

PREVENTING FAMILY POVERTY:

A PILLAR OF SOCIAL AND ECONOMIC RESILIENCE



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COFACE Families Europe works towards the achievement of 8 positive outcomes for families of today, including social inclusion and prevention of poverty.¹ This work is aligned with the Sustainable Development Goals, the first of which is to “end poverty in all its forms everywhere” by 2030.²

The year 2025 marks an important juncture in the European Union’s fight against poverty, coinciding with the new European Commission taking office and shaping its social agenda. With the announcement of the first European Anti-Poverty Strategy as a flagship policy of the second Von der Leyen Commission, this year will be decisive in defining the framework for future interventions, as consultations will lay the groundwork for its launch in early 2026.

Simultaneously, late 2025 will also see the formulation of the new Action Plan for the implementation of the European Pillar of Social Rights (EPSR), which in its third chapter outlines key commitments to combat poverty and social exclusion. The previous Action Plan set an ambitious 2030 target - reducing the number of people at risk of poverty or social exclusion (AROPE)³ by at least 15 million, including 5 million children. As the EU revisits this Action Plan, the stakes are high: rising living costs, persistent inequalities, and the long-term socio-economic impacts of recent crises demand urgent action.

This COFACE position paper outlines a comprehensive, family-centred framework for preventing poverty and mitigating social exclusion, structured around a three-tiered approach - primary (universal), secondary (targeted), and tertiary (crisis) prevention - and supported by four essential pillars: adequate Resources (R), accessible Services (S), Time sovereignty (T), and integrated Governance (G).

The paper argues that, to address the **multidimensional nature of poverty, effective prevention strategies should operate to dismantle policy silos and foster multi-sectoral coordination**. This position paper aims to serve as a broader reference document for COFACE activities, providing a coherent conceptual foundation for the interdependency between single policy areas impacting families. By framing poverty prevention as a complex challenge requiring layered, multidisciplinary interventions, the paper aims to inform EU and national strategies highlighting actionable solutions.

THE RISK OF POVERTY FROM A FAMILY PERSPECTIVE: THE INTERPLAY OF RESOURCES, TIME, AND SERVICES

In 2024, poverty remained a significant challenge within the European Union, with 93.3 million people, or 21.0% of the population, identified as being at risk of poverty or social exclusion (AROPE). This risk, however, is not uniformly distributed, disproportionately impacting households in specific member states. Notably, Bulgaria (30.3%), Romania (27.9%), and Greece (26.9%) exhibited the highest levels of vulnerability. This geographical disparity underscores how a household's resilience is heavily contingent upon its national context, including the efficacy of local social protection systems and labour markets, which fail to safeguard all families equally.⁴

The complexity of this hardship is further revealed by the compounding challenges many households face. Among those at risk, 5.6 million individuals lived in families experiencing the severe confluence of all three AROPE indicators: income poverty, severe material deprivation, and very low work intensity.⁵ A further 11.4 million lived in households grappling with the dual burden of poverty and very low work intensity. These figures illustrate that for a significant number of families, poverty is not a singular issue but a multidimensional trap, wherein insufficient income, a scarcity of working adults, and an inability to afford basic necessities are mutually reinforcing, creating a cycle that is difficult to escape.⁶

A critical determinant of a household's poverty risk is its ability to secure stable employment. In 2023, 8.1% of the EU population lived in households with very low work intensity, a primary driver of social exclusion. The situation is particularly acute for families with dependent children, who face a 21.9% risk of poverty compared to 20.1% of households without children. This disparity indicates that the associated costs and care responsibilities of raising children can substantially strain family resources.⁷

Furthermore, the risk of poverty is not distributed uniformly across the life course. On average in Europe, people in the "young" and "seniors" age groups are more likely to experience poverty and social exclusion (see Table 1). This is no coincidence. Children are financially dependent on their parents or guardians, who may be in low-income households. As young people enter adulthood, most often after they finish their studies, they transition into the workforce and gradually attain their peak earning years. As older workers reach the pension age, they see their income decrease, which for the most vulnerable among them, might no longer be sufficient to cover rising costs related to healthcare, housing or long-term care. Participation in the labour market is often unattainable and, in instances involving very young children or regulated professions for older adults, is statutorily prohibited. Namely, allowances, but also, crucially, those of the family.

Table 1. Percentage of the population at risk of monetary poverty by age group, 2024.

	Less than 6 years	From 6 to 11 years	From 12 to 17 years	From 18 to 24 years	From 25 to 49 years	From 50 to 64 years	From 65 to 74 years	75 years or over
EU 27	18,1	18,8	20,9	21,4	14,1	14,5	15,6	17,8
BE	13,5	14,2	15,7	11,6	10,0	10,0	10,9	13,9
BG	24,8	26,6	31,7	22,8	19,1	15,8	23,9	27,8
CZ	12,7	12,0	16,8	13,2	7,8	8,1	7,1	9,8
DK	9,4	10,5	10,4	30,8	11,5	5,8	6,2	16,6
DE	15,6	14,3	15,9	24,8	12,6	12,9	19,7	19,1
EE	14,8	11,0	16,2	18,9	14,1	17,9	31,6	48,9
IE	14,8	14,2	16,3	9,2	9,2	11,5	17,6	24,4
GR	20,1	20,1	25,8	26,1	17,8	18,8	16,5	21,1
ES	28,9	29,4	29,3	21,6	18,8	15,7	14,1	19,9
FR	19,5	20,9	23,5	21,9	13,5	15,2	12,8	11,9
HR	16,8	20,0	17,8	11,4	13,4	17,8	35,5	39,2
IT	23,1	21,9	24,4	20,9	18,2	17,8	16,6	18,6
CY	12,6	12,1	13,2	10,5	11,6	8,5	23,3	40,9
LV	13,5	14,9	17,7	15,5	13,8	21,1	34,1	49,7
LT	17,0	18,9	20,6	24,2	13,8	20,7	36,1	37,8
LU	13,7	23,1	36,2	29,8	15,6	18,8	9,6	8,9
HU	13,7	14,8	14,4	15,2	9,5	13,3	23,1	26,5
MT	23,7	24,6	24,0	11,2	11,6	13,1	28,9	30,9
NL	12,4	15,3	13,4	23,2	9,2	10,0	10,1	15,3
AT	15,4	19,0	19,4	15,3	12,5	12,1	16,3	16,4
PL	12,6	13,5	14,5	19,2	11,8	14,6	15,3	15,1
PT	17,6	16,2	19,2	17,6	12,9	15,6	18,1	24,3
RO	25,4	22,6	29,2	22,2	16,5	17,6	14,0	20,2
SL	10,8	9,1	12,4	8,7	9,6	13,6	22,0	23,4
SK	19,1	20,1	20,1	21,3	14,4	12,5	9,1	8,3
FI	11,9	9,6	13,1	30,7	10,7	10,3	11,6	12,6
SE	16,5	19,3	18,6	24,5	14,8	11,5	9,4	12,3

Source: own elaboration based on EU SILC [data set: tessi012]

Some stages of life, namely younger and older age, are thus characterised by a heightened risk of vulnerability, being periods in which individuals often have not yet gained or are beginning to lose their independence and frequently require care. In Europe, the care of dependent persons is an activity which, despite the significant development of formal services over the last half-century, still relies heavily on informal assistance provided by family members.⁸

Despite a general decline since 2010, exclusive parental care remains a significant childcare model in the EU. In 2024, nearly half (47.6%) of children under the age of 3 were cared for solely by their parents. This figure is markedly higher in several nations, exceeding 70% in Slovakia and 60% in Germany, Romania, and Ireland. This demonstrates that, even with the growth of formal childcare services, the family unit continues to be the primary source of care for a substantial proportion of children across the continent.⁹

Likewise, in the EU, informal long-term care (LTC) is predominantly provided by family members, with an estimated 52 million Europeans serving as informal caregivers in 2023. This responsibility falls heavily on working-age adults, potentially disrupting work-life balance. A significant gender disparity exists, as women overwhelmingly shoulder the most demanding care tasks. High-intensity caregiving often creates significant time constraints, and because women bear most of these responsibilities, they are more likely to work part-time, participate less in the labour force, and have less leisure time than men. These findings highlight the immense, often unequal, burden placed on families, particularly women, due to a reliance on informal care arrangements.¹⁰

The scope and implications of these informal care relations are, of course, largely mediated by the local availability or unavailability of quality services and carry significant ramifications for the economic and temporal resources of the entire family unit. From the point of view of those in need of care, receiving assistance within the family tends to mean savings on the cost of formal services, which, especially when provided by private individuals, still represent a significant cost. From the perspective of care recipients, in particular older adults, familial assistance mitigates the financial burden of formal LTC services, which in Europe remain a significant cost. However, for the caregiver, the choice to provide care often involves a significant trade-off: they must forego other activities, frequently including a paying job. As a result, they risk missing out on income today and may have less financial security in the future.

The family is a unit situated at the crossroads of interconnected needs. This positioning renders it both a crucial mechanism for resilience and a potential conduit for vulnerability. Individuals facing risk of poverty and social exclusion seldom experience such vulnerability in isolation. At a familial level, financial hardship frequently compounds with lack of time, due to care responsibilities, and with inadequate services, perpetuating cycles of disadvantage. To break these cycles, policies should address how these pillars interact across different household structures.

The extent and consequences of this interdependence become particularly visible in the care trilemma, the trade-offs in crucial household management decisions that low-resource families are forced to make, facing competing demands on time, income, and employment.¹¹ From this perspective, it is evident that families in situations of vulnerability require a balanced policy mix to thrive, one founded upon the following key pillars:

(i) **Adequate resources (R):** Policies must ensure access to sufficient financial resources to maintain a decent standard of living above the poverty threshold, resources which are indexed to match any rise in living costs.

(ii) **Accessible quality services (S):** Universal access to a comprehensive range of quality services - including childcare, long-term care, healthcare, social support, housing, and parenting guidance is essential.

(iii) **Time sovereignty (T):** Support must be provided for organising working, caring, and learning time through measures such as leave policies and flexible working arrangements.

(iv) **An integrated governance framework (G):** Policy frameworks must actively ensure that resources, work-life balance arrangements, and services are coordinated, relevant, and accessible to their beneficiaries. This requires proactively identifying and mitigating financial, logistical, and cultural barriers to access.¹²

Below, a structured grid that highlights this complementary interplay between resources, time, and services to prevent poverty through different family situations: single parent with children, large intergenerational family, and two older adults.

Table 2. Mapping the complementarity of policy pillars: the R-S-T-G framework, applied across household types

Policy Pillar	HOUSEHOLD 1: Single mother with two children	HOUSEHOLD 2: Large family with an older adult and three children	HOUSEHOLD 3: Two older adults
Adequate resources (R) (Financial support)	Core need A stable income (from work or benefits) sufficient to cover housing, food, childcare, and children's needs.	Resources must be scaled to the family size (child benefits, housing allowances) and include support for care needs (disability allowance for the older adult).	Stable pension income and/or social security that maintains a decent standard of living amidst rising health costs.
	Complementary Without R, she cannot afford S (childcare). Without T, she cannot work to earn R. G ensures benefits are adequate and reach her.	R is depleted without S (affordable large housing, care services). T allows parents to earn R without sacrificing care for children or the elder. G coordinates these supports.	R is essential to co-pay for S (home care, medical treatments). Without S, their needs would deplete R. T (flexible care leave) allows their family to help without losing income.
Accessible quality services (S) (Care, health, support)	Core need Affordable, reliable childcare (early education and after-school) and healthcare.	A package of services: childcare, after-school activities, affordable large-scale housing, and professional long-term care (LTC) or respite care.	Access to health services, affordable home care, assisted living options, and mobility services.
	Complementary S enables her to pursue work/education (T) to earn R. G ensures these services are geographically and financially accessible, and of high quality.	S is the lynchpin; it relieves the immense time burden (T) on parents, allowing them to work (R). G must ensure this package is available and integrated.	S allows them to maintain independence and quality of life, preserving their R from being fully spent on care. G is crucial to navigate and access these complex service systems.

Policy Pillar	HOUSEHOLD 1: Single mother with two children	HOUSEHOLD 2: Large family with an older adult and three children	HOUSEHOLD 3: Two older adults
Time sovereignty (T) (Leave, flexibility)	Core need Flexible working hours, paid sick leave (for when children are ill), and affordable vacation care.	Parental leave, care leave for the older adult, and rights to flexible work arrangements for both parents.	While less about employment, T for this group means flexibility in how and when they access services (S). For their family, care leave (T) is essential to provide support without economic penalty.
	Complementary T allows her to manage unpredictable parenting schedules without losing her job (R) or sacrificing children's well-being. G legislates the right to these arrangements.	T is critical for managing the "time poverty" of multiple care responsibilities. It protects their ability to earn R and reduces the strain that would otherwise require more intensive S.	T (for their family) supports the informal care that complements formal S.
Integrated governance framework (G) (Coordination, access)	Core need Core Need: Systems that automatically bundle benefits (R), guarantee a place in childcare (S), and enforce labour rights (T).	Core Need: A single point of access or case manager to coordinate the complex web of child benefits, housing support, and elder care services.	Core Need: Clear information, streamlined assessment procedures, and coordinated care plans between health and social services.
	Role G orchestrates R, S, T by removing bureaucratic barriers ("logistical"), providing subsidies ("financial"), and offering services in a way that fits her life ("cultural").	G ensures complementarity by making different policies (R, S, T) aware of each other. It prevents the family from falling between the cracks of separate, siloed support systems.	G integrates the pillars by ensuring services (S) are tailored to their needs and accessible with their resources (R), and that systems support family caregivers (T). It actively removes barriers.

Access to a certain level of income is fundamental to an individual's social integration, and the loss of this income is a key triggering factor for entering situations of poverty and social exclusion. Conversely, ensuring that people remain in adequately paid employment is one of the most effective ways to prevent them from entering these situations, and rapidly regaining such employment is a crucial lever for exiting the condition of financial risk. Employment alone, however, may not always be enough to protect citizens. The enduring phenomenon of in-work poverty - encapsulated by low wages, single-income households, and involuntary part-time work, alongside inadequate income transfers - has shown no significant decline over the last 15 years (8% in 2007, 8.3% in 2023).¹³

Attention needs to be paid, however, to not understand social vulnerability merely as a function of contingent employment, low wages, or inadequate benefits, but rather as a constellation of structural barriers. These include discrimination¹⁴, low education attainment, poor healthcare, precarious housing, and poor access to essential support services. From a family perspective, which emphasises the interconnectedness of members, these barriers are doubly consequential.

First, they create conditions that facilitate the intergenerational transmission of disadvantage. A family's socioeconomic status and parental education levels are well-documented predictors of a child's educational and economic outcomes. Within this context, parents act as primary socialisation agents, mediating the influence of broader societal factors. This includes the transmission of knowledge, practices and norms – such as those related to health habits – which are themselves shaped by the family's access to resources and information.¹⁵

Furthermore, a family's capacity to access and leverage public services - which can act as powerful buffers and alter life trajectories – is significantly determined by its socioeconomic position. Families in vulnerable circumstances often encounter disproportionate administrative burdens, lack the necessary resources to navigate complex bureaucratic systems, and are disadvantaged by the uneven geographical distribution of resources. This constrained access is compounded by the toll of having to navigate monetary poverty itself, which diminishes the capacity to engage effectively with support structures.¹⁶

Second, the interconnected nature of the family unit means that the inability of one member to access support - such as childcare, long-term care, or disability services - forces difficult intra-household trade-offs. This often results in a caregiver (frequently a parent) reducing their working hours, declining educational opportunities, or foregoing their own healthcare to compensate for this lack of external support. This sacrifice may immediately exacerbate the family's financial precarity, if the caregiver is of working age, and may diminish that individual's long-term income through reduced human capital and earning potential, as well through diminished access to contributory social benefits, thereby reinforcing the very conditions of disadvantage they seek to manage.¹⁷

Consequently, a self-perpetuating cycle is established: structural barriers limit access to services, which forces caregiving sacrifices that reduce economic and educational advancement, which in turn deepens vulnerability for the entire household. Therefore, effective policy interventions aimed at poverty prevention

and eradication must avoid stubborn sectorality, be structurally cognisant and specifically designed to address the multifaceted needs of the family unit. A critical but historically overlooked dimension of preventive strategies is the need for formal legislative alignment between complementary policy pillars.

Yet, legislative alignment alone is insufficient. A mature family policy ecosystem must actively develop coordination between mechanisms guaranteeing resources, time, and services. A family's ability to thrive, or at least maintain a decent living standard, depends not merely on the availability of local services and resources but also, crucially, on its capacity to access and utilise them effectively. For public systems, the challenge of ensuring that services reach households in need is exacerbated when local provision systems operate in silos, with little incentive to develop synergies across agencies.

Truly effective support requires services to form competent systems wherein complementary programmes reinforce each other through cohesive, interdisciplinary networks. This means, for example, early childhood education centres expanding their boundaries to incorporate family guidance, offering referrals for health or social assistance. Conversely, hospitals providing prenatal classes must collaborate with local education and social services to guide vulnerable families through complex benefit systems. The current expansion of integrated hub structures like family centres - variously termed "multifunctional family centres," "children's houses," or "integrated service hubs" across EU member states - exemplify this synergy. Their proliferation reflects a growing recognition that service fragmentation perpetuates inequality.

AN INTEGRATED FRAMEWORK FOR FAMILY-CENTRED POVERTY PREVENTION: ALIGNING THE RSTG PILLARS WITH A THREE-TIERED STRATEGY

Not all households are in the same financial situation nor possess the same resilience characteristics. Families, as structural units, shape poverty dynamics through their composition, internal organisation, and the solidarity bonds they uphold. Their resilience or vulnerability, meanwhile, intersects with broader institutional systems. To effectively address poverty and social exclusion, policies must adopt a family-centred lens, recognising households as **interdependent systems** where vulnerabilities intersect and compound across generations. A narrow focus on individuals risks obscuring the relational dynamics of poverty – how precarity transfers between family.¹⁸

As mentioned above, this interconnectedness is starkly visible in the often-untenable trade-offs imposed by the care trilemma. A parent's sacrifice of income for caregiving may reverberate throughout the family, transforming an individual trade-off into a collective insecurity. Consequently, effective policy must be structurally cognisant and designed to address multifaceted needs. It must move beyond stubborn sectorality to offer a balanced mix of support founded on four pillars: adequate **Resources** (R), accessible quality **Services** (S), **Time** sovereignty (T), and integrated **Governance** (G) to ensure their coordination.

However, the presence of these pillars alone is insufficient. Their application must be strategically tailored to the level of need a family experiences. A family striving to avoid falling below the poverty threshold requires a different intervention than one seeking to escape entrenched deprivation. Building on the European Child Guarantee's multidimensional framework, this position paper therefore advances **a three-tiered prevention model (Primary, Secondary, Tertiary)** to address poverty's systemic roots and consequences across family ecosystems. The integrated grid presented below illustrates how the RSTG pillars can be activated at each tier to create a coherent, life-cycle-sensitive anti-poverty strategy.

PRIMARY PREVENTION: **building structural resilience**

Primary prevention constitutes the foundational layer, comprising universal, structural interventions that target the upstream drivers of inequality. Its goal is to establish conditions that prevent poverty from occurring in the first place. This is the domain of living wage policies (R), affordable public housing (S), and statutory paid leave (T). For a young family, primary prevention means access to affordable childcare (S), which enables parental employment (R) and is facilitated by legislation mandating flexible work (T). For older adults, it means an adequate pension (R) and accessible healthcare (S). Governance (G) at this level ensures systems are inherently coherent – for instance, through automatic benefit enrolment or co-located service hubs – making support easy to access and universal by design. **Primary prevention aims, in this sense, to inoculate the entire population against deprivation by building a robust social infrastructure.**

SECONDARY PREVENTION: **targeted early intervention**

When early signs of strain appear, **secondary prevention provides targeted support to interrupt emerging vulnerability before it escalates into crisis.** This tier is crucial for identified at-risk groups, such as low-income families, families with disabilities, children in disadvantaged schools, or the “sandwich generation” balancing eldercare and childcare. Here, resources (R) take the form of means-tested top-ups to universal benefits. Services (S) include school meal programmes, parenting support, or early intervention for developmental delays. Time sovereignty (T) involves extended carers’ leave or flexible schooling for young carers. The role of governance (G) becomes proactive: it is about building integrated referral systems between schools, doctors, and social services and deploying keyworkers to provide coordinated support. **Secondary prevention intercepts vulnerability, preventing a temporary setback from becoming a permanent state.**

TERTIARY PREVENTION: **crisis mitigation and recovery**

Tertiary prevention steps in when poverty is not a risk but a deep-rooted reality. It focuses on families experiencing entrenched deprivation, aiming to mitigate immediate harm while creating pathways out of crisis. Resources (R) are immediate: emergency cash assistance and debt relief. Services (S) are intensive: crisis shelters, food banks, and specialised family support. Time policies (T) protect those in crisis, such as through job-protected leave for rehabilitation. At this level, governance (G) is paramount for crisis management, requiring multi-agency risk conferences and integrated models like “Housing First” that combine housing (S) with support services (S, R). **The goal is not merely to alleviate suffering but to actively break cycles of deep disadvantage and link families back to secondary and primary supports.**

TABLE 3. An ecosystem of support: how R-S-T-G pillars operate across the prevention spectrum.

Policy Pillar	PRIMARY PREVENTION (Universal/ Structural)	SECONDARY PREVENTION (Targeted/Early intervention)	TERTIARY PREVENTION (Crisis mitigation and recovery)
Adequate resources (R) (Financial support)	<p>GOAL: Build a foundation of economic security for all.</p> <ul style="list-style-type: none"> Minimum income schemes and adequate pensions indexed to cost of living. Living wage policies and strong collective bargaining to prevent in-work poverty. Universal, generous child benefits and family allowances. Progressive taxation to fund the welfare state. 	<p>GOAL: Bolster resources for those at identified risk.</p> <ul style="list-style-type: none"> Means-tested top-ups to universal benefits (disability allowances, housing allowances, school cost subsidies). Conditional cash transfers linked to children's school attendance or health check-ups. Scholarships and stipends for low-income students in higher education or vocational training. 	<p>GOAL: Provide immediate relief and pave a path out of crisis.</p> <ul style="list-style-type: none"> Emergency cash assistance and hardship funds. Debt relief programmes and interest-free loans. Intensive employment support and subsidised jobs for the long-term unemployed.
Accessible quality services (S) (Care, health, support)	<p>GOAL: Ensure universal access to services that prevent vulnerability</p> <ul style="list-style-type: none"> Universal, affordable childcare and early education. Robust public health systems with strong preventative care. Affordable public housing and homelessness prevention programs. Free public education and digital infrastructure. 	<p>GOAL: Provide early, targeted support to at-risk groups.</p> <ul style="list-style-type: none"> School-based health and meal programmes in low-income areas. Parenting support programmes and home-visiting nurses for new parents. Early intervention programmes for children with developmental delays. Community-based mental health services. 	<p>GOAL: Address acute needs and provide specialist support</p> <ul style="list-style-type: none"> Crisis shelters (domestic violence, homelessness). Food banks and emergency meal services. Intensive family support services and case management. Substance abuse and addiction treatment programmes.

Policy Pillar	PRIMARY PREVENTION (Universal/ Structural)	SECONDARY PREVENTION (Targeted/Early intervention)	TERTIARY PREVENTION (Crisis mitigation and recovery)
Time sovereignty (T) (Leave, flexibility)	GOAL: Legislate a floor of rights for all workers and carers. <ul style="list-style-type: none"> Statutory paid parental, paternity, and carers leave. Legislation for flexible work arrangements Adequate paid sick leave for all workers. Reasonable working hour regulations. 	GOAL: Provide additional time support for those with heightened care burdens. <ul style="list-style-type: none"> Extended paid leave for parents of children with disabilities and chronic illnesses. Carer's needs assessments leading to personalised support plans, including respite care and peer support. Flexible schooling or training options for young carers. 	GOAL: Prevent job loss and support reintegration during crisis. <ul style="list-style-type: none"> Protected leave for victims of domestic violence. Gradual return-to-work programmes after medical or psychological crisis. Job-protected leave for individuals undergoing debt counselling or rehabilitation.
Integrated governance framework (G) (Coordination, access)	GOAL: Design systems that are inherently coherent and easy to navigate <ul style="list-style-type: none"> Co-location of services (health, employment, and social services in one hub). National standards for service access to reduce geographical inequity. Anti-discrimination legislation and enforcement. Automatic enrolment for benefits (for instance using tax data). 	GOAL: Proactively identify and support at-risk families through coordinated outreach. <ul style="list-style-type: none"> Integrated referral systems between schools, doctors, and social services. Keyworker or case manager model for complex, multi-problem families. Community outreach programmes to overcome cultural and logistical barriers. 	GOAL: Ensure crisis systems are linked to long-term structural supports. <ul style="list-style-type: none"> Crisis hotlines with triage to appropriate services (housing, mental health, legal). Multi-agency risk conferences (for child protection, domestic abuse cases). «Housing First» models that combine housing (S) with support measures (S, R, T).

Synergy in action: interdependence of tiers and pillars

Critically, these tiers do not operate in isolation but function synergistically within family contexts. The pillars of R, S, T, and G are the what; the three tiers are the when and how intensely they are applied.

- A **single parent**'s ability to upskill (a secondary prevention goal) may depend on the primary prevention foundation of affordable day-care (S) and be supported by a tertiary prevention emergency cash transfer (R) if a crisis hits.
- For a **multigenerational household**, primary prevention provides equitable education and long-term care infrastructure (S). Secondary prevention offers a key adult worker (G) the possibility to coordinate complex needs, while tertiary prevention provides respite care (S) to prevent family caregiver burnout.
- A **couple of older adults**' independence is secured by a primary-level pension (R). Secondary prevention ensures community transport (S) to prevent isolation, and tertiary prevention offers home-based healthcare (S) during a health crisis, funded through governance (G) that integrates health and social care budgets.

This framework ensures anti-poverty strategies mirror how families actually experience and transmit vulnerability - across generations and in response to intersecting scarcities. By aligning the RSTG pillars with a tiered prevention model, we move towards a truly ecological approach to poverty prevention. This approach acknowledges that effective policy must be both multidimensional - addressing resources, services, time, and governance simultaneously - and strategically timed, providing the right type of support at the right moment in a family's journey. Only by centering families as interdependent systems and coordinating across sectors and governance levels can we build competent systems that effectively break the cycle of disadvantage.

TOWARDS A COHERENT AND PARTICIPATORY ECOSYSTEM FOR FAMILY WELL-BEING

In conclusion, **effectively preventing poverty requires moving beyond isolated interventions towards a coherent ecosystem that aligns strategic pillars with a life-cycle approach.** The integrated framework presented here demonstrates that the resources (R), services (S), time (T), and governance (G) families need must be strategically delivered through primary, secondary, and tertiary tiers of prevention. This ensures support is both multidimensional and appropriately timed, matching the complexity of how families actually experience vulnerability.

However, **the efficacy of this entire structure is contingent on one non-negotiable element: meaningful participation.** As exemplified by organisations like COFACE Families Europe, grounding policy in lived experience through horizontal coordination and vertical integration is paramount. This participatory ethos must be coupled **with robust cross-sectoral institutional capacity at the local level, ensuring that insights from families and communities are translated into tangible action** through formal partnership structures, skilled public management, and shared learning infrastructures.

Ultimately, the goal is to cultivate competent systems that anticipate and interrupt deprivation cycles. This demands a **decisive shift from short-term projects to long-term institutional transformation, building governance architectures that seamlessly connect local innovation with multi-level support.**

By investing simultaneously in the RSTG pillars, the three-tiered strategy, and the enabling infrastructure of participation and partnership, we can build a future where no family is forced to face poverty alone. **The task ahead is not merely to implement better policies, but to forge an ecosystem where all families can thrive.**

REFERENCES

- 1 Goals | COFACE Families Europe
- 2 THE 17 GOALS | Sustainable Development
- 3 The “at risk of poverty or social exclusion” indicator, better known as *AROPE*, is the European Union’s primary measure for assessing poverty within its population. It serves as the main indicator for monitoring the EU 2030 target on poverty and social exclusion, having previously been the headline indicator for the EU 2020 Strategy. *AROPE* is also used to monitor progress towards the UN’s Sustainable Development Goal 1 and is currently the key indicator in the Social Scoreboard for the European Pillar of Social Rights.
- 4 Eurostat. (2025, April 30). *People at risk of poverty or social exclusion in 2024*. Eurostat News.
- 5 An individual is considered “at risk of poverty or social exclusion” if they meet at least one of the following conditions: (i) being at risk of poverty (*AROP*), (ii) experiencing severe material and social deprivation, or (iii) living in a household with very low work intensity. These three indicators are also used separately by Eurostat to measure living conditions and poverty. The first indicator, *AROP*, is a relative measure of monetary poverty, defined as living in households with disposable annual income below 60% of the national median. Severe material deprivation refers to an inability to afford at least 7 out of a list of 13 essential items, such as paying bills; eating proteins regularly, going on holiday, or owning basic goods like a telephone or a washing machine. Finally, the criterion of very low work intensity applies to households where working-age members (aged 18–59, excluding students under 24) worked less than 20% of their total potential work time in the previous year.
- 6 Eurostat. (2024). *Number of people at risk of poverty or social exclusion, by type of risk, EU* [ilc_pees01n]. Eurostat.
- 7 Eurostat. (2024). *People at risk of poverty or social exclusion for households with or without dependent children* [ilc_peps03n]. Eurostat. Retrieved September 5, 2025.
- 8 Eurofound (2025), Unpaid care in the EU, Publications Office of the European Union, Luxembourg. See also: European Institute for Gender Equality. 2023. *A better work-life balance: Bridging the gender care gap*. Luxembourg: Publications Office of the European Union. See also: Jensen, S. E. H., Pinkus, D., & Ruer, N. (2025, January 23). *Prepare now: Europe must get ready for the coming long-term care surge* [Policy Brief]. Bruegel.
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- 11 Daly, M. (2024) Exploring Resilience with Families: Overview Report, rEUsilience Working Paper Series: 8
- 12 This framework is a deliberate adaptation for this paper, drawing on the Reconciliation Policy Mix central to COFACE’s vision for a reconciliation economy, as detailed in: COFACE Families Europe. (2017). *Families on the Edge: Building a Comprehensive European Work-Life Balance Reality* [Position paper].
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- 17 UNICEF Regional Office for Europe and Central Asia. (2024, July). *Parenting support framework for the early years*. UNICEF.
- 18 This section of the position paper is based on the following sources: Milano, R., Tamburlini, G., & Milani, P. (2025). **Italy's 0-6 reform: Balancing equity and innovation in early childhood education and care**. European Observatory on Family Policy. COFACE Families Europe; Centre for Family Studies (Odisee). Emmery, K., Rommens, T., Pauwels, I., & Nys, K. (2025). *Insights on family policies. Dossier 2. Houses of the child: Ten years of family services integration in Flanders*. European Observatory on Family Policy. COFACE Families Europe; Centre for Family Studies (Odisee). Fischer, J., Backes, J., & Stolz, H. J. (2025). *Insights on family policies. Dossier 3. Early intervention networks and prevention chains in Germany: Municipal family policy as a catalyst of welfare transformation*. European Observatory on Family Policy. COFACE Families Europe; Centre for Family Studies (Odisee). Serapioni, M. (2023). *Towards greater family policy integration across Europe: Overcoming sectoral fragmentation in supporting families with young children*. European Observatory on Family Policy. COFACE Families Europe; Centre for Family Studies (Odisee). Böhm, A. (2022). *EU Work-Life Balance Directive transposition in action: A mixed picture from non-compliance and basic minimum standards to ambitious reforms for modern gender-responsive family policies*. COFACE – Families Europe. COFACE Families Europe. (2024, December 12). *Position paper: The family dimension of improving early childhood education and care services* [Position paper]. COFACE Families Europe. (2024, December 4). *S.H.I.F.T. guide for meaningful inclusion of persons with disabilities and their families* [Position paper]. Tamburlini, G. (2023). *I bambini in testa*. Il Pensiero Scientifico Editore.








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