and 2018, resulting in the closure of 1,000 children's centres, especially affecting children and parents from low-income families. The National Health Service (NHS) too has been

profoundly affected, leading to a general decline in the availability and quality of health services (Ham, 2023) and more people on waiting lists in England and Wales than ever before (Williams and Pagel, 2023).

When participants were asked to respond to a set of questions about the degree to which their families were affected by different issues (including some of the above), 'too many demands on parents' received the highest score (Daly and Osinski, 2023). There are a number of meanings here, although the core sense was of being under-supported with raising a family. Weaknesses in the service infrastructure, especially regarding the availability and costs of childcare, services for adult care and poor support services for families generally constituted the core set of references here.

Another structural element that affected people's everyday environment was the rising cost of living. Energy prices were especially prominent. For example, according to a young man studying part-time and caring for his ill mother, the cost of energy had approximately doubled or tripled in one year:

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

Rising costs were observed also in relation to food, rent and other basic necessities. The increases in food prices were especially at the forefront of discussions. As with the cost of energy, participants were acutely aware of the prices they currently paid as well as what they had formerly paid for the same goods, products or services, frequently citing precise figures. Housing was another cost that was widely referred to. Some of the relevant discussion centred on the inadequacy of benefits to cover rising rent, with some participants highlighting the difficulty of getting placed on the 'housing list' for publicly provided housing. While rising prices were affecting everyone, for a minority they were the most challenging factor and could make the difference between being able to manage and not being able to manage.

Beyond those structural challenges, families face trigger events that they have to respond to. These include temporary or chronic periods of unemployment, lone parenthood, the onset or worsening of ill health, disability or other conditions requiring significant care. These are risks that potentially face all members of society but especially affect those in socio-economically disadvantaged situations. The presence of illness, ill health and disability is especially noteworthy. In six of the seven focus groups, participants reported that their families were affected by health-related issues (including mental and physical health issues, physical and mental disabilities, and learning difficulties, especially autism). Several participants referred to their own mental health issues,

and two described having what they termed 'mental breakdowns' which they linked directly to the compounded pressures of coping with paid work (or the need to do it) and care-related commitments. While the high prevalence of illness might be due to the method of selecting participants, it also has to be set within the national context of significant and rising health inequalities and morbidity (Marmot et al., 2020; Thomas et al., 2024).

These are not appropriately labelled 'events' for, while they might be one-off, they endure as conditions and situations that have to be managed and have a knock-on effect. In addition, they can co-occur, leading to compounded pressures. The reality is that people commonly face more than one difficulty: not just, say, unemployment, low wages and/or underemployment, but also health-related difficulties, insecure or inadequate housing, and perhaps relationship difficulties (with some history of violence or material deprivation present in many instances). Here is how one young mother feels about her situation:

> Even though I care for my children, I also care for my gran … and I work. And I can't cope. I can't physically cope. Like, there's so many days where you go home and you cry. Yeah. It is mentally draining. I have mental health issues because of it, because you think you can tackle everything on your own and you can't. But you just kind of bear it 'cos that's what you've got to do.

A further dimension of 'compoundedness' was the patterns accreting over time.

Participants frequently described experiencing forms of risk throughout their lives or at particular periods. Some that were mentioned included cases of domestic violence (physical and/or emotional abuse), the death of a partner or parent, divorce and separation, lone parenthood, and the onset of illness or disability. Desmond and Western (2018: 308) suggest the concept of 'correlated adversity' to depict this situation. While the evidence in the current study provides limited insights into the history of individual participants and their families, it did suggest that longer-term patterns play a crucial role, indicating that resilience has to be understood as embedded in circumstances and processes that are extended in duration and may involve vulnerability.

Available Resources and How Families Use Them

It is first relevant to consider people's sources of income. Nineteen of the 45 participants who mentioned their employment status during the discussions were in paid employment (some part-time, some full-time). A small number were engaged in study to upskill or retrain. There was a high degree of reliance on benefits for income. In addition to those who were working or studying, the sample consisted of full-time mothers of young children; other carers; people

unable to work due to illness or disability; unemployed persons of working age who were, at the time of fieldwork, looking to return to employment; and several who were retired.

The families in the study possessed a range of material and immaterial resources. The former included a car and, in some instances, property. People were not universally on a low income, although in the main they could be described as 'just about managing'. For this reason, we consider it more appropriate to describe their situation as one of 'low resources' rather than poverty. Income came mainly from the welfare system and employment, but non-pecuniary benefits through public services (health services, social services, community centres, etc.) were also part of people's resource sets.

Thinking about how to describe participants' use of resources and related roles, the depiction of many of them as 'caretakers' seems appropriate. There are a number of dimensions to this. Most obviously, they (or another family member) take care of the material resources in the family, but they also manage the care-related resources (time mainly, but sometimes also money and goods). These were responsibilities and tasks mainly undertaken by women. It is important to note that taking care of resource management is not a single or one-off decision or event, and everyone in the family is potentially involved and affected.

People used their resources in ways that were rational for them within their situation. Money-management strategies were a major component of families' strategies. These had several elements and required a range of skills – with the narratives underlining how, in situations of low income, managing the available money calls for great attention and even ingenuity in some instances. Money-management practices were oriented primarily to reducing and optimizing consumption, and involved three main types of activity: planning budgets, monitoring spending and reducing consumption. These were not mutually exclusive; nor did they occur necessarily in a sequence.

Planning budgets – which was widespread – centred on a capacity to overview spending and decide on priorities in light of demands and needs. This required a number of cognitive skills, including undertaking research, such as hunting for bargains/sales, investigating bulk-buying or turning to alternative economies – for example, the second-hand economy (through internet sites such as Vinted) or the charity economy (e.g. food banks, the 'Too Good To Go' app and charity shops). Monitoring spending centred on the capacity to keep a record of expenditures on an ongoing basis, including the use of technology such as mobile apps to track energy consumption and daily spending. The third dimension – effecting the actual expenditure – involved at its core implementing saving strategies for consumption. In practice, heating, food and luxury items were the main focus of reducing consumption. Notable behaviours included buying in bulk, cooking in batches, buying second-hand, switching

off electrical products, skipping meals, and giving up or reducing consumption of *extras* or *luxuries*, such as outings, holidays, hobbies or entertainment. These were commonplace behaviours, generally confirming the results of existing research (Daly and Kelly, 2015; Patrick, 2017; Pemberton et al., 2017).

The cognitive skills described above – the energy and competences required to plan, monitor and effect expenditures – were also regularly mobilized to weigh the trade-offs regarding income procurement and expenditure. For example, participants had had to calculate the potential benefits of selling household furniture or renting out a spare room to make ends meet during a particularly difficult period, of working longer hours or additional shifts while paying extra childcare costs and losing a portion of their benefits, or of travelling long distances for a better-paid job. All this has the element of considering the future and perhaps securing more resources, but also has the consequence of using today's resources for tomorrow's needs. Debt was a major factor, with participants trying either not to run up debt or to manage existing debts. For many participants, mobilizing and managing these resources seemed to come at a steep price. Consistently planning, monitoring or reducing their consumption meant taking difficult – sometimes impossible – decisions. Such decisions were often based on moral reasoning, with people striving to make the 'right decision' in a context that required deciding between competing 'needs' and potentially prioritizing individual over collective welfare. It was clear that participants found these decisions difficult because they involved trading off potentially negative consequences. The trade-offs mentioned varied: in some cases, these involved major life decisions, like quitting work to care for children or other dependants; in others, it was having to decide who in the family should be prioritized for the best food or highest expenditure. For some participants, such as this single mother who had recently given up work, the trade-offs appeared an impossible equation to solve:

> So that money/care responsibility, that trade-off between what is good for my child's well-being and what is good for the household in terms of income, is huge. And it's, you know, it is a paradox. It's not just a trade-off, it's a paradox, because on one hand you need to go and earn money, on the other hand you need to raise a good child. So whichever way you go, you're doing something good for the household, you're never going to meet in the middle.

To understand this participant's view – which was strongly echoed by others – we should bear in mind that these families had a significant volume of care-related demands. Strategies, therefore, had to be broader than money management per se – rather, they were filtered through an ethic of care. In the following account, the speaker is a young mother who described multiple strategies that she and her partner were implementing to make ends meet. She

twice depicts the decisions as *simple* but her narrative shows clearly that they are not, and that despite complex planning, she still feels guilt:

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

It would be wrong to convey the message that these behaviours – difficult as they are – are always sufficient. For some participants, budget planning, monitoring and execution were not enough to make ends meet. There were several reasons for this, especially unexpected expenses interfering with planning or too low income in general. The examples given included equipment breaking down (e.g. cars, boilers and dishwashers), fluctuating bills, and abrupt and unexpected health problems. The transitions that are normal to family life – such as a child going to school – can also be a cause of financial difficulty. For at least one person, a single mother who had returned to college to retrain, planning was impossible:

> Let me just deal with these few days, once I get through those few days, then I'll see … But no, don't speak to me about a week or a month in advance. Just let me deal with this week.

Larger strategies (beyond the everyday aspects of money management) were also observed.

Levers of Change

In key respects, the question of levers of change returns us to the matter of the resources that people have available and how they use them. The previous discussion focused mainly on material resources, but one of the big findings of the research is the importance of non-material resources in enabling people to cope. Such resources include people's own abilities, knowledge and skills, their close and extended family relationships, and their social networks (and also their contacts with NGOs). Of course, not everyone had these resources available, either individually or as a full set. One of the survey questions asked people to rate on a scale of 1 (low) to 5 (high) the degree to which their family benefited from particular sources of possible help. In response, the respondents rated their own families (meaning both immediate and extended families) to

be the most helpful form of support on average (3.29), with community-based organizations a close second (3.26). By contrast, the government and local authority/council were reported to be the least helpful sources of support (1.86 and 2.81 respectively). Friends and neighbours and employers were rated as of intermediate importance.

The focus group discussions conveyed a mixed picture of support and showed that the nature of support from family varied. In many cases, support meant help with care responsibilities (such as taking children to school, taking care of them during certain periods, bringing them to appointments), financial support (contributing to various costs, buying presents), or being able to count on family for advice and moral support. When family help was available, it was both important to people and highly valued. One young mother who described being out of work and struggling to care for her children and her partner, who had mental health difficulties, put it this way:

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

It was when families had heavy caring loads that family help was most needed. Such family help was not always forthcoming, though, and there was a noticeable polarization between participants who had help from wider family and those who did not. As a whole, the evidence suggests that the reality of receiving family help and support may be complex, embedded in both the history of family relationships and norms around reciprocity (and for this reason significant numbers of participants preferred not to ask for help either from family members or others). There were other reasons also: family members were not always close enough geographically or on sufficiently good terms for participants to rely on their help. Furthermore, participants' family members faced similar challenges and constraints themselves. One young father, who was unable to work due to an injury, described the difficult situation his own parents were in:

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

In fact, for some participants, extended family appeared to represent an additional source of pressure. This was the case, for example, when family members who had emigrated to the UK were expected to send financial support to their family in the country of origin. One participant described it as an *obligation* that she did not contest, despite acknowledging that *it's really hard*.

Regarding other forms of support, participants made scant reference to friends and social networks, with only a few spontaneously mentioning the role that their friends played in their lives, for example by listening to them and/or providing advice or support with care-related responsibilities.

The contribution and importance of community-based organizations or other third-sector organizations were quite widely referred to. (This is to be expected, perhaps due to the recruitment strategy in which community-based organizations played an important intermediary role.) Reflecting relatively high scoring in the opinion survey, some participants described how local organizations, including self-help groups, supported them in a variety of ways: food assistance, support in accessing benefits, providing activities for children, or a forum for them to voice and discuss their problems and concerns, contributing to reducing isolation. Other forms of support from organizations mentioned related to help in accessing benefits (e.g. checking for entitlement, filling out forms). The significant reliance on community centres or community-based organizations indicates the existence of need and is also evidence of local and community participation.

Before one can engage in an analysis of the levers of change, one has to reflect upon the meaning of change, especially in relation to resilience. The resilience literature especially emphasizes the outcome in terms of the degree of change, with the social resilience literature in particular differentiating between absorptive, adaptive and transformative agency as a ladder of types of coping in the context of seeking or maintaining resilience (Keck and Sakdapolrak, 2013). Transformative agency constitutes the apex in these accounts.

Looked at through this lens, it is questionable whether the types of support discussed above, even if they are available, constitute levers of change as such. Rather, participants' narratives suggest that the support helps people to keep going. In key respects, such support – and the behaviours and practices around money management – is oriented to absorption in the sense used by Keck and Sakdapolrak (2013) to mean that extra costs are absorbed into the existing economy in the form of redistribution.

What about behaviours or resources oriented to change in the sense of adaptation or transformation, especially those within participants' control? If these are conceived in terms of changing the family structure or income levels in a major way, there was not much to be observed, although the limitations of the methodology should be borne in mind. (Being a one-off study focused on low

income, it tends to convey a static picture.) There were few if any accounts of a change in the family structure (such as moving home or changing living arrangements) as a strategy for resilience, although a few respondents said that they had moved location for a job or that their adult children continued to live with them because of costs. In terms of engagement with paid work, there were some examples of people gaining extra income through either taking a second job or upping their hours through additional shifts, sometimes being paid in cash and doing undeclared work (each an example of the informal nature of the economy in which some participants lived). In the words of one participant who was caring for her young children as well as her ageing mother, de facto managing two households while in paid employment:

> Just to make ends meet, I'm having to pick up extra shifts now. So I'm like working Fridays, Saturday, long days at work. And then I pick up a shift on either a Sunday or a night – I've just [come] from doing a night – just to make ends meet.

A few participants in the focus group with lone parents had, in the past, started their own small businesses in order to improve their situation. Others in the same group were considering that option but were faced with high start-up costs. A few participants were trying to cope through upskilling or retraining in order to access better-paid jobs, though some reported that they had faced significant barriers to accessing and/or pursuing educational programmes that would allow them to achieve this.

Barriers to Well-Being and Adaptation

Five major barriers to significant change, understood in the sense of participants and their families moving beyond absorbing shortages and risks and effecting actions that spell broader significant change (as in the notion of transformation), were highlighted by the discussions.

A first factor was the labour markets that participants faced and how little they offer to people with low qualifications or experience, who may have language or other difficulties stemming from, say, a migration or ethnic background, or who are constrained in terms of the hours they can work. Many participants were working in low-paid jobs or had previously been in low-paying employment. One big issue was the gain from employment in the context of the expenditure and efforts involved, as described by this mother who had recently left her job in the school system:

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

For a large number of the research participants, finding an employer who offered flexibility and understanding of the complex nature of caring obligations appeared to be the only realistic way they could return to employment and maintain a job in the long run. Several who were in employment described that they had developed a trusting relationship with their supervisors and could work from home or on flexible schedules, giving them the possibility to tend to their families' caring needs. In the context of low and stagnating wages combined with increasingly precarious working conditions, numerous participants explained that, although they wanted to work, entering and remaining in the labour market was no easy feat. Many described having had to leave their jobs or being dismissed because of their caring responsibilities; others declared that their families would be worse off were they to return to employment. Finally, a small number of people we spoke to had difficulties securing a job at all due to language barriers and/or lack of qualifications. Participants' experiences resonate with the research conclusions of Kenway and Holden (2021) about the limitations of paid work as a route out of poverty.

A second major barrier was the support infrastructure. Participants spoke at length about the challenges they faced in their care-related duties, emphasizing how these were reinforced and compounded by the lack of affordable childcare and poor service provision. The cost and availability of childcare as a source of pressure for families was commonly referred to, highlighted especially as an obstacle to finding or retaining paid work. For example, one participant explained that the nursery costs for her child amounted to £40 per day, which exceeded the daily wage she was able to earn. Childcare was an especially strong topic of conversation in the lone-parents group; participants repeatedly pointed to the *lack of infrastructure* that made their lives very difficult. As background here, it should be noted that the UK has among the highest costs of childcare of the Organisation for Economic Co-operation and Development [OECD] nations, with net childcare costs amounting to a quarter (25 per cent) of wages for a couple where one parent earns two-thirds of the average wage (OECD, 2022). In comparison, the average of this indicator across OECD countries is 11 per cent (OECD, 2022).

In addition to the costs, some participants' working patterns did not overlap with hours at which childcare was available. All the utterances pointed here to the degree of flexibility of childcare provision and how it might be able to meet the needs. Consider the opinion of a mother of three who had split from her partner, whom she described as *abusive*:

> I left school [early] and went into [sector] and I've done that my whole life. But then obviously my situation changed and I had the girls and an older child at home at the time. And I had to give that up. There's no way that I can do what I'm qualified and trained and experienced in. Because there's no childcare that's going to come

> in, so that I can do a 4 till 1 in the morning shift. Who's going to provide childcare at midnight?

The points about childcare provision are nested in the experiences of the broader service infrastructure, especially regarding what is needed for people to keep well and also feel that their loved ones are cared for. Many participants across groups spontaneously pointed to the difficulties they faced in accessing essential services, with deficiencies in healthcare especially referred to. These were not necessarily specialist services but relatively routine services, such as getting seen by a general practitioner (GP). Many participants reported difficulties in reaching their GP practice even to get an appointment. Reflecting the reality of long waiting times, one participant reported waiting for a year for an operation, which meant that he had been unable to work for this period. Another participant, who suffered from mental health issues, explained that she had not been seen by a psychiatrist for over a year. For parents of children with autism or other learning difficulties (particularly present in the focus groups with migrant families and with carers), access to specialized education was reported to be a struggle. Other support services considered to be lacking were adult care services for older, ill or disabled adults. This all exacerbates the care-related demands on people.

The welfare system – the difficulty of claiming the amount of support it offers and what it asks of people in compliance – was the third major barrier experienced. Overall, there was a strong sense of the benefit system as providing too little support, being challenging to access and controlling of participants' situations.

The complexity and difficulty of claiming and maintaining one's status as a beneficiary came up again and again. Participants deplored the administrative burden and highlighted the skills needed to navigate the system. Dealing with the service and benefit systems was experienced as time-consuming and even 'disabling', especially in situations where people may not have the knowledge, language capacity, or familiarity with or degree of confidence in dealing with official systems and procedures. It is apposite here to remind ourselves that the major reform of the UK benefit system, referenced earlier, has presided over a move not just to a sanctions-based and highly conditional system but to digitization and complex application procedures as well as high compliance costs when one is receiving working-age benefits (heavy reporting requirements of income and employment status changes, for example) (Wood and Bennett, 2024).

Knowing about the benefits to which one might be entitled, and applying for and receiving them were major subjects of conversation, with participants generally expressing great uncertainty. Many were of the view (or realized in the course of the focus groups; in five of the seven groups, participants

spontaneously offered each other advice about benefits) that they were not receiving the support they were entitled to. Furthermore, many participants who were receiving benefits had struggled to secure them due to a lack of awareness or knowledge about available benefits and eligibility conditions, as well as the complex procedures to obtain them. This stays with people, as in the case of this participant:

> Even now, it's been a couple of years, but I still don't know if I'm getting everything that I should be getting.

Creating boundaries or borders is hugely important in a system that has been said to engage increasingly in differentiating access and institutionalizing hierarches (Morris, 2021). Here is an example of how a family's situation, including where one parent is in paid work, can be marginalized for support:

> We're in that awful grey area, we're only just 5 pounds a week over to be able to get Universal Credit, which actually … you know, we don't get childcare help, we're not able to claim any of the free prescriptions, or anything we were when we were on Universal Credit. Gone now. So we're completely reliant on ourselves. Yet I can't afford to work because of the childcare, so actually we're in that horrible grey area that everyone seems to have forgotten.

In all this, there was evidence of the presence of an oppositional discourse (Williams, 2021). Some participants were aware of the power relations involved. For example, one participant called the social protection system *abusive* and many others noted the system's gaps, shortcomings and inconsistencies (all more or less based on personal experience). Some people felt that they were being 'punished' for their situation; for example, for being lone parents, for deciding to reskill or retrain, or for being outside the labour market. There seemed to be a consensus around the idea that the government seeks to save funds in the short term and hence complicates application procedures for potential beneficiaries, leaving many on the periphery of the benefit system (as in the above case). Many participants perceived the welfare state as deliberately preventing households from accessing their entitlements. One participant, a mother of grown children, including one with a disability, put it this way:

> Like I said, it's a numbers thing. They say they're there to help you but I think that personally the benefit system is there to get you off benefits. They don't care how they do it, they don't care who they hurt. And I know I'm saying some pretty strong things there, but I believe, I certainly believe that they don't care who they hurt, as long as they save money.

Participants also pointed to the contradictions inherent in the system and its limited flexibility. *They give with one hand and take with the other.* This phrase was repeatedly and spontaneously used by participants to point to a perceived lack of coherence and fairness in the UK social protection system and its disincentives.

Adding to these major barriers preventing people from effecting significant changes to their situations, two more subtle dynamics appeared to operate. First, an imbalance in the division of tasks between men and women, partly resulting from social expectations and traditional gender roles, emerged as an obstacle to well-being and resilience in families. As mentioned before, an overwhelming majority of focus group participants were women, and many of them were lone mothers or the main carers for one or multiple family members with additional needs. Some were combining paid work with care-giving and providing care for several generations of family members (children, grandchildren, parents and/or in-laws, for example), while managing household responsibilities and effecting 'moneywork' (Collavecchia, 2008). A number of them, particularly those caring for children with a disability or learning difficulty, described their (former) male partners as having *disappeared*, once the child's heavy care needs became obvious.

Participants (again, overwhelmingly women) described the multiple responsibilities incumbent on mothers and evoked the 'double day' that women in paid employment face in many societies, with one participant, a woman providing care for several children and her ageing mother while also holding down employment, describing the cultural specificities of that burden in her own community:

> It's harder for a woman because you've still got responsibilities, you do a full-time job and then you go home and you've still got to cook, clean, if your child, you've still got to make time to take them to the doctor's … Last week, I was in A&E [a hospital's Accident & Emergency department] twice, and at the walk-in centre once, and still going, having to go to work, 'cos you can't, 'cos I worked Friday and Saturday, I can't keep ringing up and saying, "Oh I can't come in today."

A second background dynamic trapping families in their situations of hardship relates to the social context in which people live. This is often marked by negative societal perceptions, stereotypes, and more or less subtle discrimination. The dynamics of this were more difficult to grasp in participants' testimonies because they were not always explicitly framed as discrimination and because the experiences took different forms. Most commonly, participants felt dismissed or disregarded as a result of a personal characteristic, which could be their gender, age, familial situation, socio-economic background or ethnic origin, or the locality in which they live. For some, it was a feeling; others gave concrete examples of employers, healthcare service providers and other

professionals treating them poorly because of certain characteristics. One participant, a woman caring for children and an ill mother while also in employment, described the vicious cycle of poverty (De Schutter et al., 2023) that she felt was trapping low-income families in their situation:

> It really breaks my heart because then you have children who, who are not getting nurtured and fed properly, how they should be, because if we could do that for our children, give them the right types of food then we're enhancing their brains so we're giving them that little kickstart that they could have in the real world. But unfortunately we're still back of the, back of the queue again and we'll always be back of the queue until someone does something else and breaks that queue.

These situations as experienced by people in resource-scarce households, including insidious discrimination and what has been analysed elsewhere as social maltreatment (Bray et al., 2020), appeared to cause participants to internalize negative feelings and self-image. They felt 'othered' in the sense that their behaviour and even morals were seen as deficient. This kind of situation deprives people of moral resources and moral standing and denies them the opportunity to claim their own behaviour as moral (which was how people represented themselves time and again). It also engenders a sense of shame. A few participants reported feeling *like a shadow* and *not really a parent*; another said she felt like *a terrible parent*.

In some cases, one's life situation itself is a source of shame because it is a social category that society sees as one of 'dependence' (Morris, 2021: 35). This is how it feels, in the words of one single mother who had once had *a well-paid job, postgraduate qualifications and all the rest of it* before quitting to take care of her young children:

> I literally looked at my life and … I was like, "I'm a single mum on benefits. How the hell did I end up being a single mum on benefits, what happened?"

Another side of this is relative or actual isolation. Feelings of isolation were especially present among people with intense care-related duties, including carers for children with illnesses, disabilities or learning difficulties. Notably, some lone parents also felt isolated.

Finally, many participants admitted suffering from a lack of time for themselves. Squeezed between work and care responsibilities, typically pressed for time and facing great difficulties in meeting basic material needs, the people we spoke to were often overwhelmed by their everyday duties. This had an impact not only on their own lives but also on the lives of those depending on their care.

CONCLUSION

While there were many examples of behaviours oriented to resilience, looked at in the round, one can question the sustainability of some people's situations. The widespread practice of coping by absorbing loss or greater demand on existing resources is a short-term strategy. Dagdeviren and Donoghue (2019: 552) term it one of 'burden-bearing', rather than burden shifting or overcoming adversity. The findings generally tend to confirm those of other research in that, while participants were engaging in a range of different practices, they were not able to significantly transform their situation (Promberger et al., 2020).

The findings illustrate clearly that people value care-giving, which for them means living up to both their responsibilities and commitments (especially in a moral sense) associated with their family life. The 'right thing to do' was worked out through what people view as ethical, care-related agency. One result of this is that – especially in the context of the kind of benefit system that prevails in the UK – many are forced to trade-off 'money against family'. Navigating this is a balancing act: on the one hand, negotiating between care and paid work, and on the other, striving for the welfare of individual family members as well as the well-being of the family unit. Many participants were aware that they suffered from the trade-offs they made – in both material and immaterial terms, such as being seen to break welfare norms – but they did not see that they had much choice.

And yet 'choice' is a key watchword in our societies today. In one way or another, contemporary societies lay great emphasis on agency – people taking action and being independent and autonomous. But what is not often considered is that people need resources and leeway for agency, and that agency is always constrained, although it also comes with opportunities (Williams, 2021). It was the constraints on agency that were prominent in this research study, so much so that while people are very active in managing their situation, showing great skill and determination, the extent to which they can bring about the change implied by a resilience perspective is limited. What would help people? Five main barriers came across very strongly: poor job opportunities, a poor service infrastructure, a welfare system that is difficult to access and that offers only a low level of support, engrained gender divisions, and a social context in which people feel criticized or even ostracized because of their situation.

Against a general lack of levers of change, participants' general assessment of the future for families in the UK was grim. Uncertainty and pessimism about the country's macro-level conditions added to their already unstable family lives. Predictability – and stable earnings in particular – appeared to be

highly valued. Participants repeatedly said that, given the choice, they would choose a predictable income over a potentially higher, more volatile, income. But it was clear also that this preference was rooted in their commitments to care.

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