Ahid emigrated from Egypt almost 20 years ago. He is an occasional worker in the construction industry, passionate about philosophy. He told us that one day the eldest of his five daughters expressed the desire to have a school diary. Ahid would have done anything for his children's happiness, but he could not find anything for less than 15 Euros, a sum he couldn't afford. Later he found a diary that cost 7 Euros; it was not like the classic school notebook, but, he thought, would do just the same. We do not know whether his daughter liked the notebook, what we know is that Ahid is a father who tries to satisfy his children's needs. We don't know how this kind of father's attention may have affected the child's well-being (if not by asking the child himself), but we believe that parents' actions and perceptions can be a good proxy for understanding the type of family environment children live in and how beneficial it is to their well-being.

This paper illustrates some results of a primary data collection survey on the poverty of social care services users in a district of Rome, with a specific focus on households with children. The research is based on an original model of multidimensional analysis of poverty that considers a broad set of life domains (house, community, health, emotions, knowledge, income). This model, called MACaD (Multidimensional Analysis of Capability Deprivation) was developed within the theoretical framework of the Capability Approach (A. Sen, 1979, 1997, 2007 and M. Nussbaum, 2000, 2011) and is focused on the measurement of the degree of individually achieved functioning in each life domain with respect to the possession of tangible and intangible goods according to a specific multidimensional index. The aim is then to understand whether through a multidimensional analysis of the individuals/parents' deprivation degree in terms of capabilities, it is possible to

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1 The survey was developed in full cooperation with local administration, according to a specific agreement between our organisation (ISFOL) and the Social Services Department of District 10.
effectively identify potentially hazardous situations for children. At the same time, we are well aware of how important it is to detect not only the so-called ‘risk factors’ connected to specific family or child characteristics (disability/longstanding illness, depression, longstanding poverty etc), but also promoting and protective factors (parents’ higher qualification level, social support, safe neighbourhood). This perspective takes into account the insights of some interesting studies which have demonstrated that the exposure of children to multiple risk factors can impact significantly on a number of results in terms of well-being and development of the child (Jones, Gutman, Platt 2013). Furthermore, we wish to contribute to the debate on how to measure multiple risks. As pointed out by R. Sabates and S. Dex in ‘Multiple risk factors in young children’s development’:

“While there are discussions in the literature about how best to measure some individual risk factors, there are fewer considerations of how to measure multiple risks” (6).

The title of this paper therefore raises a provocative question that probably cannot be given a precise answer, but which could be useful in stimulating an accurate reflection on the future of children living in disadvantaged conditions, and the determinants of their well-being.

To begin with, we must take into account the pressing nature of issues like the exposure of children to severe deprivation and social exclusion in Italy. According to UNICEF (Innocenti Report Card n.11, 2013), Italy is at the bottom of the list of advanced economies with regard to four out of five dimensions of children’s well-being: material well-being, health and safety, education, housing and environment. The situation has significantly worsened compared to the same survey conducted in 2007 (Innocenti Report Card 7, 2007). Consistently with the UNICEF evidence, the latest data from ISTAT (the Italian National Statistics Institute) describe a situation in which families with children are more exposed in terms of relative poverty and are at risk of poverty and social exclusion (the potential poor): more than 16% of families with two children are poor in relative terms (13.5% of those with one child), over 40% of single-parent families and 46% of those with three or more children are at risk of poverty. Obviously, a low degree of education as well as unemployment are the two aspects that have the greatest impact in determining these situations.

Although our survey is very context-specific and focuses on a specific target population (social care services users), it represents a good starting point to capture (dynamic) aspects of people’s lives, which are otherwise difficult to detect. The focus on households with children represents a development of our work, since we realized

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3 The study ranks 29 developed countries according to the overall well-being of their children.
that almost 60% of our sample is composed of families with at least one child and almost 30% of the families with children are single-mother households.

From here the intention is to understand more thoroughly the differences between households with children and those without children, and what implications this might have in terms of policy intervention at local level. Moreover, as will be shown below, it allows us to face three fundamentally related issues regarding people’s well-being (or deprivation): “the recognition of the fundamental diversity of human beings” (Sen, 1979); the heterogeneity of situations, even in very select groups of people; the different ways people react (or don’t react) to difficulties.

The paper is divided into three sections: the first one presents our Macad model and how it can be used in the analysis of the environment a child lives in; the second one focuses on the context in which the field survey has been developed and some of the results obtained; the last one tries to suggest how local policy can enhance the well-being of families with children.

9.2 MACAD Rationale: How the Model Works and How it Could be Developed

Our model is based on the operationalization of the concept of functioning defined as “a state of being and doing” (Sen, A.K., 1993). This ‘state’ refers to an individual condition lived in a given time and characterized by a system of actions and relationships affected by cognitive, psychological and physical aspects. It refers to the perception of a problem and the way the individual deals with it. As a matter of fact, measuring capabilities means being able to measure the real freedom of people to choose between different functionings (or, in other words, between different kinds of lifestyles): in order to have a complete set of information on the substantive freedom and opportunities of individuals we needed a more specific survey that was complex to run, considering its direct relation to the concept of freedom.

With regard to the selection of the list of individual life domains, we took into account the perspectives of both Sen and Nussbaum and chose not only those most directly linked to basic needs (food, health, housing, income, education), but also to thought, emotions, affiliation, etc. The choice of life domains was based on a broad literature review and on our experience over the years, which demonstrated that the selected domains were appropriate for our specific target group⁴.

⁴ It is worth noting that in the first pilot project conducted in 2010, at the end of the questionnaire, respondents were asked to assign a weight to each life domain according to its importance in leading a decent life.
The following list describes the life domains considered and their definition in terms of capabilities:

1. **Living in a house**: being able to manage the house and bear costs, cleaning it and keeping it in order
2. **Generating income**: being able to manage and improve income sources
3. **Being part of a community**: being able to have a good relationship with the environment, maintaining relationships with friends and neighbours and participating in community life
4. **Developing skills, improving education**: being able to improve one’s educational and/or professional level, having the improvement of one’s education level as a life goal and being able to implement actions that are consistent with this goal
5. **Being healthy**: being able to take care of one’s own health, avoiding risk-taking behaviour.
6. **Expressing emotions**: general psychological well-being, ability to express positive and negative emotions, being empathic, being able to cope with difficulties and manage stress, self-efficacy perception.5

Each life domain is described by two types of indicators:

a. status indicators that represent the availability of tangible and intangible resources and the availability of conversion factors6;
b. functioning indicators that represent the degree of vitality of a functioning (between the two extreme polarities of ‘achieved’ and ‘not-achieved’).

Furthermore, the central role that agency plays in determining the full achievement of a functioning should be stressed. As Croker and Robeyns (2010) highlight, citing some passages of A. K. Sen’s book *Development as Freedom*:

> With the concept of agency, however, Sen (1999: 11, 53, 281) signals an “agent-oriented view” in which individuals and groups should decide these matters for themselves, “effectively shape their own destiny and help each other” (Sen 1999: 11), and be “active participant[s] in change, rather than...passive and docile recipient[s] of instructions or of dispensed assistance”. (Sen 1999: 281)
Thus, according to our model, assessing the level of deprivation in terms of capabilities means not only detecting whether an individual lives in a disadvantaged area/neighbourhood (according to his/her perception about crimes or pollution), but also whether he/she has tried to solve the perceived problems, alone or with other people. The concept of agency, as defined by Sen, is a useful 'tool' in order to understand such a process.

Our model is based on a multidimensional index which takes into account binary variables (‘1’ means deprivation; ‘0’ means no deprivation) that contribute to building the two types of indicators already mentioned: status and functioning indicators. The general index consists of 28 status indicators and 20 functioning indicators (see Annex A). The interactions between these two types of indicators generate four different living conditions (fig.1) represented by four quadrants (A, B, C, D).

![Figure 9.1: 'Living conditions in a capabilities space'](#)

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7 The index is intended to highlight several poverty dimensions and is based on the “counting approach” (Atkinson 2003), developed among others by Alkire and Foster (2007) and Bossert, Chakravarty and D’Ambrosio (2009).
The vertical axis represents the level of functioning achievement and the horizontal axis represents the availability of goods and conversion factors:

1. **Quadrant A.** Individuals have material and intangible resources in order to cope with difficulties. It means that social care services users could have the resources to come out from a social exclusion situation;

2. **Quadrant B.** Individuals are depressed in terms of availability of commodities but not in terms of functionings. It means that, as an example, if adverse or unexpected events (illness, divorce, loss of income, etc.) occur they can cope with it in a positive way;

3. **Quadrant C.** Individuals are depressed both in terms of functionings and availability of commodities and conversion factors. This is the worst condition where individuals lack of any type of resources, with fewer opportunities to change their social exclusion condition;

4. **Quadrant D.** Individuals are depressed in terms of functionings but not in terms of availability of commodities. It means that no material deprivation and a low agency level could coexist.

### 9.2.1 From the Capability Approach to Ecological Systems Theory: the Child at the Centre of the Development Process

In a survey on poverty and deprivation with a focus on households with children, it is of fundamental importance to understand which are the effective resources available, what is the quality of close family relationships and what type of social relationships the family has, in order to draw attention to the protective and risk factors to which the child is potentially exposed.

Indeed, serious and persistent existential crises involve the entire family and, at the same time, crucial family processes influence the recovery and resilience of all members, their relationships and family unity. In some critical life events, such as housing and economic difficulties following job loss of one or more members, the large and emotional burden of a disabled or chronically sick family member, poverty or immigration, what seems to be crucial is the quality of emotional ties and mutual interconnections inside and outside the family.

The quality of close relationships within the family is the result of several factors, among others: the ability to provide empathetic support, the way different roles are perceived and played, rules and clear boundaries, the quality and quantity of time spent together. But also the quality of relationships outside the family is connected to a plurality of levels: the informal relationship network (family, friends, neighbours) and the formal relationship network (school, social services, associations). These internal and external relationships are highly interdependent: for example, the lack of internal cohesion may be related to a lack of relationships with the outside and,
conversely, the quality of relationships that the family is able to establish with the outside, seems to be an indicator of positive and supportive internal relationships.

In this regard, it is useful to briefly mention the main points of some of the developmental theories which can support the idea of the importance for each individual to live in a supportive environment, from childhood onwards. This promotes maturity, a sense of security, ability to cope with difficult situations, resilience and prevents psychopathology or social maladjustment.

Winnicott, one of the leading exponents of the theory of object relations, can provide valuable support in this regard. He stresses the importance of having a good enough mother in order to have a healthy development. To him the “good enough mother” is a mother who adapts to meet an infant’s needs and can healthily dissipate her adaptations from the results of her child’s frustrations and its ability to cope with what it may perceive as her failures.

The “good-enough mother” (Winnicott, 1964) and a good-enough holding environment contribute to ascertaining healthy development and this area of experience promotes an infant’s ability to then enter into a relationship between itself and its external world. Thus it is these environmental factors which can influence an infant’s acquisition of a healthy mental well-being, but if these are not employed during the early developmental stages, some form of psychopathology may occur (Joshi, 2008).

Bowlby’s attachment theory builds on Winnicott’s theory and emphasizes the fact that early relationships with caregivers play a major role in child development and continue to influence social relationships throughout life. Bowlby devoted extensive research to the concept of attachment, describing it as a “lasting psychological connectedness between human beings” (Bowlby, 1969, p. 194). He shared the psychoanalytic view that early experiences in childhood have an important influence on development and behaviour later in life. Our early attachment styles are established in childhood through the infant/caregiver relationship.

In addition to this, Bowlby believed that attachment had an evolutionary component; it aids in survival. “The propensity to make strong emotional bonds to particular individuals is a basic component of human nature” (Bowlby, 1988, 3).

But while these theories are based on the dyadic or triadic mother-father-child relationship, over the past thirty years, many studies have been developed on the conditions that foster human development, linking the evolution of the individual to a progressively extended systemic dimension (intrapersonal, interpersonal, emotional, environmental, historical, cultural, socio-political). Bronfenbrenner, was one of the authors who most influenced the research on these issues, documenting the systemic interconnections that link individual development with the social context he lives in. His main thesis is that the possibilities for growth, development and well-being do not depend on a single cause, but rather on a complex network of environmental factors (micro-, meso-, exo- and macro-systems), which include individuals with their
specific biological and psychological structure, environment, group, culture, society (Bronfenbrenner, 1979).

This theoretical approach has many similarities with the A. Sen capability approach (CA), which is the framework used to conduct this survey. According to Sen, in fact, human beings are distinguished by three different dimensions: their personal and structural characteristics, external circumstances (environment) they encounter and their abilities to transform resources into functionings, which are appropriate to build their well-being. To achieve functionings constituting well-being, the individual must meet contexts that will give him a real freedom to grow or to compensate for any shortfall. This is even more relevant for the child, who is considered to be at the centre of a development process in close interaction with other important agents such as family, school, etc. Such agents and the continuous and dynamic interaction with the child re-shape the potential capability set and can enhance (or restrict) the range of possible functionings for children (Biggeri, Santi 2012). In fact, as Sen has underlined “while exercising your own choices may be important enough for some types of freedoms, there are a great many other freedoms that depend on the assistance and actions of others and the nature of social arrangements” (2007, p.9).

This is why in this survey we will first analyse the microsystem, the small, immediate environment the child lives in; any immediate relationships or organizations they interact with, such as their family, school, neighbourhood. How these groups or organizations interact with the child will have an effect on how the child grows; the more encouraging and nurturing these relationships and places are, the better the child will be able to develop.

### 9.3 Families’ Capabilities and Children’s Well-being: Results of Empirical Investigation

Before going into details of the survey results, it is appropriate to highlight some aspects of the context in which the survey was carried out. The survey took place in Rome’s District n.10, a peripheral urban area with constant population growth (230,000 inhabitants) and a foreign population which has doubled over the last decade (from 5% in 2000 to 10% in 2010).

The District’s Social Care Services Department supports almost 2000 new individuals and the staff is composed of 22 social workers who have approximately 100 new social service users each year. This figure is of great interest since the average time of takeover is more than two years, thus stressing the social services system and human resources dedicated to it. Again, almost 30% of the budgetary resources are dedicated to interventions for children, however, they belong largely to the category of what we can call ‘reactive programmes’ and only in a few cases to the category of ‘prevention programmes’. As a matter of fact, the most requested service is economic.
assistance in order to deal with unexpected expenses (medical expenses, bills, rent/mortgage), with an indicative annual per capita expenditure of just 200 euro.

During the survey, 570 valid assisted completion questionnaires were collected. The questionnaire, consisting of 108 questions, was divided into six areas (one for each life domain plus a registry) and was anonymous.

As already mentioned at the beginning of our paper, we try to analyse children’s well-being indirectly, considering the parents’ perspective. In order to make our analysis more complete and effective, we are going to develop the discussion in two main directions: the first one, comparing the parents’ situation and the situation of individuals without children (the two sub groups of our sample) according to our model; the second one, taking into account some features of the local institutional context in order to understand if and how institutions can affect parents’ well-being and children’s well-being.

Some features of our (not representative) sample must be highlighted: as far as the educational level is concerned, approximately 46% of surveyed parents have a middle school level, 45% have a diploma (secondary school level) and about 9% have a degree. The situation is not significantly different from respondents without children, except for the fact that the latter have a much higher percentage of primary school diplomas (over 20%). Therefore, along with a significant share of parents with a particularly low education level, there are some parents with a high education level. Again, according to our results, parents with a low education level are twice as likely to be in the most deprived situation.

With regard to the parents’ employment status only 27% of respondents have a permanent job (only 17% have a full-time job) and about 34% are unemployed. Therefore, job insecurity and unemployment are two distinctive features of sampled households. It is useful to present some evidence of the households’ material deprivation: 70% of families with children cannot afford even a one-week vacation during the year; 18% state having difficulties getting a balanced diet during the week; 18% state not being able to heat the house adequately; 78% state that their income is not high enough to satisfy the household’s needs; nearly 60% would have difficulty coping with an unexpected expense of €200.

Finally, with regard to health status, two significant aspects should be highlighted: first, 80% of parents state that they are in good health (much higher than families with no children, 52%); secondly, 26% of parents state that there is one family member with health problems. Within the latter case, 10% are families with disabled children.

We are going to present now how our model and the multidimensional index can help us represent and analyse the situation of families with and without children (see fig.2).
Figure 9.2: ‘Social services users with children’

This figure represents the general situation of the families with children, all domains considered. People are distributed over four quadrants representing four possible conditions generated by our model as already explained in the previous paragraph. The axes represent the mean values of the two categories of indicators considered (status and functioning) and the individual’s situation gets worse when moving away from the origin (0). The maximum values of deprivation both in terms of functioning achievement and status are therefore represented by the extremes of the cartesian axes (Y=16 and X=25).

As we can see in the next figure, the situation of individuals without children is quite different.

As is made quite clear by the two figures is that the distribution of the two sub groups is quite different: the share of individuals without children in quadrant C (worst situation) is greater than the other group, and families with children in quadrant A (best situation) are relatively more than the other category (43.8% - 29.6%). Although it may seem unexpected, we can therefore assume that families with children are better off than those without children. This seems to be enhanced by an additional aspect: the average degree of deprivation in terms of functioning achievement is higher in the group of individuals without children. In the first case the group is deprived on average in 8 indicators out of 16 (6 out of 16 in the second
As far as the status indicators are concerned, the situation appears almost the same: the average is 11 in the first group and 10 in the second. We can argue that the main difference between the two subgroups is determined by the level of functioning achievement and then agency perhaps plays an important role in this. However, the result that is more striking in absolute terms is the one regarding the 30% of families with children exposed to multiple forms of capabilities deprivation.

What happens if we move from an aggregated picture to a disaggregated one by decomposing our index? The next table shows the distribution of the two subgroups for each domain considered:

**Figure 9.3: ‘Social service users with no children’**
Figure 9.4: 'Aggregated and disaggregated distribution'
The content of the table allows us to develop a more complex analysis, showing the difference between the general distribution and the disaggregated one: we can detect the domains that most influence and affect the general distribution. As a matter of fact, focusing the attention on quadrants A and C (where most of our sub groups are concentrated) we can point out some peculiar aspects related to three dimensions: living in a house, being part of a community and expressing emotions (some of the most interesting results concerning the other three dimensions were reported at the beginning of this chapter).

With regard to the domain 'living in a house', it is possible to point out how 38% of the population (within the two sub groups) is placed in quadrant C. Thus, according to our model, poor housing conditions are crucial in explaining deprivation of individuals in greatest need. Two indicators explain this result: the type of ownership of the house and the cost of rent or mortgage with respect to the available income. As a matter of fact, most of the social services users in our survey live in rented houses or pay a mortgage and have to spend more than 30% of their (low) income on affording these expenses.

Concerning the domain 'Being part of a community', it is possible to highlight that on average more than 30% of our sample is very deprived both in terms of functioning indicators and status indicators. Most of the indicators developed within this domain relate to the research field of neighbourhood effects on people’s well-being (also children’s well-being) which takes into account issues like: child and family-related institutions, social organization and interaction, normative environment and labour and marriage markets (Pebley, Sastry 2003). According to our survey results, less than a quarter of families with children claim to have little access to libraries, theatres, cinemas, parks, etc. About 30% perceive as critical issues those related to pollution, crime, noise, dirt and slightly less than 60% of families with children cannot find a solution to these problems even though they would like to. With regard to households’ social relationships, if almost 80% perceive their family environment as positive and supportive, on the other side, 67% of households with children under the age of 12 rarely or never spend time with their own family, neighbours and friends. These figures reflect poor external relatedness, which could lead to social exclusion.

Regarding the domain ‘Expressing emotions’, although a significant share of people is not severely deprived (more than 40% of respondents in each sub group are in quadrant A), it is interesting to highlight that there is a marked difference in the distribution of quadrant C. The group of individuals with no children is more

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deprived than the one with children and this result, as will be seen more specifically, is confirmed by almost all indicators considered.

This domain gives us information regarding the way parents perceive their well-being (both in emotional terms – happiness, and in cognitive terms – life satisfaction), what is their emotional state, their empathy level, how well-embedded they feel in a positive and supportive social context, the internal cohesion of the family, how much they believe they are able to control the world around them and to have clear life goals, what is their level of perceived stress and their self-efficacy perception. One aspect that is worth highlighting is the fact that, though in general the level of deprivation in this domain is higher among people without children, in the empathy indicator, this trend is inverted. In fact, families with children under the age of 12 are more deprived (20.5%) than those without children (18.2%) in the aspect related to the ability to tune into the moods of others, anticipate help demands and provide help in difficult situations. Parental sensitivity and responsiveness are essential to perceiving and evaluating children's distress signs and being able to respond to those needs in an appropriate manner. This will develop a secure base for a child and a better adaptation to the social world. Reciprocity between parent and child, which is built through empathy, actually favours the development of the child's social functions and supports learning.

Another important aspect concerns perceived stress in the past year: 79% of families with children under the age of 18 have experienced a high level of stress. This aspect has an inevitable impact on children who perceive their parents' moods. It is in stressful situations that empathy and sharing with children becomes crucial in order to avoid them suffering as much as possible. In relation to this figure, we can explore the emotional state of the respondent parent: 88.5% of parents with children under the age of 12 state that in the last four weeks, they could not sleep because of worries, they felt mostly unhappy and depressed and they felt that had lost confidence in themselves. Although we cannot make any diagnostic inferences, we can certainly say that long-term exposure to parents' anxious and depressed moods makes the child more vulnerable to the development of various diseases. Another aspect to highlight is related to the perceived self-efficacy: 24% of parents with children under the age of 18 (and 23.1% of parents with children under the age of 12) report feeling unable to face difficulties/problems, to make decisions and to play an important role in their lives.

If we now consider locus of control, which refers to the extent to which individuals believe that they can control events that affect them, it can be seen that 42.4% of parents with children under the age of 12 state that their lives are largely predetermined by fate. However, only 15% state they do not have clear life goals.

If, we now consider the measurement of well-being (expressed in its affective component – happiness – and cognitive component – life satisfaction), we see how in the last 4 weeks, 34% of parents of children under the age of 18 report being very
or quite unhappy and 50.5% state they are very or fairly dissatisfied with different aspects of their lives (work, relationships with family members, etc.).

Paying attention to the most critical aspects related to families with children’s situation within the three dimensions considered, we did not give proper emphasis to the positive factors that can be found in the households surveyed. If we re-read the results concerning the different indicators, it is possible to point out how most of the parents have resources in terms of promotive and protective factors that can be effectively exploited. Most of parents, regardless of low income-related issues, have a clear life goal, do not have ‘risk behaviours’ (such as alcohol-related problems), take care of their house and take care of their children.

9.4 Policy-making and children’s well-being: lessons and concluding remarks

One of the main objectives of our model is to show policy makers and social workers how much heterogeneity of situations can be found even in a specific group of individuals, such as ‘social care services users’. Alongside expected critical issues such as economic difficulties, unemployment and low education level, there is a great variety of situations and other issues to be taken into account. Thus, it makes it even more difficult to imagine the ‘right’ policy intervention at national or local level.

As pointed out in the previous chapters, MACAD allows setting priorities for action to fight poverty and social exclusion: a aggregated and disaggregated multidimensional perspective makes it possible to identify which different kinds of services to deliver, according to services users needs. At the same time, the institutional context has to be considered: financial and human resources available, investments made and to be made, national and regional policy strategy to face pressing issues like children’s poverty/well-being. As a matter of fact, to set the range of available opportunities to families with children in our survey, to improve their condition (and, indirectly, their children’s well-being), we should also consider external factors that could affect the situation.

Let’s imagine a local policy maker interested in taking a decision to improve the well-being of families with children in charge of the district social services department. He should take a decision both on the basis of the information of our survey (adopting a multidimensional approach) and on the current situation of the local social services system.

The first issue to be considered is the significant number/volume of people using social services with at least one child: almost 50% of the people who turn to

9 A comprehensive overview of policies aimed at children’s well-being and their effectiveness is available in ‘Doing better for children’, OECD 2009
social services (60% of our sample). Some questions, therefore, have to be answered by our policy maker: how many children are directly/indirectly affected by their parents’ disadvantaged situation (and then potentially ‘at risk’)? How many of these situations is the social services department able to follow effectively and what are the ‘operational tools’ available? In which life domain does the target population seem to be more deprived? Regarding this last question, according to our survey, the priority intervention areas coincide with some of the life domains considered, namely: income generating, living in a house and being part of a community. We know that the district’s social care services department has a very limited possibility of action in the aforementioned domains, since it has no direct competence in housing and labour market policies and it is quite complex to build a network with other local departments or agencies (such as the public employment services).

Keeping in mind the question we asked at the beginning of our work and all the issues already faced, the probability that a child of a social service user will became a user himself, is determined by both the opportunities offered by his family environment (microsystem) and the opportunities that national and local institutions offer in order to assist and support disadvantaged families with children. There are of course many other aspects to be taken into account with respect to this second issue and we will focus on those that we consider most useful for the purposes of our work and with respect to the available information. Two closely linked aspects have to be considered: the scarcity of financial and human resources dedicated to social policies at national and local level; the ‘sensitivity’ of resource distribution for social policies to the electoral cycles, which greatly affects the ability to draft and plan effective policies at both national and local level.

Finally, it is rather difficult to assess the ability of a system of social care services to intercept all critical situations (service uptake capacity), in particular those that relate to children. Yet, we believe that our model could represent a good ‘device’ to identify and prevent those situations not only from the material point of view but also with respect to other life dimensions. In this respect, dealing with households with multiple needs (or ‘multiple risk factors’) often means being able to offer ‘multiple answers’.
## Annex ‘A’ : list of indicators

<table>
<thead>
<tr>
<th>Domain</th>
<th>Status Indicators</th>
<th>Functioning Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in a house</td>
<td>AB1 - Type of home ownership (property, mortgage, rent) and AB 1.1 - Weight percentage of mortgage/rent on income</td>
<td>AB4 - Care of your own house</td>
</tr>
<tr>
<td></td>
<td>AB2 - Availability of services in house</td>
<td>AB6 – Perception of relevant issues regarding house</td>
</tr>
<tr>
<td></td>
<td>AB3 - Number of rooms in house</td>
<td>AB7 – Activation for resolution of a house problem</td>
</tr>
<tr>
<td></td>
<td>AB 5 - Presence of problems in house</td>
<td></td>
</tr>
<tr>
<td>Being part of a Community</td>
<td>AM1 – Access to social infrastructure</td>
<td>AM2 a) – Frequency in meeting relatives/friends</td>
</tr>
<tr>
<td></td>
<td>AM3 – Quality of family relationships</td>
<td>AM2 b) – Frequency in practice of leisure/worship activities</td>
</tr>
<tr>
<td></td>
<td>AM6 – Quality of relationships with people living in neighbourhood</td>
<td>AM 5 – Activation in problem solving with respect to neighbourhood</td>
</tr>
<tr>
<td></td>
<td>AM4 – Presence of relevant issues/problems in the neighbourhood of residence</td>
<td>AM8 – Reasons to remain/change area of residence</td>
</tr>
<tr>
<td></td>
<td>AM2 a) – Frequency in meeting relatives/friends</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AM2 b) – Frequency in practice of leisure/worship activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AM 5 – Activation in problem solving with respect to neighbourhood</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AM8 – Reasons to remain/change area of residence</td>
<td></td>
</tr>
<tr>
<td>Generating Income</td>
<td>GR1 – Burdensome costs to pay rent/mortgage/bills</td>
<td>GR6 – Capacity to meet basic needs (one week on holiday/food/medical care/house heating)</td>
</tr>
<tr>
<td></td>
<td>GR2 – Moments in 2010 when it was very difficult to pay certain expenses</td>
<td>GR10 – Ability to upgrade own income with respect to needs</td>
</tr>
<tr>
<td></td>
<td>GR3 – Making ends meet</td>
<td>GR12 – Propensity to save and/or programme costs</td>
</tr>
<tr>
<td></td>
<td>GR4.1 – Bank account availability</td>
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<td>GR5 – Use of credit cards or similar</td>
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<tr>
<td>Expressing emotions</td>
<td>E3 – Quality of life in last 4 weeks</td>
<td>E1 – Emotional maturity</td>
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<td></td>
<td>E4 – Level of life satisfaction in different domains in last four weeks</td>
<td>E2 – Level of happiness in last 4 weeks</td>
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<td></td>
<td>E5 – Life satisfaction as a whole</td>
<td>E8.2 – Contribution to implementation of change</td>
</tr>
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<td></td>
<td>E6 – Help from others in certain situations</td>
<td>E9 – Self-efficacy and locus of control in last 4 weeks</td>
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<td>E7 – Stress level in last year</td>
<td>E11 – Clarity of life objectives</td>
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<td>E12 – Level of autonomy and freedom to live the life one wants to live</td>
<td>E14 – Opinion on role of fate in personal life</td>
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<tr>
<td>Being healthy</td>
<td>SA7 – Difficulties in coping with health problems</td>
<td>SA1 – Perception of health status</td>
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<td>SA8 – Perceived level of health services in area of residence</td>
<td>SA2 – Risk behaviours</td>
</tr>
<tr>
<td>Developing skills, improving</td>
<td>Education level</td>
<td>AC2 – Activate to improve knowledge</td>
</tr>
<tr>
<td>education</td>
<td>AC1 – Usefulness of education</td>
<td>AC 4.1 – Real chance to practice hobbies</td>
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<tr>
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<td>AC4 – Usefulness of having interests/hobbies</td>
<td>AC5 – Frequency of activities useful for gaining knowledge</td>
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<td>AC6 – Goods owned by family</td>
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</tbody>
</table>

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