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Coping with old-age poverty – the role of agency and different forms of societal support

Bewältigung von Altersarmut – die Bedeutung von Agency und verschiedenen Formen gesellschaftlicher Unterstützung

<https://doi.org/10.1515/zsr-2023-0012>

Abstract: Across Europe, there is a substantial but varying number of older people struggling to make ends meet. We examine how older people with a low income make use of their individual resources and those that are available from their family and community as well as public support (in cash and in kind) when coping with poverty. This article is based on the experience of old-age poverty, drawing on 59 life-course interviews with low-income older people in Norway, Germany, Estonia, Hungary, Italy, Spain and the United Kingdom. We introduce a typology of coping strategies with two main dimensions: the capacity for agency and the capacity for transformation. We show that coping strategies vary not only based on individual factors and appropriate social policy support, but also on further societal support provided by civil society, families or social networks that supplements or compensates for gaps in social policy provision.

Keywords: Old-age poverty, coping, agency, European welfare states, societal support

Zusammenfassung: In europäischen Wohlfahrtsstaaten gibt es eine beträchtliche, wenn auch unterschiedlich große Anzahl älterer Menschen, die mit finanziellen Schwierigkeiten zu kämpfen haben. Wir untersuchen in diesem Beitrag, wie ältere Menschen mit geringem Einkommen ihre individuellen Ressourcen und die ihnen zur Verfügung stehenden sozialen Ressourcen in Form von familiärer, zivil-gesellschaftlicher und öffentlicher Unterstützung (Geld- und Sachleistungen) zur Bewäl-

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tigung von Armut nutzen. Der Artikel basiert auf individuellen Erfahrungen mit Altersarmut und stützt sich hierfür auf 59 Lebensverlaufsinterviews mit älteren Menschen mit niedrigem Einkommen in Norwegen, Deutschland, Estland, Ungarn, Italien, Spanien und dem Vereinigten Königreich. Wir stellen auf Basis einer qualitativen Inhaltsanalyse eine Typologie von Bewältigungsstrategien für Altersarmut mit zwei Hauptdimensionen vor: Handlungsfähigkeit (agency) und Transformationsfähigkeit. Wir zeigen darüber hinaus, dass Bewältigungsstrategien nicht nur aufgrund individueller Faktoren und angemessener sozialpolitischer Unterstützung variieren, sondern auch aufgrund weiterer gesellschaftlicher Unterstützungsangebote durch die Zivilgesellschaft, Familien oder soziale Netzwerke, die sozialpolitische Versorgung ergänzen oder ihre Lücken ausgleichen können.

Schlüsselwörter: Altersarmut, Coping, Agency, europäische Wohlfahrtsstaaten, gesellschaftliche Unterstützung

1 Introduction

(Old-age) poverty can be defined as a lack of material, cultural and social means excluding the afflicted people from a country's accepted minimum standard of living, and thus undermining their participation in society (Townsend 1987). In Europe, absolute poverty – defined as a lack of means that threatens physical existence – is rare. In most cases, poverty is a relative, multidimensional and gradual notion (Atkinson et al. 2002). Apart from a lack of (material) resources, it also encompasses cumulative deprivation in the areas of income, housing, education, health and social care. In addition, it has a temporal dimension as short-lived poverty is easier to cope with than extended or inescapable poverty (Laubstein 2014).

In general, poverty poses a significant threat to social cohesion and social citizenship, as it potentially lowers the affected citizens' levels of security, autonomy and influence (Eggers et al. 2019; Lister 2021; Halvorsen/Hvinden 2016; Marshall 1950). Its general threats to participation, social citizenship and quality of life are potentially higher in old-age, because increasing age makes overcoming poverty less likely for several reasons: Access to sufficient labour market income becomes more difficult, and the rising likelihood of frailty increases costs for health and for social care services when daily activities cannot longer be managed independently (Lister 2021). Social, economic and cultural participation tend to decrease with lower social security and greater difficulty accessing empowering institutions and organisations (Foster et al. 2019). Furthermore, older people's social networks tend to shrink (Böhnke/Link 2017), and poorer people's networks tend to provide fewer resources (Letki/Mieriņa 2015).

Reducing old-age poverty was therefore a major aim in the development of the modern welfare state, and, judging by their pension provisions, European welfare states have been remarkably successful in this regard since the end of WWII (OECD 2017; Ebbinghaus et al. 2020). In addition to income maintenance, minimum income schemes and health and social care services also relieve old-age poverty, as the former provide income and the latter reduce costs. However, European countries display considerable differences with regard to policies affecting old-age poverty (van Vliet et al. 2020; Ebbinghaus 2021; Kuitto et al. 2023; Schölkopf et al. 2021; Eggers et al. 2020). Moreover, since public pension schemes, the most important source of retirement income, are often linked to an individual's past employment earnings, the extent and quality of an individual's lifetime labour market participation significantly impacts their likelihood of becoming poor in old age (Brettschneider/Klammer 2020; Daly 2020; Scherger 2015; Kohli 2017 [1985]). Against this backdrop, we emphasise the importance of applying a life-course perspective when analysing the opportunities for exercising agency and the application of coping strategies for dealing with poverty, since individual resources and the availability of external support measures in the social environment change over the life course.

Old-age poverty is often the intersectional result of class, gender, race and ethnicity, disability and geography (Daly 2020; Lister 2021) and severely affects the lives of those afflicted. It often goes hand in hand with deprivation, social exclusion and stigmatisation. Deprivation affects both fundamental living conditions (housing, food, clothing etc.) and daily life needs: money, access to (public) transport, long-term planning ability, and the ability to accumulate savings or engage in social activities. It may lead to feeling trapped, insecure and limited in individual autonomy (Townsend 1987; Cantillon et al. 2019). Social exclusion refers to processes that limit access to resources and opportunities, thus curtailing social participation. It reinforces poverty and is often accompanied by an experience of stigmatisation and otherness, as well as feelings of powerlessness, shame and guilt (Lister 2021; Sennett 2003). This may lead to non-uptake of public benefits (Buslei et al. 2019), which can shift responsibility and demands for support to families and social networks (Böhnke/Link 2017; Vogel/Künemund 2018). Deprivation, social exclusion and stigmatisation are thought to become more compounded the longer poverty is experienced. Likewise, they grow more difficult to overcome, as they diminish resilience related to health, and psychological and material well-being. It has also been shown that individual perception and coping with poverty are related (Hilke et al. 2022). In summary, poverty significantly affects the agency of the people afflicted by it (Lister 2021; Sen 1999; Taylor 2011).

Although poverty is well and widely researched, there remains a lack of qualitative studies exploring how older people respond to being poor (Dagdeviren/Donoghue 2019; Lister 2021). Coping with low financial means in old age depends,

to a significant extent, first on the availability of support provided by social policy, family, friends or the third sector, and second on the ability to mobilise individual agency to use this support. However, support measures vary significantly across Europe, as do the social risks related to old-age poverty. Furthermore, how citizens experience and cope with economic hardship also depends on individual resources and life-course experiences, as well as cultural differences within and between welfare states. In light of this, we examine low-income older peoples' use of their individual and social resources for achieving resilience, i. e. the ability to manage or overcome stressful situations (Thun-Hohenstein et al. 2020), through different coping strategies.

Our research questions are:

- How do older people cope with low financial resources in European welfare states?
- Which (combinations of) factors hinder or promote different forms of coping?

Our comparative study of the experience of old-age poverty draws on 59 life-course interviews with low-income older people (born 1940–1950) in seven European welfare states representing different welfare state traditions (Norway, Germany, Estonia, Hungary, Italy, Spain and the United Kingdom). The analysis considers the use of social policy measures and other forms of societal support and their ability to facilitate coping with old-age poverty. Building on the work of Klärner and Knabe (2019), we introduce a typology of coping strategies with two main dimensions, i. e. the capacity for agency and the capacity for transformation, and their potential for generating resilience. Our findings show that exercising coping strategies enabling resilience is highly dependent on the interactions between individual factors and life-course trajectories with the availability of further societal support (family, friends or third sector) that supplements or compensates for gaps in public provision.

The following section discusses the concepts of coping, agency, and resilience. Section three introduces our typology of poverty coping strategies and the factors affecting coping with poverty. Section four presents our methodological framework for data analysis. Section five presents the findings of our cross-national study of poverty coping strategies and discusses the factors that hinder or facilitate their application. The final section discusses the main insights derived from our findings, along with their theoretical implications, the study's limitations and possibilities for further empirical research.

2 Concepts of coping, agency and resilience

The concept of coping was developed in psychology and refers to an individual's strategies for dealing with or overcoming critical life events or problematic situations (Lazarus/Folkman 1984). The concept was adopted by sociologists and political scientists, and in recent years has found its way into broad social research (Keck/Sakdapolrak 2013; Gray et al. 2020; Dagdeviren/Donoghue 2019). Coping has various aims, from creating an optimistic mindset and making difficult situations bearable to maintaining a positive self-image (Folkman 2011).

Ideally, coping leads to resilience – i. e. the long-term ability to manage or overcome stressful situations or living conditions without impairment and to sustain well-being (Keck/Sakdapolrak 2013; Promberger et al. 2019; Thun-Hohenstein et al. 2020). This is where the concept of agency comes into play, because increasingly resilience is linked to the interplay of individual abilities and resources as well as support available in the social environment (Revilla et al. 2018; Dagdeviren/Donoghue 2019; Lister 2021). In this perspective agency is the capacity to act, which “is not simply an individual resource but is contextual and depends upon the ability to mobilise self in the context of and with others” (Taylor 2011: 787). This reflects that external support from social networks or social services plays a crucial role in an individual's ability to cope with poverty and to achieve resilience when facing it (Böhnke/Link 2017; Paugam 1996; Lister 2021). Moreover, the emphasis on external support in regard to coping with poverty highlights that ‘passive’ individuals who lack agency capacities may be able to rely on actors capable of altering problematic situations or circumstances for them (Klärner/Knabe 2019). In this case, only the external actor/source of support exercises agency, but not the individual coping with poverty.

In fact, there is a fundamental distinction between passive and active coping strategies (Schimank/Stucke 1994). Passive coping strategies can consist of avoidance and distraction, and are not aimed at improving the situation or solving the problem. As no independent actions are taken to intentionally change the situation, such strategies often lead to fatalistic suffering and a lack of resilience. However, they do not necessarily imply that an individual stops acting or receiving support altogether. By contrast, active coping strategies aim at improving the situation or solving the problem. Where a situation is perceived as problematic, individuals can either try to adjust their aspirations to the changed situation or try to change the situation so that it realigns with their unchanged aspirations. While the former strategy is adaptive but not necessarily transformative with regard to the problematic situation, the latter leads to real change (Keck/Sakdapolrak 2013). Carver et al. (1989) further differentiate between coping dispositions and situation-specific coping tendencies. While situation-specific coping tendencies refer to specific individual strat-

egies applied in single stressful situations *ad hoc*, coping dispositions refer to types of strategies that are more constant across the life course and typically applied by people when under stress.

3 A typology of coping strategies

How an individual copes with a problematic situation depends on the situation's characteristics, i. e. its opportunity structures, and on individual factors such as personal resources and abilities, and the availability of external support from family, friends, the third sector or the welfare state. The former shape the actor's space for agency, and the latter determine the individual's potential for achieving resilience. In light of this, we can identify two main dimensions that shape coping strategies and that might vary relatively independently of one another:

Capacity for agency: Capacity to make use of personal abilities and/or independently organise external support in order to adapt to or overcome problematic situations with a view to self-determination. Availability of welfare and/or other forms of societal support is often a precondition. Absence of agency leads to dependency or a general lack of support and neglect (Lister 2021; Taylor 2011).

Capacity for transformation: Capacity to change the current situation based on individual effort and/or external support. Transformation generally refers more to altering or eliminating poverty's negative side effects than to 'escaping poverty' in general, given the limited room for manoeuvre in the later phase of the life course (Dagdeviren/Donoghue 2019; Keck/Sakdapolrak 2013).

It is important to note that transformative and non-transformative coping strategies can lead to resilience if they are combined with stronger degrees of agency. Moreover, coping strategies characterised by individual passivity may also lead to resilience when external actors initiate a change in the problematic circumstances independently. However, these strategies lack self-determination, which might diminish resilience. Coping strategies combining non-transformative and passive elements generally do not foster resilience.

Drawing on a typology developed by Klärner and Knabe (2019) we differentiate four different ideal-typical coping strategies on the basis of the aforementioned dimensions and their possible combinations. The following section describes these four types in greater detail. It should be noted that the four types cannot be empirically observed in their pure form; rather, individuals sometimes combine different coping strategies.

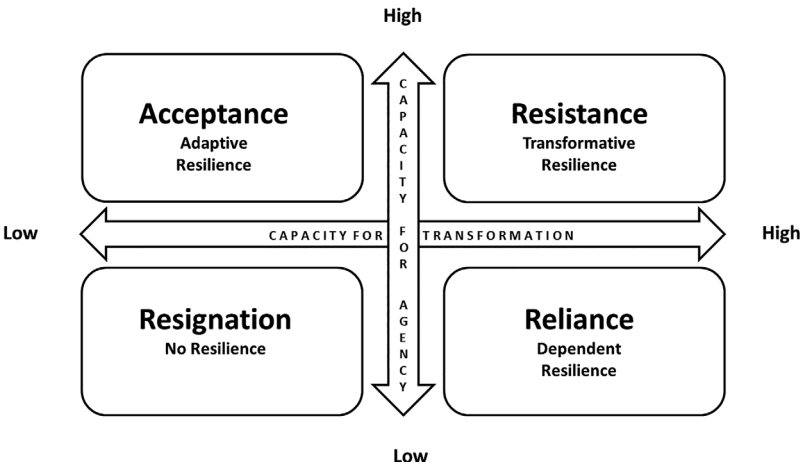


Figure 1: Typology of coping strategies
Source: Authors’ representation; see Klärner and Knabe (2019) for a similar figure.

3.1 Active coping strategies

*Resistance*¹ is characterised by self-determination and competence in the search for a way out of a negative situation or in the fight against its negative side effects. This includes the exercise of agency based on self-organised societal support and/or personal abilities and leads to transformative resilience.

Acceptance refers to an active attempt to maintain the current situation, often by lowering individual demands and aspirations. The current living situation is assessed as rather positive despite adversity. The avoidance of further descent, via individual resources and/or active use of societal support sources, leads to adaptive resilience.

¹ Our conceptualisation of resistance does not include political protest against a political system or any other type of authority (for a discussion of different conceptualisations of resistance in social theory see Hollander/Einwohner (2004)), but we use the term in the double sense of ‘being resistant’ (stability/robustness) when facing problem pressure (no lowering of the individual aspiration level) and the use of active countermeasures to alter adverse living conditions.

3.2 Passive coping strategies

Reliance denotes a potentially positive view of the future, but includes uncertainty as to how aspirations can be realised specifically or which steps are necessary or feasible. Personal abilities and thus capacity for individual agency are rather limited, and active and independent attempts to mobilise societal support are low or absent. Therefore, the person relies on passive receipt of external support and suggestions in order to change the problematic situation or make progress, thus, leading to dependent resilience.

Resignation refers to an individual's inactivity based on the expectation that the problematic situation cannot or will not improve or might even deteriorate. Agency in fostering change is often very limited due to lacking individual or social resources. Individuals receive little or no help and tend to withdraw from social relationships rather than seeking connection and support, which generally hinders resilience.

3.3 The main factors affecting coping with poverty

It needs to be stressed that all factors affecting coping with poverty may intersect, thereby decreasing but sometimes also increasing agency and the related coping strategies – depending not least on the way these factors are constructed within a given society (Sen 1999). In this section, we first examine social policy and cultural ideas, and then, civil society, family structures and social networks, closing with individual-level factors.

The interaction of social security systems, such as (minimum) pension or housing systems, with social services like health and long-term care, is crucial, because generous social protection and services are important resources for alleviating economic pressure and achieving resilience (e. g. Eggers et al. 2020; Ebbinghaus et al. 2020; Halvorsen/Hvinden 2016). This includes the accessibility of benefits, as low bureaucratic barriers tend to increase uptake and decrease stigmatisation (e. g. Lister 2021). Culture, i. e. the dominant ideas concerning state, family or market responsibility for welfare provision and social security, as well as ideas about deservingness, interacts with the provision of societal support (e. g. Pfau-Effinger 2005; van Oorschot et al. 2017). For instance, higher degrees of family-oriented values can foster intergenerational support, which may complement or provide a functional equivalent to welfare support (Pfau-Effinger 2012), whereas lower levels of trust in state and public authority may undermine its use and impact (Rothstein 2017).

Closer to the people in need, and often easier to access, are third-sector and community services. These provide material and immaterial support and engage-

ment, and might, for cultural reasons, be preferred over welfare support. Moreover, voluntary work can function as a strategy for fostering social inclusion (Salamon/Sokolowski 2018). Families and social networks are the support resources closest to old people affected by poverty. Their support may cushion exposure to manifold social risks, thus increasing the room for manoeuvre. A lack of such support can exacerbate the experience of poverty. However, family care obligations can also limit agency (Vogel/Künemund 2018; Halvorsen et al. 2018).

The way people cope with poverty is also influenced by several individual-level factors. We focus on health, education, gender and living situation. The health situation (long-term care needs, disability, chronic disease, etc.) is crucial because high levels of impairment increase the need for support and decrease the capacity for agency (Lister 2021). Educational background is important as a higher education level may reduce the administrative burdens imposed by the welfare state and increase the individual's ability to actively seek and organise community or civil-society support (Lister 2021). Gender is another significant factor, as women are more likely than men to be poor in old age and often experience old-age poverty alone due to their longer lifespan. They are also more likely to provide care for relatives and to sustain social support networks while poor (Daly/Kelly 2015; Daly 2020). Moreover, living alone tends to increase living costs and decrease the availability of direct support from cohabiting people. Regarding place of residence, rural areas tend to show higher levels of solidarity but have infrastructure and mobility constraints and fewer public and third-sector support resources, compared to urban areas (Bailey/Gannon 2018; Klärner/Knabe 2019).

These factors may increase or decrease the potential for agency. Thus, their combination influences the coping strategies available to individuals. Arguably, comprehensive and accessible support increases individual agency as poverty alleviation needs are met, and vice versa. Additionally, greater individual abilities, such as higher education, make it easier to organise necessary support, and vice versa.

4 Methodological framework

This article is based on a cross-national comparative study of seven European countries, i. e. Norway, Germany, Spain, Italy, the United Kingdom, Estonia and Hungary, in order to cover a wide range in examining differences between welfare states (Esping-Andersen 1990; Esping-Andersen 1999; Orosz 2019), civil societies (Lahusen/Grasso 2018) and family systems (Mönkediek/Bras 2014). The main data source was a set of 59 semi-structured life-course interviews (Halvorsen et al. 2018) with low-income women and men, conducted by different national partners in the EU project

EUROSHIP² between June 2021 and June 2022. The interview guideline included biographical background information and thematic questions on the general life situation, participation in education and training, labour market participation and precarity, work-life balance: employment and care responsibilities, experience with long-term care needs and policies, voluntary and social activities outside paid work, and experiences with public services, private services and services provided by the third sector. The length of the interviews varied from 45 to 130 minutes. Life-course interviews allowed us to analyse people's experiences with rights and obligations related to participation in society across different life-course stages; the mechanisms and social processes that shape citizens' expectations and experiences; and how citizens cope with economic hardship against the background of current and past experience. The life-course perspective further allowed us to contextualise current coping strategies in the context of individual life-course trajectories, transitions and turning points that might shape more general coping dispositions usually applied by people in troublesome situations (Carver et al. 1989). While the interviews are not representative in any statistical sense, they provide evidence informing new insights into the mechanisms connected with different types of coping.

About ten people born around 1940–1950 were interviewed in each country. The most important recruitment criterion was that the interviewees were in a tight financial situation. When recruiting interviewees, we relied on people's subjective definition of 'poverty' but also asked about their disposable income as a control. Because 'poverty' is a sensitive issue and stigmatised label, we sought to avoid this concept. Instead, we invited "women and men who have struggled to make ends meet over an extended period of time" to participate. We also included people with migration background, low educational attainment, health issues, care needs and disabilities (for a more detailed overview of the sample see Appendix 1). Interviewee recruitment took place with the help of non-governmental, voluntary and civil society organisations, as well as social media. Central recruitment channels were foodbanks and local food outlets, district kitchens for socially disadvantaged people, online platforms (for instance for 'food sharing'), non-governmental support associations for people affected by poverty in old age, care homes, homeless shelters, social support centres for people with low financial means and seniors' clubs.

The ongoing Covid-19 pandemic made the field work significantly more difficult due to contact restrictions and high infection risks in all study countries. This particularly affected the vulnerable group of older people and people with health issues and disabilities. Therefore, we used different approaches for conducting the

² The project compares the effectiveness of social protection policies targeted at reducing poverty and social exclusion in seven European welfare states and analyses opportunities for active citizenship in different age groups. Further information: <https://euroship-research.eu/>

interviews in different national settings: face-to-face interviews, telephone interviews, and interviews via Zoom/Skype. The interviews were documented via audio recordings, full interview transcripts in the original language and English-language summaries based on a common, structured template. Both the transcripts and the English summaries were fully anonymised. All documents containing personal data have been stored on a secure platform.³

We analysed the interview material using qualitative content analysis (Kuckartz/Rädiker 2019), applying a systematic approach to category-based data analysis according to clearly defined rules and hermeneutically reflecting on all data and their origin. A mix of deductive and inductive forms of developing category systems was applied in the context of the present study. While several types of categories can be distinguished in content analysis, thematic categories (theme codes) were primarily relevant within the present research process.

In a first step, we constructed categories based on the theoretical framework of our typology of coping strategies to identify and differentiate internal and external factors and resources hindering or facilitating the exercise of agency and transformation. These categories were changed and further developed after an initial inspection of the material and a skim reading of the structured interview summaries provided by the different national partners in the project. In a second step, we asked national partners to categorise all the national cases based on the proposed typology and dimensions that facilitate or hinder different coping strategies to allow for a more nuanced picture of different strategies. This second step was based on the analysis of the full transcripts and national partners were also asked to provide direct quotations to illustrate the use of different types of coping based on fitting examples. During this process we used several feedback loops in the form of personal and online meetings to discuss our preliminary results. During these feedback loops we renamed, restructured, summarised, reassigned or even deleted categories, and further subcategories were added. In the third step we analysed the material in order to refine our theoretical typology and to identify systematic patterns of differences and similarities between the coping strategies of people affected by old-age poverty across Europe. In the last step, national partners were asked to comment on the final assignment of the cases and interpretation of the material.

3 For further information on the methods and methodology of the study see Grages et al. 2023.

5 Findings

In this section, we present our findings regarding how older people cope with their low financial means based on individual resources, life-course trajectories, public or third-sector support, and/or their family and social networks. We view coping strategies as mechanisms for dealing with problematic situations. Individuals may develop stable patterns of coping strategies over the course of their lives (coping disposition), may adapt them in specific situations or contexts or combine different coping strategies. However, individual and social resources play an important role for understanding which strategies are or can be applied. The findings are presented below according to the four ideal-typical coping strategies and the interactions between individual and structural factors.

5.1 Active coping strategies

5.1.1 Resistance

Resistance combines a higher capacity for agency with a higher capacity for transformation which may lead to changing the problematic situation and achieving resilience. Interviewees displaying the resistance type of coping, often female, were optimistic and confident in seeking a way out of poverty or fighting its negative effects (e. g. social exclusion). There was a comparably low need for public support, mostly due to lower levels of health-related impairments, which allowed for relatively high agency. These individuals mostly perceived the public support they received as adequate. Higher levels of education were common, which improved their ability to overcome administrative burdens – there was disproportionately highly successful in gaining access to support – and to actively seek and organise support. These skills and the associated coping dispositions had often been acquired early in the life course. The example of Francesca (Italy), who ended up in a difficult financial situation after her mother developed long-term care needs and was denied help from public authorities, illustrates this. Francesca was successful in obtaining publicly-funded social services because she knew the laws and her mother's rights and how to deal with bureaucracy from a life-time career in public administration:

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. I also asked my daughter for help with procedures, but what about those who don't have the means to break the cycle?

Another individual factor fostering agency was resourcefulness. Interviewees displaying the resistance type of coping often found creative ways of seeking support or overcoming financial limitations, e. g. reselling public transportation tickets or collecting refundable bottles. Another common approach was to engage in paid employment despite pension age. The story of Harry (Norway) demonstrated the high level of active agency often used to overcome hardship. He received a low pension and continued to work hard despite suffering from a chronic disease in his hands:

I really cannot work. It's not possible [pointing at the scars on his hands], but I must, and I want to ... I don't want to sit here and only get a little money from the Husbanken (The Norwegian State Housing Bank).

For some, third-sector support and voluntary work were means of participating in social life and gaining (non-monetary) resources. For instance, Oswald's (Germany) civic engagement allowed him to participate in desired social activities despite economic hardship:

Receiving money is not important to me. It's enough for me if I get some food at a restaurant or if I don't have any travel expenses for excursions as an accompanying person, right? That's enough for me. It keeps me interestingly busy.

Individuals displaying the resistance type of coping often had functional family or social networks that formed the basis for their coping strategies. Intergenerational material and immaterial family support cushioned (financial) pressure. In most cases, social networks or the third sector tended to complement public support rather than replace it. However, this group also reported non-uptake of welfare or third-sector support, often based on their high valuation of personal independence, which would be endangered by too much external dependency.

Many of the interviewees displaying the resistance type of coping lived in single-person households in urban surroundings. They often perceived these as domains of self-determination, which outweighed the living situation's negative consequences (high cost, no support from cohabitating people). Additionally, urban surroundings tended to provide more opportunities for societal support and activities (such as home care services or senior clubs) than rural surroundings.

5.1.2 Acceptance

Acceptance involves a low capacity for transformation, but a higher capacity for agency in order to stabilise the status quo. Most interviewees displaying the acceptance type of coping had positive attitudes, often based on having overcome “much

harder times” in the past or being used to living with low financial means. Carles (Spain), who had been suffering from poverty for over ten years and recently had both legs amputated, exemplified this ‘it could be worse’ attitude to adversity: “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”.

Frugality and adapting their aspirations to the tight financial situation helped these individuals achieve resilience by evaluating the associated limitations as less problematic. In this regard, George (Norway) expressed that he no longer needed expensive clothes, alcohol and cigarettes or cultural entertainment, stating, “Maybe I’m a boring person. If someone asks me what I did at the weekend, I answer that I didn’t do anything, and I’m happy with it”. In addition, interviewees who could be categorised as the acceptance coping type often displayed significant organisational skills for getting by with little money, e. g. thrift, planning purchases and calculating budgets.

These individuals, often male, tended to show a strong sense of independence based on their preference for ‘getting by’ with low means over being dependent (e. g. on the state). Coping dispositions acquired throughout the life course played a central role in this context. Often, people who had refused state aid all their lives identified as ‘doers’, and wanted to continue identifying as such facing old-age poverty. However, existing needs were often not met sufficiently by public support and non-uptake was also more pronounced in this group. The welfare state’s role appeared ambivalent; on one hand, there was strong rejection of public support – often based on autonomy and sometimes on distrust – and, on the other hand, public support was perceived as inadequate. The example of Sebestyén (Hungary) illustrates this. Referring to the welfare state authorities he says: “Nobody helps me, trust me.” But referring to a situation where he received help from the authorities he also mentions: “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.”

Another crucial factor was this group’s comparatively low need for health-related support, which reduced financial burdens and increased agency. Educational attainment was usually average, and the ability to overcome administrative burdens and deal with the welfare state appeared to be mixed. Some interviewees reported a lack of knowledge regarding social rights, or difficulties dealing with authorities based on the feeling that they were not taken seriously and officials assumed they did not understand administrative processes. As Martha (UK) 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.”

In general, the lack (chosen or not) of public support tended to be substituted by family or third-sector support, acting as a functional equivalent. Support from

family and friends was usually high and often reciprocal; some individuals did not perceive providing support themselves as an additional burden, but as social appreciation based on a feeling of being needed. NGO support was also pronounced in this group, and was typically not perceived as welfare, but as community support or 'help for self-help', which made it easier to accept. Foodbank visits were a common means for meeting basic needs.

This group had mixed living situations in both rural and urban surroundings. Cohabitation was common, decreasing living costs and increasing support from cohabiting people. This reflects the importance of family networks, which are especially salient in rural surroundings.

5.2 Passive coping strategies

5.2.1 Reliance

Reliance combines a lower capacity for agency with a higher capacity for transformation. It is often associated with trust and belief that the situation can be improved, but a passive dependency on external support for making progress and achieving resilience since limited personal abilities or structural obstacles restrict individual agency. Some interviewees displaying the reliance type of coping used to be 'fighters' with high levels of agency over their life courses, but their life situations deteriorated in ways that prevented them from continuing to manage them independently. Consequently, they lost the strength for resistance and/or the situation became too problematic to opt for acceptance. The availability of external support and the individual's openness to accepting it are preconditions for this coping strategy.

Interviewees displaying the reliance type of coping mostly reported a greater need for support, which was (at least partly) met by public or third-sector support measures. These often included the need for long-term care provision or social workers to help organise everyday living. Alison's example (UK) illustrates how resilience can be achieved even with limited agency. Referring to an electrical fault that led social authorities to determine her need for long-term care, and which initiated her move from an isolated life in her own home to sheltered accommodation, Alison stated,

Probably that fault was good, it pushed me into doing something. Otherwise, I'd still be there worrying and getting more and more depressed. (...) Since being here, I've done more things than I've done in a long time. It's been a good move.

Most interviewees displaying the reliance type of coping lived alone either in urban surroundings or supervised facilities (care homes, homeless shelters), which are often associated with social isolation. Family or social network support was often weak or non-existent; in some cases, this was by choice, i. e. cutting off family ties or social contacts. Others were widowed or isolated against their will. However, comprehensive support from NGOs or an extended social network could offer a functional equivalent to family or welfare support. Having cut ties with her family and living in seclusion, Ute (Germany) said of the support she received from a third-sector organisation “I don’t know what I would have done if they hadn’t been there for me in the difficult times now. Yes, they are better than one’s own family”.

This group’s educational attainment tended to be comparatively low, and the lack of necessary (language) skills due to migration can create barriers to independently organising public or third-sector support as the example of Rocio (Italy) illustrates. She had migrated from Cuba with her daughter, but she did not speak Italian well and did not know how to attend to the Italian welfare state’s practicalities and bureaucratic matters. Rocio became homeless when she lost her job. After her Italian-language teacher learned of her situation, he helped her get into a shelter, thus significantly improving her life situation.

5.2.2 Resignation

Resignation involves lower capacity for agency and a lower capacity for transformation, based on the expectation that the situation cannot or will not improve. Here, it often included pessimism and low degrees of self-determination. The limited ability or inability to actively foster change, combined with a lack of external support, led to a non-resilient life situation characterised by disappointment, dissatisfaction and powerlessness. Pol’s (Spain) example demonstrated this feeling of deep surrender:

Every year that I keep living is worse. I can do fewer and fewer things. Now I say that I do not live anymore, I just survive, struggle around (...). Many days I do not see any point 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 have a nice dinner in a restaurant (...) I am quite alone.

Characteristic of this passive approach was a largely unmet higher need for health-related support. This need was unmet due to social security gaps, or because available support was perceived as insufficient due to low quality social services. Moreover, lower degrees of educational attainment reduced the ability to independently organise support. Some interviewees displaying the resignation type of coping reported a lack of knowledge regarding eligibility and social rights, or difficulty dealing with authorities. Many had intensively sought support at earlier

life stages, but had failed due to administrative hurdles or failure to have their needs heard or addressed. Given these negative experiences, they had decided to let the matter rest in order to avoid further disappointment. Some had developed a strong distrust of public authorities, or their pre-existing distrust had increased. For example, after having been turned away many times with different assistance requests, Mia (Hungary) became very distrustful of the welfare state and its authorities: “I cannot count on them for help, in fact, they only make my life and situation way harder and turn me away”.

This lack of welfare-state support tended not to be substituted by family or social networks. Many lived alone in urban surroundings, and some in homeless shelters or care homes. However, by contrast with individuals displaying the reliance type of coping, they tended to feel patronised and to experience their dependency as a lack of autonomy. Loneliness and social isolation were common in this group. However, some interviewees, like Yolanda (Spain), lived with relatives and had care obligations, which added another burden. She had been providing extensive familial care (first for her now-deceased mother, then for her older sister), since public support was insufficient. Her example illustrates how quality of life and autonomy can deteriorate to a point where acceptance turns into resignation: “the only thing left for me is waiting for death with as little pain as possible”.

In some cases, the lack of family or welfare-state support was cushioned, to a lesser extent, by third-sector support, i. e. foodbanks, church cafés, social clubs or charity shops. However, this type of support was far from sufficiently fulfilling current needs. Interviewees frequently reported a downward spiral resulting from an accumulation of adverse circumstances. For instance, Indrek (Estonia) had periods of financial difficulty during his working life, as he became unemployed after the early-1990s system change and the 2008 economic crisis. He was too proud to ask for help or to apply for benefits throughout his whole life. This ultimately led to stealing food, which landed him in prison. Since his release, he had been living in a homeless shelter. Having hit rock bottom, he felt that he did not deserve any support. He was depressed and waiting for his life to end, hopefully with some pride and dignity.

5.3 Summary

Systematic comparison of the life-course interviews shows that resilience depends on a combination of the level of support needed and the particular *mélange* of individual and structural resources for agency. The empirical material reflects our four theoretical coping strategies well, and a pattern appears to emerge when we differentiate between active and passive strategies.

Active coping strategies tend to be related to lower individual needs and health impairments. They are also often linked with a high ability to use the available individual, family, network, civil-society and public resources. The key difference between resistance and acceptance is whether individual agency is used to harness available resources to change (resistance) or stabilise (acceptance) the problematic situation. Moreover, the latter individuals' needs are often insufficiently met by public provision, and these individuals have a stronger sense of autonomy and distrust, potentially leading to non-uptake. However, this lack of public support is often at least partly compensated by family, social networks, or civil-society support. With regard to household composition, there was a generally high occurrence of living alone in the sample (see Appendix 1). This was mostly associated with notions of self-determination and independence (outweighing the negative effect of increased living costs) among interviewees using active coping strategies – while it was perceived as social isolation by interviewees using passive strategies. However, we observed a higher prevalence of cohabitation among people with active coping strategies (especially acceptance), which mirrors the importance of direct support from household members in relation to exercising agency. Interestingly, we observed a gender division among the people using active coping strategies, with resistance being more frequent among women and acceptance being more frequent among men. In view of the fact that providing care for relatives (often grandchildren) or acquaintances was more pronounced among the female respondents, it can be concluded that care-giving, which is still a female domain in Europe (Eggers et al. 2020), did not necessarily undermine the capacity for agency and transformation, especially if accompanied by further societal support. But of course, we cannot say whether the findings related to household composition or gender are reliable or simply caused by a sampling effect.

In contrast, passive coping strategies are linked to higher needs and lower individual resources, and therefore to stronger dependency on societal support. Individuals displaying passive coping strategies tend to be less able to exercise agency for reasons related to educational achievement, skills, trust, self-worth or pride. The gender composition in both groups displaying passive coping strategies was balanced. The central differences between the passive strategies seem to be a more optimistic perspective (reliance) vs. a quite pessimistic one (resignation). Both perspectives are quite often framed by the individuals' long-term experiences and, most importantly, the actual support they receive/accept in their current situations. Interviewees displaying passive strategies tend to have lower access to public support than those using active strategies, but in the case of reliance this is compensated at least partly by the more active involvement of public services, civil society, social networks or family. Interviewees displaying the resignation type of

coping tend to have little or no access to family, civil-society or public resources, e. g. because they do not trust them or do not want to ask for support, or simply because these resources are not available to them. While there were no significant differences in gender composition regarding the two passive types, we found that living in supervised facilities like care homes or homeless shelters was more common among interviewees using reliance, which emphasises the strong degree of dependence on external support in this group. Some female interviewees of the resignation type reported cohabitation associated with burdensome care obligations (spouses, siblings and parents). Especially if care provision was not associated with welfare support, this increased financial pressure and the well-being of the people afflicted tended to decrease significantly.

6 Discussion

Following Townsend (1987), we have argued that old-age poverty is a multidimensional phenomenon defined by a lack of material, cultural and social means relative to a given society's accepted minimum standard. This lack threatens resilience and social citizenship, as it significantly curtails citizens' security, autonomy and ability to participate in society. A specific characteristic of old-age poverty is that the prospect of getting out of poverty can rarely be achieved by the older people's agency alone, due to the decreasing ability to earn income on the labour market. Moreover, health conditions and social networks tend to decrease with age, further diminishing autonomy and support and thus making old-age poverty particularly menacing. This highlights the importance of applying a life-course perspective when analysing the opportunities for exercising agency and employing coping strategies for dealing with poverty, since individual resources and the availability of external support measures in the social environment change over the life course.

Our life-course interviews show that the four coping strategies, i. e. resistance, acceptance, reliance and resignation, are applied in all the studied countries. Which one is or can be applied depends on a specific combination of individual characteristics and the societal support available. Individual resources decrease in old age, which is why external support is of particular importance for coping with poverty in this phase of the life course. Generous and needs-adequate public support proves to be an important factor in this regard. In addition, the availability of further societal support (family, social network or third sector) that may complement public support or compensate for social security gaps proves to be a fundamental precondition for resilient coping strategies (the resistance, acceptance and reliance types). That is because their complete absence often leads to a non-resilient life situation

generally characterised by social exclusion, powerlessness or even depression (the resignation type).

In general, agency is an important concept with regard to how people cope with or even overcome poverty and is highly valuable from a citizenship and social policy perspective (Lister 2021). However, when emphasising the importance of agency there is a danger that the echo of neo-liberal credos of self-responsibility or the demand for activation policies is not far off (Eggers et al. 2019), suggesting that a social problem such as (old-age) poverty can in principle be solved if the poor just generate ‘enough’ agency (cf. Daly/Kelly 2015). Our findings, however, clearly show that if vulnerabilities intersect cumulatively in old-age (e.g. reliance and resignation type), individual agency can be very low. Under such conditions, low resilience is almost inevitable if the required support is not provided externally. In other words, resilience and agency have to be understood not purely individually, but in a social context (Taylor 2011). From a policy perspective, this means that the shift to social activation policies simply does not work for all groups alike. Self-responsibility must not undermine the basic social protection of vulnerable groups, particularly because groups with low degrees of agency need an active rather than just an activating welfare state. Thus, social policy design must change with regard to policies targeting different life-course stages (Kuitto 2016).

From our data we can highlight at least three aspects of policy design that tend to increase the hurdles to employing active coping strategies: fragmentation of benefits/administration, complexity of bureaucracy and accessibility, and lack of service quality and trustworthiness. First, when fragmentation of support measures and/or administration is high, the level of agency needed in order to make use of benefits or services increases and as we have seen in the previous section, and those interviewees with higher needs tend to develop less agency. Second, when application processes and/or the forms to file an application are complex and require specific skills, access to support measures is particularly limited for those interviewees with high needs and low levels of agency. The third obstacle is lack of service quality and trustworthiness. When both are low, not only does the level of support received decrease, but the attractiveness of the support measure also tends to decline, making take-up less likely and thus limiting the exercising of social citizenship.

Finally, while our analysis revealed interesting patterns regarding the application of different coping strategies, there are clear limits to the generalisability of our findings because our sample is not representative, and is biased due to the recruitment strategies applied. Further research should systematically consider cross-national differences in policy design and generosity in order to allow for a more differentiated and in-depth analysis of coping strategies that may guide specific policy recommendations for improving the lives of social citizens facing old-age poverty in

different European welfare states. Moreover, the issue of gender differences needs to be investigated more systematically to find out whether coping strategies are indeed gendered or not.

Acknowledgements

We would like to thank Rune Halvorsen and his team at OsloMet for scientific coordination of the EUROSHIP Project, Birgit Pfau-Effinger for leading the research in WP 7 and Mara Papenhagen for excellent research assistance. Furthermore, many thanks to all national team members who helped conducting the life-course interviews and for systematically summarising them. Special thanks to Irene Fattacciu (Italy), Rune Halvorsen (Norway), Zyab Ibáñez (Spain), Mariann Märtsin (Estonia), Ann McDonnell (United Kingdom) and Zsófia Tomka (Hungary) for many helpful discussions and comments during the analysis process and for providing excellent short reports on the main findings of the country cases related to coping with old-age poverty which provided an important data source for this report.

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Funding

This paper is part of the EU project EUROSHIP, which has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 870698.