

les
carnets
de Retraite & société

Social Exclusion in Old Age
(Extracts)

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Jim Ogg, Editor-in-Chief, *Retraite et société*

The two articles in this Carnet of *Retraite et société* form part of a volume on social exclusion in old age which is scheduled for publication in early 2019. The initiative behind the special issue is the work of the COST Action “Reducing Old-Age Exclusion in Europe: Collaborations in Research and Policy” – ROSEnet (CA 15122) and the publication of the Carnet is timed to coincide with the 5th Policy Seminar on social exclusion in old age to be held in Paris on the 11th January, 2019. This COST Action began in 2016 and it has brought together more than one hundred collaborators across Europe. The aim of ROSEnet is to respond to research, policy and societal challenges with respect to the social exclusion of older people in Europe, and beyond. By involving researchers, policy stakeholders and older people, ROSEnet adopts a new and innovative approach to knowledge production and knowledge transfer on multi-dimensional forms of disadvantage in later life. The focus of ROSEnet is on exclusion in economic, social, services, civic-rights, and community and spatial domains, how these forms of disadvantage interact in old age and the ways in which developing shared understandings of exclusion in later life can direct meaningful policy and practice.

The authors in this Carnet are part of the ROSEnet network. The first article by Angelika Thelin, Sofie Van Regenmortel and Liesbeth De Donder brings together two important studies on the experience of living on a low income in later

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life. In the literature, there are only a few studies that have approached the question of how older people manage on low incomes from a qualitative methodological design, and the article provides compelling evidence of the association of different life course trajectories with low incomes and how the experiences of individuals can differ according to these trajectories. These trajectories are defined by the authors as *continuity*, *slope*, *fall*, *rollercoaster*, and *on-the-margins*, each trajectory in turn leading to a particular experience of living on a low income. The analysis of the interviews shows that whilst hardships are experienced, not all trajectories are experienced in the same way. Some individuals cope better than others and give less attention to their overall financial situation. Social support and reciprocity are also a key finding of the research – living on a low income does not negate obligations to repay help received, even when resources are low. At the same time, the interviews clearly show how certain life events are strongly associated with low incomes: divorce and its adverse financial consequence, in particular for women; the onset of poor health; spiralling debts often related to business failures and uncontrollable addictions. All these factors reflect the importance of social policy measures that respond to the misfortunes and risks that can be accumulated over the life course.

In addition to detailing the experiences of living on a low income, the article by Thelin et al. suggests different natio-

nal contexts are also important. The two studies were undertaken separately in Sweden and Belgium, and the originality of the article lies in the comparative aspect of two countries with different welfare regimes. At the time of the research, the buffer of the welfare state for the cohorts studied in Sweden seemed to offer a protection against living on a low income that, notwithstanding the existence of welfare measures, was less apparent for the Belgium interviewees. The authors explain this finding in relation to the importance of the voluntary sector in Belgium in supporting older people with low incomes, who step in where the welfare state is not present. In the Belgium study, the higher input of civic society brought together older people on low incomes who shared experiences and evaluated their situation as less problematic than their objective incomes would suggest.

The second article mobilises data from the Survey on Health Ageing & Retirement in Europe. Two important questions are addressed in the paper by Michał Myck, Mateusz Najszub and Monika Oczkowska. Is the health of people in the age group 50-56 improving and are social class differences in health narrowing? These are fundamental questions with important consequences for policies related to ageing populations. Many factors influence health outcomes, among which are lifestyles, medical progress, and changes in the work environment, all of which interact with socio-economic status. Building on research that has demonstrated the impact of socio-economic status on health and the accentuation of differences over the life course, the authors' research contributes to the literature by focussing on cohort differences.

The research undertaken by Myck et al. is important in several ways. The authors confirm the persistence of health differences between different socio-economic groups in the age group 50 to 56 years. Second, the evidence suggests that over time there has been no change in the socio-economic inequalities associated with health: between the period 2004/2006 and 2013/2015, there has neither been a narrowing nor widening of these ine-

qualities. However, the authors' research points to an association between financial wealth and mental health, with people on low incomes more likely to experience depression. These differences are accentuated in the younger cohorts, i.e. people between the age of 50 and 56 in the years 2013/2015. According to the authors, the increase in depression in people with low incomes could widen further in response to growing inequalities in wealth. If such a trend continues and poor mental health persists into old age, these mental health problems could in turn either lead to a deterioration in physical health or mitigate any gains made by policies that aim to reduce a loss of autonomy.

The Carnet also contains résumés of the additional articles that will appear in the volume of *Retraite et société* on social exclusion in old age as well as résumés of two articles from the informative section of the journal. The forthcoming Volume will also contain two interviews with experts in the field of economic exclusion in old age.

Experienced life courses of older people living on low incomes: A qualitative secondary analysis of interviews in Sweden and Belgium

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Acknowledgement. We are very grateful to all the interviewees who took the time to share their experiences and life stories. We would also like to thank Professor Liesbeth De Donder for her valuable feedback and suggestions on the paper.

The European Commission emphasizes the need to combat poverty and social exclusion in the Europe 2020 Strategy (European Council, 2010). Living on a low income entails the risk of exclusion from customary living conditions and activities (Townsend, 1979) such as social relations, civic activities, basic services and the neighbourhood (Scharf et al., 2005).

Research on low income in old age has increasingly adopted a life course perspective, examining the influence of life events on the risk of becoming poor (Dewilde, 2012; Glaser et al., 2009; Vandecasteele, 2010). Previous research has shown that the low income of an individual in old age is associated with low social class, low wealth and low educational level of parents in childhood (Walker, 2012). In middle age, challenges in health (such as illness and disability), work (unemployment, low-paid work and part-time work) and family (living as or becoming a single-parent household) may lead to a low income in later life (Glaser et al., 2009; Walker, 2012). In old age, income tends to decrease at the time of retirement, with a further risk of decrease if private and contractual pensions expire. At the same time, expenses can increase in old age due to ill health, disability and becoming a single-person household (Zaidi & Gustafsson, 2007).

The life course theory of cumulative advantages and disadvantages (CAD) posits that people are primarily exposed to the risks mentioned above not by chance or individual choice but by collective, structural and institutional processes, which create advantages and disadvantages throughout the life course. CAD is supported by research showing patterns of inequality in wealth, income and health between different population groups and cohorts over time and in old age (Dannefer, 2003). For example, women are more likely than men to become poor after separating from their partner, having performed unpaid care work throughout their life course (Arber, 2006). However, different social policy systems affect the outcome of exposure to the risks described above (and the relationships among those risks) (Disney & Whitehouse, 2003). For example, De Vaus and

colleagues (2015) found that the economic consequences of divorce (and for women in particular) are related to social security systems, labour markets, family models and family law systems. In addition, different social policy systems may also affect the relationship between people's life histories, their life satisfaction and their wellbeing in different ways. Niedzwiedz and colleagues (2014) concluded that where welfare states are more generous, they produce equitable life histories as well as a more equitable distribution of wellbeing among older people. Similarly, Vanhoutte and Nazroo (2016) found that life courses have a greater influence on life satisfaction in old age in countries with historically less developed welfare states.

The influence of life events, the structural processes behind those events, the varying influence of welfare on becoming and remaining poor, and the experience of wellbeing should all be taken into account in building knowledge with a view to combating economic hardship throughout life. Consequently, this paper is developed on the basis of the intersection of life courses, different welfare states and low income in later life. The point of departure is that examining the experiences and everyday lives of people in vulnerable situations can add new perspectives to that intersection (Calasanti & Slevin, 2001; Gunnarsson, 2002; Smith, 1987). Few studies have examined the life courses leading to low income in old age from the viewpoint of the older adults living in such conditions (Gunnarsson, 2002). To our knowledge, a qualitative exploration of people's experiences of living on a low income in different social policy contexts has not been undertaken, despite the varying influences of welfare on becoming and remaining poor (*cf. supra*).

Specifically, this paper explores the experienced life courses of older people living on a low income in Sweden and Belgium. These two countries were chosen because they have similar proportions of people aged 65 years and older as well as comparable rates of older adults living on a low income. At the same time, they have divergent social policy systems (see below).

The aim of this paper is to contribute to an understanding of the complex social processes behind low incomes in old age. The specific research questions are as follows: How do older people themselves experience their current economic situation? Which events led to their low-income situation in old age, and how did they experience these events? How are those events related to each other, and how did they result in low income? What are the similarities and differences between experiences in Sweden and Belgium? The findings in relation to these questions are interpreted through a life course perspective that emphasizes that people's everyday lives are formed by a complex interplay between structural factors (here restricted to social policy), personal relationships and agency over time (Elder et al., 2006; Marshall & Mueller, 2003).

Methods

The social policy contexts of Sweden and Belgium

Sweden and Belgium have been chosen because of certain similarities and differences. In 2017, both Sweden (19.8%) and Belgium (18.5%) had proportions of older adults (65+) that were in line with the overall European rate (19.4%, Eurostat, 2018a). In 2016, 16.8% of older Swedish adults (65+) were at risk of poverty compared with 15.4% of older Belgian adults, both countries exceeding the overall European average (14.6%, Eurostat, 2018b). In 2016, there was a greater gender gap in the risk of poverty for those over the age of 65 in Sweden compared with Belgium (Eurostat, 2018b). In 2016, 11.1% of Swedish men aged 65 and over faced a risk of poverty compared with 21.7% of older Swedish women. In Belgium, these figures were 15.2% and 15.5% respectively, while the European figures were 12% and 16.7% respectively (Eurostat, 2018b). The risk of poverty is defined as having less than 60% of the median equivalised income after social transfers (Eurostat, 2018b).

Some overall aspects of each country's social policy history are important to keep in mind in connection with the life course perspective of this paper. Historically, the social policy system in Sweden has been categorised as a social democratic welfare regime and that of Belgium as more of a conservative regime (Esping-Andersen, 1990). The social democratic welfare regime is characterized by active labour market policies for full employment as well as generous social policy entitlements based on social citizenship and financed by taxes. The social democratic regime aims at increasing people's opportunities for moving within existing social stratifications, but also aims to decrease the degree of stratification by making people less of a market commodity (decommodification). In the conservative welfare regime, a person's position in the labour market, and the contributions to insurance systems corresponding to that position, is crucial for the quality of social services and social security entitlements. In relation to state interventions against vulnerability, the principle of subsidiarity is fundamental. The state intervenes only where family or civil society fail to meet an individual's social needs. Therefore, the conservative welfare regime upholds social stratification and offers its citizens less decommodification in society than the social democratic welfare regime (Esping-Andersen, 1990).

It is important to note that no country has a single coherent social policy regime (Arcanjo, 2011; Backhans et al., 2011; Ferragina & Seelein-Kaiser, 2011). In Sweden for example, the public pension and elder care system has become less universal and generous (less social-democratic) than it was in the 1980s, resulting in increasing social inequalities (Flood et al., 2006; Szebehely & Meager, 2018). In addition, the classification of Belgium as a strict conservative welfare system has been called into question, with some authors (e.g., Ferragina & Seelein-Kaiser, 2011) categorising Belgium as a Christian-democratic (conservative) country with a secondary social-democratic component.

From a gender perspective, a social democratic regime is generally associated with an individual earner-carer regime, while conservative regimes correspond to a male breadwinner regime (Sainsbury, 1999a). In the individual earner-carer regime, people of all genders are deemed to be active both in the labour market and in taking care of unpaid domestic and care work. To make this possible, higher levels of social care in the society are provided by formal social services (Sainsbury, 1999a). A social democratic regime decreases women's economic dependence on the family and male partners (defamilization; Bambra, 2004). Historically, Sweden has evolved from a male-breadwinner to an individual earner-carer regime (Sainsbury, 1997). Belgium has been considered to be based more on the male-breadwinner model as its tax system has not been favourable for married women (Sainsbury, 1999b), although Meyers and colleagues (1999: 137) showed that Belgium "[...] developed extensive provisions that helped women with young children to manage their dual responsibilities to family and workplace."

Qualitative secondary analysis

The research presented in this paper is based on a qualitative secondary analysis. This method has several advantages, such as increasing potential research and maximizing material utility, both of which are valuable considering the time and effort involved in collecting qualitative material (Irwin et al., 2012). A qualitative secondary analysis is especially valuable in studies based on "difficult to reach populations" (Tate & Happ, 2018). Van den Berg (2005) has developed minimum guidelines for conducting qualitative secondary analyses of textual material addressing the challenges involved. These guidelines were taken into account in the research presented in this paper. Decontextualization, one of the risks of secondary qualitative analysis, has been counteracted by the fact that the primary researchers carried out the secondary analysis and gave special attention to how the context of the interviewed persons affected the findings.

A secondary analysis can be conducted in a number of ways (Heaton, 2008 in Chew-Graham et al., 2011; Irwin et al., 2012). This paper presents findings from an inter-project secondary analysis of qualitative material (Irwin et al., 2012: 71) from previous doctoral thesis projects in Sweden (Thelin, 2013) and Belgium (Van Regenmortel, 2017). Both projects explored experienced life courses of older people living on a low income, but from different methodological starting points and with different aims and research questions. Despite these differences, both primary projects contain detailed accounts of experienced life courses among older people living on a low income. All the interviews were recorded and transcribed verbatim.

For the secondary analysis, the authors and researchers in the primary research projects jointly agreed on a common methodological starting point. As older adults living on a low income are considered as “knowers” in this study, this study should not be considered in a (post-) positivist view, with the aim of prediction or explanation. Rather, it should be considered in a constructivist and/or even transformative philosophical framework, with the aim of working with the overall understanding of vulnerability, through the narratives of people living under challenging living conditions (Creswell, 2014).

Aims and material collected in primary studies

The material from Sweden was originally collected with the aim of describing and understanding economic hardship and its meaning in the everyday lives of young pensioners. Subtle realism (Hammersley, 2002; Seale, 1999) was the scientific philosophy informing the study with a view to considering how social processes shape people’s everyday lives. The analyses were undertaken by comparing patterns in life stories over time between people with differing economic conditions (cf. Bertaux, 2003; Calasanti & Slevin, 2001; Elder et al., 2006; Hammersley, 2002; Marshall & Mueller, 2003; Seale, 1999). Thirty life stories of older adults living on a low income and 17 life stories of economically better-off of adults aged 65 years and over

were collected in 2009-2010. All the interviewed persons had old-age retirement benefits from the public system at the time of the interview.

The qualitative data of the doctoral thesis in Belgium consisted of 19 life stories of older adults living on a low income and 25 life stories of older adults perceiving their financial situation as more favourable. Only the 19 life stories of financially excluded older adults were analysed in the PhD study, which aimed to further understanding of the experienced and narrated life course of financially excluded older adults, and consequently give a voice to groups of people that are often not reached by (longitudinal) surveys (Chamberlayne et al., 2010). The scientific philosophy of the project was that biographies and life story methods, originating from narrative theory (Bluck & Habermas, 2001), should be considered in a constructivist or transformative philosophical framework (Creswell, 2014).

Participants in secondary analysis

The socio-characteristics of participants in the secondary qualitative analysis are given in Table 1.

Ethical considerations

The primary study in Sweden complied with Swedish law regulating ethics in research involving humans in data collection. It was also conducted in accordance with the ethical principles for research in the humanities and social sciences established by the Swedish Research Council. The Belgian study was conducted in accordance with the guidelines of the ethical committee in the humanities of Vrije Universiteit Brussel. In both projects, interviewees were informed about the guarantee of their anonymity and the confidentiality of the material. All interviewees signed an informed consent form. These primary informed consents were reviewed to ensure that secondary analysis of interview material was in line with its aims.

Table 1. Characteristics of participants in the secondary qualitative analysis

| | Sweden | Belgium |
|------------------------------------|--|--|
| Selection criteria | Receiving housing benefit, a public income-tested economic subsidy. | Receiving help from an organisation giving support and a voice to older people. Or having difficulties making ends meet (through a self-assessment of the older person). |
| Recruitment of interviewees | Recruited through registers from the Swedish Social Insurance Agency (N=30). | Recruited through organisations that support and give a voice to those in poverty (N=18), or through the personal network of the researchers (N=1). |
| Age | 65-74 | 60-81 |
| Self-reported gender | | |
| Men | 7 | 12 |
| Women | 23 | 7 |
| Cohabiting | 2 | 4 |
| Single-person household | 28 | 15 |

Thematic analysis and interpretations in the secondary analysis

The overarching themes that initially guided the secondary analysis for this paper were originally identified through an analytical process in the Swedish study, focusing on events, transitions and trajectories (Settersten, 2003). In the original study, all interviews were first coded according to socio-economic positive and negative events. These events were then sorted by the following categories: childhood (defined for most interviewees as the end of compulsory education), the transition from childhood to middle age (from the end of compulsory education through to leaving their childhood family), middle age, the transition to old age (the retirement process around the age of 65), old age, and into the future. After considering all the positive and negative socio-economic events in each life phase

for the interviewees, each person's socio-economic position was coded as difficult, reasonable, advantageous, and varied in comparison with all the interviewed persons. Throughout the transitions between life phases and into the future, the overall socio-economic position was coded as stable, improved or impaired. Lastly, indications of an interviewee's movement between socio-economic positions over time were searched for. This process resulted in the construction of the different overarching themes in this paper. In the secondary analysis, the Belgium material was re-analysed in relation to those overarching themes. Material that was in line with, complemented, or questioned the Swedish findings was added. The findings of the Swedish primary study were then re-analysed in relation to the added findings from the Belgian study.

The pathways and quotations presented under findings from Sweden have been previously published in a monograph in Swedish (Thelin, 2013). The life stories that illustrate the pathways were constructed through a summary of key citations from each interview. As far as possible, the interviewees' original formulations were used, but the quotes may have been edited to become more readable and to safeguard anonymity. Thelin is responsible for the content on older people in Sweden. Van Regenmortel is responsible for the content on older people in Belgium. The authors co-wrote the Introduction, Methods, Discussion and Conclusion.

Findings

Experiences of their current economic situation

> Sweden

In the Swedish study, the interviewed persons talked about living on a low income in comparison with others in society at the time of the interviews. Some did not see a low income as a problem, whereas others problematized not being able to participate in social activities. Ing-Britt (female),

for example, responded in the following way when asked what she would do if she had more financial resources: *"I would do things. I would go out for dinner on a Sunday if I do not want to cook for example. Or I would go out on a Sunday when the weather is nice. I would take trips. I think most retirees have the possibility to do this."* Some of the women interviewed were critical that their contribution as part of family and working life had not resulted in a better retirement pension. Since the retirement pension primarily comes from a public national system, this can be interpreted as a direct criticism of the state.

That interviewees talked about living on a low income in comparison with others in society at the time of the interview is not surprising, considering that they had consented to be part of a study on the meaning of economic hardship in everyday life. In addition, the interviewees received a means-tested benefit that is part of the Swedish basic economic security system. In line with this situation, the interviewees explained their financial vulnerability at the time of the interview with reference to a low income. Those who had received longer periods of support through basic economic social security schemes before retirement talked about economic stability or improvement resulting from old age retirement. The interviewed persons who continued to work in low-paid jobs or on a part-time basis later in life talked about how entering into old age retirement lowered their income. However, at the same time they also stressed that food, clothing and travel expenditure decreased after retirement, which made their economic situation stable.

In addition to low income and retirement, interviewees also explained their current financial vulnerability with reference to a lack of wealth, expenses due to ill health and disability, alcohol addictions, debts, living alone, moral financial responsibility towards a partner with a more problematic economic situation, and formal economic responsibility for minor children. Among interviewees, only men referred to the financial responsibility for someone else. Homeowners also mentioned the costs related to

maintaining their house. When a low income was combined with such additional factors, the experienced economic hardship became more severe. To illustrate the severe financial difficulties reported by interviewees, we use an account of Klara (female), who struggled with expenses due to health problems and debts. She talked about her difficulties in affording food: *“Every morning, all I eat is oatmeal. In the evening, I am very hungry. I have these tablets [sleeping pills]. Those are dangerous things. I am aware of that. However, I am so hungry that I have to see to that I can fall asleep.”*

Sometimes, interviewees indicated that financial vulnerability was reduced by financial and material support from friends, neighbours, relatives or family. Some interviewees accepted such support from others, and even talked about how they requested such help. Other interviewees said that they felt bad about getting financial support. For example, Lisbeth (female) said: *“Sometimes when the children are here and they help me, I give them some money. They say that I do not need to. But I want to. I do not want to feel as if I owe them anything.”* The interviewees expressed the view that support from others reduced their feeling of independence and contributed to a feeling of being a burden. However, the understanding of receiving support as part of an exchange made them feel less of a burden. Lisbeth said that she gave her children money in exchange for their help. Martin (male), whose daughter gave him an old TV, pointed out that he helped others to get rid of things they no longer wanted. Other interviewees stressed that the support they received from friends and children was payback for support they had previously given.

> Belgium

Although 18 of 19 Belgian interviewees were recruited via organisations supporting and giving a voice to those in poverty, not all interviewees considered their financial situation as problematic. Jaak (male) clearly indicated that: *“Financially I actually don’t have any difficulties. I did not ask for it. The food banks. I even did not know I had the*

right to." Some interviewees even indicated that, at the time of the interview, they felt financially stronger than they had earlier in life. Stef (male) compared his current situation with his earlier situation and drew the following conclusion: *"Look, at this moment I am well off. Relatively well off. Now I can afford something. Because now I paid off my house."* However, in the life stories, there were also examples of interviewees who talked about living on a low income and how this caused difficulties in their everyday life, reducing their participation in certain social or cultural activities and requiring them to limit expenses. To illustrate the financial difficulties faced by the interviewees, we use an account of Jos (male): *"We always have to take money from our savings. We still have some savings for my wife's funeral. For me there are none. Therefore, I went to a hospital and I donated my body. When I am dead they will take my body to the hospital. I will not have a funeral, nothing."*

Similar to the Swedish interviewees, when discussing financial vulnerability the Belgian interviewees also referred to other factors besides living on a low income. Belgian interviewees talked about lack of wealth, expenses due to ill health, disability, and debts. According to some interviewees, their current responsibilities (such as taking care of relatives financially) complicated their finances. Homeowners indicated that taxes and other costs related to home maintenance deteriorated their financial situation. Unlike the Swedish stories, the Belgian stories demonstrated that retiring was experienced as strongly influencing income. *"If you turn 65, you lose 800 euros. Then, you have to reorganise your life. Then, you have to cut back on this, and cut back on that"* (Jean, male). Men were especially disappointed in their low pensions when they compared their incomes to their work trajectories. This feeling is for instance demonstrated by Luc (male), whose pension was mainly built up through his short career as a civil servant after he worked as a farmer for 55 years on his parents' farm: *"I worked a lot, but I have a small pension."*

Some interviewees considered that their supportive environments improved their financial and material difficulties

slightly, while others lacked such supportive networks. For example, the help of children in managing to get by financially is illustrated by this account of Jos (male), whose son bought him a car: *"I drove fifteen years with that car. At the end, the car was worn out and I had no car anymore. My son said that I should have a car. We were in the garage and there was a little second-hand car for 2500 euros. My son bought me the car."* The need to not be a burden and to return the support received, also expressed by Swedish interviewees, was found in the narratives of older low-income Belgian adults. Some interviewees did volunteer work because they wanted to compensate for the help they received, such as this example described by Roger (male): *"I am not an egotistical person. The OCMW [public service for local welfare] has helped me, so I said to them. 'It is obvious. You want to help me, I want to do something in return. I don't want to take advantage of the situation and your help.' That is how I started voluntary work in July last year. I volunteer three days in a week."* Maud (female) said that she takes care of her daughter's children and that in return her daughter buys her new clothes and pays her a monthly fee.

Pathways to and life events associated with low income

> Examples from Sweden

Four experienced pathways to low incomes were identified in the Swedish material. These pathways can be summarised as **continuity**, **fall**, **slope** and **rollercoaster**. Each pathway was determined by transitions and turning points in both private and working lives. Specifically, the interviewees recalled events in relation to education, employment, retirement, entrepreneurship, undeclared work, interpersonal relations, the deaths of relatives and friends, their own health and the health of relatives and friends, housing and other material resources, leisure activities and addiction. Some interviewees raised the economic consequences of these events. However, more often they expressed their feelings in relation to these events, and their meaning for social relationships, wellbeing and qua-

lity of life. Analysing these events and their consequences revealed the pathways to low incomes.

These analyses showed that the present-day low incomes of interviewees were mainly explained by events in middle age, and these events are presented here. However, it should be noted that childhood experiences also varied greatly among interviewees. For example, Ing-Brit (female) said that she started helping her parents, who were farmers, at a young age. She said that there was never much money in her childhood and that she never ran and played as other children did. Her father had alcohol problems and Ing-Brit and her siblings were placed in different foster homes. In contrast, Britt-Marie (female) said that she did not have a deprived childhood; she often joined her mother on trips abroad, went skiing with her father and had many hobbies in childhood such as dancing, painting, and private piano classes.

Continuity

Continuity was identified as a pattern of cumulative financial disadvantage throughout life starting with a financially vulnerable childhood. Interviewees explained continuity in reference to lifelong ill health and disabilities, resulting in exclusion from education, training, occupational work and intimate social relations. Economic hardship in childhood prevented or hindered them from continuing their education. Others pointed to problematic relations with their parents as the main reason for living on a low income throughout life. They explained that neglect or abuse in family life resulted in their own ill health, additional destructive relationships later in life, separations, and problems in managing education and work. To illustrate continuity as a pattern, we present a summary from the interview with Majken (female):

"[...] but it was not a long-term marriage. At first, we had a girl and a few years later a son. Two years later we separated. I lived alone with the children until my daughter was about 10 years old and she moved to her father.

First, I stayed at home when the son was young, but then I brought them to kindergarten and I looked for a job. I worked as an assistant in industry. However, I had problems with my stomach, and it was too stressful for me – getting up in the mornings and bringing the kids to kindergarten, going to work for a whole day, picking up the children, cooking and doing the laundry. It simply broke me. And my former husband continued not being nice to me. I looked for what I thought was an easier job, but it turned out to be harder than I thought and my stomach-ache became even worse. After that I was only temporarily employed – for example as a cleaner – as I was a single mother with children. I entered occupational training in the mid-1970s, but also after that, I had to keep jumping back and forth between jobs. I was so tired of it. The occupational training was public and free, but I had even lower income during these years trying to make a change for the future. But that never paid off.

In the mid-1980s, I met a man. I was at home and took care of the household while he was gone and worked elsewhere. He decided that I would be home and take care of the home as long as he could support me. I did not get my own money. He said that if I wanted something I would ask him for it. He hit me. I was afraid of him and felt like he always had his eyes on me. I lived together with him for over 15 years. In the beginning of the 2000s, I ended up in the hospital after having a heart attack. In 2003, I moved away from him. We managed to separate as friends. Then I was in such a bad shape that I entered early retirement.”

Fall and slope

The **fall** pattern begins with a description of a favourable socio-economic position in childhood that continues into midlife. Then follows an event which leads to a fall into (more or less severe) financial vulnerability resulting from sudden low income. The causes were mostly clear economic turning points related to illness, an accident, becoming single due to death or divorce, abusive rela-

tionships, or problems related to self-employment. Among some women, becoming a single-person household was the sole negative socio-economic life event that explained economic hardship in old age. In other narratives by both women and men, the event causing the fall was followed by other events that sustained and made the economic vulnerability more severe. To illustrate this pattern, we present a summary of the interview with Evert (male):

"I lived at home until I was 23 years old. My family had a relatively good financial situation compared with other families around us. I then worked as a car mechanic. When I was around 40 years old, I met my wife and we had three children together. She worked at the factory and then she became a childminder. We moved to a house near where I live today, we lived together and both worked, we were well placed financially. I did some undeclared jobs as well, and got extra money. We used to go abroad for three weeks in the summer. We had a caravan standing in a beautiful place. We used to have two cars. I had a motorbike.

The financial problems started with a slipped disc. After that, my shoulders were worn out and then I had trouble with my lungs. I was 55 when I entered early retirement. My wife and I separated. It was too much for her with all the trips to the hospital. We had to sell the house at a loss and shared the debt. I started paying child maintenance. The income was sufficient at first, because I had compensation by contract from work. However, expenses increased and I could just cover the costs for rent, food, paying debts and maintenance. Since then, there has been no travel or other unnecessary expenses."

The pattern of a **slope** also begins with a favourable socio-economic position in childhood, but is then followed by a slow downwards move into a low socio-economic position later in life. In the initial Swedish study, the interviewee who exemplified this pattern did not manage to live up to the family's expectations of a successful educational and busi-

ness career. His life course drifted and he depended on his family's support until this was no longer possible.

Rollercoaster

Finally, the **rollercoaster** is characterized by a life story that included not just one, but several movements between different socio-economic positions over time, before the person finally ends up living on a low income. The rollercoaster path begins either with economic hardship in childhood, or with a more favourable economic situation in childhood.

For some women, highs and lows in their financial situation in middle age were explained solely by changes in their relationship status. When a woman separated from a partner and became a single-person household, she entered a period of economic hardship. When entering a new partnership, she then experienced a better economic situation again. Both men and women talked about professional careers characterized by ups and downs, with alternating periods of employment, unemployment and sick leave. Men and women also talked about resigning from jobs in Sweden to travel for longer periods in life. They lived on savings or undeclared or part-time jobs abroad, with no preparations for an income in retirement. Returning to Sweden, they found a new job. Some men talked about economic ups and downs stemming from entrepreneurship, business deals, the choice of a career in the cultural sector, and periodic addictions. To illustrate this pattern, we present a summary of Martin's (male) life story:

"When I was young, I studied to become an economist after compulsory education. However, I preferred to work as a musician. Nevertheless, music became my hobby. Before the age of 30, I married. I worked at a company selling products. Then my daughter was born. That was the happiest day of my life. However, when my daughter was seven or eight years old, I separated. I rented a room somewhere and kept on

working as a sales manager. It was not particularly well paid and I did not get along with the boss, so I quit and found another job. I met another lady and she was fun in many ways. We got along really well and had plans. At one point, I was traveling for work, and I just fell in love with a place that I passed. I went home and said: 'I have bought some land.' She went crazy. We visited the place and she became just as in love with the place as me. I took a sabbatical year and started building our house there myself. I used all my assets for this. Unfortunately, I found it difficult to get along with her father. I told her that she had to choose between him and me. She chose her father. I left everything. I took my clothes and just left.

It was strange, some weeks later a company called and said that they looked for someone who could take care of their accounting. They asked if I was interested. Well, I thought okay, I have nothing to do. Then I started there as CFO. I received receipts and stuff in a plastic bag. It was terrible, but I managed to work it out. Then I told the boss that I could not handle working with economics and numbers anymore. That was not what I wanted to do with my life. I quit that job, too, and moved to my parents. I have not worked much since. I have mostly been unemployed. I also made a stupid deal concerning a car. The debt grew all the time, so it went to the Swedish Enforcement Authority. I have some more debts there too. And I have drunk too much at some points my life. Sometimes it has been much too much."

> Examples from Belgium

Almost all interviewees referred at least once to their financial difficulties in the construction of their life course, sometimes even after their interview was finished, but few of them described in detail their path to living on a low income. However, almost all the different life pathways to low income described by the Swedish study were also identified in the Belgian study. Only the slope path did not

occur in the Belgian interviews. An additional path was identified, namely the **on-the-margins** path. The Belgian pathways were formed by transitions and turning points in private and working life. Like the Swedish interviewees, the Belgian interviewees talked about events in employment, retirement, entrepreneurship, undeclared work, interpersonal relations, the deaths of relatives and friends, their own mental and/or physical health and the health of relatives and friends, housing and other material resources, leisure activities and alcohol addiction. Sometimes they talked explicitly about the economic consequences of these events. But more often they talked about how they felt about these events and what these events had meant for their social relationships, wellbeing and quality of life.

Continuity

Elza (female) described her life on a low income as a continuous state of financial difficulties: *"I just want to make it clear that I am currently in dire financial straits. But actually, I have been in dire financial straits for my whole life."* This is a clear example of the **continuity** path. The **continuity** path is characterized by narratives of the financially and socially difficult situations experienced in childhood. This was for instance the case for Mario (male), exemplified by a summary of his account: *"I had a difficult youth. I always had the feeling that my parents and school prevented me from developing mentally. I was outcast and humiliated at school. Because of my size. I have been increasingly fat. [...] I will not say we [his family when he was six years old] lived in luxury. We had difficulties getting by financially. My dad went to work and my mum was a housewife. [...] First, we lived in a house with two bedrooms. I slept in one bed with my brother, and my sister slept in the same room. Later my sister slept in a separate room, but I kept on sleeping in the same room as my brother. It is there that it all happened. The sexual abuse."*

In the continuity path, an economically and socially disadvantageous childhood is followed by unstable work careers for the interviewees themselves, as well as other life events

such as retirement, mental and physical illness, having an accident, disability, debts, taking financial care of children and grandchildren, and imprisonment, leading to the further accumulation of socio-economic disadvantages. For some women in the continuity path, divorce worsened their financial vulnerability. Particularly present in life pathways associated with the continuity path are the poor mental and/or physical health of the interviewees and the poor health of their relatives.

Fall

Similar to the Swedish study, some interviewees in the Belgian study experienced their childhood and following chapters as favourable and (moderately) wealthy until one specific event caused a serious decrease in their finances (**fall**). Events causing a fall were financial abuse, bankruptcy, debts, death of partner, retirement, unemployment and divorce. Divorce was an important life event causing financial difficulties for women in the continuity or roller-coaster pathways, but also for some men in the fall path as illustrated by Jean (male): *"We almost had our own house, but because of the divorce she asked for her share of the house. Then I had to sell the house to pay her share. That was hard financially. I worked so many years, I almost had a house, a property, and then suddenly... I had custody of my daughter. The divorce caused a lot of misery and expenses. I also had to pay maintenance."*

In some life stories, losing a spouse was the sole cause of the fall to low income for both men and women. However, in most narratives of both men and women, the event causing the fall was subsequently followed by additional events adding financial and social difficulties or impeding escape from low income. These events were as follows: having to take care of others financially, divorce, having an accident, (early) retirement, illness or disability on their part or the part of relatives, death of relatives or partner, and mental health problems. For example, Roger (male) experienced a wealthy life and had his own successful insurance company. But after his business partner embezzled company

money, debts accumulated and Roger finally had to let go of his business, resulting in numerous debts and thus financial difficulties. These problems led to a divorce, while health problems arose due to the many and demanding jobs he was required to take on to pay off his debts. In contrast, this chain of life events was not experienced by Carla (female), whose financial difficulties started after her husband's death, but this event was not followed by any other events worsening her financial situation.

Rollercoaster and on-the-margins

The **rollercoaster** pathway refers to wealthier periods in the life course when interviewees had a good income, such as when they had their first job. The ups and downs in the rollercoaster path are often associated with the success or failure of one's own business or with alternating high- and low-paid jobs. But similar to the Swedish findings, the ups and downs may also be related to living as a couple or living alone. In the narrative of Marie (female), her wealth was related to that of her husband, but after a divorce her income decreased only to increase again when she remarried, followed by a new increase after a second divorce. Where the ups and downs of the rollercoaster path are less strongly referred to, the **on-the-margins** path may be identified. This path resembles the rollercoaster path but the swings between financial exclusion and inclusion are less strong and extreme.

Maude (female) experienced a rollercoaster path starting in childhood with a wealthy lifestyle which continued while she was married but changed after being divorced from her first husband: *"When I divorced I had nothing anymore. The biggest problem [in her life] was having little money at the time of the divorce. That was really degrading for me. I was a proud woman, and then you have to start down the ladder, you have to beg actually."* She fell back on the support of the OCMW (public service for local welfare). With the support of a special bursary she began studying languages and worked abroad. After a while she remarried and returned to Belgium where, with the sup-

port of her father, she started her own bakery business with her husband, which was very profitable. After a while the bakery became less lucrative as their customers increasingly shopped at new bakeries selling at lower prices. *“From 2008, I could not keep my head above water. I always had to contribute and contribute, I could not pay social contributions anymore, I could not pay my social security either. I had an I-don’t-know-how-big arrears for my pension. Then my head was really under water. But now I am almost through it.”* Maud currently has a low pension as some of the work she did abroad was undeclared and also because she was self-employed.

Stef (male) experienced an on-the-margins path which began with a disadvantaged youth. His father had an alcohol addiction, he was bullied because of his size and was abused by his teacher. He described the first house in his childhood as follows: *“It was a sort of small farm. I believe they had to pay about 100 or 150 Belgian francs (approximately 2.5-4 euros) as rent. But our pets were mice and rats.”* After his military service and being unemployed for a year, his first job improved his situation, as it gave him more financial opportunities. *“At a certain moment, you felt like you earned a fortune. That was exaggerated, but you had the feeling you were able to afford something. I could for instance invest in my coin collection, or I could buy a good pair of trousers, or afford to have my hair cut. Now my daughter does my hair.”* In middle age, his financial situation was affected by two divorces. He bought back the house of his second relationship, which meant he had to pay off 15 additional years of mortgage. In addition, both his sons had drug addictions; one of them died, and he asked the court to evict the other. He reunited with his second wife but she died shortly thereafter. However, he possessed a funeral insurance without which he would not have been able to afford the funeral. When his second son died he also relied on the funeral insurance. Stef’s current situation is relatively good since he has paid off the house, the money that used to go to the mortgage is now available to him, and he can once again afford some things and plans to invest in renovating and improving the house.

Events associated with low income in the **rollercoaster** and **on-the-margins** path include (multiple) divorce(s), retirement, unemployment, bankruptcy, debts of one's own or those of relatives, financial abuse, sexual abuse, the death or illness of relatives, and poor physical and mental health.

Positive experiences of an economically negative life event

Not all life events associated with financial difficulties had the same consequences. For example, although divorce led to financial difficulties and feelings of shame or guilt in most life stories, there could also be feelings of empowerment, increased independence and better wellbeing. This is illustrated by Marie (Belgian female) who said that her divorce was a turning point that led to financial difficulties but also to the feeling that she *"finally stood on her two own feet"* and *"That's [the divorce] why I am so strong and so happy that I am alone. I would not want a third man. Now, I do what I want when I want. I go to bed when I want to, if I cook I cook, if I clean I clean..."* Men also related both negatively and positively to divorce: *"The best and worst thing that happened to me was my second divorce. I bought the house back. I had to pay for 15 years longer, but now it is mine. I paid it off. And I do not have a wife who nags at me."* (Stef, man). In the Swedish material, the summary of Majken's (female) life course of continuity demonstrated that divorce released her twice from negative and violent relationships.

Discussion

This paper examines experienced life courses of older people living on low incomes in Sweden and Belgium through a comparative social policy perspective. In the initial country studies, the "living on a low income" selection criteria meant receiving the national public means-tested housing benefit (in Sweden) or being supported by a voluntary organisation (in Belgium). These different

selection criteria were in line with the different characteristics of the two social policy systems. In the fight against poverty, the state-based national social security system played a more important role in Sweden, while civil society played a more important role in Belgium (Esping-Andersen, 1990).

Experiences of current economic situations

Our findings show that the amount of financial strain in everyday life reported by older persons in Sweden corresponds with their reported overall financial conditions. In Belgium, not all interviewees (although recruited via organisations helping people with financial difficulties) considered themselves as having financial difficulties, and some gave less attention to their financial situation in constructing their overall life course. This difference could reflect the fact that the Swedish system (with means-tested benefit) targets the financial needs of older people living on a low income to a higher degree than the Belgian system. At the same time, the latter is voluntary, meaning that the economic needs of older people are not actually checked. As such, it is more open for meeting the needs of people with different levels of economic resources.

“Living on a low income” means different things to different people, because of differing life styles, varying coping strategies, differing reference groups, varying resources available in social networks and varying amounts of personal wealth (Adena & Myck, 2014; Arber et al., 2014; Myck et al., 2017). Our material shows that, in both Sweden and Belgium, living on a low income results in more severe economic exclusion when handling debts, addiction, economic responsibility for others, health problems and disability. None of the social policy systems appeared to be able to manage the needs of people living with multi-dimensional economic exclusion.

This research confirms that social support can reduce the financial vulnerability of older adults (Myck et al., 2017) but can also come into conflict with the desire for inde-

pendence (Kruse & Schmitt, 2015). Older adults living on a low income problematized receiving such support, since it made them dependent and a burden to others. Both the Swedish and Belgian material demonstrated that understanding support as part of an exchange reduced such feelings. This is consistent with Breheny and Stephens (2009), who also identified a desire to pay back support among older adults in New Zealand. Feelings of reciprocity thus appear to interact with experiences of living on a low income, regardless of social policy systems. However, a difference in our two original studies was that only in Belgium was voluntary work understood as a way of repaying support received from others. We should add that not everybody could rely on a supportive social network to manage their economic vulnerability. Sometimes, a social network caused financial difficulties or prevented an exit from financial difficulties (as in cases of divorce, relatives with debts, or caring for relatives). In addition, it is clear that in both countries having low financial resources is an obstacle to sufficient, satisfying, good-quality and supportive relationships (Campéon, 2015; Cornwell, 2015).

Perceived negative socio-economic events throughout life

Analysis of different life stories has led to the identification of events and transitions that relate to having a low income in old age. Events in middle age were the focus of this study, because the interviewees mainly explained their current low income with reference to those events; but our findings also indicate that relational problems, ill health and disability in early life were serious risks for economic vulnerability throughout a person's life. Naturally, it needs to be noted here that all the interviewees had a low income in old age. People with different kinds of financial vulnerability in childhood having managed to break with the accumulative disadvantage pattern (Dannefer, 2003) are thus not part of our material.

Poor health (i.e. illness and disability), work (i.e. unemployment, low-paid work and part-time work), and family

obligations (i.e. living as or becoming a single-person household) in mid-life explained low income in old age (Glaser et al., 2009; Walker, 2012). Private economic investments in middle age intended to improve the chances for a career (further education or investment in a firm), while investing in relationships (taking care of relatives, maintenance of others, buying a house) could also cause debt and low income in old age. Being financially abused (e.g. unreliable business partner) was also mentioned as causing economic hardship in old age.

Further evidence from our study shows that, in addition to the onset of retirement, expired private and contractual pensions, increasing expenses due to ill health, disability and becoming a single-person household (Zaidi & Gustafsson, 2007), financial abuse, debts, and care for and maintenance of others are economic challenges not just in middle age but also later in life. The transition to retirement has various economic consequences. In Belgium, retirement was mainly considered as a negative socio-economic event, but not in Sweden. This result raises questions as to how different social policy systems influence perceptions of the onset of retirement.

Men and women in both countries were not satisfied with the amount of their pensions given their contributions throughout their life. In Sweden, women referred to both unpaid home and care work as well as paid work. Furthermore, in Sweden, divorce was sometimes the sole event explaining a woman's economic hardship later in life. This situation should be understood in the context of a societal change from a male breadwinner to a separate gender role model in Sweden during the life course of these women (Sainsbury, 1997). In Sweden, measures have been taken to counteract women's economic losses in old age resulting from this systematic societal change (Government bill, 1994). However, the risk of poverty among older women in Sweden, and the narratives of the interviewed women in this study, call into question the adequacy of those measures.

Pathways to low income in old age

According to the theory of cumulative advantage and disadvantage (Dannefer, 2003), poverty in old age can be explained by socio-economic disadvantages that combine with, reinforce and amplify each other over time. The findings of this paper build on this theory by identifying five different pathways to low income in old age, here referred to as continuity, fall, slope (Sweden only), rollercoaster, and on-the-margins (Belgium only).

The continuity pathway begins with a low income in the childhood family household, followed by cumulative financial disadvantage throughout the life course. The fall pathway begins with better family economic standards in childhood, which continue until the occurrence of a life event leading to a reduction in income, which then continues throughout the life course. The event causing the fall can be followed by other events that sustain economic vulnerability. As with the fall pathway, the slope pathway also begins with a favourable economic situation in childhood, but this is followed by a slow and gradual shift to a low level of income in later life. The rollercoaster pathway is characterized by dynamics in and out of low income over time. The on-the-margins pathway also includes highs and lows in the financial situation, but these are less extreme than in the rollercoaster pathway. Despite the universal pathways identified, we should take into account that each individual's trajectory has its own timing, pace, dynamics and intensity.

The pathways to low income in both countries often result from several interacting negative socio-economic life events, confirming the cumulative advantage and disadvantage theory (Dannefer, 2003). These pathways are not taken into account in either country's social policy systems, which mainly aim to handle single economic risks over shorter periods of time. Based on the interviews presented in this paper, none of the social policy systems in Sweden or Belgium appear to adequately address cumulative disadvantage over longer periods of time.

Conclusion

This paper aims to contribute to the understanding of the complex social processes behind low incomes in old age. Our findings suggest a need for increased intervention and coordinated individual social support for people with multiple disadvantages in old age. Coordinated individual social support can add a special value for older adults experiencing financial difficulties (Judd & Moore, 2011). The consequences of low income identified in this study point to the need for social support when individuals encounter multiple disadvantages throughout the life course and not only in old age. Such support should take into account expenditure, debts and unfulfilled needs, as well as income. Furthermore, giving a voice to older people on low incomes and acknowledging their experiences can contribute to reducing their exclusion (Gunnarsson, 2002; Lister, 2007, 2008). To that end, we advocate the use of life story interviews not only as a valuable source of research material, but also as a resource for improving coordinated individualised social care (McKeown et al., 2006; Lister, 2008).

The similarities and differences in and between Sweden and Belgium identified in this paper show the complexity of experiences of economic hardship in old age. However, these findings are based on a small number of interviewees. We maintain that there is a further need for additional qualitative research in different welfare states on the social processes behind low income in old age. Because the population of older immigrants is growing in Europe (White, 2006), and because this population is subject to particular inequalities (Evandrou, 2000), it is important that future research include the life courses of low-income older immigrant adults (Hacisoftaoğlu & Pfister, 2012; Warnes & Williams, 2006). Our research also indicates the need for further research on different social policy systems, life courses and the outcomes of poverty from a gender perspective. Lastly, additional quantitative studies are also required to understand and test hypotheses derived from qualitative research.

References

- Adena, M., & Myck, M. (2014).** Poverty and transitions in health in later life. *Social Science & Medicine*, 116, 202-10.
- Arcanjo, M. (2011).** Welfare State Regimes and Reforms: A Classification of Ten European Countries between 1990 and 2006. *Social Policy and Society*, 10(2), 139-50.
- Arber, S. (2006).** Gender trajectories: how age and marital status influence patterns of gender inequality in later life. In S. Daatland, & S. Biggs, (Eds.), *Ageing and diversity. Multiple pathways and cultural migrations*. Bristol: The Policy Press.
- Arber, S., Fenn, K., & Meadows, R. (2014).** Subjective financial well-being, income and health inequalities in mid and later life in Britain. *Social Science and Medicine*, 100, 12-20.
- Backhans, M., Burström, B., & Marklund, S. (2011).** Gender Policy Developments and Policy Regimes in 22 OECD Countries, 1979-2008. *International Journal of Health Services*, 41(4), 595-623.
- Bambra, C. (2004).** The worlds of welfare: Illusory and gender blind? *Social Policy and Society*, 3(3), 201-11.
- Bertaux, D. (2003).** The usefulness of life stories for a realistic and meaningful sociology. In R., Humphrey, R. Miller, & E. Zdravomyslova (eds.), *Biographical research in Eastern Europe. Altered lives and broken biographies*. Hampshire: Ashgate Publishing Limited.
- Bluck, S., & Habermas, T. (2001).** Extending the study of autobiographical memory: Thinking back about life across the life span. *Review of General Psychology*, 5(2), 135-47.
- Breheny, M., & Stephens, C. (2009).** 'I Sort of Pay Back in My Own Little Way': Managing Independence and Social Connectedness through Reciprocity. *Ageing & Society*, 29(8), 1295-1313.
- Calasanti, T., & Slevin, K. (2001).** *Gender, social inequalities, and aging*. Walnut Creek: AltaMira Press
- Campéon, A., (2015).** Les mondes ordinaires de la précarité et de la solitude au grand âge. *Retraite et société*, 70, 84-104.

Chamberlayne, P., Bornat J., & Wengraf, T. (eds.). (2010). *The Turn to Biographical Methods in Social Science: Comparative Issues and Examples.* London: Routledge.

Chew-Graham, C., Kovandžić, M., Gask, L., Burroughs, H., Clarke, P., Sanderson, H., et al. (2012). Why may older people with depression not present to primary care? Messages from secondary analysis of qualitative data. *Health & Social Care in the Community*, 20(1), 52-60.

Cornwell, B. (2015). Social disadvantage and network turnover. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 70(1), 132-42.

Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches.* SAGE.

Dannefer, D. (2003). Cumulative advantage/disadvantage and the life course: cross-fertilizing age and social science theory. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 58(6), S327-37.

Dewilde, C. (2012). Lifecourse determinants and incomes in retirement: Belgium and the United Kingdom compared. *Ageing and Society*, 32(4), 587-615.

Disney, R.F., & Whitehouse, E.R. (2003). The Economic Well-Being of Older People in International Perspective: A Critical Review. In S. Crystal, & D. Shea (eds.), *Economic Outcomes in Later Life, Annual Review of Gerontology and Geriatrics*, volume 22. New York: Springer Publishing.

Elder, G.H., Johnson, M.K., & Crosnoe, R. (2006). The emergence and development of life course theory. In J.T. Mortimer & M.J. Shanahan (eds.), *Handbook of the Life Course.* New York: Springer.

Esping-Andersen, G. (1990) *The Three Worlds of Welfare Capitalism.* Cambridge: Policy Press.

European Council. (2010). *European Council, 17 June 2010, Conclusions.*
http://ec.europa.eu/eu2020/pdf/council_conclusion_17_june_en.pdf

Eurostat (2018a). *Population: Structure Indicators. Proportion of population aged 65 years and more (demo_pjanind).* Downloaded 7 August 2018.

Eurostat. (2018b). *At-risk-of-poverty rate by poverty threshold, age and sex. EU-SILC survey (ilc_li02).* Downloaded 7 August 2018. European Commission (2010). *Combating poverty and social exclusion. A statistical portrait of the European Union 2010.* <http://ec.europa.eu/eurostat/documents/3217494/5723553/KS-EP-09-001-EN.PDF/beb36abc-ff29-48a0-8518-32b64ad73ca5>.

Evandrou, M. (2000). Social inequalities in later life: the socio-economic position of older people from ethnic minority groups in Britain. *Population Trends London, 101*, 11-8.

Ferragina, E., & Seeleib-Kaiser, M. (2011). Welfare regime debate: past, present, futures? *Policy and Politics, 39*(4), 583-611.

Flood, L., Klevmarken, A., & Mitrut, A. (2006). *The income of the Swedish baby boomers.* IZA Discussion Paper No. 2354. Bonn: Institute for the Study of Labor.

Glaser, K, Price, D., Willis, R., Stuchbury, R, & Nicholls, M. (2009). *Life course influences and well-being in later life: a review.* Institute of Gerontology, King's College London and Department for Work and Pensions.

Government Bill, 1994. Reformering av det allmänna pensionssystemet. [Reform of the general pension system] Prop 1993/94:250.

Gunnarsson, E. (2002). The vulnerable life course: poverty and social assistance among middle-aged and older women. *Ageing and Society, 22*(6), 709-28.

Hacısoftaoğlu, I., & Pfister, G. (2012). Transitions: life stories and physical activities of Turkish migrants in Denmark. *Sport in Society, 15*(3), 385-98.

Hammersley, M. (2002). Ethnography and realism. In A.M. Huberman, & M.B. Miles (eds.), *The Qualitative Researcher's Companion.* London: Saga Publications Ltd.

Heaton J. (2008). Secondary analysis of qualitative data. In P. Alasuutari, L. Bickman & J. Brannen (eds.) *The Handbook of Social Research Methods*. London: Sage.

Irwin, S., Bornat, J., & Winterton, M. (2012). Timescapes secondary analysis: comparison, context and working across data sets. *Qualitative Research*, 12(1), 66-88.

Judd, R.G., & Moore, B.A. (2011). Aging in Poverty: Making the Case for Comprehensive Care Management. *Journal of Gerontological Social Work*, 54(7), 647-58.

Kruse, A., & Schmitt, E. (2015). Shared responsibility and civic engagement in very old age. *Research in Human Development*, 12(1-2), 133-48.

Lister, R. (2007). From object to subject: including marginalised citizens in policy-making. *Policy & Politics*, 35(3).

Lister, R. (2008). Inclusive citizenship, gender and poverty: Some implications for education for citizenship. *Citizenship Teaching and Learning*, 4(1), 3-19.

Marshall, V.W., & Mueller, M.M. (2003). Theoretical roots of the life-course perspective. In W.R. Heinz, & V.W. Marshall (eds.), *Social Dynamics of the Life Course*. New York, Aldine: De Gruyter.

McKeown, J., Clarke, A., & Repper, J. (2006). Life story work in health and social care: systematic literature review. *Journal of Advanced Nursing*, 55(2), 237-47.

Meyers, M.K., Gornick, J.C., & Ross, K.E. (1999). Public Childcare, Parental Leave, and Employment. In D. Sainsbury (ed.), *Gender and Welfare State Regimes*. Oxford: Oxford University Press.

Myck, M., Ogg, J., Aigner-Walder, Kåreholt, I., Kostakis, I., Motel-Klingebiel, A., et al. (2017). *Economic Aspects of Old Age Exclusion: A Scoping Report*. <http://rosenetcost.com/wp-content/uploads/2017/12/economic-synthesis-paper-final.pdf>

- Niedzwiedz C.L., Katikireddi, S.V., Pell, J.P., & Mitchell, R. (2014).** The association between life course socioeconomic position and life satisfaction in different welfare states: European comparative study of individuals in early old age. *Age and Ageing*, 43(3), 431-6.
- Sainsbury, D. (1997).** *Gender inequality and the Scandinavian Welfare State.* In L. Leifland (ed.), *Brobyggare: en vänbok till Nils Andrén. [Bridge Builder: Book of friends to Nils Andrén]* Stockholm: Nerenius & Santérus.
- Sainsbury, D. (1999a).** Gender, Policy Regimes, and Politics. In D. Sainsbury (ed.), *Gender and Welfare State Regimes.* Oxford: Oxford University Press.
- Sainsbury., D. (1999b).** Taxation, Family Responsibilities, and Employment. In D. Sainsbury (ed.), *Gender and Welfare State Regimes.* Oxford: Oxford University Press.
- Scharf, T., Phillipson, C., & Smith, A. E. (2005).** Social exclusion of older people in deprived urban communities of England. *European Journal of Ageing*, 2(2), 76-87.
- Szebehely, M., & Meager, G. (2018).** Nordic eldercare – weak universalism becoming weaker? *European Journal of Social Policy*, 28(3), 294-308.
- Seale, C. (1999).** Quality in Qualitative Research. *Qualitative Inquiry*, 5(4), 465-78.
- Settersten, R. (2003).** Propositions and Controversies in Life-Course Scholarship. In R. Settersten (ed.), *Invitation to the Life Course. Toward New Understandings of Later Life.* New York: Baywood Publishing Company.
- Smith, D.E. (1987)** *The Everyday World as Problematic: A Feminist Sociology.* Boston, Massachusetts: Northeastern University Press.
- Tate, J.A., & Happ, M.B. (2018).** Qualitative Secondary Analysis: A Case Exemplar. *Journal of Pediatric Health Care*, 32(3), 308-12.
- Thelin, A. (2013)** *Elderly poverty: Economic hardship in young pensioners' everyday lives,* Kalmar/Växjö: Linnaeus University Press [In Swedish]

- Townsend, P. (1979).** *Poverty in the United Kingdom*. London: Penguin Books Ltd.
- Van den Berg, H. (2005).** Reanalyzing Qualitative Interviews from Different Angles: The Risk of Decontextualization and Other Problems of Sharing Qualitative Data. *Forum: Qualitative Social Research*, 6(1). <http://dx.doi.org/10.17169/fqs-6.1.499>.
- Vandecasteele, L. (2010).** Poverty Trajectories After Risky Life Course Events in Different European Welfare Regimes. *European Societies*, 12(2), 257-78.
- Vanhoutte, B., & Nazroo, J. (2016).** Life Course Pathways to Later Life Wellbeing: A Comparative Study of the Role of Socio-Economic Position in England and the U.S. *Journal of Population Ageing*, 9(1-2), 157-77.
- Van Regenmortel, S. (2017).** *Social Exclusion in Later Life. Measurement and drivers of social exclusion among older adults*. Zelzate: University Press.
- De Vaus, D., Gray, M., Qu, L., & Stanton, D. (2017).** The Economic Consequences of Divorce in Six OECD Countries. *Australian Journal of Social Issues*, 52(2), 180-99.
- Walker, A. (2012).** Den sociala konstruktionen av ojämlikt åldrande – europeiska utblickar [The social construction of unequal aging - European outlooks]. In L. Andersson, & P. Öberg (eds.), *Jämlik ålderdom? I samtiden och framtiden* [Equal old age? In the present and the future]. Stockholm: Liber.
- Warnes, A. M., & Williams, A. (2006).** Older migrants in Europe: a new focus for migration studies. *Journal of Ethnic and Migration Studies*, 32(8), 1257-81.
- White, P. (2006).** Migrant populations approaching old age: prospects in Europe. *Journal of Ethnic and Migration Studies*, 32(8), 1283-1300.
- Zaidi, A., & Gustafsson, B. (2007).** Income mobility among the elderly in Sweden during the 1990s. *International Journal of Social Welfare*, 16, 84-93

Is the socioeconomic gradient in later life health getting flatter?

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Acknowledgement. Initial analysis and conceptual development for the results presented in this paper was funded through the project: “Support of realization of panel surveys of individuals aged 50+ in the international project Survey of Health, Ageing and Retirement in Europe (SHARE)” co-financed from the European Social Fund and conducted in cooperation with the Polish Ministry of Family, Labour and Social Policy. Views and opinions expressed in this publication are those of the authors and do not necessarily reflect the official position of the Polish Ministry of Family, Labour and Social Policy. This paper uses data from SHARE Waves 1, 2, 5 and 6 (DOIs: 10.6103/SHARE.w1.611, 10.6103/SHARE.w2.611, 10.6103/SHARE.w5.611, 10.6103/SHARE.w6.611; Börsch-Supan, 2017a, b, c, d), see Börsch-Supan et al. (2005; 2008; 2013) and Malter & Börsch-Supan (2015) for methodological details. The SHARE data collection has been primarily funded by the European Commission through FP5 (QLK6-CT-2001-00360), FP6 (SHARE-I3: RII-CT-2006-062193, COMPARE: CIT5-CT-2005-028857, SHARELIFE: CIT4-CT-2006-028812) and FP7 (SHARE-PREP: N°211909, SHARE-LEAP: N°227822, SHARE M4: N°261982). Additional funding from the German Ministry of Education and Research, the Max Planck Society for the Advancement of Science, the U.S. National Institute on Aging (U01_AG09740-13S2, P01_AG005842, P01_AG08291, P30_AG12815, R21_AG025169, Y1-AG-4553-01, IAG_BSR06-11, OGHA_04-064, HHSN271201300071C) and from various national funding sources is gratefully acknowledged (see www.share-project.org).

This paper has benefitted from comments and discussions at meetings of the COST Action ROSE-net – Reducing old age social exclusion: collaborations in research and policy – CA15122, supported by COST (European Cooperation in Science and Technology).

The steepness of the socioeconomic gradient in health may reflect a number of important and policy relevant factors. The gradient might demonstrate the degree of equality of access to the health care system across socioeconomic groups as well as the extent of awareness of public health issues among individuals and thus their health-related behaviour. In this context one would expect to see a steeper relationship between health outcomes and socioeconomic conditions in countries with higher inequality of access to health care or in health awareness, although the literature shows mixed evidence on the subject (see e.g. Beckfield and Olafsdottir, 2013; Kim et al., 2008; Mackenbach et al., 2009; Martinson, 2012; Olafsdottir, 2007). The gradient among older people may additionally be a reflection of differences in the level of health-related human capital accumulated over the life course. According to the Grossman model (1972), this accumulation of “health stock” might be a function of other aspects of human capital such as education and productivity, in which case we would also expect to see differentiation of the level of health between socioeconomic groups.

These arguments suggest that changes or stability of the gradient may be an important indicator of socioeconomic trends as well as a reflection of the effectiveness of several areas of government policy. Differences in the gradient between older and younger cohorts of individuals – at the same ages – may be indicative of social trends which might have significant implications for current and future policy requirements. A flatter gradient among younger cohorts, for example, would suggest better – or at least more equal – current state of health of these individuals and would therefore be a positive signal with regard to the expectations of future direct and indirect costs of poor health.

In this paper we examine the socioeconomic gradient in health among people aged 50-56 from different cohorts using data from the Survey of Health, Ageing and Retirement in Europe (SHARE). The analysis constitutes an extension of results presented in Myck et al. (2017), where the authors demonstrate the overall shape of the gradient

in health among the entire 50+ population, showing that the probability of being in bad health decreases gradually with the level of education and with the relative position in income and wealth distributions. Moreover, the relevance of the socioeconomic gradient goes beyond the relationship with health status declared at a specific point in time. Using the longitudinal dimension of the SHARE data, Myck et al. (2017) show a correlation between socioeconomic indicators and changes in health observed at two points in time for panel participants of the survey. Higher education and higher income or wealth status seem to have a significant shielding effect against the deterioration of health and against remaining in bad health over time.

Regular biennial collection of the SHARE data over the period from 2004 to 2015 gives us the opportunity to compare the outcomes of people aged 50-56 years at different points in time, making it possible to investigate cohort differences in the socioeconomic gradient in health.¹ The aim of focusing on the outcomes of the youngest participants of SHARE is twofold. First, as health deteriorates with age, incidence of health problems is higher in later ages which means also that differences in health outcomes between cohorts increase with age. Moreover, one would expect that potential cohort differences in the socioeconomic gradient in health would become more pronounced among older age groups. Therefore, studying cohort differences already at younger stages can provide an important indication of whether, as one could expect or hope for, the gradient is becoming flatter or whether socio-economic inequalities in health persist between subsequent cohorts. The latter could be considered as a call for more active public policy interventions specifically targeted at the “younger old”.

1. The differences between the two groups of cohorts, conditional on their age, reflect joint implications of cohort and time effects. In the analysis we therefore do not show clearly identified cohort effects (for more details on the age-period-cohort identification problem see e.g. Bell and Jones, 2013; Holford, 1991; Palmore, 1978; Yang, 2011). However, from the point of view of health and healthcare policy it seems that this total difference in health and the health gradient between cohorts is the relevant parameter.

Below we confirm the significant differentiation by education, income and wealth in the health status of people in the 50-56 age group, and extend the analysis to examine the stability of the socioeconomic gradient in health between cohort groups. We study the results of respondents aged 50-56 years in waves 1 and 2 (conducted in years 2004 and 2006, respectively) in comparison to their counterparts in waves 5 and 6 of SHARE (years 2013 and 2015). Below we refer to the respective cohort groups as older and younger cohorts. Our results suggest that there is a significant stability in the socioeconomic gradient in health with essentially no sign of levelling off in the relationship between socioeconomic conditions and different measures of health. In the case of mental health we even find a higher gradient for the younger cohort, although the results are statistically significant only for financial wealth. Overall, the higher the position in the financial wealth distribution, the lower the probability of having symptoms of depression. However, among the younger cohorts aged 50-56, the effect is observed for each consecutive quintile of financial wealth distribution and is significantly stronger compared to the older cohort group interviewed a few years earlier. This is a surprising and potentially worrying result, as it suggests increasing implications of socioeconomic inequality, as expressed in the distribution of financial wealth, for mental health inequality for the younger generation. With growing inequalities in wealth, this may suggest that inequalities in mental health, and possibly also in physical health, will grow even more strongly as these cohorts continue to age.

Cohort differences in the relationship between socioeconomic status and health

Since the 1980s the literature provides strong evidence on the relationship between individual health and socioeconomic status for a high number of measures of the latter, with different studies treating the socioeconomic status as either a binary variable or observing changes in health as people's socioeconomic position gradually changes

(Marmot et al., 1978, Adler & Ostrove, 1999 and Adler & Stewart, 2010). Health has been shown to correlate strongly with both income and wealth (e.g. Deaton, 2002; Duncan et al., 2002; Subramanian & Kawachi, 2006; Wilkinson & Pickett, 2008; Allin et al., 2009; Gunasekara et al., 2011; Adena & Myck, 2014; Adena et al., 2015) as well as with other, more general measures of the socioeconomic status such as education and occupation (e.g. Brønnum-Hansen et al., 2004, Case & Deaton, 2015).

Cohort differences for changes in socioeconomic gradient in health have been studied in the literature from a number of perspectives, most of them showing significant variation between cohorts, however with no firm conclusion on the direction of the effect. Depending on the context and on the health outcome studied, researchers point out both reductions and increases of the gradient over time and between successive cohorts. For example Kondo (2012) compares the relationship between occupation and poor health for the sample of working adults in Japan in the period of 1986-1989 and 1998-2001, the latter defined as a post-economic crisis period. The author argues that the economic situation during the crisis reduced the socioeconomic gradient mainly through increased odds of poor health in the highest occupational group as compared to pre-crisis values. The opposite result is found in a recent study by Yu et al. (2017). The authors find that lung cancer incidence increased among Australian women aged 25-69 in the lowest education and occupational group between years 1985-1989 and 2005-2009, although the same indicator remained stable over this period for those from the highest socioeconomic group thus making the gradient in health steeper. Conrad et al. (2017) provide evidence on the stability of the gradient over time and between cohorts, in this case with regard to the incidence of heart failure among UK patients aged 16 and older between years 2002 and 2014. These studies suggest that differences between cohorts seem to be strongly context dependent, which makes an important case for the analysis of the variation in the health gradient using data from different countries and over different time horizons.

This paper contributes to the literature by examining changes in the relation between health and four indicators of the socioeconomic status: education, income, financial and real wealth. The analysis focuses on the comparison of individuals aged 50-56 who participated in the SHARE study in years 2004/2006 and respondents in the same age group several years later, i.e. in 2013/2015.

Methodology

The Survey of Health, Ageing and Retirement in Europe (SHARE) is a multidimensional and international study focused on people aged 50+ in Europe and Israel. Since the initial wave of the project conducted in 2004/2005, six further waves of data collection have been administered every second year, the last one completed in 2017. To deal with attrition and non-response initial samples in each country were regularly refreshed to ensure representativeness, including also individuals from the youngest age group missing in each subsequent wave. In this paper we combine information on health status and socioeconomic conditions of individuals aged 50-56 years using data collected in the first or second wave of SHARE and in the fifth or sixth wave of the project. To obtain a representative sample of individuals aged 50-56 years in waves 5 or 6 of SHARE we include only countries that substantially refreshed their samples with the youngest participants up to those waves of the project. We focus on the youngest age group examined in the SHARE survey to be able to compare outcomes of those who participated in the initial waves of the study (waves 1 or 2) and their counterparts who joined the survey at later waves.

In order to include information from as many countries as possible we combine results from four waves of the survey. The “older” cohort consists of people aged 50-56 in the data collected between 2004 and 2006 in waves 1 and 2 of SHARE. Eight countries participated in the first wave of the survey (Belgium, Denmark, France, Germany, Greece, Italy, the Netherlands, Sweden) while two others (Czech

Republic and Poland) joined the project in wave 2. For the same countries we include the information on respondents aged 50-56 at the time of wave 5 conducted in 2013 (for countries that participated in wave 1 with the exception of France and Greece, which did not refresh their samples at the time of wave 5, and for the Czech Republic which did refresh in wave 5) and at the time of wave 6 administered in 2015 (for France, Greece and Poland which refreshed their samples at that point). These individuals constitute the younger cohort in our analysis. Thus we group individuals aged 50-56 in 2004-2006 and 2013-2015 in such a way that the two age-cohort groups do not overlap.

Health status is examined with respect to four measures available in the SHARE data:

- self-reported health measured on a 5-point scale from excellent to poor, where individuals reporting their health as “poor” are identified as being in bad health (poor SRH)²,
- reported difficulties with six activities of daily living such as bathing or dressing, where having difficulties with one or more activities is classified as bad health (1 + ADLs; Chan et al., 2012; Fernandes et al, 2008),
- indicated difficulties with seven instrumental activities of daily living such as using a map or taking medication, where one or more difficulties signify bad health (1 + IADLs; Chan et al., 2012; Fernandes et. al, 2008)³,

2. In SHARE wave 1 the question on self-perceived health was asked with two ranges of response options: the US version from “excellent” to “poor” and the European version from “very good” to “very bad”. Respondents answered both versions of this question either at the beginning or at the end of the health module of the interview in wave 1. Beginning with wave 2 only the US version of the question is asked SHARE and this is the version used in this paper.

3. Although in wave 6 of SHARE the list of IADLs was expanded by two additional activities as compared to previous waves, to altogether nine items, in all analyses in this paper we use seven IADLs (using a map, preparing a hot meal, shopping, making telephone calls, taking medications, doing work around the house, managing money) available in all waves of SHARE, so that the results of the cross-sectional analysis were comparable.

- twelve reported symptoms of depression according to the EURO-D scale, where having 4 or more symptoms is commonly used as a threshold indicating depression which here qualifies as bad health (4+ EURO-D; Prince et al., 1999, Castro-Costa et al., 2007).

The full list of difficulties with basic and instrumental activities of daily life and questions used to determine symptoms of depression is available in Appendix B of this manuscript. These four health outcomes have been selected among the others provided in SHARE data as together they provide a broad picture of both physical and mental health, capturing not only subjective assessment but also objective indicators of one's health status.

Socioeconomic status is identified for the purpose of the study with regard to education, income and wealth. For education we differentiate three levels based on the international ISCED classification: primary or no education, secondary and tertiary education. We distinguish two types of household wealth – based on financial and real assets. Financial wealth comprehends the net sum of bank accounts, bonds, stock, mutual funds and savings for long-term investments less financial liabilities. The value of real assets includes main residence and other real estate together with the value of own business and cars minus mortgages. To address cross-country differences in purchasing power and currency conversion, in the analysis of income and wealth we focus on individuals' relative positions within the respective distributions. Values of household disposable income and aggregated values of assets are equalised using the OECD equivalence scale.

Table 1 below presents some summary statistics of the analysed sample of people aged 50-56 years. As mentioned above, information on the older of the analysed cohorts was combined from waves 1 and 2 of SHARE, while results from waves 5 and 6 provide comparable information on the younger cohorts in the selected countries. From all ten countries we have over 7,100 individuals aged 50-56 years in waves 1/2 and 7500 in waves 5/6. Both samples

have a similar average age of 53 years and an equal distribution of men and women (approximately 50%). As we would expect they slightly differ in terms of education, with higher shares of people aged 50-56 years with secondary and tertiary education in the sample in waves 5/6. Both samples are also comparable with respect to health outcomes, with somewhat higher incidence of bad health among respondents in waves 5/6, though the differences are not statistically significant.

Further comparison of the analysed cohorts is presented in Table 2, where we examine the distribution of wealth between waves separately by country. While the share of respondents with a positive value of real assets is as high as 80%, in most countries reaching even over 90%, cross-country differences with respect to financial assets are much more apparent. However, in the latter case, it is the differences between waves that seem especially interesting. Having in mind that the initial waves of the study were held in years 2004-2006, while the second set of data collection was conducted between years 2013 and 2015, the differences reflect, among other things, the changed economic situation following the financial crisis. This is certainly evident in the Greek data, where people aged 50-56 years declared a higher incidence of negative financial wealth in the later period as compared to the earlier one. In all other cases the younger cohorts are more likely to report positive values of financial assets than individuals from the older cohort which may reflect important differences between the cohorts with regard to life-cycle asset accumulation and a growing role of financial wealth in subsequent generations.

To address potential differences in size and composition of samples in both analysed periods we apply the population weights in all analyses (De Luca and Rossetti, 2018). The weights are computed to address non-response and attrition so as to reflect better the actual structure of the 50+ population in each country at the time of data collection. They are designed based on initial sampling design, age, gender and place of living of respondents.

TABEL 1 Sample summary statistics for population aged 50-56

| | Wave 1/2 | Wave 5/6 |
|-------------------------------|----------|----------|
| Mean age (years) | 53.1 | 53.0 |
| Females (%) | 50.5% | 50.4% |
| Education: | | |
| Secondary (%) | 60.0% | 66.6% |
| Tertiary (%) | 23.1% | 24.7% |
| Health outcomes: | | |
| 1+ ADL (%) | 4.8% | 6.0% |
| 1+ IADL (%) | 6.3% | 7.7% |
| Poor SRH (%) | 6.5% | 7.3% |
| 4+ EURO-D | 25.9% | 30.7% |
| Country (no. of observations) | | |
| BE | 986 | 1191 |
| CZ | 611 | 619 |
| DE | 750 | 1339 |
| DK | 448 | 896 |
| FR | 801 | 607 |
| GR | 771 | 803 |
| IT | 546 | 721 |
| NL | 809 | 726 |
| PL | 686 | 276 |
| SE | 695 | 372 |
| Total | 7103 | 7550 |

Notes: only individuals included in further analysis, with non-missing information in all necessary variables. Weighted with individual calibrated weights.

Source: SHARE waves 1,2,5 and 6 data (release 6.1.1.).

TABEL 2 Wealth distribution of population aged 50-56 by country and wave

| Country | Wave | Financial assets | | | Real assets | | |
|---------|------|------------------|------------|------------|-------------|------------|------------|
| | | assets < 0 | assets = 0 | assets > 0 | assets < 0 | assets = 0 | assets > 0 |
| BE | 1/2 | 11.0% | 6.3% | 82.7% | 0.1% | 6.7% | 93.2% |
| | 5/6 | 9.9% | 0.1% | 90.0% | 0.9% | 5.9% | 93.2% |
| CZ | 1/2 | 12.3% | 11.8% | 75.9% | 0.0% | 10.3% | 89.7% |
| | 5/6 | 10.1% | 8.6% | 81.3% | 0.1% | 6.3% | 93.6% |
| DE | 1/2 | 12.7% | 6.0% | 81.3% | 0.8% | 12.6% | 86.6% |
| | 5/6 | 14.4% | 0.4% | 85.2% | 2.1% | 12.2% | 85.7% |
| DK | 1/2 | 26.4% | 2.7% | 70.9% | 1.4% | 11.0% | 87.7% |
| | 5/6 | 16.5% | 0.4% | 83.1% | 2.8% | 7.6% | 89.6% |
| FR | 1/2 | 24.5% | 3.7% | 71.8% | 0.5% | 4.9% | 94.6% |
| | 5/6 | 14.7% | 0.4% | 84.9% | 0.1% | 7.3% | 92.6% |
| GR | 1/2 | 18.8% | 21.9% | 59.3% | 0.1% | 4.5% | 95.4% |
| | 5/6 | 43.8% | 14.7% | 41.5% | 2.3% | 7.6% | 90.1% |
| IT | 1/2 | 12.8% | 28.5% | 58.7% | 0.0% | 3.9% | 96.1% |
| | 5/6 | 12.1% | 6.0% | 81.9% | 0.4% | 1.5% | 98.1% |
| NL | 1/2 | 9.3% | 4.1% | 86.7% | 1.2% | 9.1% | 89.7% |
| | 5/6 | 4.3% | 1.8% | 93.9% | 5.5% | 8.7% | 85.7% |
| PL | 1/2 | 18.5% | 32.9% | 48.6% | 0.0% | 19.9% | 80.1% |
| | 5/6 | 19.9% | 18.1% | 62.0% | 0.9% | 12.6% | 86.5% |
| SE | 1/2 | 37.9% | 1.9% | 60.2% | 1.9% | 7.9% | 90.2% |
| | 5/6 | 17.8% | 0.5% | 81.7% | 3.1% | 7.4% | 89.5% |

Notes: only individuals included in further analysis, with non-missing information in all necessary variables. Weighted with individual calibrated weights.

Source: SHARE waves 1,2,5 and 6 data (release 6.1.1).

Results

Cross-sectional analysis

To analyse the relationship between the socioeconomic status and health we use the logistic cross-sectional regression separately for each pair of waves of SHARE, i.e. either waves 1 and 2 or waves 5 and 6, depending on data availability for specific countries. The underlying latent variable model for a health outcome h^* takes the following form:

$$h^*_{i,w} = \beta' X_{i,w} + \gamma' Y_{i,w} + \varepsilon_{i,w} \quad (1)$$

where $h^*_{i,w}$ is the unobserved, latent health outcome of individual i at the time of wave w , $X_{i,w}$ are his or her characteristics, $Y_{i,w}$ is the vector of indicators of the socioeconomic status of individual i in wave w , and $\varepsilon_{i,w}$ is an individual, wave-specific residual. Assuming logistic distribution for $\varepsilon_{i,w}$ we can formulate a probability model for some observed health status threshold $h_{i,w}$ which can be formulated as:

$$P(h_{i,w} = 1 | X, Y) = G(\beta' X_{i,w} + \gamma' Y_{i,w}) \quad (1)$$

This allows us to formulate the relationship between the examined variables and the probability of observing individual i at the time of wave w in poor health, as defined with respect to variable $h_{i,w}$.

We examine four health outcomes ($h_{i,w}$) with respect to difficulties with elementary (1+ ADL) and complex (1+ IADL) activities of daily living, self-reported health (poor SRH) and symptoms of depression (4+EURO-D), as described in Section 3. Socioeconomic status is included in the model through a vector of indicators ($y_{i,w}$): the level of education and allocation to a specific quintile of income and financial and real assets distributions. As additional control variables ($X_{i,w}$) we add an age polynomial, gender, living with partner, urban/rural indicator and country dummies. All information is taken at the time of wave w .

For each health outcome we estimate two specifications. In the first one we include information on people aged 50-56 years in wave 1 from Belgium, Denmark, France, Germany, Greece, Italy, the Netherlands and Sweden together with corresponding information for respondents in the same age group in wave 2 for the Czech Republic and Poland. In the second specification information for those aged 50-56 is taken from wave 5 for Belgium, Denmark, Germany, Italy, the Netherlands, Sweden and the Czech Republic and from wave 6 for France, Greece and Poland. This way in each country people in each cohort do not overlap in terms of the cohort/age combination. We include individual weights to address the differences in sample size and composition between the two cohorts. Table A1 in the Appendix presents complete regression results shown as marginal effects for each outcome. Selected results are demonstrated in Figures 1-4, which show the health gradient with respect to detailed indicators of socioeconomic status, namely the three education groups and five quintiles of the income, financial and real wealth distributions. The results are presented for four health outcomes separately.

In terms of education, we observe a consistent gradient for three health measures (1+ ADL, 1+ IADL, poor SRH) and for both cohorts (Figure 1). Not only individuals with tertiary education but also those with secondary education have a significantly lower probability of reporting bad health compared to those with primary schooling (or none). There are no significant differences between cohorts with respect to the correlation with education.

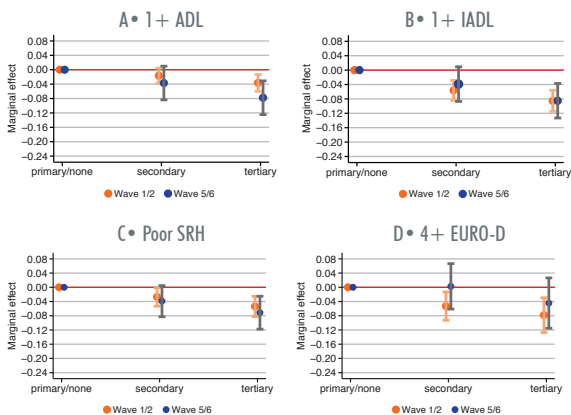
The pattern of correlations with health is more differentiated between the two cohorts in the case of financial wealth, with much more pronounced differences between those in the bottom quintile and those further up the distribution among those born more recently. For example in the case of ADLs or IADLs (Figures 2A and 2B) the differences in health among those aged 50-56 in waves 1/2 appear statistically insignificant for all quintiles (ADLs) or statistically significant only for the upper 20% of the dis-

tribution (IADLs). For these two health measures, among those who were 50-56 at the time of waves 5/6 the differences between the bottom quintile and two highest wealth groups are statistically significant and of similar magnitude for all quintiles 2-5. The probability of bad health as measured by the ADLs or IADLs is approximately 4 percentage points higher for those in the bottom financial wealth quintile compared to those higher up the wealth scale. A similar pattern is observed also for self-reported poor health (Figure 2C), although in this case differences between the 1st quintile and upper quintiles are statistically significant also among respondents in the initial waves 1/2.

The differences between the bottom and the higher quintiles in terms of mental health, as measured with the EURO-D scale, are also higher among the younger generations (Figure 2D), although in this case the differences between those aged 50-56 in waves 1/2 and waves 5/6 are statistically significant for individuals in the 3rd and 5th quintile. This measure of health stands out among the other indicators also because the magnitude of correlation with financial wealth is much higher. The probability of problems with physical health (difficulties with ADLs, IADLs, poor self-reported health) between those in the lowest quintile of financial assets as compared to individuals in the upper part of the distribution is lower by around 4pp among the cohort from waves 1/2 and by 8pp among the older cohort. The respective probabilities for having symptoms of depression are twice as large. The overall pattern which can be seen in Figure 2 is that the relative health status of the bottom financial wealth quintile compared to those higher up the distribution is worse among the younger generation, and the differences are statistically significant for mental health outcomes. This suggests a potentially worrying development of growing inequalities in mental health with regard to financial wealth distribution.

Figure 1

Marginal effects of different levels of education on health outcomes of people aged 50-56 in waves 1/2 and 5/6

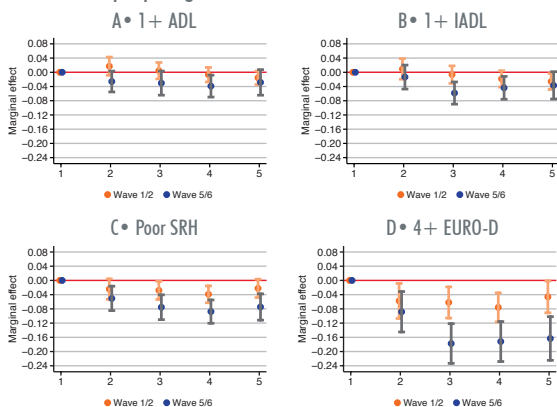


Notes: reference category for education is no/primary education. Weighted with individual calibrated weights.

Source: SHARE waves 1,2,5 and 6 data (release 6.1.1.).

Figure 2

Marginal effects of allocation into different quintiles of financial assets distribution on health outcomes of people aged 50-56 in waves 1/2 and 5/6

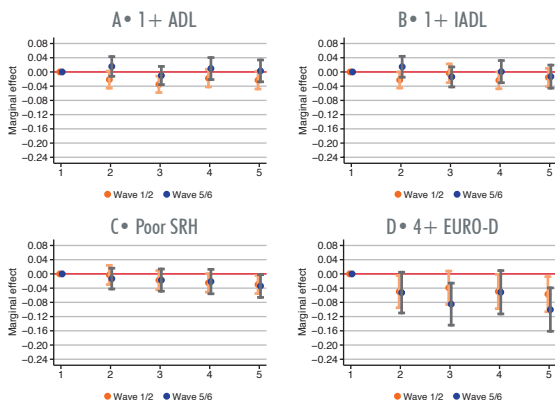


Notes: reference category is the 1st quintile of financial assets distribution. Weighted with individual calibrated weights.

Source: SHARE waves 1,2,5 and 6 data (release 6.0.0.).

Figure 3

Marginal effects of allocation into different quintiles of real assets distribution on health outcomes of people aged 50-56 in waves 1/2 and 5/6

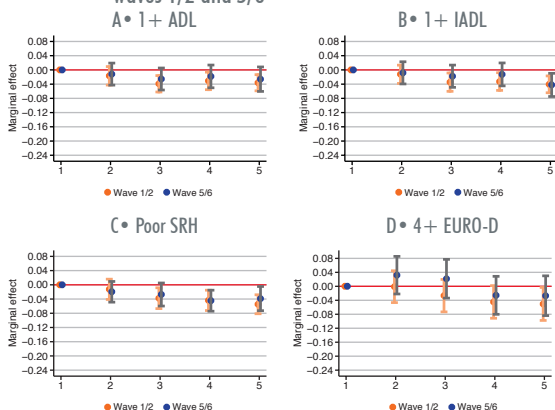


Notes: reference category is the 1st quintile of real assets distribution. Weighted with individual calibrated weights.

Source: SHARE waves 1,2,5 and 6 data (release 6.0.0.).

Figure 4

Marginal effects of allocation into different income quintiles on health outcomes of people aged 50-56 in waves 1/2 and 5/6



Notes: reference category is the 1st quintile of income distribution. Weighted with individual calibrated weights. Source: SHARE waves 1,2,5 and 6 data (release 6.1.1.).

The cohort differences are much less pronounced when we examine the relationship between health and real wealth (Figure 3) or health and income (Figure 4), especially when looking at health indicators other than symptoms of depression (Figures 3D and 4D). In the latter example we find some differences between cohorts, though these are not statistically significant. Overall with respect to both real assets and income, for individuals aged 50-56 health we find little variation between the quintiles with statistically significant differences only for the groups at the opposite ends of the respective distributions: individuals in the highest quintiles of real assets or income distribution as compared to those in the lowest quintiles.

Conclusion

We examined the relationship between health and socioeconomic conditions, the so-called socioeconomic gradient, of individuals aged 50-56 at two different points in time – in years 2004/2006 and 2013/2015. Data from the Survey of Health, Ageing and Retirement in Europe (SHARE) provided us with a broad selection of information on health as well as on the social and material conditions of the 50+ population. For the purpose of this analysis we defined the socioeconomic status of individuals through three indicators commonly used in the literature: education, income and wealth. In the latter case we considered financial and real assets separately. Focusing on the population aged 50-56 and using samples from ten SHARE countries, we confirmed important differences in the health status for different levels of these indicators. We found differences in the probability of reporting bad health between individuals from the upper and lower ends of the distributions of these indicators, and provided evidence on the association of better health outcomes with growing socioeconomic status. Greater differences between individuals with a growing level of education and in consecutive quintiles of the wealth and income distributions may on the one hand simply reflect a correlation of two aspects of accumulated human capital, along the eco-

conomic and health dimensions, which would be consistent with the Grossman (1972) model of health. However, they may also indicate unequal access to health care between those at the bottom and those at the top of the socioeconomic status distribution. More pronounced differentiation in health by education rather than income or real assets could point towards health awareness and differences in life style as the likely causes behind these differences rather than to differentiated access to health care by financial status.

Biennial implementation of SHARE since 2004 and the availability of six waves of data, makes it possible to compare individuals from cohorts separated by over six years and to study differences in the socioeconomic gradient in health of people in the same age group but born at different points in time. Comparing the gradient in health among those aged 50-56 in 2004/2006 and in 2013/2015 we find little progress in the levelling off in its steepness. With regard to mental health the gradient is actually more pronounced for the younger cohort. This is particularly evident in the case of the mental health gradient with respect to financial wealth. This finding combined with the overall persistence in the gradient with regard to other measures of the socioeconomic status and health indicates that there has been little improvement, and in fact potentially a deterioration, in socio-economic health inequality. While the relatively flat gradient with respect to income and real assets may be treated as a reflection of the success of public health care policies and good access to health care irrespective of financial status in Europe, there is clearly still room for improvement and the scope for policy interventions. The socio-economic differentiation in mental health, and in particular the fact that it affects the younger cohorts more strongly than the older ones may be of particular concern. This could be especially worrying given the focus of our analysis on relatively young older adults (50-56) since the observed health inequalities are likely to grow as they age. Continued improvements in access to high quality health care, including mental health support, with specific focus on alleviating

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the constraints in access to care among those with lower socio-economic status will be crucial to avoid divergence in the health status between the less and the better off in the future.

Appendix A

Table A1. Probit results – people aged 50-56 reporting bad health in waves 1/2 and 5/6 (marginal effects; cross-sectional analysis)

| | 1 + ADL | | |
|--|-----------|----------|--|
| | W1/2 | W5/6 | |
| Age | 0.004* | -0.002 | |
| | (2.083) | (-0.728) | |
| Female | -0.012 | 0.002 | |
| | (-1.678) | (0.250) | |
| Living without partner | 0.008 | 0.014 | |
| | (0.907) | (1.164) | |
| Place of living (ref. cat. big city): | | | |
| - Suburbs or outskirts of a big city | -0.015 | 0.004 | |
| | (-1.205) | (0.192) | |
| - A large town | -0.000 | 0.012 | |
| | (-0.036) | (0.584) | |
| - A small town | -0.010 | -0.009 | |
| | (-0.745) | (-0.573) | |
| - A rural area or village | -0.006 | -0.001 | |
| | (-0.472) | (-0.082) | |
| Education (ref. cat.: no/primary): | | | |
| - secondary | -0.017 | -0.037 | |
| | (-1.530) | (-1.543) | |
| - tertiary | -0.036** | -0.078** | |
| | (-3.044) | (-3.252) | |
| Income quintile (ref. cat.: 1st quintile): | | | |
| - 2nd | -0.017 | -0.012 | |
| | (-1.254) | (-0.745) | |
| - 3rd | -0.039*** | -0.026 | |
| | (-3.312) | (-1.619) | |
| - 4th | -0.031* | -0.018 | |
| | (-2.466) | (-1.121) | |
| - 5th | -0.036** | -0.026 | |
| | (-3.115) | (-1.484) | |
| Financial assets quintile (ref. cat.: 1st quintile): | | | |
| - 2nd | 0.017 | -0.026 | |
| | (1.314) | (-1.736) | |
| - 3rd | 0.004 | -0.030 | |
| | (0.378) | (-1.767) | |
| - 4th | -0.007 | -0.039* | |
| | (-0.647) | (-2.473) | |
| - 5th | -0.016 | -0.028 | |
| | (-1.610) | (-1.549) | |

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| | 1+ IADL | | Poor SRH | | 4+ EURO-D | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| | W1/2 | W5/6 | W1/2 | W5/6 | W1/2 | W5/6 |
| | 0.002 | 0.004 | 0.005** | 0.002 | -0.002 | -0.000 |
| | (0.782) | (1.288) | (2.709) | (0.647) | (-0.663) | (-0.110) |
| | 0.033*** | 0.025** | -0.009 | 0.009 | 0.146*** | 0.129*** |
| | (4.346) | (2.688) | (-1.103) | (0.907) | (10.312) | (7.695) |
| | 0.007 | 0.022 | 0.012 | 0.026 | 0.067*** | 0.070** |
| | (0.709) | (1.745) | (1.104) | (1.950) | (3.542) | (3.175) |
| | -0.006 | -0.016 | 0.015 | 0.011 | 0.053* | 0.029 |
| | (-0.492) | (-0.706) | (0.984) | (0.525) | (2.109) | (0.770) |
| | 0.028 | -0.005 | 0.016 | 0.021 | 0.060* | -0.007 |
| | (1.909) | (-0.241) | (1.218) | (1.053) | (2.502) | (-0.212) |
| | -0.002 | -0.027 | -0.004 | 0.004 | 0.021 | 0.014 |
| | (-0.130) | (-1.385) | (-0.301) | (0.234) | (0.884) | (0.428) |
| | 0.001 | -0.011 | 0.012 | 0.002 | 0.026 | 0.030 |
| | (0.075) | (-0.544) | (0.982) | (0.116) | (1.126) | (0.964) |
| | -0.056*** | -0.039 | -0.027* | -0.039 | -0.053** | 0.003 |
| | (-3.985) | (-1.585) | (-2.067) | (-1.748) | (-2.601) | (0.083) |
| | -0.085*** | -0.085*** | -0.054*** | -0.071** | -0.078** | -0.044 |
| | (-5.707) | (-3.478) | (-3.723) | (-3.023) | (-3.144) | (-1.228) |
| | -0.012 | -0.008 | -0.013 | -0.020 | -0.001 | 0.032 |
| | (-0.940) | (-0.520) | (-0.867) | (-1.322) | (-0.044) | (1.161) |
| | -0.034** | -0.018 | -0.038* | -0.027 | -0.027 | 0.022 |
| | (-2.618) | (-1.110) | (-2.523) | (-1.648) | (-1.127) | (0.767) |
| | -0.033** | -0.013 | -0.044** | -0.045** | -0.045 | -0.026 |
| | (-2.582) | (-0.768) | (-2.996) | (-2.963) | (-1.876) | (-0.929) |
| | -0.041*** | -0.042* | -0.055*** | -0.039* | -0.050* | -0.027 |
| | (-3.362) | (-2.534) | (-4.016) | (-2.231) | (-2.093) | (-0.926) |
| | 0.009 | -0.013 | -0.024 | -0.051** | -0.058* | -0.088** |
| | (0.640) | (-0.783) | (-1.667) | (-2.891) | (-2.297) | (-3.042) |
| | -0.007 | -0.058*** | -0.028* | -0.075*** | -0.062** | -0.177*** |
| | (-0.523) | (-3.667) | (-2.148) | (-4.238) | (-2.774) | (-6.228) |
| | -0.019 | -0.044** | -0.039** | -0.088*** | -0.076*** | -0.172*** |
| | (-1.587) | (-2.669) | (-3.244) | (-5.247) | (-3.642) | (-5.998) |
| | -0.026* | -0.037 | -0.022 | -0.075*** | -0.046* | -0.163*** |
| | (-2.265) | (-1.875) | (-1.698) | (-3.968) | (-2.029) | (-5.217) |

>>> Appendix A

Table A1. Probit results – people aged 50-56 reporting bad health in waves 1/2 and 5/6 (marginal effects; cross-sectional analysis)

| | 1+ ADL | | |
|---|----------------------|-----------------------|--|
| | W1/2 | W5/6 | |
| Real assets quintile (ref. cat.: 1st quintile): | | | |
| - 2nd | -0.022 (-1.758) | 0.015 (1.085) | |
| - 3rd | -0.035** (-2.956) | -0.010 (-0.770) | |
| - 4th | -0.018 (-1.403) | 0.010 (0.606) | |
| - 5th | -0.023 (-1.813) | 0.003 (0.193) | |
| Country (ref. cat.: Germany): | | | |
| Sweden | 0.022* (2.004) | -0.023 (-1.361) | |
| Netherlands | 0.030** (2.629) | 0.011 (0.361) | |
| Italy | 0.009 (0.741) | -0.043*** (-3.316) | |
| France | 0.032** (3.058) | 0.007 (0.478) | |
| Denmark | 0.031* (2.375) | -0.005 (-0.383) | |
| Greece | -0.002 (-0.218) | -0.052*** (-4.834) | |
| Belgium | 0.029** (2.790) | 0.010 (0.687) | |
| Czech Republic | 0.014 (1.122) | -0.052*** (-5.148) | |
| Poland | 0.063*** (4.255) | -0.011 (-0.656) | |
| No. of observations | 7103 | 7550 | |

Notes: distribution of income and assets is calculated on the basis of imputed values in case of missing observations. Weighted with individual calibrated weights. † statistics in parentheses; * p < 0.05, ** p < 0.01, *** p < 0.001.

Source: SHARE waves 1,2,5 and 6 data (release 6.1.1.).

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| | T+ IADL | | Poor SRH | | 4+ EURO-D | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| | W1/2 | W5/6 | W1/2 | W5/6 | W1/2 | W5/6 |
| | -0.023* | 0.015 | -0.003 | -0.013 | -0.050* | -0.053 |
| | (-1.975) | (0.976) | (-0.209) | (-0.885) | (-2.167) | (-1.798) |
| | -0.004 | -0.014 | -0.018 | -0.017 | -0.039 | -0.085** |
| | (-0.279) | (-0.972) | (-1.276) | (-1.097) | (-1.630) | (-2.824) |
| | -0.024 | 0.001 | -0.025 | -0.021 | -0.050* | -0.052 |
| | (-1.942) | (0.057) | (-1.917) | (-1.229) | (-2.019) | (-1.657) |
| | -0.015 | -0.013 | -0.030* | -0.034* | -0.057* | -0.100** |
| | (-1.190) | (-0.797) | (-2.310) | (-2.085) | (-2.267) | (-3.222) |
| | -0.000 | -0.025 | -0.033** | -0.058*** | 0.022 | -0.046 |
| | (-0.027) | (-1.526) | (-2.966) | (-4.188) | (1.025) | (-1.654) |
| | 0.042** | 0.014 | -0.005 | -0.031 | 0.037 | -0.072* |
| | (2.656) | (0.574) | (-0.365) | (-1.517) | (1.690) | (-2.394) |
| | -0.034** | -0.066*** | -0.008 | -0.052*** | 0.100*** | 0.020 |
| | (-2.685) | (-5.293) | (-0.551) | (-3.792) | (3.786) | (0.757) |
| | -0.008 | -0.006 | -0.010 | -0.026 | 0.141*** | 0.117*** |
| | (-0.589) | (-0.429) | (-0.860) | (-1.870) | (6.286) | (4.548) |
| | 0.030 | -0.009 | 0.021 | -0.045*** | 0.049* | -0.061** |
| | (1.751) | (-0.608) | (1.315) | (-3.559) | (2.021) | (-2.984) |
| | -0.021 | -0.057*** | -0.041*** | -0.063*** | 0.015 | 0.029 |
| | (-1.501) | (-4.769) | (-3.745) | (-5.403) | (0.670) | (1.148) |
| | 0.048** | 0.006 | -0.010 | -0.051*** | 0.101*** | 0.009 |
| | (3.168) | (0.382) | (-0.873) | (-4.389) | (4.780) | (0.387) |
| | 0.036 | 0.036 | 0.034* | 0.053 | 0.062* | -0.024 |
| | (1.872) | (1.160) | (1.973) | (1.726) | (2.260) | (-0.631) |
| | 0.009 | 0.004 | 0.114*** | 0.033 | 0.220*** | 0.089* |
| | (0.559) | (0.195) | (5.985) | (1.472) | (8.156) | (2.488) |
| | 7103 | 7550 | 7103 | 7550 | 7103 | 7550 |

Appendix B

Items from SHARE questionnaire used as health outcomes in the analysis

List of limitations with activities of daily living (ADL):

- 1. Dressing, including putting on shoes and socks
- 2. Walking across a room
- 3. Bathing or showering
- 4. Eating, such as cutting up your food
- 5. Getting in or out of bed
- 6. Using the toilet, including getting up or down

List of limitations with instrumental activities of daily living (IADL):

- 1. Using a map to figure out how to get around in a strange place
- 2. Preparing a hot meal
- 3. Shopping for groceries
- 4. Making telephone calls
- 5. Taking medications
- 6. Doing work around the house or garden
- 7. Managing money, such as paying bills and keeping track of expenses

Items from SHARE questionnaire used to measure symptoms of depression on the EURO-D scale, where 1 indicates having a selected symptom (for more details see Prince et al., 1999):

- 1) What are your hopes for the future?
 1. Any hopes mentioned
 0. No hopes mentioned

- 2) In the last month, have you felt that you would rather be dead?
 1. Any mention of suicidal feelings or wishing to be dead
 0. No such feelings
- 3) Do you tend to blame yourself or feel guilty about anything?
 1. Obvious excessive guilt or self-blame
 0. No such feelings
- 4) Have you had trouble sleeping recently?
 1. Trouble with sleep or recent change in pattern
 0. No trouble sleeping
- 5) In the last month, what is your interest in things?
 1. Less interest than usual mentioned
 0. No mention of loss of interest
- 6) Have you been irritable recently?
 1. Yes
 0. No
- 7) What has your appetite been like?
 1. Diminution in desire for food
 0. No diminution
- 8) In the last month, have you had too little energy to do the things you wanted to do?
 1. Yes
 0. No
- 9) How is your concentration? For example, can you concentrate on a television programme, film or radio programme?
 1. Difficulty in concentrating on entertainment
 0. No such difficulty

- 10) Can you concentrate on something you read?
- 1. Difficulty in concentrating on reading
 - 0. No such difficulty
- 11) What have you enjoyed doing recently?
- 1. Fails to mention any enjoyable activity
 - 0. Mentions *ANY enjoyment from activity*
- 12) In the last month, have you cried at all?
- 1. Yes
 - 0. No

Bibliography

Adena, M., Myck, M. (2014). Poverty and transitions in health in later life. *Social Science & Medicine* 116, pp. 202-210.

<https://doi.org/10.1016/j.socscimed.2014.06.045>

Adena, M., Myck, M., Oczkowska, M. (2015). Material deprivation items in SHARE Wave 5 data: a contribution to a better understanding of differences in material conditions in later life. In: Börsch-Supan, A., Kneip, T., Litwin, H., Myck, M., Weber, G. (Eds.). *Ageing in Europe - Supporting Policies for an Inclusive Society*. Berlin, Boston: De Gruyter.

<https://doi.org/10.1515/9783110444414-004>

Adler, N. E., Ostrove, J. M. (1999). Socioeconomic Status and Health: What We Know and What We Don't. *Annals of the New York Academy of Sciences* 896(1), pp. 3-15.

<https://doi.org/10.1111/j.1749-6632.1999.tb08101.x>

Adler, N. E., Stewart, J. (2010). Health disparities across the lifespan: meaning, methods, and mechanisms. *Annals of the New York Academy of Sciences* 1186, pp. 5-23.

<https://doi.org/10.1111/j.1749-6632.2009.05337.x>

Allin, S., Masseria, C., Mossialos, E. (2009). Measuring socioeconomic differences in use of health care services by wealth versus by income. *American Journal of Public Health* 99(10), pp. 1849-1855.

<https://doi.org/10.2105/AJPH.2008.141499>

Beckfield, J., Olafsdottir, S. (2013). Health Inequalities in Global Context. *Am Behav Sci* 57, pp. 1014-1039.

<https://doi.org/10.1177/0002764213487343>

Bell, A., Jones, K. (2013). The impossibility of separating age, period and cohort effects. *Social Science & Medicine* 93, pp. 163-165.

<https://doi.org/10.1016/j.socscimed.2013.04.029>

Börsch-Supan, A. (2017a). Survey of Health, Ageing and Retirement in Europe (SHARE) Wave 1. Release version: 6.1.1. SHARE-ERIC. Data set. DOI: 10.6103/SHARE.

w1.611

Börsch-Supan, A. (2017b). Survey of Health, Ageing and Retirement in Europe (SHARE) Wave 2. Release version: 6.1.1. SHARE-ERIC. Data set. DOI: 10.6103/SHARE.w2.611.

Börsch-Supan, A. (2017c). Survey of Health, Ageing and Retirement in Europe (SHARE) Wave 5. Release version: 6.1.1. SHARE-ERIC. Data set. DOI: 10.6103/SHARE.w5.611.

Börsch-Supan, A. (2017d). Survey of Health, Ageing and Retirement in Europe (SHARE) Wave 6. Release version: 6.1.1. SHARE-ERIC. Dataset. DOI: 10.6103/SHARE.w6.611.

Börsch-Supan, A., Brandt, M., Hunkler, C., Kneip, T., Korbmayer, J., Malter, F., Schaan, B., Stuck, S., Zuber, S. (2013). Data Resource Profile: The Survey of Health, Ageing and Retirement in Europe (SHARE). *International Journal of Epidemiology*.
<https://doi.org/10.1093/ije/dyt088>

Börsch-Supan, A., Jürges, H. (Eds.) (2005). The Survey of Health, Ageing and Retirement in Europe – Methodology. Mannheim: Mannheim Research Institute for the Economics of Aging (MEA).
<http://www.share-project.org>.

Börsch-Supan, A., Brugiavini, A., Jürges, H., Kapteyn, A., Mackenbach, J., Siegrist, J., Weber, G. (Eds.) (2008). First results from the Survey of Health, Ageing and Retirement in Europe (2004-2007). Starting the longitudinal dimension. Mannheim: Mannheim Research Institute for the Economics of Aging (MEA).
<http://www.share-project.org>.

Brønnum-Hansen, H., Andersen, O., Kjølner, M., Rasmussen, N. K. (2004). Social gradient in life expectancy and health expectancy in Denmark. *Sozial- Und Präventivmedizin* 49(1), pp. 36-41.
<https://doi.org/10.1007/s00038-003-3003-9>

Case, A., Deaton, A. (2015). Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. *Proceedings of the National Academy of Sciences* 112(49), pp. 15078-15083.

<https://doi.org/10.1073/pnas.1518393112>

Castro-Costa, E., Dewey, M., Stewart, R., Banerjee, S., Huppert, F., Mendonca-Lima, C., Bula, C., Reisches, F., Wancata, J., Ritchie, K., Tsolaki, M., Mateos, R., Prince, M. (2007). Prevalence of depressive symptoms and syndromes in later life in ten European countries: the SHARE study. *The British Journal of Psychiatry: The Journal of Mental Science* 191, pp. 393-401.

<https://doi.org/10.1192/bjp.bp.107.036772>

Chan, K. S., Kasper, J. D., Brandt, J., Pezzin, L. E. (2012). Measurement Equivalence in ADL and IADL Difficulty Across International Surveys of Aging: Findings From the HRS, SHARE, and ELSA. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 67B(1), pp. 121-132.

<https://doi.org/10.1093/geronb/gbr133>

Conrad, N., Judge, A., Tran, J., Mohseni, H., Hedgecote, D., Crespillo, A., Allison, M., Hemingway, H., Cleland, J., McMurray, J., Rahimi, K. (2017).

Temporal trends and patterns in heart failure incidence: a population-based study of 4 million individuals. *The Lancet*.

[https://doi.org/10.1016/S0140-6736\(17\)32520-5](https://doi.org/10.1016/S0140-6736(17)32520-5)

Deaton, A. (2002). Policy implications of the gradient of health and wealth. *Health Affairs (Project Hope)* 21(2), pp. 13-30.

<https://doi.org/10.1377/hlthaff.21.2.13>

De Luca, G., Rossetti, C. (2018). Stata program to compute calibrated weights from scientific usefile and additional database. Munich: MEA, Max Planck Institute for Social Law and Social Policy.

<http://www.share-project.org>

Duncan, G. J., Daly, M. C., McDonough, P., Williams, D. R. (2002). Optimal Indicators of Socioeconomic Status for Health Research. *American Journal of Public Health* 92(7), pp. 1151-1157.
<https://doi.org/10.2105/AJPH.92.7.1151>

Fernandes, M., Meijer, E., Zamorro, G. (2008). Comparison between SHARE, ELSA, and HRS. In: Börsch-Supan, A., Brugiavini, A., Jurges, H., Kapteyn, A., Makenbach, J., Siegrist, J., Guglielmo, W. (Eds.). *First Results from the Survey of Health, Ageing and Retirement in Europe (2004-2007): Starting the longitudinal dimension*. Mannheim, Germany: Mannheim Research Institute for the Economics of Aging (MEA).
<http://www.share-project.org>

Grossman, M. (1972). On the Concept of Health Capital and the Demand for Health. *Journal of Political Economy*, 80(2), 223-255.

Gunasekara, F. I., Carter, K., Blakely, T. (2011). Change in income and change in self-rated health: Systematic review of studies using repeated measures to control for confounding bias. *Social Science & Medicine* 72(2), pp. 193-201.
<https://doi.org/10.1016/j.socscimed.2010.10.029>

Holford, T.R. (1991). Understanding the Effects of Age, Period, and Cohort on Incidence and Mortality Rates. *Annu. Rev. Public Health* 12, pp. 425-457.
<https://doi.org/10.1146/annurev.pu.12.050191.002233>

Kim, D., Kawachi, I., Hoorn, S. V., Ezzati, M. (2008). Is inequality at the heart of it? Cross-country associations of income inequality with cardiovascular diseases and risk factors. *Social Science & Medicine* 66(8), pp. 1719-1732.
<https://doi.org/10.1016/j.socscimed.2007.12.030>

Kondo, N. (2012). Socioeconomic Disparities and Health: Impacts and Pathways. *Journal of Epidemiology*, 22(1), pp. 2-6.
<https://doi.org/10.2188/jea.JE20110116>

Mackenbach, J.P., Stirbu, I., Roskam, A.-J.R., Schaap, M.M., Menvielle, G., Leinsalu, M., Kunst, A.E. (2009).

Socioeconomic Inequalities in Health in 22 European Countries. *N Engl J Med* 358, pp. 2468-2481.
<https://doi.org/10.1056/NEJMsa0707519>

Malter, F., Börsch-Supan, A. (Eds.) (2015). SHARE Wave 5: Innovations & Methodology. Munich: MEA, Max Planck

Institute for Social Law and Social Policy.
<http://www.share-project.org>

Marmot, M. G., Rose, G., Shipley, M., Hamilton, P. J.

(1978). Employment grade and coronary heart disease in British civil servants. *Journal of Epidemiology and Community Health* 32(4), pp. 244-249.

<http://dx.doi.org/10.1136/jech.32.4.244>

Martinson, M.L. (2012). Income Inequality in Health at All

Ages: A Comparison of the United States and England. *Am J Public Health* 102, pp. 2049-2056.

<https://doi.org/10.2105/AJPH.2012.300929>

Myck, M., Najsztab, M., Oczkowska, M. (2017).

Socioeconomic gradient in health and in health changes among individuals aged 50+. CenEA Working Paper 01/18. www.cenea.org.pl

Olafsdottir, S. (2007). Fundamental Causes of Health

Disparities: Stratification, the Welfare State, and Health in the United States and Iceland. *J Health Soc Behav* 48, pp. 239-253.

<https://doi.org/10.1177/002214650704800303>

Palmore, E. (1978). When Can Age, Period, and Cohort be Separated? *Soc Forces* 57, pp. 282-295.

<https://doi.org/10.1093/sf/57.1.282>

Prince, M. J., Reischies, F., Beekman, A. T., Fuhrer, R., Jonker, C., Kivela, S. L., Lawlor, B., Lobo, A., Magnusson, H., Fichter, M., van Oyen, H., Roelands, M., Skoog, I., Turrina, C., Copeland, J. R. (1999).

Development of the EURO-D scale--a European, Union initiative to compare symptoms of depression in 14 European centres. *The British Journal of Psychiatry* 174(4), pp. 330-338.

<https://doi.org/10.1192/bjp.174.4.330>

Subramanian, S., Kawachi, I. (2006). Being well and doing well: on the importance of income for health. *International Journal of Social Welfare* 15, pp. S13-S22.
<https://doi.org/10.1111/j.1468-2397.2006.00440.x>

Wilkinson, R. G., Pickett, K. E. (2008). Income inequality and socioeconomic gradients in mortality. *American Journal of Public Health* 98(4), pp. 699-704.
<https://doi.org/10.2105/AJPH.2007.109637>

Yang, Y. (2011). Chapter 2 - Aging, Cohorts, and Methods, in: *Handbook of Aging and the Social Sciences* (Seventh Edition), Handbooks of Aging. Academic Press, San Diego, pp. 17-30.
<https://doi.org/10.1016/B978-0-12-380880-6.00002-2>

Yu, X., Luo, Q., Kahn, C., Grogan, P., O'Connell, D., Jemal, A. (2017). Contrasting temporal trends in lung cancer incidence by socioeconomic status among women in New South Wales, Australia, 1985-2009. *Lung Cancer* 108 (Supplement C), pp. 55-61.
<https://doi.org/10.1016/j.lungcan.2017.02.025>

Retraite et société 81, Exclusion sociale et vieillissement

Abstracts of full articles to be published

Scientific Section

EXPERIENCED LIFE COURSES OF OLDER PEOPLE LIVING ON LOW INCOMES: A QUALITATIVE SECONDARY ANALYSIS OF INTERVIEWS IN SWEDEN AND BELGIUM

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This paper examines the life course of older people living on low incomes in Sweden and Belgium through a comparative social policy perspective. The research focuses on current experiences of living on a low income, as well as on the events and pathways that lead to a low income. A qualitative secondary analysis of 49 life stories identifies five pathways leading to a low income, revealing a complex relationship between a person's life course and experience of economic hardship. Strong interactions among various life events indi-

cate the need for the development of social interventions to provide coordinated individual support to people with multiple disadvantages throughout the life course and in different welfare contexts. The findings also suggest a need for additional research on the social processes behind low income in old age in different welfare states.

- **Keywords:** low income; social exclusion; life course; older people; qualitative secondary analysis

IS THE SOCIOECONOMIC GRADIENT IN LATER LIFE HEALTH GETTING FLATTER?

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Using data from the Survey of Health, Ageing and Retirement in Europe (SHARE) we analyse the relationship between health and socioeconomic conditions, the so-called socioeconomic gradient in health. We focus on individuals aged 50-56 from ten European countries at two points in time – in years 2004/2006 and 2013/2015, thus comparing the gradient between two groups of cohorts. The relationship is examined with respect to four measures of health and four indicators of socioeconomic status: education, income, financial and real wealth. We confirm the strong and statistically significant relationship between both physical and mental health and socioeconomic variables but find little evidence for flattening of the gradient between cohort groups in Europe. In fact, in the case of mental health we show that the gradient in relation to financial assets among the younger cohorts has become steeper.

- **Keywords:** cohorts; socioeconomic gradient in health; health inequality; 50+ population; SHARE survey

JEL codes: I14 Health and Inequality; I15 Health and Economic Development

FEELINGS OF LONELINESS IN LATER LIFE: AN ANALYSIS IN THE CONTEXT OF SOCIAL AND ECONOMIC PRECARIOUSNESS

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The prevention of loneliness has become a key preoccupation of public policy for the general population and for older people for whom social isolation can lead to a loss of independence. Although loneliness affects a minority, events such as the 2003 heatwave in France have heightened the visibility among the public of the vulnerability of older people who experience loneliness. Feelings of loneliness need to be distinguished from social isolation or exclusion. Social isolation or exclusion is however one indicator of the consequences of loneliness, as well as precariousness and inequalities. In order to explore feelings of loneliness in Europe, this article takes into account social and material inequalities. Data are from the sixth wave of the Survey on Health, Ageing & Retirement in Europe undertaken with persons aged 50 and above. The analysis uses indicators of social and material precariousness together with subjective measures of living conditions. Using descriptive and multivariate analyses, three dimensions are explored in relation to loneliness: economic and material precariousness; social and relational precariousness, and frailty.

• **Keywords:** loneliness; precariousness; ageing; sociability

SOCIAL INEQUALITIES IN OLD AGE – CHANCES FOR PARTICIPATION AND RISKS OF EXCLUSION IN GERMANY

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Monika Alisch (Urban Sociologist, Professor of community Work, Social planning and Sociology, Fulda University of Applied Sciences, Fulda, Germany)

In Germany, the possibility of social participation and the risks of exclusion for older people vary according to social

class. Thus for older people, poverty, when examined in the context of social class, represents an important obstacle to independence. The specificity of poverty among older people is that it is largely invisible. Moreover, with advancing age, the link between socio-economic category, health status and access to health, medical and therapeutic care have an important impact for individuals to realise their potential. Vertical social inequalities, as measured by the index of social class (income, education level, employment) interact with other social characteristics (gender, ethnicity, disability, sexual orientation) on the one hand, and on the other hand with the conditions of the social domain and the consequences for the possibility of participation and the risks of exclusion.

• **Keywords:** ageing; social participation; exclusion; inequalities

SOCIO-ECONOMIC STATUS AND SOCIAL PARTICIPATION AS PREDICTORS OF QUALITY OF LIFE OF OLDER ADULTS WITH FUNCTIONAL LIMITATIONS: A CROSS-SECTIONAL STUDY IN ITALY AND GREECE

Francesco Barbabella (Centre for Socio-Economic Research on Ageing, National Institute of Health and Science on Ageing (INRCA), Italy; Centre for Ageing and Life-course Studies, Linnaeus University, Sweden)

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Ioannis Kostakis, Department of Home Economics and Ecology, Harokopio University, Athens, Greece,

Older adults with functional limitations constitute a vulnerable group with usually lower levels of health status and quality of life (QoL). In both Italy and Greece, informal care and privately-hired care workers are common measures for providing them with continuous care and support, more than public care services. This situation might increase the risk of worst QoL if older adults are not equipped with own social and economic resources for coping with daily life limitations, especially in a macro-context heavily influenced in

recent years by the effects of the economic crisis. The study aimed at identifying the role of socio-economic status (SES) and social participation as predictors of QoL of older adults with functional limitations, after the Great Recession period. We used data on older adults (50+ years) from the Survey on Health, Ageing and Retirement in Europe (SHARE) Wave 6 (2015) for conducting a cross-sectional descriptive analysis and running a hierarchical linear regression model for both Italy and Greece, with blocs of predictors concerning demographic, socio-economic, health, access to care, and social participation domains. In both countries, higher levels of SES and social participation were strongly associated with higher QoL, although good health status remained the most influential predictor of better QoL. Our results suggested that multiple social inequalities are likely to occur among most socially disadvantaged older adults and may heavily affect their QoL and social inclusion.

• **Keywords:** quality of life; socio-economic status; social participation; social inequality; older adults

HOW DOES LONELINESS VARY OVER TIME? PATTERNS OF CHANGE IN THE ENGLISH LONGITUDINAL STUDY OF AGEING, AND IMPLICATIONS FOR INTERVENTION

Nicole K. Pitcher, née Valtorta (Senior Epidemiologist, Centre d'Épidémiologie Clinique, Hotel-Dieu, Paris)

In the past decade, governments and civil societies across Europe have designated exclusion from social relationships in later life, typically reflected in experiences of social isolation and loneliness, as a societal concern and priority for intervention. Many solutions have been proposed, some of which have been implemented and most of which have not been evaluated. This means that, to date, it is unclear how best to tackle the issue. In particular, there is uncertainty about when to intervene, whom to target and how to help those affected. In this article, we seek to reduce this uncertainty by reporting on patterns of loneliness – i.e. the negative feeling associated with people perceiving that their relationships are qualitatively and/or quantitatively deficient – in the English Longitudinal Study of Ageing (ELSA),

and deriving implications for intervention. Begun in 2002, ELSA biennially collects a range of socio-demographic and health-related data from a representative sample of men and women aged 50 and over and living in England. Loneliness is measured using the three-item UCLA Loneliness Scale and two direct questions. What the data from the 15,783 participants who took part in at least one of ELSA's first six waves show is that: self-reports of loneliness fluctuate significantly over time; certain subgroups of older adults are particularly at risk of repeatedly feeling excluded from social relationships; and, while loneliness and social isolation are correlated, there is limited overlap between the two. These findings raise a number of challenges for policy responses, but also hint at potentially promising opportunities for future prevention strategies.

• **Keywords:** ageing; loneliness; social relationships; prevention strategies

AGE, EXCLUSION AND SPACE - THEORETICAL APPROACHES TOWARDS A RATHER UNCLARIFIED RELATIONSHIP AND THE SEARCH FOR JUSTICE IN AGE-RELATED URBAN PLANNING

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Simone Tappert (Social Anthropologist, Senior Researcher at ISOS)

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Sandra Janett (Social Worker, Junior Researcher at ISOS)

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Previous debates on exclusion and age have rather neglected the question of space. However, this relationship is currently being readjusted due to a changing understanding of space from an absolute to a relational and triadic one (Lefebvre, Soja). The article reflects upon this «critical turn», which is characterized by a fundamental critique of age-related stereotypes, homogenizations and representations. As such, effects of space-relevant ageisms are made relevant and related standardizations in political programs,

urban development and architecture are demanded to be critically deconstructed. Age is understood as social construction and cultural practice, and age, exclusion and space as mutually constituting dimensions. Thereby socio-spatial effects and exclusion mechanisms become visible in current dominant planning paradigms such as «aging in place/community», «age-friendly city» or «successful aging» and the question of living in/of an aging society is renegotiated. The planning paradigm «Design for All» is considered to provide a new direction, characterized by the disentanglement of age and urban development, inclusiveness as main principle and the focus on accessibility of the built environment. Although this emerging paradigm conceptually aims at individuality and uniqueness and advocates equal opportunities for all, it is also shaped by the search for concepts of normality and its intrinsic mechanisms of inclusion and exclusion. The theoretical approaches to these challenges presented here are intended to promote a reflection on the contradictions and to point to new pathways for empirical research on the relationship between social, territorial, subjective and discursive exclusion.

• **Keywords:** ageing; exclusion; space; social justice

Informative Section: Facts and figures

UNEMPLOYMENT AND THE END OF CAREER AS MECHANISMS OF EXCLUSION

Rita Borges das Neves (Sociologist & Research Associate, School of Health and Related Research, University of Sheffield, UK)

The profound transformation of capitalist production, accentuated by the relative economic stagnation that affects all developed countries, has modified the dynamics of the labour market as well as the capacity to maintain full employment. This has led to a phenomenon of “structural” unemployment, and to social inequalities in the distribution of the necessary resources for productive activity, to the failures in the mechanisms of response to unemployment, to poor practices in the age management of workers and

discrimination in the labour market (Nagaele and Walker 2006). In a globalised market, characterised by rapid and constant technological changes, by international competition within labour markets and the rising phenomenon of precarious work contracts, older workers and especially those who are less qualified, are excluded. Consequently they are confronted with a major challenge to avoid this exclusion and to maintain or reintegrate themselves in the labour market. The profound transformation of capitalist production, accentuated by the relative economic stagnation that affects all developed countries, has modified the dynamics of the labour market as well as the capacity to maintain full employment. This has led to a phenomenon of "structural" unemployment, and to social inequalities in the distribution of the necessary resources for productive activity, to the failures in the mechanisms of response to unemployment, to poor practices in the age management of workers and discrimination in the labour market (Nagaele and Walker 2006). In a globalised market, characterised by rapid and constant technological changes, by international competition within labour markets and the rising phenomenon of precarious work contracts, older workers and especially those who are less qualified, are excluded. Consequently they are confronted with a major challenge to avoid this exclusion and to maintain or reintegrate themselves in the labour market.

- **Keywords:** ageing; unemployment; inequalities; labour market

Informative Section: Interview with

1. ENTRETIEN AVEC GIJS DEKKERS, « SENIOR ANALYST (OPDRACHTHOUDER) FEDERAL PLANNING BUREAU, CESO KU LEUVEN, AND LISER, PRESIDENT, INTERNATIONAL MICROSIMULATION ASSOCIATION.

2. ENTRETIEN AVEC HERVÉ BOULHOL, SENIOR ECONOMIST FRANCE/POLAND DESK, OCDE

*Informative Section: Focus on***A UNIVERSAL PENSION AND SUBSIDISED HOUSING: IS IT A PANACEA FOR AN OLDER POPULATION? NEW ZEALAND, A CASE STUDY IN RELATION TO EUROPEAN OUTCOMES**

Charles Waldegrave (Family Centre Social Policy Research Unit, Wellington, New Zealand)

This paper describes New Zealand's universal non-contributory pension scheme and compares outcomes with European countries as a contribution to the discussion and debate about sustainable solutions for the wellbeing of the increasing proportion of older citizens in most countries. The data shows a number of advantages the universal scheme produces alongside some disadvantages and unintended consequences.

When compared with European contributory schemes, New Zealand superannuation (NZS) is gender neutral, reduces inequalities, is easy to understand and consequently easy to comply with. It is very effective reducing deep poverty and reasonably effective reducing poverty using the OECD threshold. Probably because it in association with the post-World War II subsidised homeownership policy, New Zealand showed one of the lowest rates of material deprivation. However, when compared with most European countries, a larger proportion of older New Zealanders live below the EU income poverty threshold of 60% of median equivalised disposable household income. NZS does not seek to replace previously earned income and is less generous to middle and higher income groups. The non-contributory structure of the pension may have an unintended consequence of discouraging private savings and gender equity in the private schemes. New Zealand has a very high rate of labour market participation, which may reflect positive incentives from the pension scheme or conversely the need people experience to bolster their income to meet housing and other basic costs.

• **Keywords:** pension; universal; contributory; poverty; income replacement; housing; gender; coverage.

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Social Exclusion in Old Age (Extracts)

Experienced life courses of older people living on low incomes:
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in Sweden and Belgium

> Angelika Thelin, Sofie Van Regenmortel, Liesbeth De Donder

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Directeur scientifique : Jim Ogg

Responsable éditoriale : Carine Cordier

Graphiste : kit-de-com.fr

Directeur de la publication : Renaud Villard

Service éditions scientifiques

DSPR – Cnav

110, avenue de Flandre

75951 Paris CEDEX 19

Tel. : 33 (0)1 55 45 52 87

Imprimé en France par Corlet Numérique

Dépôt légal : janvier 2018

ISSN : 2109-0823