



closing gaps in European social citizenship

**Strategies for coping with old-age poverty:
Evidence from life-course interviews in seven
European welfare states**

EUROSHIP Working Paper No. 25

March 2023

Christopher Grages

Ralf Och

Mara Papenhagen



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 870698. The opinions published in this deliverable only reflect the authors' view. The Agency and the Commission are not responsible for any use that may be made of the information it contains.

EUROSHIP Working Papers are scientific outputs from the EUROSHIP project. The series is edited by the project coordinator Professor Rune Halvorsen. The working papers are intended to meet the European Commission's expected impact from the project:

- i) to advance the knowledge base that underpins the formulation and implementation of relevant policies in Europe with the aim of exercising the EU social rights as an integral part of EU citizenship and promoting upward convergence, and
- ii) to engage with relevant communities, stakeholders and practitioners in the research with a view to supporting social protection policies in Europe. Contributions to a dialogue about these results can be made through the [project website \(euroship-research.eu\)](https://euroship-research.eu), or by following us on Twitter: @EUROSHIP_EU.

To cite this report:

Grages, C, Och, R, Papenhagen, M (2023) Strategies for coping with old-age poverty: Evidence from life-course interviews in seven European welfare states, EUROSHIP Working Paper no. 25. Oslo: Oslo Metropolitan University. DOI: 10.6084/m9.figshare.22548619. Available at: <https://euroshipresearch.eu/publications>.

An earlier version of this working paper was submitted to the European Commission's Research Executive Agency (REA) in December 2022 as EUROSHIP Deliverable D7.3.

© Copyright is held by the authors

Authors

Christopher Grages: Christopher.Grages@uni-hamburg.de, University of Hamburg, Germany

Ralf Och: och@fliedner-fachhochschule.de, University of Applied Science Düsseldorf, Germany

Mara Papenhagen: Mara.Papenhagen@uni-hamburg.de, University of Hamburg, Germany

Table of contents

Table of contents	3
Introduction	5
State of the Art	6
What is (old-age) poverty and why is it a threat?	6
How is old-age poverty conceptualised and measured?	7
What does poverty mean for the life experience in old age?	8
How is old-age poverty distributed in European countries?	9
Which social groups of older people are affected by poverty risks?	10
How do welfare states tackle old-age poverty?	12
Analytical Framework	14
Concepts of coping and resilience	14
Central dimensions of the typology of coping strategies	15
Introduction of four types of coping strategies	16
Explanatory factors and related main assumptions	17
Methodological Framework	18
Case selection and life-course interviews	18
Recruitment	19
Content analysis	20
Findings	21
Social groups and life-courses with specific poverty risks	22
Findings regarding different coping types	22
Resistance	23
Acceptance	26
Reliance	29
Resignation	31
Findings regarding country comparison	34
Limitations of country comparison	34
Country specific differences in the distribution of coping strategies and national factors that contextualize variations	34
Germany	35
Italy	36
Spain	36
United Kingdom	37
Hungary	38

Estonia.....	39
Norway.....	40
Discussion and Conclusion.....	40
Causes, consequences and distribution of old-age poverty in Europe	40
Differences in coping with poverty and achieving resilience across Europe	41
Cross-national differences in the use of coping strategies in European welfare states	43
Limitations of the study	45
References.....	45

Introduction

Old age can be socially defined as a phase of life that begins once a person's time of gainful employment ends. When this phase begins is framed by social policy and differs across welfare states (Hinrichs 2021). In general, aging is shaped by physical, psychological, social and societal conditions. Old age is determined by the development of competence and personality and often associated with profound changes, limitations and impairments. The determinants of old age are also linked to evolving social interaction processes and social situations like old-age poverty and changes to the social networks that persons are embedded in. Old age is characterized by social and biographical aspects of the previous life-course and consequently by socially and gender-typically unequal living conditions, which have a strong effect on the last phase of life (Backes and Clemens 2014). In addition, it needs to be emphasized that illnesses or increasing health impairments can have a significant impact on the last phase of life, in some cases leading to needs for long-term care (Grages et al. 2021). Apart from the central dimensions of living conditions, such as income, health, social contacts and networks, special importance is attached to housing in old age. As people age and mobility restrictions develop the home and living environment take on a larger role as the central living space (Hoffmann et al. 2021). Furthermore, formal and informal support systems often help to provide care for people in the phase of old age. Despite health-related measures, support in old age also includes dealing with financial problems, which are socially relevant and differently pronounced across European societies (Ebbinghaus et al. 2020).

How older people cope with low financial means depends to a large extent on the availability of sufficient support measures like social policy and other forms of support like family or the third sector that may cushion social risks associated with old-age poverty. However, relevant supporting measures show large cross-national variation as do the social risks that are related to old-age poverty. Furthermore, strategies for coping with old-age poverty are also affected by individual, structural and cultural factors. Against this background, the report examines how older low-income persons use their individual resources and resources they have available in family, community and public social support (in cash and in kind) in order to achieve social resilience based on different coping strategies. The report also reflects on how social policies and cultural ideas in different European welfare states interact with different forms of social support (family, social networks, third sector) and individual differences in health, living conditions, gender and educational background in order to understand differences and similarities in coping strategies of persons affected by old-age poverty.

The main research questions addressed in this report are:

- How do older persons cope with low financial resources in European welfare states?
- To what extent do different coping strategies promote social resilience?
- What factors hinder or promote the use of different coping strategies?
- To what extent do cross-national differences in culture and social policy help contextualise differences in the use of coping strategies?

This report introduces preliminary research findings in the context of the EU Horizon 2020 Project "EUROSHIP – Closing gaps in social citizenship". It is based on comparative study of seven European welfare states (Norway, Germany, Estonia, Hungary, Italy, Spain and the United Kingdom) that represent different welfare state regimes. The analysis is based on the evaluation of national social policy measures and their ability to prevent or alleviate poverty in old age. Furthermore, it draws on 59 life-course interviews with older people (born between 1940-50) in order to examine the role of key factors that hinder or facilitate specific poverty coping strategies. It introduces an innovative typology of coping strategies based on two main dimensions: the capacity for agency and the capacity for transformation. The typology distinguishes between four main approaches to dealing with or

overcoming old-age poverty. The four approaches differ by the use of different forms of support, personal abilities and their potential for achieving social resilience.

Section two of the report discusses the most recent state of the art scholarly literature regarding international differences in old-age poverty. Including main drivers and consequences as well as older welfare state's strategies in dealing with old-age poverty. Section three introduces the analytical approach of the study and a new typology of poverty coping strategies. Section four presents the methodological framework for the data analysis. In section five, we present findings of the cross-national study of poverty coping strategies and discuss factors that hinder or facilitate their use. In the sixth section we discuss country specific findings concerning the use of poverty coping strategies against the background of national variation in social policies and cultures and evaluate the potential for social resilience of different types of welfare states. In the seventh section, we discuss and summarize the main findings.

State of the Art

In the following we will review the relevant literature regarding old-age poverty and how people at risk of poverty experience it. First, we briefly discuss what old-age poverty is and why it is a threat. We then go on to describe how old-age poverty can be conceptualised and measured. Third, we review the literature on the experience of poverty and how this experience is linked to social citizenship. The following part uses European data to describe how poverty varies between the study countries. In the next part we discuss which social groups are mainly affected by poverty and then look at the three main policy fields – pensions, health, and social care – to describe how social policy in the study countries affects old-age poverty.

What is (old-age) poverty and why is it a threat?

In general, poverty can be defined as a lack of material, cultural and social means excluding the persons affected by poverty from the accepted minimum standard of living in their country allowing them to participate in society (Sen 1992; Townsend 1979, see also Decancq et al. 2014 for the development of the concept in the European Union). In Europe, absolute poverty - defined as a lack of means that threatens the physical existence - is rare. In most cases poverty is a relative, multidimensional and gradual notion (see e.g. Atkinson et al. 2002, p. 78, Bárcena-Martín and García-Pardo 2020; Whelan et al. 2014). It is a multidimensional phenomenon because it is not only about lack of (material) resources but also encompasses cumulative deprivation in relation to income, housing, education, health and social care. There is a temporal dimension to poverty because being poor for a shorter period of time is much easier to cope with than extended periods or having no prospect of alleviating poverty. Poverty therefore, is a strong threat to social cohesion and social citizenship as it potentially lowers the levels of security, autonomy and influence of citizens affected by it (Eggers et al. 2019; Halvorsen et al. 2018; Lister 2021).

The general threats of poverty to participation, social citizenship, and quality of life in general are potentially higher in old age because escaping or completely overcoming poverty is less likely (e.g. Lister 2021, p. 79). Reasons why:

- First, with increasing age access to sufficient income via labour market participation becomes less likely. Therefore, the older population is particularly vulnerable to poverty risks.
- Second, with rising age the likelihood of frailty and with it in tandem vulnerability against old-age poverty increases, because costs for health and social care go up as well as the need for help when daily activities cannot longer be managed on one's own.
- Third, social quality, that is "the extent to which people are able to participate in the social, economic and cultural lives of their communities under conditions which enhance their

wellbeing and individual potential” (Foster et al. 2019) tends to decrease because of lower social security and more difficulties to access empowering institutions and organisations.

- Moreover, the social networks of older people tend to decrease (Böhnke and Link 2017; Kalmijn 2012) as friends in the same cohort being a previous source of help may now need help their selves. Also, poor people are more disadvantaged in drawing resources from social networks compared to wealthier individuals, simply because their networks tend to have less available resources (Letki and Mieriņa 2015). This increases their dependency on families, civil society, the market and social policies.

The reduction of old-age poverty was therefore a major aim in the development of the modern welfare state (Ebbinghaus et al. 2020; Hinrichs and Lynch 2010; Saunders 2010). In order to tackle the risk of old-age poverty, European welfare states developed several measures to secure income and provide services, such as pension and minimum income schemes for people in pension age as well as health and (mostly much later introduced) social care services. The generosity of these policy schemes has a great impact on the risk of poverty. Even though they are in general effective in reducing poverty risk there are large national differences. In addition, different social groups are exposed to higher risks of old-age poverty in some countries (Ebbinghaus 2021; Kuitto et al. 2021, see below).

How is old-age poverty conceptualised and measured?

Despite the multi-dimensional conception of (old-age) poverty, it is usually conceptualised as income poverty which is measured (or better estimated) by the available needs-base weighted household income per household member (Bäcker and Schmitz 2013, p. 26; Saunders 2010; Walker 2005, for a critique see e.g. Daly 2018, for a multi-dimensional measurement e.g. Whelan et al. 2014), including public and private sources of income as well as taxes, duties and dues, because individual public pensions might be supplemented by private savings or pensions, occupational or survivors’ pensions. The focus on income is justified by the high relevance of income in market-based economies and the focus on the household because it is assumed that it works as an economic unit. However, as feminist researchers on poverty have pointed out, available household resources are not necessarily distributed fairly. In fact, it is often women that have comparably less resources (e.g. Bennett and Daly 2014; Goldberg 2010; Lister 2021).

Income poverty is conceptualised in two main ways, either politically as the income threshold providing access to minimum income schemes or as share of the actual income distribution. In Europe, the latter case is conceptualised as poverty risk and defined as 60 % of the median income of the population (Deeming 2017; European Union 2012). In both cases the threshold cannot be defined without referring to cultural values as stated in the general definition of Townsend (1987) and others above.

However, even if income is a central factor for tackling poverty in developed market societies, it has been emphasized by many authors (for a recent overview see Lister 2021) that looking at income alone is not sufficient to describe poverty. That is because income does not directly translate into a societal accepted standard of living emphasized in the definition by Townsend (1987). Scholars therefore have introduced the concept of deprivation which describes “a state of observable and demonstrable disadvantage relative to the local community or the wider society or nation to which an individual, family or group belongs” (Townsend 1987, p. 125, see also e.g. Nolan and Whelan 1996; Whelan et al. 2014; Atkinson et al. 2002; Cantillon et al. 2019 and European Union 2012 for the EU Measurement of deprivation). More concretely Whelan et al. (2014, p. 186) differentiate between four deprivation dimensions (basic, consumption, health and neighbourhood environment) which allow for a measurement of the multi-dimensionality. Other authors link material and non-material poverty closely to the concept of social exclusion understood as “processes which drive people to the edge of society, which limit their access to resources and opportunities, and curtail their participation in

normal social and cultural life leaving them feeling marginalised, powerless and discriminated against” (EAPN 2014, p. 10, see also the comprehensive discussion of the concept in Lister 2021).

What does poverty mean for the life experience in old age?

Perhaps the most severe reported effect of poverty is the material deprivation that results from a lack of income. This means the housing conditions including the access to energy, internet, and telephone, as well as access to food and clothing. It also means the constant restrictions in daily life experiences: running out of money, having limited access to (public) transport, no ability to plan for the future because it is not possible to accumulate savings, cover unexpected expenses or engage in social activities. Old-age poverty therefore often leads to social exclusion, loneliness and deficient social participation (Böhnke 2008; Vogel and Künemund 2018). Material deprivations then may lead to the feeling of being trapped and limited in individual and social activities, feelings of precariousness towards individual and family life circumstances as well as a general feeling of insecurity. The effect of material deprivation and the associated feeling of being trapped tends to be stronger the longer the individual is experiencing poverty and exclusion. Which in turn has a devastating effect on the individual’s resilience to its psychological, health and material effects (Lister 2021). It is not difficult to imagine that this resilience is more difficult to maintain in old age when individual resources tend to decrease and dependence on the social environment increases. Furthermore, old-age poverty is not only connected with material deprivation and a feeling of insecurity and hopelessness but also measurably declining physical health (Palme and Kangas 2000; Vogel and Künemund 2018).

Poverty is often accompanied by an experience of stigmatisation, the ascription of negative and/or discrediting characteristics of poor people and that allegedly distinguish them from others and the feeling of being powerless, shameful, worthless and guilty to be poor (Lister 2021; Sennett 2003; Walker 2005). Moreover, stigmatization and lack of dignity or respect can also be experienced while interacting with public officials, e.g. the public administration dealing with social assistance or other social protection benefits to ease or overcome the effect of being poor (e.g. Gubrium et al. 2014; Lister 2021; Sennett 2003; Walker and Chase 2014). In this case, non-take-up of public benefits is not only much more likely (e.g. Buslei et al. 2019) and responsibility and demands for solidarity are shifted on families and social networks which might overstress (Böhnke and Link 2017; Palme and Kangas 2000; Vogel and Künemund 2018), it is also a threat to the exercise of social citizenship. This is because citizenship promises a certain degree of equality (Janoski 1998, 2010; Lister 2007; Marshall 1950; Powell 2002).

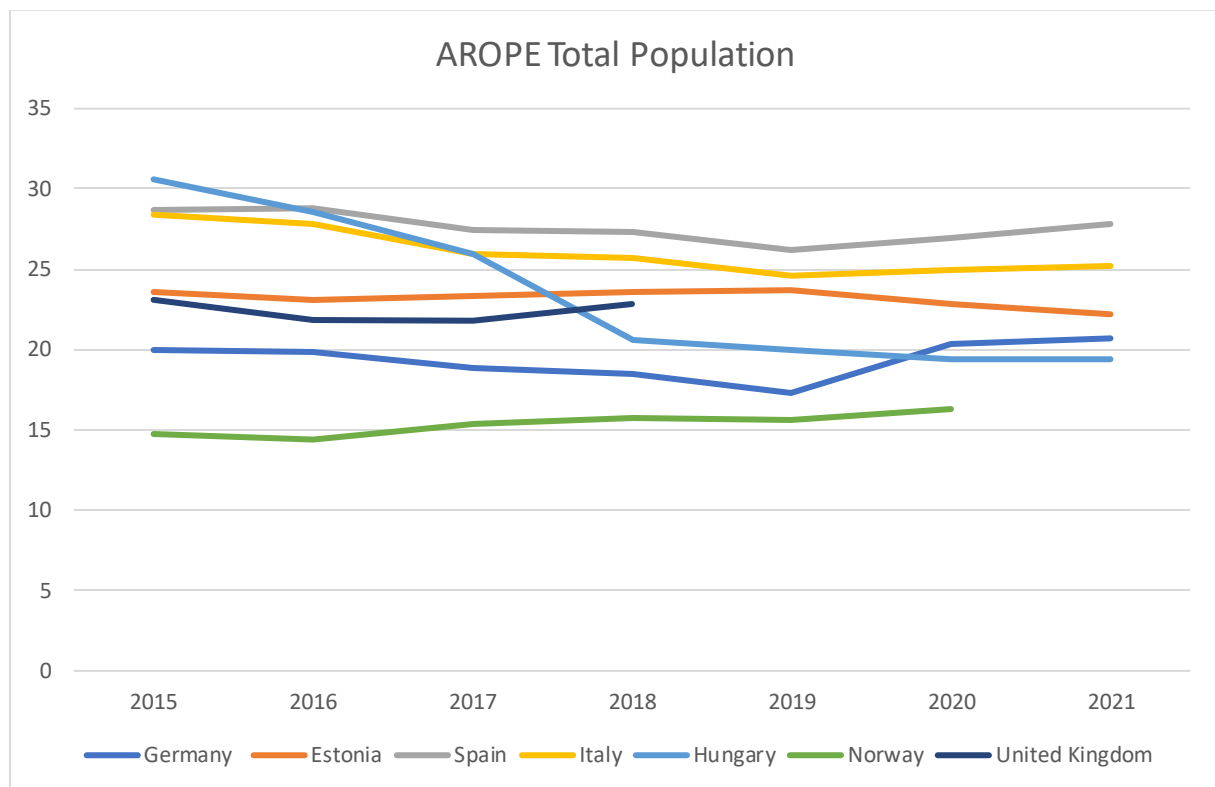
The (permanent) lack of resources that comes with being poor tends to affect the agency of the people affected by it. There is evidence that being poor “taxes the mind, reducing ‘bandwidth’ to the functions such as planning” (Mullainathan and Shafir 2021; Lister 2021, p. 123). In short, it affects the agency of poor people compared to the non-poor (see Lister 2021; Sen 1999; Taylor 2011). On the basis of a differentiation between strategic vs. everyday agency and personal vs. political or citizenship agency, Lister (2021, 128 ff) distinguishes four types of agency: “getting by” (getting through) is a core experience of being poor and describes the everyday/personal struggle to make ends meet. “Getting (back) at” describes a form of resistance between the everyday and the political or citizenship agency. “Getting out” describes a mix of resistance and acceptance using personal and strategic dimensions. “Getting organised” is located in the political/citizenship and strategic dimensions and describes the political agency of poor people.

Finally, poverty has a “geography in three senses: the spatial distribution of, first, ‘people poverty’; second, ‘place poverty’ and third, its lived experience within the physical and social space of the neighbourhood (Philo et al., 1995: 177; Powell et al., 2001)” (Lister 2021, p. 81, for a comprehensive overview).

How is old-age poverty distributed in European countries?

In the following we will briefly discuss the distribution of the risk of poverty and material deprivation in the study countries by the AROPE index provided by the EU. The index is well suited for our analysis as it measures the share of the total population which is at risk of poverty or social exclusion because of material deprivation. It is the main indicator to monitor the EU 2030 target on poverty and social exclusion and was the headline indicator to monitor the EU 2020 Strategy poverty target.¹

Figure 1: Development of the AROPE index for the EUROSHIP countries between 2015 and 2021 (total population)

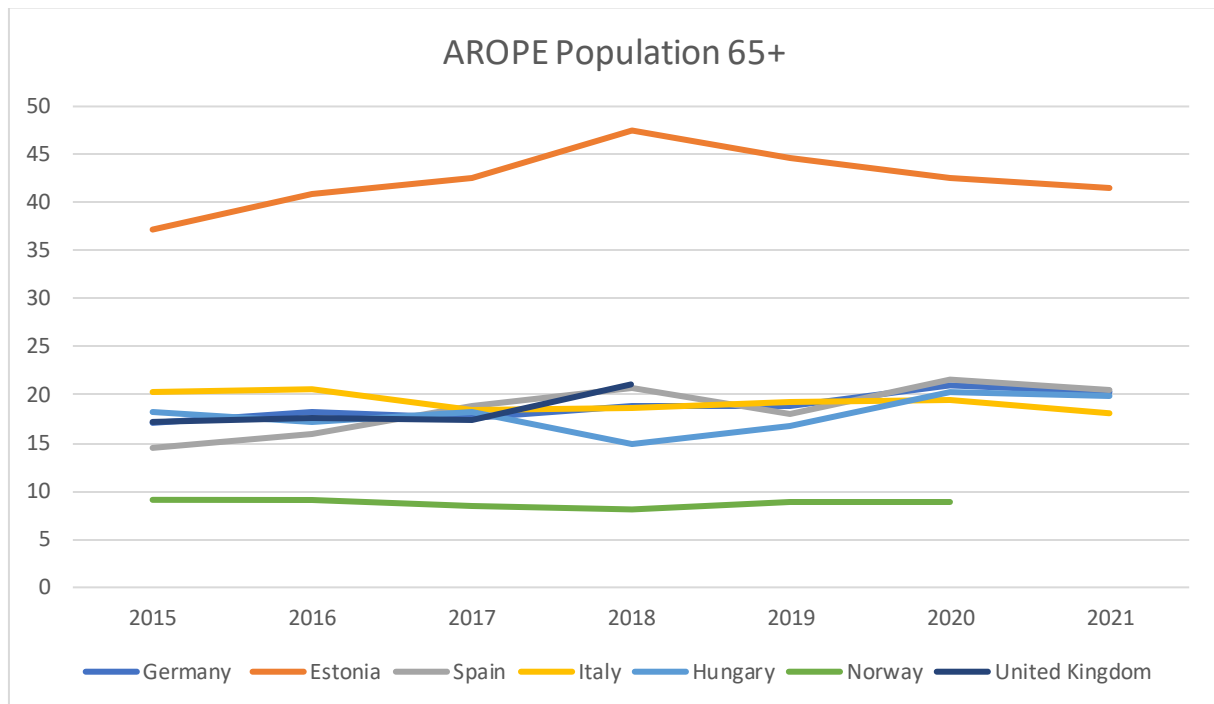


Source: EU-SILC 2022

The figure shows that share of the total population at risk of poverty and deprivation ranges from less than 15 % in 2015 in Norway to more than 30 % in Hungary in the same year (Data for UK are available to 2018 and for Norway until 2020 only). The “good news” is that the distance between the countries declined over time because of decreasing risks in Hungary and Spain at the upper end of the scale and an increase of risks at the lower end (Norway). This is also underlined by the decline of the mean from 24.2 in 2015 to 23.1 in 2021. We find five countries in which the risks declined over the time period (Estonia, Spain, Italy, Hungary, UK) while it increased in Germany and Norway. Overall, there is no clear connection to the classical welfare regimes (Esping-Andersen 1990) except for Norway, which has the lowest risks of poverty and social exclusion. This is not very surprising as the literature on poverty and minimum social security usually does not find a close connection to the welfare regimes because of its focus on social insurances which aim at the maintenance of living standards except for the Nordic countries (e.g. Bahle et al. 2011).

¹ For more detailed descriptions see [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:At_risk_of_poverty_or_social_exclusion_\(AROPE\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:At_risk_of_poverty_or_social_exclusion_(AROPE)) (access 01.11.2022).

Figure 2: Development of the AROPE index for the EUROSHIP countries between 2015 and 2021 (population 65+)



Source: EU-SILC 2022

This figure shows the development of the risks of poverty and material deprivation for the population 65+ in the EUROSHIP countries. The range between the countries is much higher than for the total population ranging from 9.1 in 2015 in Norway to 37.2 in Estonia in the same year. The other five countries range between 14.5 (Spain) and 20.3 (Italy). Different from the findings in the total population we see an overall increase in the range as in Norway the value decreased from 9.1 in 2015 to 8.9 in 2020 while it increased in Estonia from 37.2 in 2015 to 41.6 in 2021. This is emphasized by the increase of the mean from 19.1 in 2015 to 24.1 in 2021. When we look at the countries, we see a cluster of countries coming closer together over time (Germany, Hungary, Italy, UK) and two outliers with Norway showing considerably lower risks of poverty and material deprivation as one would expect from a social democratic country (Esping-Andersen 1990). The second outlier is Estonia showing that more than a third of the population 65+ is at risk of poverty and/or material deprivation. This seems to support an argument by Brettschneider and Klammer (2020) made on the German case that a system transition might lead to higher risks of poverty and material deprivation for the elderly population if system changes lead to high unemployment rates. However, the Hungarian case shows only a small increase of risks.

Which social groups of older people are affected by poverty risks?

In most cases old-age poverty is strongly connected to labour market participation during the life-course, mostly in the form of low earnings, long or frequent interruptions of labour force participation due to care responsibilities and/or spells of unemployment (Brettschneider and Klammer 2020; Daly 2020). That is because public pension schemes, which are the most important source of income in retirement age are often linked to the level of earnings before the retirement age. In this regard, there are several groups of older people at a higher risk of old-age poverty. Moreover, old-age poverty often is the result of intersectional social dimensions such as class, gender, race and ethnicity, disability and geography which have a multiplicative effect on elevating risk of poverty (e.g. Daly 2020; Lister 2021).

When we look at gender it is apparent that women are particularly vulnerable to old-age poverty for several reasons. First and foremost is the gendered division of unpaid work (e.g. Daly 2020; Kuitto et al. 2021). This is important as public pensions are the most important source of old-age income and they are often earnings related. Meaning that a reduction in working time or an interruption of labour market participation reduces claims to public pension in retirement. An exception are basic pensions usually granted after a certain legal residence. However, basic pensions are provided in few countries only (the Nordic countries, the Netherlands and UK) and, moreover, have become less generous and therefore less likely to eliminate the risk of poverty (Goedemé 2013). Especially for the generation of women who are of pension age now, who had to take over the unpaid care responsibility for children and care dependent family members. Accepting reduced or giving up (at least for a time period) participation in the labour market in the process (e.g. Lewis and Ostner 1994). This generation of women often do not profit from the introduction of pension rights for care in the same extent as younger generations will, because policies were introduced later in most European countries and do not fully compensate for the reduced labour market participation due to care. Moreover, women tend to retire earlier than men and have therefore lower pensions (Daly 2020). Secondly, Women of this age group experienced a higher gender wage gap than younger generations of women (see e.g. Auspurg et al. 2017; Daly 2020), and this has of course an impact on their pension rights. In fact, in most European countries the gender gap in risk of poverty widens with the entry into pension age (Daly 2020; Fagan et al. 2006, for recent figures see Barbieri et al. 2022). A third reason is, that women in old-age are more likely to live alone than men because of women having on average a longer life span and tend to be younger than their male partners thus often leading to a period of widowhood late in life. In short, the death of their partner reduces the available income, (although sometimes alleviated by survivors' pensions) while life costs like housing or energy remain relatively stable.

This means that household composition is also a factor that affects the risk of (old-age) poverty. Single households face higher risk of poverty, partly moderated by survivor pensions generosity, while cohabiting reduces poverty risks (e.g. Esser and Palme 2010, Saunders 2010). This also points to the importance of families in limiting old-age poverty, in part because in certain European countries the degree to which access and generosity of public (minimum) pensions depends on family membership (Frericks and Höppner 2018). The family is therefore of particular importance in countries with low generous minimum income schemes for the elderly (Böhnke, 2008; van Oorschot and Arts, 2005).

Labour market participation is the most important factor in avoiding old-age poverty. It is clear that people with low income over the life-course are more likely to be at risk of poverty and/or social exclusion than people who manage to earn a sufficient income over their life-course (Hinrichs and Jessoula 2012; Kuitto et al. 2021). This is because in most European countries public pensions are linked to contributions out of earnings (Ebbinghaus et al. 2020; Kuitto et al. 2021), with the notable exception of basic pensions already mentioned (see also below). There are also some groups who are not (sufficiently) included in public pension schemes in all European countries. In addition to women who provide family care instead of working in the labour market, self-employed people are another relevant group here (for a recent overview see e.g. the special issue in the Journal of Poverty and Social Justice by Caraher and Reuter 2019). Moreover, people born outside of the European Union are much more likely to be in poverty than non-migrants, because they often have less time to contribute to public pensions and they also tend to earn lower wages (European Institute for Gender Equality, 2016, here Daly 2020, p. 73). This also means that there is a strong ethnic dimension of poverty as non-white people tend to have lower incomes over their life-course and (therefore) lower public pensions in old age (e.g. Lister 2021). Having a lower degree of formal education is also linked to lower income over the life-course (e.g. OECD 2017a). People having only lower education also tend to earn lower wages over the life-course and therefore have less capacities to build up (pension) savings (e.g. Hinrichs and

Jessoula 2012). The same can be said for people with disabilities who tend to have lower labour market participation rates (e.g. Halvorsen et al. 2017; Halvorsen et al. 2018). Furthermore, people suffering from (multiple) long-term illness tend to have lower public pension claims due to their frequent and/or long-term absence from work (e.g. Esser and Palme 2010).

How do welfare states tackle old-age poverty?

The reduction in old-age poverty was a major aim for the development of the welfare state (Ebbinghaus et al., 2020; Hinrichs and Lynch, 2010; Saunders, 2010) and after the second world war the European welfare states were remarkable successful in reducing old-age income poverty based on pension provisions (Anderson 2019; OECD 2017b). Aside from income maintenance also minimum income schemes and social services, such as health and social care services contribute to the reduction of old-age poverty as the former provide income and the latter reduce costs. That being said, we need to keep in mind that although these policies interact in various ways to influence old-age poverty, there are considerable differences between different welfare state regimes across European countries (van Vliet et al. 2020).

Regarding poverty prevention and/or mitigation welfare measures providing income are crucial as they (are supposed to) provide material means to participate in society on an accepted (minimum) standard of living as we have stated with reference to Townsend (1987) and others at the beginning of this literature review. In fact, income is closely linked to crucial dimensions of social quality in old age, such as economic security, altruism, social networks and (cultural) participation (Foster et al. 2019) as well as health, particularly for women (Esser and Palme 2010). Pension systems have two central functions, to protect against poverty and to maintain the level of income achieved during the life-course. The first function is addressed by mandatory public systems (usually defined as first pillar) as privately organised pensions require additional contributions which people with low income find difficult to afford (for an overview see e.g. Goedemé 2013). The latter are organized by a public and private mix of mandatory earnings related (second pillar) and voluntary earnings related (third pillar) contributions (see e.g. Anderson 2019; OECD 2021b, p. 123). Although the focus here is on poverty prevention and/or mitigation the design of the income maintenance schemes is central in this context because the higher the coverage and generosity of pension benefits is particularly in the second pillar, the lower is the need for a generous first pillar. The EUROSHIP countries show a great variance in public expenditure for old-age and survivor pensions from 15.6 % (Italy) to 5.6 % (UK) of GDP in 2017. Of course, these figures should be treated with caution as the public spending does not only depend on coverage and adequacy of the pension system but also on contributions in relation to labour market development and, more importantly, the share of pensioners in the population. Particularly ageing has put public pensions under stress, leading in part to retrenchment. Recent privatizations and marketizations of old-age income security have increased income inequality and put people with lower lifetime income, particularly women, at risk (see e.g. Frericks 2013; Hinrichs and Jessoula 2012; Meyer et al. 2007).

Also relevant to poverty prevention and/or mitigation is the differentiation between Beveridgian and Bismarckian systems. The former emphasizes universal, tax-financed, flat-rate benefits which are supposed to prevent poverty. The latter aims at status maintenance through earnings related contributions financed via social insurances, complemented by targeted minimum income provision via means-tests. In regard to poverty prevention Ebbinghaus (2021, p. 9) finds that “it are not the targeted systems that are best to reduce poverty but the more encompassing universal plus supplementary ones” (basically the second pillar). Regarding the study countries Ebbinghaus (2021, 9 f.) finds low poverty rates and low inequality in Norway and Hungary, which both rely on a minimum income protection in combination with social insurance. Medium poverty rates combined with high income inequality is found in Spain, Italy, Germany, and UK, the first two using for poverty protection

a combination of minimum income guarantee and targeted measures and for income maintenance social insurance. Germany combines targeted poverty protection with social insurance and UK a basic pension with social insurance. High poverty rates combined with medium income inequalities are found in Estonia which combines basic pensions and targeted minimum income protection for poverty prevention and social and private insurance for income maintenance.

In addition, access to affordable health care becomes more important as a person ages. All study countries have comprehensive health systems spending between 11.6 % (Germany) and 6.3 % (Hungary) of GDP in 2019 (OECD 2019). Like pensions we can differentiate between membership and contribution based Bismarckian social insurance systems and universal tax financed Beveridgian systems. However, this dichotomy does not capture the actual complexity of each system very well. Schölkopf and Pressel (2021) differentiate three subtypes of the Beveridgian system on the base of the responsible political level (national, regional, local) and two Bismarckian insurance systems based on income or head related contributions. Despite the fact that all European welfare states have developed extensive health care systems, people with low income are less likely to have access to a physician, preventive services and more likely face unmet needs than non-poor (OECD 2019).² In regard to the utilisation of preventive and curative services the OECD (2019) found that among the study countries Estonia, Germany and the UK show the lowest level of inequalities while Italy and Spain are in the Group with the highest inequalities. Hungary and Norway belong to a middle group. The highest income related unmet needs due to long waiting times, transport distances or costs among the EUROSHIP countries are reported for Italy and Germany and the lowest in Norway and UK. Hungary, Spain and Estonia form the middle group (OECD 2019). But even when access to health care is provided particularly the poor might not be able to afford it because the required out of pocket spending is high. In this regard households below the poverty line in Hungary and Italy show a higher share of reporting difficulties to afford health care than the OECD average.

While old-age poverty and health are 'classic' social risks, social care belongs to the so called 'new' social risks resulting from profound changes in economic, social and cultural context of European societies (e.g. Bonoli 2005; Taylor-Gooby 2004). While the gender equality oriented Nordic countries developed social care services already in the seventies, particularly continental European countries were late comers developing comprehensive social care services from the nineties on (see for a comprehensive overview Ranci and Pavolini 2013, 2015). Public provision of home or residential care is particularly crucial for poor, care dependent people as it defamiliarizes care provision and potentially enhances gender equality. This is not necessarily the case regarding cash for care schemes since effects depend on the concrete conditions (Daly 2002; Eggers et al. 2020; Esping-Andersen 1999; Knijn and Hiah 2020). Maintaining the pattern along with the other two policy fields public spending on social care services varies. Norway, UK and German spend more than the OECD average of roundabout 1.5 % of GDP (with Norway well above 3.5 %), Spain, Italy, Estonia and Hungary spend less than one percent (OECD 2021a, p. 269). In short, generosity varies greatly and not only for total expenses but also between access and extent of social rights given towards public support of residential and home care (Eggers et al. 2020; Grages et al. 2021). Moreover, as in health care services the degree to which care dependent people are obliged to finance their care out of pocket varies between European countries according to the severity of care needs and the care form and this has a great impact on poverty risks (see for details <https://www.oecd.org/health/health-systems/social-protection-for-older-people-with-ltc-needs.htm>). In healthcare systems unmet care needs or care poverty are widespread in some welfare states (Kröger et al. 2019). The OECD (2021a, p. 261) provides data for some of the EUROSHIP countries in 2019/20: the lowest unmet care needs are found in Germany, followed by Spain (both below the OECD average), Hungary, Italy, and Estonia (all below the OECD

² Data for whole population.

average). Also, the degree to which family carers are supported by cash for care schemes which can be an additional income for poor people varies in European countries. While Norway, Germany, Italy and Spain show higher levels of support in this regard, pay for family care is lower in Hungary and the UK and barely existent in Estonia (Eggers et al. 2020; Grages et al. 2021).

Analytical Framework

The following section discusses central concepts for analysing individual attempts to deal with poverty and introduces an innovative typology of poverty coping strategies. Then continues into explanatory factors and related main assumptions concerning their effects on poverty.

Concepts of coping and resilience

The concept of coping was developed in psychology and describes how a person deals with stressful life phases and drastic experiences. It refers to individual strategies and actions that a person uses in order to deal with or overcome such critical life events, personal problems or unfavourable situations. The coping model was strongly influenced by the transactional stress model developed by psychologists Richard Lazarus and Susan Folkman (1984). They understand the term to include all human reactions to a stressful, burdensome and threatening situation. Coping aims at providing various functions. From creating an optimistic mindset and making difficult situations bearable, to maintaining a positive self-image and keeping negative emotions under control. Three distinct forms of coping can be differentiated: *problem-focused coping* aims at overcoming problematic situations or adapting to circumstances by searching for information or taking action, *emotion-focused coping* aims at relieving emotional arousal created by the situation and *cognitive coping* refers to re-evaluation and reinterpretation and the idea that “coping can influence stress and emotion merely by a reappraisal of the person-environment relationship” (Lazarus 1999: p. 7). Later work included finer distinctions between the conceptual categories of coping strategies (Folkman and Lazarus 1988; Carver et al. 1989). Furthermore, Carver et al. (1989) differentiate between coping dispositions and situation-specific coping tendencies. While situation-specific coping tendencies refer to specific individual strategies actually used in single stressful situations, coping dispositions refer to types of strategies that are more constant and typically used by people when under stress. The concept of coping was taken up by sociologists and political scientists and found its way into broad social research in recent years (Folkman 2011). The integration of the concept of coping into social theory entailed an extension to collective actors, a stronger focus on problem-focused coping and reflections on how social relationships and non-individual factors and resources influence coping strategies. Furthermore, it resulted in thematic adjustment and further differentiation of possible coping strategies (Folke 2016; Keck and Sakdapolrak 2013; Schimank and Stucke 1994).

One of the most fundamental distinctions of coping strategies differentiate between passive coping strategies and active coping strategies (Folkman and Lazarus 1988). Passive coping strategy can consist of avoidance and distraction and do not aim at improving the situation or solving the problem directly. Schimank and Stucke point out that this type of coping strategy often leads to “*fatalistic suffering*” (1994: p. 17) but does not imply that a person completely shuts down and stops acting altogether. However, independent moves to reverse their situation are not intentionally taken. In contrast, active coping strategies aim at improving the situation or solving the problem. In the case where a situation is perceived as problematic, there are two approaches to reconciling the person's discrepancy between the problematic situation and the individual's aspirations. A person can either actively try to adapt his/her aspiration level to the changed situation, or he or she may try to change the situation so that

it again fits with his unchanged aspiration level. While the former strategy is non-transformative with regard to the initially problematic situation, the latter leads to real change.³

Both active coping strategies ideally lead to *resilience* – i.e., the ability to manage or overcome stressful situations without impairment.⁴ The concepts of coping and resilience have been linked early in behavioural and social science (Folkman 2011). Resilience as an analytical tool finds its roots in psychology but was also taken up by engineering, educational science and ecological analyses (Thun-Hohenstein et al. 2020). It is becoming increasingly used in mainstream sociology, economy and political science. While initially understood in individualistic terms as an innate feature or characteristic (Block 1977), the further developments of the concept which dealt with the connection between (child) poverty and resilience have added a social dimension and put more emphasis on external factors like family support and social environment for achieving resilience (Dale and DeHaan 1996; Garmezy 1991; Glen 1974; Werner 1971). Folke's basic definition of resilience states that "*resilience reflects the ability of people, communities, societies, and cultures to live and develop with change, with ever-changing environments. It is about cultivating the capacity to sustain development in the face of change, incremental and abrupt, expected and surprising*" (2016: p. 3). Hall and Lamont summarize that social resilience refers to the "*capacity of groups of people to sustain and advance well-being in face of challenges to it*" (Hall and Lamont 2013: p. 2).

Sociological research has emphasized the role of external factors like support by family, social networks or social services for coping with poverty - which is the problematic situation or stressor at the centre of this investigation (Böhnke and Link 2017; Paugam, 1996; Van Oorschot and Arts, 2005). Against this backdrop, it seems plausible that achieving resilience might also depend on external support that goes beyond individual factors such as personal resources and abilities. Therefore, it can be assumed that passive coping strategies do not necessarily need to be linked to non-transformative outcomes since passive individuals that lack self-efficacy and self-determination may rely on other actors that can alter problematic situations or circumstances for them (Klärner and Knabe 2019).

Central dimensions of the typology of coping strategies

How a person copes with a problematic situation depends on the specific characteristics of the troublesome situation, i.e., in how far it consists of opportunity structures which shape the actor's room to manoeuvre and individual factors such as personal resources and abilities as well as the availability of external support, i.e. by family/friends, the third sector or the welfare state, that determine the potential for achieving resilience. Against this background, we can identify two main dimensions that shape coping strategies and that might vary relatively independently from each other.

- *Capacity of agency*: Capacity to make use of personal abilities and/or independently organize external support (precondition is often sufficient availability of support by social policy/social networks) in order to adapt to or overcome situation (realization of self-determination); in case of absence: dependency or general lack of support and neglect.
- *Capacity for transformation*: Capacity to change the current situation based on individual effort or external support. Transformation generally refers to altering/eliminating negative

³ See also Folke's (2016) distinction between adaptive and transformative resilience. While adaptive resilience is focused of system's and system components' abilities to cope with or adjust to stressors and shocks, transformative resilience tends to identify stressors and shocks (and the need to deal with them) as possible opportunities for transformation.

⁴ In this context, it was critically noted that individual assessments in this context do not necessarily have to coincide with socially defined desirable outcomes (Kaplan 1999).

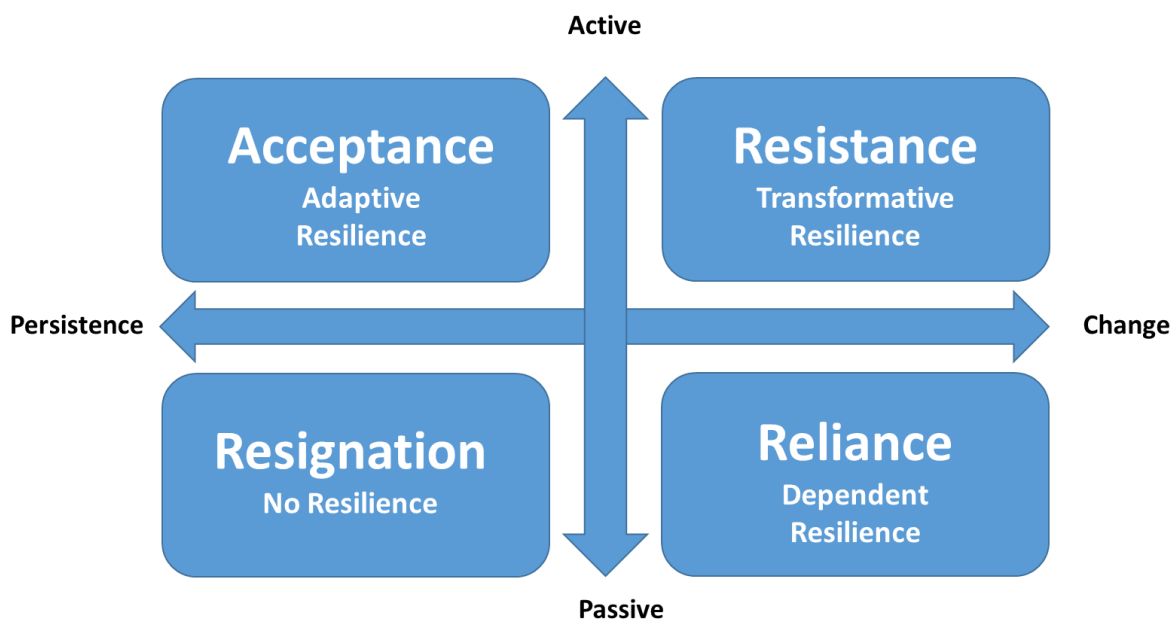
side effects of poverty and not so much to “escaping poverty” in general given the more limited room for manoeuvre in late phase of the life-course.

It is important to point out, that transformative and non-transformative coping strategies can lead to resilience, if they are combined with stronger degrees of agency. Moreover, coping strategies that are characterized by individual passivity may lead to resilience in case external actors initiate a change of the problematic circumstances. However, these strategies lack self-determination which might affect resilience and individual well-being to a certain degree. Coping strategies that combine non-transformative and passive elements generally do not lead to resilience.

Introduction of four types of coping strategies

On the basis of the dimensions presented above and their possible combinations, four different coping strategies can be distinguished as ideal types. The following section describes and illustrates these four types in more detail. It needs to be emphasized that that the four types cannot be observed in their pure form empirically and coping strategies often overlap in the physical world.

Graph 1: Typology of coping strategies



Source: Own representation

Active coping strategies

- Resistance: Self-determination and competence in the search for a way out of negative situation or in the fight against its negative side effects. Usage of self-organized support or personal abilities; ability to foster change in unexpected ways (transformative resilience).
- Acceptance: Active attempt to maintain the current situation often also based on lowering individual demands and aspirations. Assessment of current living situation is “rather” positive despite adversity. Avoidance of further descents, often based on active use of social network or other sources of support (adaptive resilience).

Passive Coping Strategies

- **Reliance:** Passive dependency on external support and suggestions in order to change the situation or make progress. Personal abilities and thus capacity for agency are rather limited. Potentially positive view of the future, but it appears unknown how aspirations can be realized in concrete terms or which steps are necessary or feasible (dependent resilience).
- **Resignation:** Inactivity based on expectation that the situation cannot or will not improve leading to feelings of disappointment, powerlessness and dissatisfaction. Abilities to foster change based on agency are often rather limited due to lack of individual or external resources. In addition, persons receive little or no help and tend to withdraw from social relationships rather than seeking connection and support. Feeling of being abandoned by family, social networks or politics (non-resilient).

Explanatory factors and related main assumptions

Based on the literature review and further inductive considerations based on qualitative analysis of the life-course interviews several factors have been identified that initially increase poverty risks, but at the same time also affect coping strategies by further limiting abilities for coping or by providing useful resources. The following table summarizes the relevant factors, assigns them to the respective societal levels and formulates assumptions about how these factors affect poverty and associated coping strategies.

Table 2: Explanatory factors and related main assumptions

Societal level	Factors	Main assumption
Macro level	Social policy (Pension systems, minimum income systems, health and LTC systems)	Generous social protection and supply of services can provide an important resource for alleviating economic pressure and achieving resilience
	Social structures (Poverty risks for older persons, old-age dependency ratio)	Low poverty risks among older person in comparison to the population may increase the perception of social exclusion A high old-age dependency ratio may increase public awareness of old-age poverty and provision of support measures
	Culture (Dominant ideas concerning responsibility for welfare provision and social security: state/family/market)	Higher levels of familialistic values can foster intergenerational support which may provide a functional equivalent or complement to third sector and welfare support Lower levels of trust in state and public authority may undermine the use and impact of welfare support
Meso level	Third sector and community (Material and immaterial support and engagement)	Material and immaterial support may provide an important resource for alleviating economic pressure and achieving resilience and it might be preferred over welfare support due to cultural reasons; voluntary work can function as a strategy to foster social inclusion

	Family and friends (Material and immaterial support and engagement)	Intergenerational support may cushion economic pressure and thereby increase room for manoeuvre; at the same time care obligations can limit agency
Micro level	Health situation (Long-term care need, disability, chronic disease)	Long-term care needs, disabilities and chronic diseases can limit capacity for agency and may increase the dependency on external support measures
	Living situation (Household size and rural vs. urban)	Smaller household size tends to increase living costs and decrease availability of direct support by cohabitating persons While rural areas tend to show higher levels of solidarity, they often offer less opportunities for other forms of social support (public and third sector) Urban areas tend to show lower levels of solidarity but they often offer more opportunities for other forms of social support (public and third sector)
	Educational background	Higher levels of education may lower administrative burdens of the welfare state and increase ability to actively seek and organize support by community/third sector
	Gender	Women tend to be double burdened by disadvantages of pension system and labour markets based on traditional male breadwinner arrangements and (obligatory) LTC provision for relatives

Source: Own representation

Methodological Framework

Case selection and life-course interviews

The report is based on a cross-national comparative study in seven European welfare states which include Norway, Germany, Spain, Italy, the United Kingdom, Estonia, and Hungary. These countries cover the present variation in levels of poverty and social exclusion across Europe resonating with the socio-liberal, market-liberal and civic-republican categorization of social citizenship (Miller 2017). Comparative social policy has made similar distinctions associated with welfare regimes and employment relations. Together the study countries include those associated with Esping-Andersen's (1990) three type of welfare capitalism ('Liberal': United Kingdom, 'Conservative': Germany and 'Social Democratic': Norway), Ferrera's (1996) 'Southern European' regimes (Italy, Spain), as well as Fenger's (2007) 'Post-Communist' regimes (Estonia, Hungary). The choice of countries allows us to revisit and evaluate the validity of the existing typologies while considering new data.

The main source of data for the report was a set of 59 coordinated semi-structured life-course interviews (Halvorsen et al. 2018; Hvinden et al. 2019) with women and men with low income. While the interviews are not intended to be representative in any statistical sense, they will provide evidence informing new insights into the mechanisms behind different outcomes. The life-course interviews allow us to analyse people's experiences with rights and obligations related to participation in society throughout different life-course stages. The mechanisms and social processes that shape citizens

expectations and experiences in different life-course stages. As well as, how citizens experience and cope with the dominant expectations about social participation in the face of economic hardship against the background of past experience. The ability to realize their expectations is affected by their subjective interpretation of their opportunities, ways of learning and coping with social risks, whether they can manage living on their current income, and any hurdles and risks associated with exercising their social rights. Life-courses are multidimensional processes and there are interdependencies across different phases of the life-course. Old-age poverty must therefore always be viewed in the overall biographical context consisting of elements like employment history, family history, health history, educational history and migration history (Brettschneider and Klammer 2016). The life-course perspective further allows us to contextualize current coping strategies against the background of individual life-course trajectories, transitions and turning points that might shape more general coping dispositions usually used by a person in troublesome situations (Carver et al. 1989). Drawing on a diverse range of interviewees we will examine similarities and differences by several dimensions, to identify how social protection systems and national welfare culture and structures affect individuals' coping with poverty in the specific life-course stage of old age. The interviews shed light on the micro and meso level against the backdrop of patterns identified from the macro level factors based on statistical data and institutional analysis.

Recruitment

National partners of the EUROSHIP project interviewed around ten persons born around 1940-1950. In each country, we strived to achieve a gender balanced sample and tried cover different backgrounds regarding care obligations and needs, disability and ethnicity. However, the most important criteria for recruitment was that interviewees had experience with lack of funds or insufficient money over an extended period and fairly recently (last 3-5 years).⁵ When recruiting interviewees, we mostly relied on people's subjective definition of "poverty". As 'poverty' is a sensitive issue and stigmatized label we thought to avoid this concept in personal address. Instead, we referred to "women and men who have struggled to make ends meet over an extended period of time' (the last 3-5 years or more)". Moreover, we specifically aimed to interview persons that have completed only compulsory education at the age of 20. However, we included persons who have completed more training or education later in life. Since the distinction between citizens/non-citizens is often related to the distinction between nationals/non-nationals (born or not in the country), and language skills are important to access social rights and participate in the labour market, we gave priority to "second generation immigrants" and first-generation immigrants who have lived many years in the host country (rather than national minorities or indigenous populations). We also tried to include persons with health issues, care needs and disabilities in the sample.

Recruitment of the interviewees took place with the help of nongovernmental, voluntary and civil society organizations, as well as social media. Recruitment was primarily via personal contact and based on distribution of flyers and posters who drew attention to the study. Central recruitment channels have been (selection):

- Foodbanks and local food outlets
- Online platforms (for instance for "food sharing")
- District kitchens for socially disadvantaged people
- Non-governmental support associations for people affected by poverty in old age
- Homeless shelters

⁵ It needs to be emphasized that this recruitment criteria restricted the possibility to observe and analyze comprehensive transformative coping strategies (e.g. completely overcoming poverty) since the selection criteria defined that interviewees had to still be poor at the time the interview took place.

- Social support centres and advice centres for people with little financial means
- Seniors' clubs
- Outpatient and inpatient care providers
- Long-term care support centres
- Adult education centre / foreign language courses

In total, the national units have conducted 59 interviews. The length of the interviews varied from 45 to 130 minutes. The duration of the field phase was from 06/21 to 06/22. The ongoing Covid-19 pandemic has made field access and conduction of the interviews significantly more difficult due to contact restrictions and high infection risks in all countries. This particularly affected the vulnerable group of older people and people with health issues and disabilities. Against this backdrop, we used different approaches for conducting the interviews in different national setting: face-to-face interviews, telephone interviews, and interviews via Zoom/Skype. Some national units offered reimbursement of expenses for the interviewees from own funds. Additional factors that made recruitment more difficult are:

- Many people in the target group were quite reluctant and had reservations about agreeing to an interview. Reasons for this were that some people did not want to talk about their problematic life situation, did not perceive themselves as having financial problems despite having little means, did not believe that interviews could help to change politics, or they were afraid of being scammed. The latter aspect is a problem that is particularly relevant for the target group of older citizens since they are disproportionately affect by fraud.
- In some countries, people had high reservations about the disclosure of personal data.
- In some countries, the target group was hard to reach in times of contact restrictions during the pandemic given a digital divide particularly pronounced in the target group.
- In some countries, parts of the target population lacked the necessary language skills for an interview due to a migration background.

All interviewers made sure that the individuals who agreed to take part in the study, approved a common consent form and got sufficient time to familiarize themselves with all the information included, to raise any issues they do not fully understand or may be concerned about before the interview started. The documentation of the interviews consisted of three parts – an audio recording of the interview, a full interview transcript in the original language and an English language summary based on a common structured template. In order to facilitate cross-country data analysis, each country team also compiled a short summary report of each case in English according to a predetermined template based on the analytical approach of the typology of coping strategies. Both the transcripts and the English summaries were fully anonymized. All documents containing personal data (including audio file, consent forms and contact details, sound files) were stored on a secure platform.

Content analysis

The central method for analyzing the life-course-interviews was qualitative content analysis (Kuckartz 2018). The most important characteristics are a systematic approach based on clearly defined rules, a category-based analysis, and the reflection of all data and their origin inspired by hermeneutics. A content analysis is based on the systematic categorization and coding, which can be described as a result of the classification of analysis units. Categories can be understood and defined in different ways. Several types of categories can be distinguished, of which primarily thematic categories (theme codes) were relevant within the present research process. These designate a specific topic, a specific

argument or a specific figure of thought. Categories can be formed in different ways. A distinction can be made between deductive category formation independent of the empirical material and inductive category formation based on the material. Mixed forms of the development of the category system are available in the context of the present study. First, categories based on the theoretical framework were formulated along theory-based assumptions. However, since these changed and developed after an initial inspection of the material and a skim reading of the qualitative data. Thus, a classic deductive category formation can no longer be assumed. Working with the material, the categories were renamed, restructured, summarized, reassigned or even deleted along several reading passages, and further subcategories were added. The material was then contrasted with the aim of identifying systematic patterns and interrelations based on the theoretical typology of poverty coping strategies.

Findings

The following section will introduce a basic descriptive overview of the sample and the distribution of some key variables in the sample. In total, the national teams conducted 59 interviews with older persons in the seven study countries. The ratio of female and male interviewees is balanced in the overall sample. In terms of educational attainment, about half of all respondents have educational qualifications of ISCED level 3 or higher, while about a quarter have educational qualifications of ISCED level 2 and another quarter of the respondents have educational qualifications below this level. It must be highlighted in this context, that the actual distribution of this variable does not match with our initial recruitment strategy of interviewing only persons with compulsory education (see section 4). With about two thirds of the sample, the great majority of interviewees live in big cities, roughly one fifth lives in small cities and only about one tenth live in rural surroundings. In terms of household composition, about two fifth of the interviewees live alone, while about one quarter are cohabitating with relatives (mostly spouses). Roughly one third of the interviewees lives in other types of accommodation like charity owned shared flat, assisted living arrangements, care homes or homeless shelters. While a little more than one third of the interviewees has no significant health impairments and roughly another third suffers from severe health impairments, a little more than one quarter of the interviewees has smaller or medium degree health-related impairments.

Table 3: Descriptive overview of the sample

		DE	IT	ES	UK	HU	EE	NO	Total
Gender	male	3	2	3	5	5	5	6	29
	female	4	4	3	4	5	5	5	30
Education	ISCED ≥ 3	3	2	1	1	4	6	10	27
	ISCED 2	4	2	0	1	5	3	1	16
	ISCED ≤ 1	0	2	5	7	1	1	0	16
Area of living	Big city	4	6	6	1	5	8	9	39
	Small city	3	0	0	7	3	0	0	13
	Rural	0	0	0	1	2	2	2	7

Household	Single	7	2	0	2	5	4	5	25
	Co-habitation with relatives	0	1	1	0	5	2	5	14
	Facility, shelter, shared flat	0	3	5	7	0	4	1	20
Health	No impairment	3	3	3	2	2	5	3	21
	Small/medium impairment	2	1	1	2	4	3	3	16
	High impairment	2	2	2	5	4	2	5	22
Cases		7	6	6	9	10	10	11	59

Source: EUROSHP Life-Course Interview Survey (own calculations)

Social groups and life-courses with specific poverty risks

A look at the results of the interview survey clearly shows that the respondents show specific differences in their life-courses, which are (potentially causally) related to their poverty situation and influence their respective coping strategies. However, the following results on the coping strategies show that these also occur across the various life-courses associated with poverty risks. The results on the connection between different life-courses and risks of poverty in old age for the European comparison reflect the results of a study on poverty in old age in Germany by Brettschneider and Klammer (2016) and indicate that their results can be generalized to a certain extent in a larger context. Five groups of life-courses can be identified with regard to an increased risk of poverty in old age:

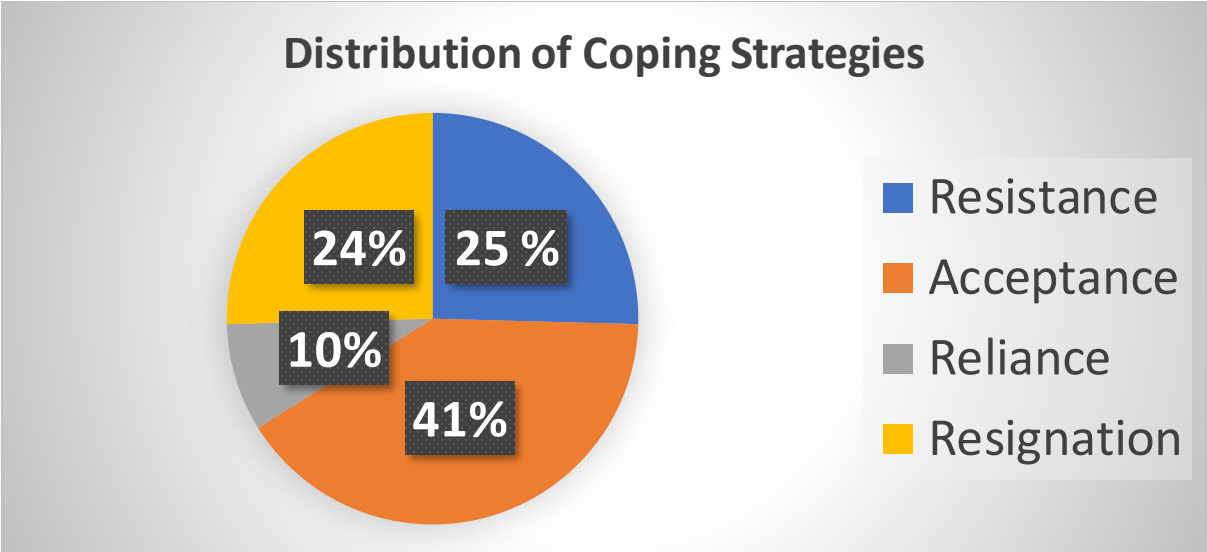
- People with a labour market history dominated by self-employment: These tend to have very low pensions, especially in conservative and Mediterranean welfare states, unless they have additional pension income from an occupational or private pension scheme.
- People with migration experience: They usually have fragmented employment histories and hardly any pension entitlements from their country of origin. In addition, they may be less experienced in dealing with the welfare state, have less prior knowledge of social rights or language barriers make interaction with authorities more difficult.
- Women with histories of familial care obligations: Women who have based their life model on a male breadwinner and whose employment biographies show large gaps leading to low pension income.
- Persons or cohorts shaped by social system change (e.g. post-socialism): The system change thus represented a deep biographical turning point for these persons. While the first part of their employment biographies in the socialist system often shows a high level of employment continuity, they have difficulties building comprehensive pension entitlements through employment after the system change.
- People with discontinuous biographies affected by general disruption: Heterogeneous risk group whose common feature is the discontinuity of their lives, which are characterized by status changes, breaks and upheavals (injuries and illness, alcohol and addiction problems, homelessness, crime).

Findings regarding different coping types

The four different coping strategies are distributed unevenly across the interviewees in the study countries. The most common coping strategy people used was acceptance (41%). Followed by resistance (25%) and roughly another quarter of interviewees (24%) that mainly used resignation as a coping strategy. Only 10% of people used reliance as a strategy. In general, active coping strategies (66%) are used more often by participants in comparison to passive coping strategies, which only account for one third of the cases (see Appendix for a breakdown of coping strategies by country).

Interviewees that use the different strategies share some key characteristics across countries and some patterns appear in systematic comparison. However, the results must be interpreted with caution since the individual life-courses and combinations of influential factors show many variations and several factors like low numbers of cases or sample bias put clear limits on generalization. Moreover, some interviewees tend to combine different approaches in their attempt to cope with old-age poverty. Therefore, we focused only on the most strongly pronounced strategies for the basic categorization. The interviewees might also use different approaches for coping with other types of problematic situations in their life (for instance care needs) than for coping with low financial means and the resulting difficulties.

Graph 2: Distribution of coping strategies in study countries



Source: EUROSHP Life-Course Interview Survey (own calculations)

Resistance

About one quarter of the interviewees can be categorized as mainly using resistance as a strategy to cope with their tense financial situation and the problems that are associated with it. This coping strategy combines a higher degree of agency and the aim to change the problematic situation. It often includes high degrees of self-determination, an optimistic attitude and confidence in the search for a way out of poverty or in the fight against its negative side effects like social exclusion. The usage of personal abilities like endurance or skills but often also support from family, third sector actors or the welfare state allow for a partial or full overcoming of poverty. The ability to actively foster change in unexpected ways leads to transformative resilience.

A comparative look at the different influencing factors shows that the **need for welfare state support is in general more limited** in comparison with the rest of the interviewees that use other coping strategies. Furthermore, the public support that these people receive is more often assessed or perceived as adequate by them. This could be a result of relatively lower needs or disproportionately high success in gaining access to support, or potentially both. In most cases the social network (family and friends) or the third sector tend to complement the public support rather than replacing it. However, non-take-up of welfare or third sector support was also reported in this group, and often associated with a high priority of personal independence.

The example of Liisa – a 74 year old women from Estonia who has a part-time employment in a local school as a cleaner to supplement the otherwise small pension – illustrates how some

forms of support are accepted and perceived as legitimate in this group of interviewees while others conflict with the wish to stay independent. While Liisa really enjoys living in a brand-new social housing flat, she also emphasizes that she does not need and does not want any support in everyday living. Referring to a program for food packages that she applied for at the request of her landlord during the COVID-19 pandemic she says: *“I have seen how everybody is receiving social services and writing applications. I've lived a long life and I don't even know how to write an application, if the house managers wouldn't push me here, I absolutely wouldn't have applied. I don't need any kind of social service, because I can manage on my own.”*

Another example, Eva - a 58 year old woman from Hungary who got pensioned off due to Lipedema and now receives a low pension which does not allow her to afford a comfortable lifestyle - further illustrates the strong sense for independence which some interviewees of this group expressed. Eva's children have called her attention to possibilities of applying for help from civil organizations, but she does not want to apply and states: *“As long as I can solve my problems and live without asking for help, I will not.”*

Another key commonality lies in the **above-average availability of family networks and support**. While it can be expected that social networks shrink with old age, poverty tends to further increase this process (Townsend 1979). In contrast, our findings seem to show that people who are able resist in the troublesome situation of poverty often have a functional familial or social network that builds the base for their coping strategy. Intergenerational material and immaterial support by family members can cushion pressure and thereby increase room for manoeuvring. However, in this context, interviewees not only received support, but also provided it which surprisingly did not seem to limit agency but increase it. The latter is also the case in the context of NGOs. Interviewees of this group are in general more characterized by personal engagement in NGOs than receiving help from them. Voluntary work functioned as a strategy to participate in social life and foster social inclusion often based on a shift of the dependency role from passive receipt of help to active provision of support for others.

The example of Oswald – a 75 year old German man whose financial situation became problematic after several career breaks due to mental health problems and permanent unemployment at the end of his working career – illustrates how he uses voluntary work as a strategy to cover some of his needs and to participate in social life. When asked about whether he receives some remuneration for his engagement in assisting blind persons, he responds: *No, no I get nothing. This is a voluntary activity, but receiving money is not important to me. It's enough for me if I get some food there or if I don't have any travel expenses. I can still do something because I can make excursions with them as an accompanying person, right? That's enough for me. Yes, I went to Munich last week with the one person I look after. Yes, then we went to eat. She pays for that because I'm there as an accompanying person. I have no expenses and I am able to come around. So, I am busy, interestingly busy and I can take part in life, which I could do less only relying on my minimum income benefit alone.*

Engagement in gainful work despite pension age is another strategy that helps some of the interviewees to cope with their tense financial situation.

The story of Harry – an older man from Norway⁶ suffering from insufficient pension income and rising living costs – illustrates the high level of active agency and effort to overcome the current hardship despite obstacles. Harry is employed and still working hard even though he

⁶ The exact age of the interviewees was not recorded in Norway.

already reached pension age and suffers from a chronic disease in his hand. Referring to his current manual job he states *“I really cannot work. It’s not possible [pointing at the scars on his hands], but I must, and I want to... I can sit here and get a little money from the Husbanken [The Norwegian State Housing Bank], I can do that, they at least look at my income. But I don’t want to sit here, even if I have [health] problems.”*

Another important aspect of gainful employment in pension age becomes apparent in the story of Gerli – a 69 year old woman from Estonia suffering from economic hardship but refusing any public support – which illustrates that gainful employment fulfils more aims than simply earning money. When she returned to work late in life, she wanted to find a job, where she had to be physically active, where she didn’t have to use her head after working as a doctor for decades until she got mental health problems. She believes that being on the move at work helps her to stay healthy not only physically, but also mentally.

A rather counterintuitive finding was the fact that we found a **higher proportion of women** that used resistance as a coping strategy, since women are clearly double burdened by disadvantages of pension systems and labour markets based on traditional male breadwinner arrangements and (obligatory) care provision for relatives. However, it remains unclear to this point, how gender affects the selection or opportunity to use this coping strategy in detail.

Furthermore, the health situation of persons using resistance as a coping strategy is better than in the group of the interviewees using passive coping strategies. **Rather good health** or only suffering from minor or medium limitations seems to be a fundamental precondition for higher levels of agency. In addition, being in relatively good health allows interviewees to take other approaches to coping with their financial difficulties, rather than arranging for necessary medical or long-term care.

With regard to the living situation, interviewees **mostly life alone in urban surroundings** like small or mostly big cities. While it is obvious that smaller household size increase costs and at the same time decrease the availability of direct support by cohabitating persons, a significant number of interviewees rather perceived their single household as domains of self-determination and independence. Against this background, the negative consequences of the living situation were outweighed by the gain in autonomy. In addition, the urban surrounding tends to provide more opportunities regarding social support and activities (like home care services or senior clubs). The anonymity of the city which potentially leads to loneliness was cushioned by the availability of a strong familial or social network in many cases.

One of the most stirring findings was the **higher level of education** that was prevalent in this group. Qualifications and skills mediated through education clearly improved the ability to overcome administrative burdens and to actively seek and organize support. On this basis, it can be assumed that there is a close interrelation between educational attainment and agency. These skills, often acquired early in the life-course, point to the general importance of coping dispositions – usually used by a person in any troublesome situations – compared to situation-specific coping tendencies that evolve out of a specific troublesome situation.

The example of Francesca – a 62 year old woman from Italy who used to work in public administration and ended up in a problematic financial situation after her mother became dependent on expensive long-term care – illustrates how education and knowledge about the welfare system in combination with endurance and stamina can be a useful resource in overcoming problematic financial situations. After her mother became care dependent caused by an accident, social services denied any kind of help and forced Francesca to hire a professional caregiver at her own expense. Francesca proved her ability to make herself heard

to the social services by knowing laws and rights, and successfully dealing with all of the bureaucracy that comes along with fighting against the initial decision social services had given her. As she says, *“for once we had to make ourselves heard, but it’s absurd that you have to threaten a judicial case to obtain what you have the right to receive. Furthermore, I had my daughter helping out with procedures, but what about those who don’t have the cultural means to break the cycle?”* She is financially independent now that her mother has received the state aid for a nursing home.

Another individual factor that fosters agency and that might be linked - to a certain degree - to higher levels of education is people’s **resourcefulness**. Interviewees that used resistance as a coping strategy often found creative ways to seek support or overcome limitations usually associated with their financial situation.

In this regard the example of Harry – a 70 year old man from Germany suffering from economic hardship after he quit his job in order to provide care to his now deceased mother – may illustrate how resourceful strategies and planning might help to realize social participation despite low financial means. Referring to the limited possibility of using public transportation due to high costs, he reports a strategy he developed so that he does not have to give up his mobility despite facing economic hardships: *“So at the moment I don’t have money for a monthly pass. I now buy a day ticket for 6.90 euros. I then try to re-sell it when I get out of the train again, so that I only pay half the price (...). So yes, yes, well I really have to think about buying a ticket. I also use the ticket strategically, so that when I buy a day ticket I try to check off three or four things at once, so, that’s it then also worthwhile.”*

Acceptance

More than 40% of the interviews can be categorized as mainly using acceptance as the main strategy to cope with their tense financial situation and corresponding issues that arise in association with poverty. This coping strategy includes a higher degree of agency but no real attempt to change the problematic situation but rather to stabilize the status quo. However, interviewees show also a huge variety of agency for instance by voluntary engagement, providing familial care or working in order to participate in social life. In general, the group of interviewees using acceptance also often features a strong sense of independence based the preference to rather “get by” with low means than to be dependent on anyone else (e.g. the state). Most interviewees share an optimistic attitude that is often based on having overcome “much harder times” in the past or being used to living with low financial means for longer time periods. Frugality is thus perceived as the usual state of living. People who choose acceptance as a coping strategy often have adapted their aspirations to a certain degree to the tense financial situation, which helps them to evaluate the associated limitations as less problematic and to reduce anomie and thus actively foster adaptive resilience.

The example of George – an older man from North America that immigrated to Norway in the late 1980’s and currently suffers from health problem related to two heart strokes while working part-time at an NGO in combination with voluntary work at a foodbank despite being retired – illustrates this quite well. He mentions several times that he doesn’t need so much anymore. Clothes, products, huge apartments, cultural divertissements, alcohol, cigarettes, and material objects. He doesn’t need all this and emphasizes the fact that he is very happy with a more unpretentious lifestyle: *“Maybe I’m a boring person. If someone ask me what I did the weekend, I answer that I didn’t do anything, and I’m happy with it.”*

A comparative look at the **need for welfare state support** reveals that it is **more limited** than in the group of persons using passive coping strategies. However, it is noteworthy that the extent of support is more often perceived as insufficient in this group in comparison to the group of interviewees using

resistance as a strategy. Paradoxically, the extent of non-take-up is also more pronounced in this group. It seems that this group of interviewees rather foregoes covering some of their needs than making their satisfaction dependent on the welfare state.

The example of Sebestyén – a Hungarian man who has a hard time making ends meet based on his low pension but receives support from his daughter and granddaughter – illustrates the negative attitude towards public support and the wish for independence. While he on the one hand says: *“Nobody helps me, trust me. My friend tells me about these programs once in a while, but that’s all.”* He also mentions referring to a situation where he received help from the authorities: *“But this was one-time only. I don’t like asking for favours. I prefer not to go to ask for help, I don’t like going there to the municipal office.”*

The **role of the welfare state appears generally ambivalent**. On the one hand, there is a tendency towards avoidance of dependency on the state and non-take-up based on a fear of stigmatization and pride combined with a preference for other (more traditional) forms of support like family or social networks. On the other hand, claims for more public support and feelings of being left alone by the state are often expressed. Coping dispositions acquired throughout the life-course play a central role in this context. It is often about people who have not accepted state aid their whole life, who define themselves as "doers" and "fighters" and do not want to deviate from this positioning and self-assessment even in old age under possibly new conditions (poverty). Pride plays a big part in this. Under no circumstances do the persons concerned want to appear as petitioners to the state. Still, there is an expectation that the state owes them something more than an inadequate pension after they've toiled their whole lives.

In general, the lack or self-chosen absence of welfare state support tends to be substituted by **familial or social networks which act as a functional equivalent to public support**. Support by and contact to family and friends is disproportionally high. Inter- and intragenerational material and immaterial support by family members is often reciprocal and, in some cases, not perceived as an additional burden but as social appreciation based on a feeling of being needed. Moreover, in some cases unpaid volunteer work is used as a strategy to participate in social life. Support from the third sector tends to complement or substitute in case family support is absent. In general, the importance of support from NGOs is highest in this group. Especially food bank visits present a common strategy to cover basic needs. These are often not perceived as welfare but as community support or “help for self-help” which makes it easier for people to accept them.

The example a Mario – a 73 year old man from Italy who started having economic difficulties when he retired – illustrates how third sector support not only supplements a lack of welfare support by also appears to be more accessible for certain groups of people. There was the recognition of having found people willing to economically help Mario in associations such as Caritas, but they weren’t perceived somehow as welfare but more as a form of “personal” aid by him. As concerning his perception of the public sector and of the state, there was a deep sense of abandonment, of not being seen nor acknowledged: *“I simply do not exist for the state”*.

However, in some cases even the support provided by NGOs conflicts with the desire for a maximum of independence and a strategy of renunciation is preferred.

The example of Harry⁷⁷ – an older Norwegian man who was already cited above – illustrates how far-reaching pride and autonomy can be and that far reaching adjustment of aspirations is preferred over external support by some interviewees in this group. When asked if he had considered third sector organizations that hand out free food, he simply says: *“No, no, no, no, no. I’ll never go there and ask for anything. Never! I can eat egg and bread. Absolutely not.”*

The gender division in this group had a **higher proportion of men** that used acceptance as a coping strategy. However, it remains unclear to this point, how gender affects the selection or opportunity to use this coping strategy in detail.

Furthermore, the **disproportionally “good” health situation** of persons using acceptance as a coping strategy is noteworthy. Like the interviewees using resistance as a main coping strategy, having no or only minor or medium health impairments seems to be a fundamental precondition for exercising agency actively. In some cases, interviewees have overcome severe illnesses or injuries and now compare their financial problems to the previous health related problems which allows them to evaluate their poverty as a rather minor problem. In other cases, persons who still suffer from medium or high-level impairments have accepted their problematic health situation and developed on this basis a generally positive “it could be worse”-attitude to problematic life situations and adversities.

In this regard the example of Carles - a 71 year old man from Spain with both legs amputated who lived below the relative poverty threshold since 2012 – provides a good illustration of staying positive despite the double burden of severe mobility impairments and financial problems. Referring to his current life situation he says: *“Now, of course, the pension is low, and I have to sublet two rooms, but if you mean if I have had a really bad time, like hopeless misery, the truth is that it hasn't happened to me”.*

Interviewees show a **mixed picture with both rural and urban** living situations present in this group. We found a **comparably high degree of co-habitation** which is associated with a decrease in costs for living and an increase in direct support by cohabitating persons which are often spouses but, in some case, also siblings, adult children or grandchildren. This finding again reflects the strong importance of family networks which are especially present in more rural surroundings. In urban surroundings, there are also several cases of people living in shared flats, supervised facilities or shelters run by charities. These living situations often occur in circumstances where people are single and/or family networks are not available.

The **educational attainment is generally on a medium level** in this group with some outliers with higher and lower educational levels. Against this backdrop, the ability to overcome administrative burdens and to deal with the welfare state appears to be mixed. While defensiveness towards the welfare state is mostly based on pride and autonomy, some interviewees also report a lack of knowledge of their own social rights. Or difficulties in dealing with authorities which are based on the feeling that that they are not taken seriously, because officials assume that they don't understand administrative processes sufficiently.

The example of Martha – a 75 year old women originally from Germany now living in the UK who has been suffering from financial problems in combination with increasing health problems and need for long-term care but had ‘very little interaction’ with public offices – illustrates how a lack of knowledge and education can prevent success in seeking support from the welfare state. Martha is resistant to any suggestion that she may need support. She

⁷⁷ Harry provides an example of a person that combines acceptance and resistance as strategies for coping with poverty.

described past interactions with welfare state authorities, for instance when it came to claiming her pension, as not very helpful. She emphasizes, that as English is not her native language and there are some things she still does not understand. She notes: *“They make it so complicated with all the forms you have to fill in... a lot of people don’t want to ask for help because they will be embarrassed that they cannot understand the question”*. She has never been supported with filling out forms by anyone. She has only felt able to ask for help when a “friendly face” has been present. She is wary of getting any caring help but is seemingly not aware of some of the support she is entitled to and could receive. She prefers to rely on help from her neighbours, her social network, or the church.

Another individual factor that characterized the high level of agency in the group of interviewees using acceptance as a main coping strategy is their **high degree of organizational skills** which they use in order to get by with little money. These strategies include thrift, planning purchases and calculating budgets. It can be assumed that a certain degree of education is necessary or at least useful in this regard.

The example of Vilje – an older woman from Norway suffering from poverty most of her life, but more acutely since she retired – illustrates how careful planning and the adaption of needs can help to cope with a tense financial situation. Vilje plans carefully to make ends meet, makes budgets for food, buys it reasonable, makes home cooked meals and avoids anything expensive. If she does not eat all the food the same day, she eats it the next day. There is no place for waste. She also buys clothes second hand and all the furniture in her home was also bought from a second-hand shop. While the rent for her apartment is a little high, she thinks it is ok because of the housing allowance she receives helps. All her bills are paid with direct debit so that she doesn’t have to think about it. Vilje has a Mastercard so when she needs something special, she uses it and then pays it back as soon as possible. Nevertheless, she is always approximately 10.000 NOK in debt. She says she prefers it that way instead of having a bigger loan. Moreover, she says she will not face unexpected expenses because she avoids those and makes sure she is careful enough.

Reliance

Less than 10% of those interviewed identified reliance as the principal coping strategy. This group of interviewees was the smallest in the sample and cases are not evenly distributed across countries.⁸ It is thus difficult to draw general conclusions from the low number of cases. Reliance as a coping strategy combines a lower degree of agency and the aim to change the problematic situation. Interviewees share a rather positive view of the future, but at the same time, the future seems scary because it appears unknown how aspirations and hopes can be realized in concrete terms or which steps are necessary and which are feasible. This strategy is often associated with a mix of trust and belief that the problematic situation can potentially be improved and a passive dependency on external support and suggestions to make any material change. Since limited personal abilities or structural obstacles restrict the room to manoeuvre fundamentally. In some cases, interviewees used to be “fighters” with high levels of agency in previous periods of their life-course, but their life situation has deteriorated in a way which does not allow them to manage it independently any longer. They have now lost the

⁸ Several reasons might contribute to explaining the low numbers of persons in this group: First, this strategy is most widespread among persons with high needs for external support like persons living in care homes or homeless shelters. However, those persons were only included in some of the study countries, since an earlier recruitment strategy explicitly excluded this group of persons from being interviewed. Moreover, it seems plausible that interviewees generally exaggerate their personal ability for agency in an interview situation because of social desirability (Krumpal 2013). Thus, they may overstate their autonomy and self-efficiency and downplay dependency on external support in order to present themselves as capable actors.

strength for resistance and/or the situation is too problematic to opt for acceptance as a coping strategy. However, a fundamental precondition for using reliance as a coping strategy and achieving a basic state of dependent resilience is the individual openness towards tolerating/accepting external support and its general availability.

Interviewees that use this strategy mostly report **higher degrees of need for welfare state support** which are generally (at least partly) met by public or third sector support measures. These often include the need for long-term care provision or social workers that help to organize everyday living. In some cases, the provision of support measures is even against the will of the recipients at first (for instance in case of alcoholism), since they conflict with their self-image as an autonomous person.

The example of Alison – a 71 year old woman from the UK with a disability and financial problems who is now living in a sheltered accommodation, after having become increasingly isolated and unable to manage living alone after her husband who used to provide care for her died - illustrates how resilience can be achieved even if agency is incredibly limited. Referring to the incident that initiated the transformation of her problematic situation she states: *“Probably that electrical fault [which let to social authorities discover her need for support and make her move to a sheltered accommodation] was good, it pushed me into doing something. Otherwise I’d still be there worrying and getting more and more depressed.”* With reference to her new living situation, she says: *“Since being here, I’ve done more things than I’ve done in a long time. It’s been a good move.”*

Social network or family support is often weak or non-existent in this group. This situation is in some cases self-chosen by a cut of family ties or end of social contact, in other cases, persons are widowed or isolated against their will. However, comprehensive support from NGOs or the extended social network can offer a functional equivalent to familial or welfare state support, in case they are both not available.

The example of Ute – a 70 year old women from Germany who receives financial and social support from a donation-financed association that supports people suffering from poverty in old age – illustrates how comprehensive third sector support can more or less fully replace family and welfare support. Ute strongly emphasized that she very much relies on the support of the third sector organization and that she would not be able to make it without them since she is living a very withdrawn life and avoids contact with other people as much as possible. She is not very outgoing and had no contact to her children for decades and has also cut off contact to her siblings after her mother died 25 years ago. Referring to the organization that helps her she claims: *“I’m so glad that I have a ray of hope. When I call them, they’re always nice, it’s like when the sun comes up. They always have an open ear. The first year of Corona, we got food packages every week. I don’t know what I would have done if they hadn’t been there for me in the difficult times now. I am happy. They have given me a lot and they help where they can. She goes on: “Nothing bad can be said about them. Anyone who scolds them will have to deal with me. I’ll knock their heads off. Yes, they are better than the own family. I really have to say.”*

The **gender composition of the group was balanced**. With regard to the health situation of interviewees who use reliance as a coping strategy, we found without exception **medium or higher degrees of health problems** and/or disabilities. In some cases, drug addiction also played a role. Concerning the living situation, **interviewees either lived alone or in supervised facilities** or shelters run by charities which mirrors their self-chosen or foreign-determined isolation. Urban and rural surroundings were both present.

Educational attainment was mixed in this group of interviewees, but levels are mostly lower. The lack of necessary (language) skills which can create barriers for organizing public or third sector support is another problem that needs to be highlighted in this context.

The example of Rocio – a 62 year old woman with Cuban roots who migrated to Italy and now suffers from old-age poverty and even became homeless during the COVID-19 pandemic – illustrates quite well how a lack of social network in combination with a lack of education and language skills can prevent persons in need of support from being able to organize sufficient measures by themselves and makes them reliant on the support of external actors in order to overcome or at least stabilize their problematic life situation. As Rocio didn't speak Italian well and didn't know how to move herself around or take care of practicalities and bureaucratic matters of the Italian welfare state, her financial problems became more and more severe. Especially after her daughter - who she lived with together – went back to Cuba in 2017. At first, she got by thanks to some acquaintance who hosted her and a room she rented with her salary, but when she lost her job in 2019, she became homeless. She endured the pandemic in 2020 as a homeless woman, until she started to attend an Italian course. There, she attracted the teacher's attention, as he saw her going to class always with a suitcase. She told him her story and he helped her to get in a shelter home in 2021, where she has been living until now.

Resignation

About one quarter of the interviews can be categorized as mainly using resignation as a strategy to cope with their tense financial situation and the problems that are associated with it. This coping strategy combines a lower degree of agency and no real attempt to change the problematic situation based on the expectation that the situation cannot or will not improve. It often includes low degrees of self-determination, a pessimistic attitude and a lack of confidence in the search for a way out of poverty or in the fight against its negative side effects like social exclusion. The lack of an ability to actively foster change in combination with a lack of external support often based on a feeling of **abandonees and loneliness leads to a non-resilient life-situation** generally characterized by disappointment, powerlessness and dissatisfaction.

The example of Pol – a 77 year old man from Spain who used to earn his income via drug trafficking and fraudulent businesses and ended up in poverty once he quitted these illegal activities – illustrates how a combination of lacking support by family or social network in combination with insufficient support from the public or third sector can create a feeling of deep surrender. When asked about the most difficult times in his life, he replies: *“Certainly, the last years have been the worst, and they are getting more and more difficult. Every year that I keep living is worse. I can do less and less thing. Now I say that I do not live anymore, I just survive, struggle around...”* He goes on: *“Manydays I do not see anypoint in going on living. I cannot do anything of what I liked to do, my health is weak and I have no money to travel or having a nice dinner in a restaurant” (...)* *“I am quite alone, I have had no contact with my daughter for the last 30 years and I do not like my flat mates. I leave as soon as possible early in the morning, and come back late at night to sleep. I prefer to walk around alone”*

A comparative look at the need for welfare state support reveals that interviewees that use resignation as coping strategy often have **a high need for welfare state support which is to a considerable degree unmet**. Mostly due to social security gaps or received support is perceived as insufficient because of low quality of social services. It is common for the people concerned to have tried intensively to seek for support at an earlier point in life, sometimes even over a longer time period, but they failed due to administrative hurdles, or their needs were not heard or adequately addressed. Based on these negative experiences, at some point they decided to let the matter rest in order to avoid further

disappointment. Moreover, some interviewees developed a strong mistrust in public authorities, or an already previously existent mistrust further increased.

The example of Mia – a 73 year old Hungarian women who is caught in a legal struggle when requesting a renovation of her apartment which is mouldy, wet, cold and caused her a history of respiratory illnesses – illustrates disappointment and mistrust in support from the welfare state quite well. She is very bitter about the lack of assistance from authorities, and after being turned away many times with different assistance requests, she is now very distrustful of them. She states: *“I cannot count on them [welfare state authorities], for help, in fact, they only make my life and situation way harder and turn me away.”*

Another factor is a **lack of accessibility of welfare state support** which could be limited for instance based on homelessness and comprehensive social exclusion which undermines eligibility for welfare state support, since people have no ID or no regular place of residence. It needs to be emphasized that such cases easily lead to resignation if lacking welfare support is not substituted by other means.

The example of Peter – a 65 year old man from the UK who is homeless and has been living in a supported charity accommodation for the last 3 years – illustrates the vicious circle of mutually affecting adverse circumstances that exclude homeless people from welfare state support. He says: *“You can’t get mental health assessment if you’re on the street, unless you’ve got a place of residence. The streets are full of people with mental health problems who are self-medicating with alcohol, and you can’t get help if you’re an alcoholic. You have to deal with the alcohol first.”*

In general, the lack of welfare state support tends to not be substituted by familial or social networks. **Familial support is absent or very limited** in most cases. Against this background loneliness and social isolation often are present in this group.

The example of Nora – a Norwegian women suffering from old-age poverty who lives a very secluded life and does not have much contact with other people – shows how a lack of social support in combination with low financial means can lead to feelings of comprehensive hopelessness. Nora feels abandoned by her family and feels that much of her difficulties is also connected to them. They have cut off contact with her. Moreover, she has applied for different kinds of public support, but all her applications were rejected thus far. She feels trapped in her situation and does not feel that she receives the help that she needs. Her only wish is to have enough money to leave Norway. She says: *“Without money you will wither and die”.*

Furthermore, some interviewees report that they have **care obligations which create a double burden** in combination with their financial problem.

The example of Yolanda – a former fun-loving and active 75 year old woman from Spain who suffers from old-age poverty and simultaneously has been providing extensive familial care (first for her now deceased mother, currently for her older sister) since public support is insufficient while her own health also deteriorated during the last years – illustrates how problematic circumstances can accumulate and thus decrease quality of life and autonomy to a point where acceptance turns in to ever growing resignation, and as she formulates *“the only thing left for me is waiting for death with as little pain as possible”.*

In some cases, **the lack of support by family or the welfare state is cushioned to a smaller extent by third sector support** in the form of foodbanks, church cafés, social clubs or charity shops. However, it is evident that this form of support is far from fully compensating the lack of necessary support (financial and mostly social) and thus is in some cases not more than a drop of fresh water in the ocean.

The **health condition is mostly problematic** in this group with most interviewees suffering from medium or severe impairments. Furthermore, high age is overrepresented in this group which of course correlates with deteriorating health conditions and also puts clear limits to personal autonomy.

The example of Anna – a 84 year old women from Italy who grew up under terrible conditions in an orphanage and lived a life of poverty afterwards – illustrates how increasing impairment and limited financial means can create a situation of dependency which strongly undermines personal autonomy and thus leads to resignation. Now that Anna is old, she lives in a nursing home, but it was not her choice. She is not happy about living in the care home, feels mistreated and would like to leave. It reminds her of the situation when she was almost treated like a prisoner in the orphanage during her childhood. Anna's relationship with the social services has been conflicting throughout her whole life (problems with the youth welfare office and general denial of any support) and thus she does not trust the welfare state authorities and feels patronized. Her pension income certainly goes towards paying the boarding cost of the nursing home, but it is unclear if her sons or the state contribute to cover the rest of the fee. However, she clearly lacks the financial means to alter her situation and pay for a home care service that would allow her to move back to her home and regain self-determination.

In addition, **mental health issues and disabilities** (mobility issues) have been disproportionately reported. Their role in relation to poverty is twofold, while they have in some cases contributed to initially causing poverty, they also can be a consequence of the stressful and problematic situation (e.g. depression, anxiety and burn out).

The example of Indrek – a 74 years old Estonian man who has started to develop financial problems and became unemployed after the system change in the early 1990's and the economic crisis in 2008 and now lives in a shelter for homeless people after he was recently released from prison, where he spent 7 months after he stole something to eat from a supermarket – illustrates how a social and economic downward spiral can also have a negative impact on self-perception and self-esteem, up to depressive episodes. Indrek has tried to avoid asking for help and applying for benefits throughout his whole life because he was too proud to beg. Now that he has hit the ground, he thinks that he does not deserve any support and is not worthy of anything. His current situation is very sad and Indrek has become completely hopeless. He comes across as depressed and waiting for the end of his life. He only hopes to finish it with some pride and dignity.

Interviewees in this group tend to **mostly live alone**, in some cases, in care homes or homeless shelters. This finding is consistent with the high levels of loneliness and social isolation that interviewees reported in this group. In some cases, the interviewees also live together with dependent relatives. However, this form of cohabitation does not provide a source of additional support but rather presents an additional burden that further decrease autonomy and increases poverty risks in case welfare state support for caring relatives is insufficient. Furthermore, interviewees of this group mostly live **in urban surrounding**, which tend to show lower higher levels of solidarity and familial support/cohabitation but often offer more opportunities for social support. Indeed, the latter often functions as a last resort for socially isolated individuals who would otherwise be at risk of even more far-reaching social exclusion.

Educational attainment was mixed among interviewees that resigned, but levels are mostly lower. Against this backdrop, the ability to overcome administrative burdens and to deal with the welfare state (or other forms of support) appears to be limited. Some interviewees also report a lack of knowledge regarding social rights or difficulties in dealing with authorities which are based on the

feeling that that they are not taken seriously because officials assume that they don't understand administrative processes sufficiently or they are not eligible for support.

Findings regarding country comparison

The following section reflects on how social policies, structures and cultural ideas in different European welfare states interact with different forms of social support (family, third sector) and individual differences in health and living conditions and educational background in order to understand differences and similarities in the use of coping strategies of persons affected by old-age poverty in different national contexts.

Limitations of country comparison

For several reasons, there is a clear limit to the comparison of the distribution of the use of coping strategies in the different study countries. First, in some countries there are very low numbers of cases for the different coping strategies. Since we discuss many factors that help explain the use of different coping strategies, this means that individual cases with a unique combination of characteristics could potentially be overvalued making systematic comparisons difficult. Second, the interviewees were not chosen at random and there is a clear selection bias due to recruitment strategies that were applied. In some of the countries, most of the interviewees were recruited via foodbanks, for instance. Moreover, we mainly interviewed urban residents in all study countries. This leads to an overrepresentation of specific parts of the population and thus of the importance and influence of specific support measures which blur the picture significantly in some of the countries. Third, the inclusion of specific sub-populations like people living in care homes or homeless people varies between countries since an earlier recruitment strategy explicitly excluded this groups of persons from being interviewed. Fourth, since our focus originally and before we started collecting the interviews was on long-term care and not on the more general topic of old-age poverty, knowledge about other policy domains like health policy and pensions systems which are framing the lives of older persons have not been analysed systematically during the previous phases of the project. Against this backdrop, the results of our survey cannot be generalized on the country level and they only serve to illustrate some selected features of the respective national contexts and allow us only to reflect on their possible influence.

Country specific differences in the distribution of coping strategies and national factors that contextualize variations

Table 4: Overview of differences in country specific macro factors

	Structure		Social Policy		Culture	
	Old-age dependency ratio	AROPE +65 (difference to general population)	Generosity of pension policy	Generosity of LTC policy	Support of familialism	State trust

DE	32,2%	20,4% (-0,3)	medium	medium-high	medium	high
IT	34,5%	18,1% (-7,1)	high	low-medium	high	low
ES	28,6%	20,5% (-7,3)	high	medium	high	low
UK	27%	21,1% (-1,7)	medium-low	low-medium	medium	low
HU	27,5%	19,9% (+0,5)	medium-high	low	high	low
EE	28,7%	41,6% (+19,4)	low	low	high	medium
NO	22,1%	8,9% (-7,4)	high	high	low	high

Sources: EU Ageing Report 2018; EU-SILC 2021, EVS 2018, Grages et al. 2021; MISSOC 2022, OECD 2021

Germany

Macro context: The poverty risk of older people is roughly equivalent to the poverty risk of the total population in Germany. However, the old-age dependency ratio (32,2%) is comparably high. In general, there is comprehensive welfare support with a lot of different benefits and services available, but generosity of public pension policy is only considered to be on a medium level. Also, the situation is especially problematic for women and self-employed persons in a conservative welfare system, that is mainly focused on status maintenance of male breadwinners in dependent work arrangements. The importance of familialistic values and expectations of intergenerational support is on a medium level. It used to be higher but decreased due to recent cultural changes. Furthermore, higher levels of trust in state and public authority can be observed and the clash of socialist solidarity and post-socialist freedom presents a relevant cultural cleavage for those who used to live in the GDR.

Distribution of coping strategies: Since numbers for resistance and acceptance are slightly above average, there is a predominance of active coping strategies in the German sample in comparison with the average distribution of coping strategies across countries. However, there is only one person using reliance as a coping strategy.

Country specific peculiarities and factors that might help contextualizing the country specific distribution: Active coping strategies are in Germany often based on a use of (more or less) sufficient welfare support and strong ability to “manoeuvre the bureaucratic jungle” which is also related to the comparably high level of education in the German sample. The welfare state is in general trusted. While the quality of social services is perceived as more or less sufficient, the conservative pension system fails to cover specific social groups (like women, self-employed persons or persons with chronic illnesses) sufficiently. Minimum income policy provides a safety net of last resort, however there are also cases of non-take-up based on fear of stigmatization and pride (especially among active strategies) which show that dependency on the welfare state is viewed as dishonourable by some interviewees. This finding might be explained by an increasing spread of neo-liberal ideas in the German political debate in recent years which denounces recipients of welfare support as lazy or undeserving. Engagement in voluntary work is disproportionately widespread in the German sample and the third sector tends to function as a complement for the interviews using active coping strategies and as a supplement for those who use passive coping strategies. Generally, we observed a comparably low importance of family network support among the interviewees which correlates with the disproportional occurrence of one-person-households (perceptions range from notions of loneliness to “domains of self-determination”). It can be assumed, that persons who have well-functioning family networks or live together with relatives are in general less at risk of becoming poor in Germany. Interestingly, the use of passive coping strategies is by and large not based on bad health in the German

sample. Furthermore, despite the large extent of the problem, old-age poverty appears to not be a relevant topic in social and political debate in Germany. Even though the share of older persons and thus the share of older persons suffering from poverty is larger than in other European countries. This was heavily criticized by all interviewees.

Italy

Macro context: The old-age dependency ratio (34,5%) is comparably high in Italy but the poverty risk of older people is significantly lower than the poverty risk of the total population which might be associated with the comparably generous pension policy. However, welfare state support is in general fragmented, and provision of welfare services is not sufficient. In Italy, familialistic values are dominant and the expectation of intergenerational support is combined with lower levels of trust in state and public authority.

Distribution of coping strategies: There is a particular high proportion of persons using reliance and resignation as a coping strategy. The numbers for resistance and acceptance are below average. In general, there is a predominance of passive coping strategies in the Italian sample in comparison with the average distribution of coping strategies across all study countries.

Country specific peculiarities and factors that might help contextualize the country specific distribution: The high proportion of passive coping strategies (especially resignation) is to a certain degree based on an overrepresentation of persons living in care homes with very high age in the Italian sample. A correlation between higher educational level and good health on the one hand and more active coping strategies on the other was also present in the Italian case. In general, family networks played an important role in connection to active coping strategies. Possibilities to compensate for lack of support by family networks appeared to be limited. However, it was also obvious that especially older women (who were overrepresented in the Italian sample) still face disadvantages to a particular extent since they are expected to take over responsibility for the care of relatives without sufficient opportunities to opt out. In addition, they tend to receive lower pension income than men due to fragmented employment histories. Welfare state support (mostly by employment centre and/or care service) was in general often perceived as insufficient or of low quality. Furthermore, high co-payments for care homes can result in poverty risks for care-dependent persons and their relatives in Italy. There had also been reported difficulties in accessing welfare state support, caused by non-cooperative officials and lack of information on eligibility. Furthermore, mistrust against the welfare state and public authorities was reported by Italian interviewees. Often this attitude was accompanied by a feeling of pride of getting by without state support.

Spain

Macro context: The poverty risk of older people is significantly lower than the poverty risk of the total population in Spain and old-age dependency ratio is on a medium level (28,6%). Welfare support is in general comparably comprehensive with a lot of different benefits and services available and a higher generosity of pension policy. The importance of familialistic values and expectations of intergenerational support is on a higher level and levels of trust in state and public authority are comparably low.

Distribution of coping strategies: There is a particular high proportion of persons using resignation as a coping strategy. The numbers for resistance and acceptance are below average and none of the interviewees used reliance as a coping strategy. In general, there is a predominance of passive coping strategies in the Spanish sample in comparison with the average distribution of coping strategies.

Country specific peculiarities and factors that might help contextualizing the country specific distribution: Interestingly, the use of active coping strategies (resistance and acceptance) was not

correlated with higher levels of education (which were generally underrepresented in the Spanish case) as in other study countries. Functioning family networks tend to play a more important role regarding the use of active coping strategies and their lack is often associated with more passive coping strategies – especially in case family support is not substituted by social networks or other forms of social support provided by NGOs. Furthermore, female interviewees reported great difficulties in reconciling work and care responsibilities which had an impact on their past and current financial situation. The perception of the sufficiency of welfare state support was in general mixed. In cases where the public support was perceived as insufficient low quality, waiting list and discrepancy between national and local responsibility have been mentioned and social security gaps were in general related to passive coping strategies. However, public health and social services, non-contributory pensions, recent improvements in long-term care, and some access to subsidized accommodation, have helped to improve the social protection of old people in Spain in recent years. Nevertheless, the persisted importance of the informal sector and low minimum wages tend to increase poverty risks and undermine the generally generous pension policy for some social groups in the Spanish case. Furthermore, issues of accessibility have been reported by some interviewees and low non-contributory pensions in combination with high rental costs create severe difficulties for many interviewees living in urban surroundings (which have been overrepresented in the Spanish sample). Even though all Spanish interviewees live in big cities, it was unusually challenging for them to gain access to public or third sector provided social support in the form of non-employment-oriented activities and access to community facilities like libraries or social centres. For all interviewees, even for the most active one, it was not easy to find opportunities and contexts to get involved in meaningful activities that they have reasons to value, and where they can maintain social contacts and a participatory social life.

United Kingdom

Macro context: The poverty risk of older people is slightly lower than the poverty risk of the total population in the United Kingdom. Furthermore, the old-age dependency ratio (27%) is on a medium level. In general, welfare support is strictly targeted but a lot of different benefits and services are available for those eligible. The generosity of public pension policy has a lower level in comparison with other study countries. The dominant culture values of the United Kingdom show a medium level of familialistic values and expectations of intergenerational support is combined with a medium level of trust in state and public authority. Fittingly, a liberal expectation of self-responsibility is characteristic for this liberal welfare state.

Distribution of coping strategies: There is a particular high proportion of persons using reliance as a coping strategy. The numbers for resistance, acceptance and reliance are below average. In general, there is a predominance of passive coping strategies in the British sample in comparison with the average distribution of coping strategies.

Country specific peculiarities and factors that might help contextualizing the country specific distribution: The high proportion of passive coping strategies (especially reliance) may to a certain degree be based on an overrepresentation of homeless persons in the British sample. Almost half of the interviewees were living in accommodation provided by charities for the homeless. In general, interviewees reported a limited generosity of welfare state which is in line with the limited and strictly targeted approach of the liberal welfare state. Third sector charity organizations were used as a functional equivalent to public welfare support in many cases. A peculiarity of the British sample was presented by the specific problems of homeless persons that reported experiences of falling through the public safety net (not necessarily leading to passive strategies) and the vicious circle of not being able to (re-)enter the welfare system. Furthermore, non-take-up with reference to independence played a role in some cases which mostly used more active coping strategies. The support by relatives

was in general limited in the British sample and rather complemented by other forms of support than being the main source of support in coping with poverty. However, the need for familial care provision (care receipt and care giving) was repeatedly mentioned in the interviews which highlights the lack of sufficient formal support by the welfare state. A special situation occurred in the group of homeless persons where familial support was disproportionately low and contact to relatives was in many cases completely cut. It seems that losing ties to the family on the one hand increases the risk of social exclusion and homelessness and on the other hand homeless persons often experience shame and guilt which they do not want their relatives to see. Moreover, a general correlation between lower educational level (which was strongly overrepresented in the UK sample) and more severe health problems (also including higher levels of problems with addiction) and disabilities on the one hand and more passive coping strategies on the other hand was present in the British case. The low degree of formal qualifications (most participants left school with little or no qualifications) was also a main reason for low paid work and unemployment in earlier phases of the life-course and strongly contributed to poverty in old age. Furthermore, all interviewees of the British sample lived alone which is consistent with the limited family support and furthermore increases costs of living for those who did not live in homeless shelters and thus makes their tense financial situation even more difficult.

Hungary

Macro context: The poverty risk of older people equals the poverty risk of the total population in Hungary and the old-age dependency ratio is with 27,5% on a medium level in comparison with the other study countries. Welfare state support is in general less comprehensive with accessibility problems for different benefits and services. However, there is a comparably high generosity of public pension policy which however shows strong intra- and inter-cohort differences in benefits. Familialistic values and expectations of intergenerational support are strongly pronounced in Hungary. The level of trust in state and public authority is low, which is closely connected to the system change after the breakdown of the Soviet Union. Leading to a cultural clash between socialist solidarity and post-socialist freedom and self-responsibility.

Distribution of coping strategies: There is a somewhat polarized distribution of passive and active coping strategies with above average proportions of resistance and resignation in Hungary. The numbers for acceptance are below average.

Country specific peculiarities and factors that might help contextualizing the country specific distribution: Active coping strategies are often based on higher levels of education and the presence of support of the close or extended family and co-habitation in the Hungarian case. Family support plays a central role for achieving resilience in Hungary and mirrors the 'strong' cultural importance. Furthermore, the provision of familial care work is not necessarily a hinderance for active agency but also a source of social appreciation and interviewees perceive this activity as fulfilling. Nevertheless, a lack of public support in this regard also can also lead to overload and health issues. Family contact and support is clearly more limited in cases with more passive coping strategies but in most cases not completely absent. Support provided by the third sector and engagement in voluntary work is in general lower than in other study countries. While there is a tendency that interviewees using resistance have higher levels of education than the rest of the sample, the distribution of different levels of education appears random in the groups using other coping strategies. This shows that the use of active coping strategies is in this case not as closely related to educational attainment than in other study countries. There also exists a correlation between better health status and active coping in Hungary. However, health conditions are disproportionately bad in large parts of the sample. Welfare state support was generally perceived as insufficient (mainly pension and health system) based on a lack of transparency, complicated application procedures and low quality of services. Another factor undermining the ability of many to obtain an adequate public pension is the prevalence

of undeclared work or misappropriation of social security contributions by employers. Moreover, non-take-up of public or third sector support was in some cases (more active coping) associated with independence and reliance on own abilities, while a strong degree of mistrust in state and a lack of assistance from authorities was a main reason for those using passive coping strategies. Another peculiarity of the Hungarian case was the social discrimination of the ethnic minority of Roma people which clearly limits their ability to overcome poverty. Especially after the national conservative and right-wing populist Fidesz party came into office.

Estonia

Macro context: In Estonia, the old-age dependency ratio (28,7%) is on a medium level but the poverty risk of older people is significantly higher than the poverty risk in the total population. In general, the generosity of public pension policy is low and welfare state support is less comprehensive than in other study countries. In addition, accessibility of services and benefits is often problematic. While there is a high level of familialistic values and expectations of intergenerational support, the level of trust in state and public authority is low like in other post-socialist countries and a clash between cultural values of socialist solidarity and post-socialist freedom shaped the life-course of many older citizens in the Estonian society.

Distribution of coping strategies: In general, there is a predominance of active coping strategies in the Estonian sample in comparison with the average distribution of coping strategies across countries. There are no persons using reliance as a coping strategy and cases of resignation are also below average. The numbers of persons using resistance and especially acceptance as a main coping strategy are strongly above average.

Country specific peculiarities and factors that might help contextualizing the country specific distribution: The high degrees of active coping strategies (resistance and acceptance) correlate with generally high levels of education and disproportionately good health in the Estonian sample. The fact, that most interviewees live alone in the Estonian sample does not seem to undermine the use of active coping strategies. Interviewees in Estonia share a strong sense of independency and many of them using acceptance as a main coping strategy explicitly do not want to be reliant on welfare state support. While some did not think they were eligible for any support, most suggested that support should be given to those who need it more. Some interviewees acknowledged the stability and predictability of social benefits, but they also criticized that their amount was too low to provide decent living or enable notable changes to one's living conditions. Another special feature of the Estonian sample was the disproportionately high occurrence of work without official registration during the life-course which was reflected in the low amount of pension income. Furthermore, there is a high degree of mistrust in the state and public authorities. This could be associated with the experience of the system change after the breakdown of the Soviet Union. Many of the interviewees lost their jobs and their trust in the system during the transition phase and had to be self-responsible in order to survive. However, they still have a feeling or expectation that everyone must work and fulfil their task and failing to do so is not acceptable. Mirroring the socialist ideology that they grew up with. Furthermore, it is not only the case that people don't trust the system, but the system does not trust people either, asking them to repeatedly provide evidence of their support needs. Familial support or other forms of social support by third sector organizations rather tends to be functional equivalents to public support. In general, there was a high importance and disproportionately good support from families and social networks among the Estonia interviewees. However, if such support was not present it was hard to fill this gap which highlights the importance of familialistic values in this country. Relationships with adult children and grandchildren seemed to be especially important and those who had lost contact with their children, were sad and felt guilty about it. Those who had contact with their children enjoyed the sense of belonging they provide. However, children were mostly not seen as a source of (financial) support

in old age. Instead, the participants suggest that it is their role to support their children (e.g. with childcare). The desire to be independent and not to be a burden to the children was expressed by many. While generally the relationships with children and grandchildren provided an important resource and protective factor for interviewed people, children or other relatives with disabilities or special needs represent a risk factor against the background that familial care provision - mostly without any public support - appears to be obligatory in Estonia.

Norway

Macro context: The poverty risk of older people is significantly lower in comparison to the poverty risk of the total population in Norway and old-age dependency ratio is with 22,1% comparably low. In general, there is comprehensive welfare support with a comparably generous public pension policy and a lot of different benefits and services available. Gender equality and public responsibility for care are dominant cultural values in the Norwegian society and the level of trust in state and public authority is very high. Moreover, there is a strong emphasis on “full employment” combined with expectation of financial independence in old age.

Distribution of coping strategies: The most common strategies were resistance and acceptance, while the number of participants using resignation is below average. There are no people using reliance as a coping strategy. In general, there is a clear predominance of active coping strategies in the Norwegian sample in comparison with the average distribution of coping strategies across countries.

Country specific peculiarities and factors that might help contextualizing the country specific distribution: The disproportionally high degrees of active coping strategies (resistance and acceptance) correlate with generally high levels of education and more limited health related impairments in the Norwegian sample. These persons more often have less need for support on the one hand and a greater ability to overcome administrative burdens and to actively seek and organize support on the other hand. Furthermore, almost all interviewees that used active coping strategies have a strong and well-functioning social network of family and friends that provided a strong foundation for dealing with their financially challenging life situation. In line with that, levels of co-habitation and intergenerational support were also higher than in most other countries. However, comprehensive familial support in case of long-term care need is not particularly strong in Norway, highlighting the dominant cultural values regarding the public responsibility for care. Moreover, engagement in voluntary work and active social engagement is disproportionally widespread in the Norwegian sample. Despite welfare state support being more generous than in most of the study countries, the perception of its sufficiency is mixed. While some interviewees reported satisfaction with the level and quality of support, others complained about the amount of benefits being too low, complicated application procedures for welfare provision, a lack of information on eligibility, lack of transparency and difficulties in accessing the digitalized welfare state. Given the generally high welfare state generosity, other forms of social support like support by the family or the third sector rather tend to be complementary than functional equivalents that replace public support in general. Furthermore, it was noticeable that many interviewees received a mix of several different support measures (specifically also including support and benefits related to housing). Non-take-up based on pride in being independent of help and support from the state was less pronounced than in other countries.

Discussion and Conclusion

Causes, consequences and distribution of old-age poverty in Europe

We have argued in favour of Townsend (1987) that old-age poverty is a multi-dimensional phenomenon which is best described as a lack of material, cultural and social means relative to the accepted minimum standard in a particular society. This lack of means threatens social citizenship as

it significantly curtails the autonomy of citizens and their ability to participate in society. A specific characteristic of old-age poverty is that the prospect of getting out of poverty can be achieved rarely by the older persons themselves because of the decreasing ability to earn income on the labour market. Furthermore, health conditions and social networks decrease with age which also lowers autonomy and thus makes old-age poverty particularly threatening. Reducing old-age poverty and sustaining social citizenship is therefore a central aim of European welfare states.

Although poverty is understood as a multi-dimensional phenomenon, the central dimension is income because in market-based societies income is the main source of means to participate in social life. Two measures are most common: the institutional defined threshold to access to minimum income benefits and a certain deviation from the median income (in the EU 60 %). However, since a lack of income alone is not able to describe the lack of (material) means, the concepts of deprivation and social exclusion are also important. The first describes "a state of observable and demonstrable disadvantage relative to the local community or the wider society or nation to which an individual, family or group belongs" (Townsend 1987, p. 125) and the latter "processes which drive people to the edge of society, which limit their access to resources and opportunities, and curtail their participation in normal social and cultural life" (EAPN 2014, p. 10).

(Old-age) poverty is thus not only conceptualized as a multi-dimensional phenomenon but most importantly experienced as such. Central dimensions here are a lack of or exclusion from essential material means (housing, energy, food, communication, transport, etc.) limiting poor people's participation in society, enhancing negative feelings such as social exclusion, being trapped, worthless or disrespected. Moreover, poverty influences people's agency and therefore their ability to exercise citizenship and ability to 'getting back' to being non-poor.

Using the AROPE index as a standard measure to describe poverty and social exclusion we showed that the risk of poverty varies greatly between the population of the study countries. Compared with the risk of old-age poverty we see, that except for Estonia, old-age poverty is in general lower than or equal to the poverty risk level of the total population. A sign of the success of welfare states in limiting old-age poverty. In most EUROSHIP countries the risk of poverty and social exclusion ranges between around 15 and 20 percent (in the total population between 15 and close to 30 percent). However, there are two outliers: Estonia, where rates of those at risk for old-age poverty and social exclusion are higher than 40 % and Norway where rates are less than 10 percent and thus well below all other countries.

Furthermore, it was shown that *old-age poverty is closely linked to labour market participation during the life-course* as public pension schemes, which are the most important source of income in retirement age are often linked to the level earnings before the retirement age. This means that those who earned less income during their working lives are also those who likely will have low pensions. However, the reasons for not being able to earn sufficient income varies greatly and is often also intersectional. Most important among them are *low lifetime earnings*, e.g., due to low educational achievements, migration, disability. Or Interruptions of labour market participation e.g., because of care responsibilities or spells of unemployment or the lack or loss of a partner (income). In conclusion, among the major social groups in risk of old-age poverty and social exclusion are *women, migrants, disabled or long-term ill people, people with low education and those living alone*.

Differences in coping with poverty and achieving resilience across Europe

The main aim of this report was to analyse how older people cope with low financial means based on individual resources and support provided by the public or third sector and/or their familial and social networks that may cushion social risks associated with old-age poverty. The findings show that older low-income persons combine individual resources and resources they have available via family,

community and public social support (in cash and in kind) in different ways. In a systematic comparison of 59 life-course interviews four different patterns of coping strategies were distinguished that differ in their potential for the achievement of social resilience. Based on different capacities to actively make use of agency and to transform the problematic financial situation, we differentiated between persons showing resistance, acceptance, reliance and resignation when coping with old-age poverty. We also discuss different factors that hinder or facilitate the use different coping strategies.

One quarter of the interviews can be categorized as mainly using **resistance**, a coping strategy that combines a higher degree of agency and the aim to change the problematic situation. It often includes high degrees of self-determination, an optimistic attitude and confidence in the search for a way out of poverty and in the fight against its negative side effects like social exclusion. The use of personal abilities like endurance and resourcefulness, but often also the self-organized support from family, third sector actors or the welfare state allow for a partial or full overcoming of poverty. The ability to actively foster change in unexpected ways leads to transformative resilience. The main factor associated with this strategy have been a comparably low need for welfare state support. Needs are often met sufficiently based on a disproportionately high success in actively gaining access to public or third sector support which is generally associated with higher levels education and lower levels of health-related impairments. Furthermore, availability of support from family and social networks are above-average such as engagement in voluntary work and gainful employment (despite retirement age).

The majority (41%) of the interviews can be categorized as mainly using **acceptance**, a coping strategy that includes a higher degree of agency but no real attempt to change the problematic situation but rather to stabilize the status quo. In general, the group of interviewees features a strong sense of independence based the preference to rather “get by” with low means than to be dependent on anyone else (e.g., the state). Most interviewees share an optimistic attitude that is often based on having overcome “much harder times” in the past or, being used to living with low financial means for longer time periods. Frugality is thus perceived as their regular state as they go through life. People who choose acceptance as a coping strategy often have adapted their aspirations to a certain degree to the tense financial situation. The main factor associated with this strategy have also been a comparably lower need for welfare state support. However, needs are often not met sufficiently and non-take-up is also more pronounced in this group. The role of the welfare state appears generally ambivalent in this group: on the one hand there is a strong rejection of public support – often based on autonomy and sometimes based on mistrust – and on the other hand public support is perceived as low and inadequate. Support by and contact to family and friends is disproportionately high and familial or social networks and the third sector tend to act as functional equivalents to public support. In general, levels of health-related impairments are lower than average and educational attainment is on a medium level.

Only a rather small number of interviewees (10%) used **reliance**, a coping strategy that combines a lower degree of agency but the aim to change the problematic situation. Interviewees share a rather positive view of the future, but at the same time, they do not know how aspirations and hopes can be realized based on actively exercising agency. Thus, a passive dependency on external support and suggestions is needed in order to change the situation or make progress since limited personal abilities and structural obstacles restricted any room to manoeuvre. However, a fundamental precondition for using reliance as a coping strategy and achieving a basic state of dependent resilience is the individual openness towards accepting external support. Main factor associated with this strategy have been a higher need for welfare state support that is generally (at least partly) met by public or third sector support measures. Educational attainment was mixed in this group, but levels are mostly lower which limits the ability to actively seek and organize sufficient support measures. In terms of health, we found

without exception medium or higher degrees of health problems and/or disabilities. Social network or family support is often weak or non-existent. Interviewees either lived alone or in supervised facilities (care homes, homeless shelters) which mirrors a self-chosen or foreign-determined social isolation.

About one quarter of the interviews (24%) can be categorized as mainly using **resignation**, a coping strategy that combines a lower degree of agency and no real attempt to change the problematic situation based on the expectation that the situation cannot or will not improve. It often includes low degrees of self-determination, a pessimistic attitude and a lack of confidence in the search for a way out of poverty or in the fight against its negative side effects like social exclusion. The lack of an ability to actively foster change in combination with a lack of external support often based on a feeling of abandonment and social isolation leads to a non-resilient life-situation generally characterized by disappointment, powerlessness and dissatisfaction. Main factor associated with this strategy have been a higher need for welfare state support that is to a considerable degree unmet due to social security gaps or a lack of accessibility of support. In some cases, people intensely tried to seek support but gave up after their needs were not heard or adequately addressed. Familial support is absent or very limited in most cases. However, care obligations were present in some cases and created a double burden in combination with their financial problem. The lack of support by family or the welfare state was only cushioned to a small extent by third sector support. Educational attainment was mostly lower which limited the ability to actively realize sufficient support measures. We found medium or higher degrees of (mental) health problems and/or disabilities in all participants along with feelings of loneliness and depression that were often articulated.

Cross-national differences in the use of coping strategies in European welfare states

The report also reflected on how social policies and cultural ideas in different European welfare states interact with different forms of social support (family, third sector) and individual differences in health and living conditions, gender and educational background to understand differences and similarities in coping strategies of persons affected by old-age poverty across national contexts. Our findings show that cross-national differences in relevant supporting measures, cultural values and structural patterns matter for the perception of poverty and the use of coping strategies.

We found a *predominance of active coping strategies in Germany* that was mainly based on lower needs for support in the sample in combination with a higher generosity of the welfare state. Use of public support was further facilitated by comparably high level of education of the interviewees and a higher level of trust in the state. In general, engagement in voluntary work was particularly pronounced in the groups using active coping strategies. However, non-take-up based on a fear of stigmatization and pride was also reported. Third sector support was comparably widespread and complemented family and welfare support. Passive coping strategies were more often based on a lack of familial support than on high levels of health-related impairments.

In Italy, we found a predominance of passive coping strategies (mainly resignation). This was mainly based on insufficient welfare state support and mistrust in the state in combination with higher needs for support (in some cases based on high age and long-term care need). Especially insufficient long-term care provision and familial care obligations facilitated by cultural values led in some cases to resignation. A correlation between the use of active coping strategies and both higher educational levels and good health is also present. Family networks played an important role for facilitating active coping strategies. Possibilities to compensate for lack of support by family, social networks or third sector appeared to be limited.

In the Spanish sample, we also found a comparatively high distribution of passive coping strategies (mainly resignation) which interestingly did not correlate with higher levels of education which were

generally underrepresented. Functioning family networks seem to play a more important role regarding the use of active coping strategies in this country and lack thereof is often associated with more passive coping strategies when family support is not substituted by social networks or other forms of social support provided by NGOs. In many cases, it was challenging for interviewees to gain access to public or third sector provided social support. Furthermore, the perception of the sufficiency of welfare state support was in general mixed even though significant improvements of the welfare system have been introduced in recent years. Informal economy in combination with low minimum wages increased poverty risks for several interviewees. Moreover, high rental costs created severe difficulties for many interviewees living in urban surroundings.

In the United Kingdom, we found a predominance of passive coping strategies with a particular high proportion of persons using reliance. This finding may to a certain degree be based on an overrepresentation of homeless persons in the sample. Moreover, a general correlation between low levels of education and a comparably high share of persons suffering from more severe health problems might contribute to explaining the disproportionately high use of passive coping strategies. In general, interviewees reported a limited generosity from the British welfare state. In addition, specific problems related to (re-)accessing welfare support among homeless persons have been emphasized. Also, family support was disproportionately limited in the UK, especially among the group of homeless persons. The third sector provided a functional equivalent to the lacking welfare and family support in many cases but was only able to cushion social risks associated with poverty to a certain degree.

In the Hungarian cases there is a somewhat polarized distribution of passive and active coping strategies with above average proportions of resistance and resignation. The findings show that familial support (including cohabitation) is a fundamental precondition for active coping in Hungary. When familial support is not present there is not much substituting support from the welfare state and third sector support is also rare. Besides emphasizing the importance of autonomy from state support, a strong degree of mistrust in the state and a lack of assistance from authorities was a main reason for insufficient public support. Social discrimination of the ethnic minority of Roma and the commonness of informal economy further increase poverty risks for some interviewees in Hungary.

We found a disproportionately high use of active coping strategies (especially acceptance) in the Estonian case. The Estonian picture mirrors some of the key elements of the Hungarian case. We found disproportionately good support from families and social networks among the Estonia interviewees which were crucial for active coping. Reciprocal intergenerational support was strongly pronounced and culturally valued. Moreover, care provision for children and grandchildren did not necessarily limit active agency but rather increased it. Higher levels of education and disproportionately good health in the Estonian sample also played an important role in the group using active coping strategies. References to personal autonomy and independence leading to non-take-up of public or third sector support have been particularly strong pronounced in Estonia. However, there was also a strong emphasis of mistrust in the state and welfare state support was generally perceived as insufficient. Furthermore, we also found disproportionately high occurrence of work without official registration which undermined sufficient pension income for some interviewees in Estonia.

Finally, in Norway we found a *disproportionally high use of active coping strategies*. This was mainly based on disproportionately high levels of education, well-functioning social network of family and friends and more limited health related impairments in the Norwegian sample. Moreover, welfare state support was more generous than in most study countries. Care responsibilities were to a large extent taken over by the welfare state which relieved relatives with care dependent family members. Support measures were taken up more often and not perceived as a threat to personal autonomy. Nevertheless, interviewees reported difficulties in dealing with the welfare state, especially referring

to complicated application procedures and lacking transparency. Engagement in voluntary work was particularly pronounced in the Norwegian sample and third sector support in general complemented family and welfare support.

Limitations of the study

While our analysis revealed interesting national patterns regarding the use of different coping strategies in different European welfare states, there are clear limits to the generalization of our findings for the different study countries for several reasons. First, the low numbers of cases for the different coping strategies in combination with the high number of variables needed for understanding the use of different coping strategies make systematic comparisons difficult. Second, the interviewees were not chosen at random and there is a clear selection bias due to recruitment strategies that were applied. This led to an overrepresentation of specific parts of the population and thus the importance of specific support measures was probably overemphasized and blurred the picture significantly in some of the countries. Third, the inclusion of specific sub-populations like people living in care homes or homeless people varied between countries since earlier recruitment strategies explicitly excluded these groups of persons from being interviewed. Fourth, not all relevant policy domains which are framing the lives of older persons (for instance health policy and pensions systems) have been analysed in-depth and systematically yet. Against the backdrop of the limitations, the results of our study cannot be generalized on the country level and only serve to illustrate some peculiarities of respective national contexts and shall allow us to reflect on their possible influence. Further research should address these limitations to paint a more nuanced picture allowing for more in-depth analysis that may guide policy recommendations for improving the lives of social citizens facing old-age poverty in Europe.

References

- Anderson, K. M. (2019): Old-Age Pensions. In Herbert Obinger, Manfred G. Schmidt (Eds.): *Handbuch Sozialpolitik*. Wiesbaden: Springer Fachmedien Wiesbaden, pp. 585–603.
- Atkinson, T.; Cantillon, B.; Marlier, E. and Nolan, B. (2002): *Social indicators. The EU and social inclusion*. Oxford: Oxford University Press.
- Auspurg, K.; Hinz, T. and Sauer, C. (2017): Why Should Women Get Less? Evidence on the Gender Pay Gap from Multifactorial Survey Experiments. In: *American Sociological Review* 82 (1), pp. 179–210.
- Bäcker, G. and Schmitz, J. (2013): Altersarmut und Rentenversicherung: Diagnosen, Trends, Reformoptionen und Wirkungen. In: Vogel, C and Motel-Klingebiel, A. (Eds.): *Altern im sozialen Wandel: Die Rückkehr der Altersarmut?* Wiesbaden: Springer Fachmedien Wiesbaden, pp. 25–53.
- Backes, G. and Clemens, W. (2014): *Lebensphase Alter: eine Einführung in die sozialwissenschaftliche Altersforschung*. Weinheim: Juventa-Verlag.
- Bahle, T.; Hubl, V. and Pfeifer, M. (Eds.) (2011): *The last safety net. A handbook of minimum income protection in Europe*. Bristol: Policy Press.
- Barbieri, D.; Fiore, A.; Linkevičiūtė, J.; Mollard, B.; Nahrgang, M. and Peciukonis, V. (2022): *Gender equality index 2022. The COVID-19 pandemic and care*. Luxembourg: Publications Office of the European Union.
- Bárcena-Martín, E. and García-Pardo, F. (2020): Multidimensional Poverty. In: Maggino, F. (Ed.): *Encyclopedia of Quality of Life and Well-Being Research*. Basel: Springer International Publishing, pp. 1–7.

- Bennett, F. and Daly, M. (2014): Poverty through a Gender Lens: Evidence and Policy Review on Gender and Poverty. Oxford University Department of Social Policy and Intervention. Available online at https://www.spi.ox.ac.uk/sites/default/files/Gender_and_poverty_Bennett_and_Daly_final_12_5_14_28_5_14.pdf, checked on 12/16/2022.
- Block, J. (1977): The developmental continuity of EGO-control and EGO-resiliency: some accomplishments. Conference paper. Society for Research in Child Development, New Orleans.
- Böhnke, P. (2008): Are the Poor Socially Integrated? The Link Between Poverty and Social Support in Different Welfare Regimes. In: *Journal of European Social Policy* 18 (2), pp. 133–150.
- Böhnke, P. and Link, S. (2017): Poverty and the Dynamics of Social Networks: An Analysis of German Panel Data. In: *European Sociological Review* 33 (4), pp. 615–632. DOI: 10.1093/esr/jcx063.
- Bonoli, G. (2005): The politics of the New Social Policies. Providing coverage against new social risks in mature welfare states. In: *Policy and Politics* 33 (3), pp. 431–449.
- Brettschneider, A. and Klammer, U. (2020): Armut im Alter. In: Aner, K. and Karl, U. (Eds.): *Handbuch Soziale Arbeit und Alter*. Wiesbaden: Springer Fachmedien Wiesbaden, pp. 433–441.
- Brettschneider, A. and Klammer, U. (2016): *Lebenswege in die Altersarmut. Biografische Analysen und sozialpolitische Perspektiven*. Berlin: Duncker and Humblot.
- Buslei, H.; Geyer, J.; Haan, P. and Harnisch, M. (2019): Starke Nichtinanspruchnahme von Grundsicherung deutet auf hohe verdeckte Altersarmut. Available online at https://www.diw.de/documents/publikationen/73/diw_01.c.699932.de/19-49.pdf, checked on 5/30/2022.
- Cantillon, Béa; Goedemé, Tim; Hills, John R. (Eds.) (2019): *Decent incomes for all. Improving policies in Europe*. New York, NY, United States of America: Oxford University Press (International policy exchange series).
- Caraher, K. and Reuter, E. (2019): Introduction to special issue: Self-employment and social protection in Europe. In: *Journal of Poverty and Social Justice* 27 (2), pp. 149–155. DOI: 10.1332/175982719X15533368960895.
- Carver, C. S.; Scheier, M. F. and Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. In: *Journal of Personality and Social Psychology*, 56, pp. 267-283.
- Daly, M. (2002): Care as Good for Social Policy. In: *Journal of Social Policy* 31 (2), pp. 251–270.
- Daly, M. (2018): Towards a theorization of the relationship between poverty and family. In: *Social Policy and Administration* 52 (3), pp. 565–577. DOI: 10.1111/spol.12350.
- Daly, M. (2020): *Gender Inequality and Welfare States in Europe*. Cheltenham: Edward Elgar Publishing.
- Decancq, K.; Goedemé, T.; van den Bosch, K. and Vanhille, J. (2014): The evolution of poverty in the European Union: concepts, measurement, and data. In: Cantillon, B. and Vandenbroucke, F. (Eds.): *Reconciling work and poverty reduction: how successful are European welfare states?* Oxford: Oxford University Press, pp. 60–93.
- Deeming, C. (2017): Defining Minimum Income (and Living) Standards in Europe: Methodological Issues and Policy Debates. In: *Social Policy and Society* 16 (1), pp. 33–48. DOI: 10.1017/S147474641500041X.

EAPN (2014): Poverty and Inequality in the EU. EAPN Explainer #6. EAPN. Brussels.

Ebbinghaus, B. (2021): Inequalities and poverty risks in old age across Europe: The double-edged income effect of pension systems. In: *Social Policy and Administration* 55(3), pp. 440-455. DOI: 10.1111/spol.12683.

Ebbinghaus, B.; Nelson, K. and Nieuwenhuis, R. (2020): Poverty in Old Age. In: Greve, B. (Ed.): *Routledge International Handbook of Poverty*. London: Routledge, pp. 256–267.

Eggers, T.; Grages, C. and Pfau-Effinger, B. (2019): Self-Responsibility of the “Active Social Citizen”: Different Types of the Policy Concept of “Active Social Citizenship” in Different Types of Welfare States. In: *American Behavioral Scientist* 63 (1), pp. 43–64. DOI: 10.1177/0002764218816803.

Eggers, T.; Grages, C.; Pfau-Effinger, B. and Och, R. (2020): Re-conceptualising the relationship between de-familialisation and familialisation and the implications for gender equality – the case of long-term care policies for older people. In: *Ageing and Society* 40 (4), pp. 869–895. DOI: 10.1017/S0144686X18001435.

Elder, G. H. (1974). *Children of The Great Depression*. London: Routledge.

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

Esping-Andersen, G. (1999): *Social foundations of postindustrial economies*. New York: Oxford University Press.

Esser, I. and Palme, J. (2010): Do public pensions matter for health and wellbeing among retired persons? Basic and income security pensions across 13 Western European countries. In: *International Journal of Social Welfare* 19, pp. S103-S120. DOI: 10.1111/j.1468-2397.2010.00737.x.

European Union (2012): *Measuring material deprivation in the EU. Indicators for the whole population and child-specific indicators*. Luxembourg (Methodologies and working papers).

Fagan, C.; Urwin, P. and Melling, K. (2006): Gender inequalities in the risks of poverty and social exclusion for disadvantaged groups in thirty European countries. Luxembourg: Office for Official Publications of the European Communities.

Ferrera, M. (1996): The 'Southern Model' of Welfare in Social Europe. In: *Journal of European Social Policy* 6 (1), pp. 17-37.

Fenger, H. (2007): Welfare regimes in central and Eastern Europe, *Contemporary Issues and Ideas in Social Sciences*, 3 (2), pp. 1-30.

Folke, C. (2016): Resilience. In: *Ecology and Society* 21(4). <https://doi.org/10.5751/ES-09088-21044>

Folkman, S. (Ed.). (2011). *The Oxford handbook of stress, health, and coping*. Oxford: Oxford University Press.

Foster, L.; Tomlinson, M. and Walker, A. (2019): Older people and Social Quality – what difference does income make? In: *Ageing and Society* 39 (11), pp. 2351–2376. DOI: 10.1017/S0144686X1800048X.

Frericks, P. (2013): Strengthening Market Principles in Welfare Institutions: How Hybrid Pension Systems Impact on Social-risk Spreading. In: *Journal of Social Policy* 42 (4), pp. 665–683.

Frericks, P. and Höppner, J. (2018): What about family in European old-age security systems? The complexity of institutional individualisation. In: *Ageing and Society* 38 (3), pp. 594–614.

- Garmezy, N. (1991): Resiliency and vulnerability to adverse developmental outcomes associated with poverty. In: *American behavioral scientist*, 34(4) S. 416–430.
- Goedemé, T. (2013): Minimum Income Protection for Europe’s Elderly: What and How Much has been Guaranteed during the 2000s? In: Marx, I. and Nelson, K. (Eds.): *Minimum income protection in flux*. Basingstoke, Hampshire: Palgrave Macmillan, pp. 108–160.
- Goldberg, G. S. (Ed.) (2010): *Poor women in rich countries. The feminization of poverty over the life-course*. Oxford: Oxford University Press.
- Grages, C., Eggers, T., and Pfau-Effinger, B. (2021). *Long-term care regimes in Europe*. EUROSHIP Working Paper, 6. Oslo: Oslo Metropolitan University.
- Gubrium, E.; Pellissery, S. and Lødemel, I. (Eds.) (2014): *The shame of it. Global perspectives on anti-poverty policies*. Bristol: Policy Press. Available online at <http://www.gbv.de/dms/bowker/toc/9781447308713.pdf>.
- Hall, P.A. and Lamont, M (2013): *Social Resilience in the Neoliberal Era*. Cambridge: Cambridge University Press.
- Halvorsen, R.; Hvinden, B.; Bickenbach, J.; Ferri, D. and Guillén Rodríguez, A. M. (Eds.) (2017): *The changing disability policy system. Active citizenship and disability in Europe Volume 1*. London: Routledge.
- Halvorsen, R., Hvinden, B., Brown, J. B., Biggeri, M., Tøssebro, J., and Waldschmidt, A. (Eds.). (2018). *Understanding the lived experiences of persons with disabilities in nine countries: Active citizenship and disability in Europe Volume 2*. London: Routledge.
- Hawley, D. R. and DeHaan, L. (1996): Toward a Definition of Family Resilience: Integrating Life-Span and Family Perspectives. In: *Family Process* 35 (3), pp. 283–298, doi:10.1111/j.1545-5300.1996.00283.x.
- Hinrichs, K. (2021): Recent pension reforms in Europe: More challenges, new directions. An overview. In: *Social Policy and Administration* 55 (3), 409-422.
- Hinrichs, K. and Jessoula, M. (Eds.) (2012): *Labour market flexibility and pension reforms. Flexible today, secure tomorrow?* Basingstoke: Palgrave Macmillan. Available online at <https://www.gbv.de/dms/zbw/657563986.pdf>.
- Hinrichs, K. and Lynch, J. F. (2010): Old-age Pensions. In: Castles, F.; Leibfried, S.; Lewis, J.; Obinger, H. and Pierson, C. (Eds.): *The Oxford handbook of the welfare state*. Oxford: Oxford University Press, pp. 353–366.
- Hoffmann, E.; Alcántara, A. L. and Gordo, L. R. (2021): My home is my castle: Verbundenheit mit der eigenen Wohnung im Alter. In: Statistisches Bundesamt, Wissenschaftszentrum Berlin für Sozialforschung and Bundesinstitut für Bevölkerungsforschung (Hrsg.): *Datenreport 2021. Ein Sozialbericht für die Bundesrepublik Deutschland. Reihe Zeitbilder*. Bonn: Bundeszentrale für politische Bildung.
- Hvinden, B.; O’Reilly, J.; Schoyen, M.A.; Hyggen, C. (2019): *Negotiating Early Job Insecurity: Well being, scarring and resilience of European youth*, Cheltenham: Edward Elgar Publishing
- Janoski, T. (1998): *Citizenship and civil society. A framework of rights and obligations in liberal, traditional, and social democratic regimes*. Cambridge: Cambridge University Press.

- Janoski, T. (2010): *The ironies of citizenship. Naturalization and integration in industrialized countries.* Cambridge: Cambridge University Press.
- Kalmijn, M. (2012): Longitudinal analyses of the effects of age, marriage, and parenthood on social contacts and support. In: *Advances in Life-course Research* 17 (4), pp. 177–190. DOI: 10.1016/j.alcr.2012.08.002.
- Kaplan, H. B. (1999): Toward an understanding of resilience: A critical review of definitions and models. In M. D. Glantz and J. L. Johnson (Eds.), *Longitudinal research in the social and behavioral sciences. Resilience and development: Positive life adaptations* (p. 17–83). Kluwer Academic Publishers.
- Keck, M. and Sakdapolrak, P. (2013): What is social resilience? Lessons learned and ways forward. *Erdkunde* 67(1): 5–19. DOI: 10.3112/erdkunde.2013.01.02.
- Klärner, A.; Knabe, A. (2019): Social Networks and Coping with Poverty in Rural Areas. *Sociologia Ruralis*, 59, 447–473.
- Knijn, T. and Hiah, J. (2020): Just care for the elderly and disabled. In Trudie Knijn, Dorota Lepianka (Eds.): *Justice and Vulnerability in Europe. An interdisciplinary approach.* Cheltenham: Edward Elgar Publishing, pp. 160–177.
- Kröger, T.; Puthenparambil, J. M. and van Aerschot, L. (2019): Care poverty: unmet care needs in a Nordic welfare state. In: *International Journal of Care and Caring* 3 (4), pp. 485–500.
- Krumpal, I. (2013): Determinants of social desirability bias in sensitive surveys: a literature review. *Quality and Quantity* 47, pp. 2025–2047.
- Kuckartz, U. (2018): *Qualitative Inhaltsanalyse. Methoden, Praxis, Computerunterstützung.* 4. Auflage. Basel: Beltz Juventa.
- Kuitto, K.; Madia, J. E. and Podestà, F. (2021): Public Pension Generosity and Old-Age Poverty in OECD countries. In: *Journal of Social Policy*, pp. 1–20. DOI: 10.1017/S0047279421000544.
- Lazarus, R. S. and Folkman, S. (1984): *Stress, Appraisal and Coping.* New York: Springer.
- Lazarus, R. S. (1999): *Stress and Emotion. A new Synthesis.* Free Association Books.
- Letki, N. and Mierina, I. (2015): Getting support in polarized societies: income, social networks, and socioeconomic context. In: *Social Science Research* 49, pp. 217–233. DOI: 10.1016/j.ssresearch.2014.08.002.
- Lewis, J. and Ostner, I. (1994): Gender and the Evolution of European Social Policies. In: *ZeS-Arbeitspapier* 4.
- Lister, R. (2007): Inclusive Citizenship: Realizing the Potential. In: *Citizenship Studies* 11 (1), pp. 49–61. DOI: 10.1080/13621020601099856.
- Lister, R. (2021): *Poverty.* 2nd edition. Cambridge: Polity Press.
- Marshall, T. H. (1950): *Citizenship and social class and other essays.* Cambridge: Cambridge University Press.
- Meyer, T.; Bridgen, P. and Riedmüller, B. (Eds.) (2007): *Private pensions versus social inclusion? Non-state provision for citizens at risk in Europe.* Cheltenham: Edward Elgar.

Miller, D. (2017) Solidarity and its sources, in K. Banting and W. Kymlicka (Eds.) *The Strains of Commitment: The Political Sources of Solidarity in Diverse Societies*, Oxford: Oxford University Press (61-79)

Mullainathan, S. and Shafir, E. (2021): *Scarcity. The new science of having less and how it defines our lives*. First Holt paperbacks edition. New York: Henry Holt and Company.

Nolan, B. and Whelan, C. T. (1996): *Resources, deprivation, and poverty*. Oxford: Clarendon Press.

OECD (2017a): *Educational opportunity for all. Overcoming inequality throughout the life-course*. Paris: OECD (Educational research and innovation). Available online at <https://doi.org/10.1787/9789264287457-en>.

OECD (2017b): *Preventing ageing unequally*. Paris: OECD Publishing.

OECD (2019): *Health for everyone? Social inequalities in health and health systems*. Paris: OECD Publishing (OECD health policy studies). Available online at <https://www.oecd-ilibrary.org/docserver/3c8385d0-en.pdf?expires=1672316942&id=idandacname=guestandchecksum=5F4E3ED45B1DB78520462ED32CB94B66>, checked on 12/29/2022.

OECD (2021a): *Health at a Glance 2021. OECD Indicators. Revised version*. Paris: OECD Publishing (Health at a glance, 2021). Available online at <https://www.oecd-ilibrary.org/docserver/ae3016b9-en.pdf?expires=1672326637&id=idandacname=guestandchecksum=D2D1C9AB374D65CF06FD262E65FF7633>, checked on 12/29/2022.

OECD (2021b): *Pensions at a Glance 2021. OECD and G20 Indicators. Revised version*. Paris: OECD Publishing (Pensions at a glance / OECD and G20 indicators, 9th. edition (2021)). Available online at <https://www.oecd-ilibrary.org/docserver/ca401ebd-en.pdf?expires=1672318568&id=idandacname=guestandchecksum=19C85F889C570BEED4FC032D6B89C5FB>, checked on 12/29/2022.

Palme, J. and Kangas, O. (2000): Does Social Policy Matter? Poverty Cycles in OECD Countries. In: *International Journal of Health Services* 30 (2), pp. 335–352. DOI: 10.2190/NCWB-35G3-NE2T-8VQR.

Paugam, S. (1996): Poverty and social disqualification: a comparative analysis of cumulative social disadvantage in Europe. In: *Journal of European Social Policy* 6, 287–303.

Powell, M. (2002): The Hidden History of Social Citizenship. In: *Citizenship Studies* 6 (3), pp. 229–244. DOI: 10.1080/1362102022000011595.

Ranci, C. and Pavolini, E. (Eds.) (2013): *Reforms in Long-Term Care Policies in Europe. Investigating Institutional Change and Social Impacts*. New York: Springer.

Ranci, C. and Pavolini, E. (2015): Not all that glitters is gold: Long-term care reforms in the last two decades in Europe. In: *Journal of European Social Policy* 25 (3), pp. 270–285. DOI: 10.1177/0958928715588704.

Saunders, P. (2010): Inequality and Poverty. In: Castles, F.; Leibfried, S.; Lewis, J.; Obinger, H. and Pierson, C. (Eds.): *The Oxford handbook of the welfare state*. Oxford: Oxford University Press,, pp. 526–538.

Schimank, U.; Stucke, A. (1994) (Hg.): *Coping with trouble: How science reacts to political disturbances of research conditions*. Frankfurt a.M.: Campus.

- Schölkopf, M.; Pressel, M. and Grimmeisen, S. (2021): Das Gesundheitswesen im internationalen Vergleich. Gesundheitssystemvergleich, Länderberichte und europäische Gesundheitspolitik. 4., aktualisierte und überarbeitete Auflage. Berlin: Medizinisch Wissenschaftliche Verlagsgesellschaft.
- Sen, A. K. (1992): *Inequality re-examined*. Oxford: Clarendon Press.
- Sen, A. K. (1999): *Development as Freedom*. Oxford: Oxford University Press. Available online at <http://www.gbv.de/dms/hbz/toc/ht011223078.pdf>.
- Sennett, R. (2003): *Respect in a world of inequality*. New York: W. W. Norton.
- Thun-Hohenstein, L., Lampert, K. and Altendorfer-Kling, U. (2020): Resilienz – Geschichte, Modelle und Anwendung. In: *Zeitschrift Psychodrama Soziom* 19, pp. 7–20 <https://doi.org/10.1007/s11620-020-00524-6>
- Taylor, D. (2011): Wellbeing and Welfare: A Psychosocial Analysis of Being Well and Doing Well Enough. In: *Journal of Social Policy* 40 (4), pp. 777–794. DOI: 10.1017/S0047279411000249.
- Taylor-Gooby, P. (Ed.) (2004): *New risks, new welfare. The transformation of the European welfare state*. Oxford: Oxford University Press.
- Townsend, P. (1987): Deprivation. In: *Journal of Social Policy* 16 (2), p. 125. DOI: 10.1017/S0047279400020341.
- Townsend, P. (1979). *Poverty in the United Kingdom. A Survey of Household Resources and Standard of Living*. Harmondsworth: Penguin
- van Oorschot, W. J. and Arts, W. (2005): The social capital of European welfare states. The crowding out hypotheses revisited. In: *Journal of European Social Policy* 15, 5–26.
- van Vliet, O.; Caminada, K.; Goudswaard, K. and Wang, J. (2020): Poverty reduction among older people through pensions: a comparative analysis. In: Greve, B. (Ed.): *Routledge international handbook of poverty*. London: Routledge, pp. 363–375.
- Vogel, C. and Künemund, H. (2018): Armut im Alter. In: Böhnke, P.; Dittmann, J. and Goebel, J. (Eds.): *Handbuch Armut. Ursachen, Trends, Maßnahmen*. Opladen: Budrich, pp. 144–153.
- Walker, R. (2005): *Social security and welfare. Concepts and comparisons*. Maidenhead: Open University Press.
- Walker, R. and Chase, E. (2014): Separating the sheep from the goats: tackling poverty in Britain for over four centuries. In: Gubrium, E.; Pellissery, S. and Lødemel, I. (Eds.): *The shame of it. Global perspectives on anti-poverty policies*. Bristol: Policy Press, pp. 133–156.
- Werner, E. E. (1971): *The children of Kauai: a longitudinal study from the prenatal period to age ten*. Honolulu: University of Hawaii Press.
- Whelan, C. T.; Nolan, B. and Maître, B. (2014): Multidimensional poverty measurement in Europe: An application of the adjusted headcount approach. In: *Journal of European Social Policy* 24 (2), pp. 183–197. DOI: 10.1177/0958928713517914.

Acknowledgement

We would like to thank Birgit Pfau-Effinger for leading the research in WP 7 and for her helpful comments. We would also like to thank Rune Halvorsen and his team at OsloMet for scientific

coordination of the EUROSHIP Project. Furthermore, many thanks to all national team members who helped conducting the life-course interviews and for systematically summarizing them. Special thanks to Irene Fattacciu (Italy), Rune Halvorsen (Norway), Zyab Ibanez (Spain), Mariann Märtsin (Estonia), Ann McDonnell (United Kingdom) and Zsofia Tomka (Hungary) for providing excellent short reports on the main findings of the country cases related to coping with old-age poverty which provided a main source for this report.

Appendix

Table 5: Distribution of coping strategies by country

	DE	IT	ES	UK	HU	EE	NO	Total
Resistance	2	1	1	2	3	2	4	15
Acceptance	3	2	2	3	3	6	5	24
Reliance	1	1	0	3	1	0	0	6
Resignation	1	2	3	1	3	2	2	14
Total Cases	7	6	6	9	10	10	11	59

Sources: EUROSHIP Life-Course Interview Survey (own calculations)