



closing gaps in European social citizenship

Intersectional inequalities and the use of long-term care services

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- 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 \(euroship-research.eu\)](#), or by following us on Twitter: @EUROSHIP_EU.

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Abstract

This report discusses intersectional inequalities in the field of long-term care (LTC) policies of European welfare states. While also introducing the role of long-term care policies in defining older people's options to exercise social citizenship in their use of long-term care across all dimensions of social citizenship, including security, autonomy and influence.

The theoretical framework briefly introduces the perspective of the Hamburg team for comparative analysis of LTC policies and their role for care gaps and social risks of older people in need of care. It is based on a new theoretical approach, the approach of the "institutional constellations of LTC policy", that we have developed in the context of the EUROSHIP project (Grages, Eggers & Pfau-Effinger 2021), together with a new multilevel concept of "care gaps" (Grages & Pfau-Effinger 2022).

It also gives a short overview of the findings of the comparative study on LTC policies in 7 study countries, which support our theoretical assumption that cross-national variation structural care gaps is closely related to the extent of LTC policy generosity across the institutional constellations of LTC policies. They show that the influence of LTC policies on care gaps is mediated by both cultural ideas regarding the "best" form of LTC and the degree to which policies are implementation is relevant for the understanding of cross-national differences (Grages & Pfau-Effinger 2022).

The findings also show that characteristics like age, income, and gender are relevant for the risk of unmet care needs and poverty, particularly in the context of less generous institutional constellations of LTC policy. According to the findings, among older people with care needs, women, especially older people (85+) as well as people with a low income are exposed to particularly high social risks. Risks accentuated further in countries with less generous care policies. Where poverty and unmet care needs together can accumulate for specific social groups as indicated by the intersectionality approach.

Regarding the risks of poverty, we found through our life course interviews with people with low financial means, that mainly also older people with an employment history based on self-employment, people with migration experience, women with life courses which were influenced by a male breadwinner family, childcare and family care; persons with breaks in their life course because of fundamental change in the societal system (e.g. from socialism to post-socialism), and people with discontinuous biographies affected by disruption had particular difficulties to cope with poverty. However, there are substantial cross-national differences in the extent to which belonging to these social groups leads to increased social risks. It seems that stronger, more generous welfare states offer more favorable conditions for active strategies of these groups to cope with poverty and avoid social exclusion.

Our findings in relation to coping strategies, poverty and social inclusion with data gathered from life-course interviews indicate that people seem to use more active coping strategies in the context of stronger welfare states. Whereas more passive coping strategies seem to occur more regularly in weaker welfare states. However, there are also cases where strong family support can also promote active coping strategies, specifically in countries which the extended family is the dominant family form.

Our findings should be considered as a preliminary analysis. More research that includes representative surveys would be needed in future to evaluate the theoretical assumptions of the study.

1. Introduction

This report aims to synthesize the findings of WP 7 regarding social inequality in the context of long-term care (LTC) policies of European welfare states. It also introduces findings regarding the role of long-term care policies in influencing older people's opportunities to exercise social citizenship across the dimensions of social citizenship: security, autonomy and influence. The report analyses findings related to from an intersectional perspective.

In part 2 of this report, we introduce bring in the theoretical concept of intersectionality into our analysis using the framework of the EUROSHIP project (EUROSHIP Working paper 19), and our interpretation of the concept in relation to WP 7. Part three, discusses the theoretical framework of the cross-national comparative research in WP 7, regarding the analysis of LTC policies and of care gaps. It comprises a new multi-level approach to theorizing and analysis of care gaps, and a new theoretical framework that theorizes the role of LTC policies for social risks related to care need in older age. Part 3 is based on the reports of the Hamburg team D 7.1 (Grages et al. 2020) and D7.2 (Grages & Pfau-Effinger 2022). In part 4, we summarize the cross-national analysis of D 7.2 (Grages & Pfau-Effinger 2022) on the social risks for older people in need of care and how they differ in the context of long-term care policies. Part 4 includes findings about the social groups which are particularly affected by these social risks, using an intersectional perspective. Followed by an introduction to the findings of WP 7, which discusses how poor people can exercise security, autonomy, and influence with respect to the social citizenship concept defined in D 7.3 of the Hamburg team (Grages et al. 2021). The report ends with a conclusion.

The WP 7 defines "care" as support for people to manage their everyday life who have some restrictions in doing so (Anttonen & Sipilä 1996). When using the term LTC, we refer to the WHO definition, which defines LTC as: "The system of activities undertaken by informal caregivers (family, friends, and/or neighbors) and/or professionals (health, social and others) to ensure that a person who is not fully capable of self-care can maintain the highest possible quality of life, according to his or her individual preferences, with the greatest possible degree of independence, autonomy, participation, personal fulfillment and human dignity" (WHO 2000: 6)"(Grages & Pfau-Effinger 2022).

The current synthesis report includes findings of the following reports and working papers of the EUROSHIP project:

- Arciprete, C, Biggeri, Ciani, F (2022) *Intersecting Inequalities: theoretical challenges and implications for research on poverty and social exclusion in Europe*. EUROSHIP Working Paper no. 19. Oslo: Oslo Metropolitan University. DOI: 10.6084/m9.figshare.21565806. Available at: <https://euroship-research.eu/publications>.
- Grages, C.; Eggers, T.; Pfau-Effinger, B.; Meid, J. (2020) *Standardised Country Reports on National Social Protection Systems. Germany*, EUROSHIP Report: University of Hamburg
- Grages, C, Eggers, T, Pfau-Effinger, B (2021) *Long-term care regimes in Europe*. EUROSHIP Working Paper No. 6. Oslo: Oslo Metropolitan University. DOI: 10.6084/m9.figshare.16782868. Available at: <https://euroship-research.eu/publications>.
- Grages, C, Pfau-Effinger, B (2022) *Gaps in the provision of long-term care across Europe*. EUROSHIP Working Paper No. 14. Oslo: Oslo Metropolitan University. DOI: 10.6084/m9.figshare.19328912. Available at: <https://euroship-research.eu/publications>.
- Grages, C., Och, R., Papenhagen, M. (2022) *Coping with old-age poverty – How social policy and other forms of social support affect social resilience*. EUROSHIP Report Deliverable 7.3, Oslo: Oslo Metropolitan University.

2. Theoretical Approach of Intersectionality

The theoretical approach of “Intersectionality” aims to offer a multi-dimensional conceptual framework for the analysis of social inequality. According to Williams (2023), the analytical approach of “Intersectionality” helps to understand social inequalities as “complex, interlinked, shifting, and multifaceted, creating both penalties and privileges.” The approach was originally developed in the context of the feminist movement, with the aim to stress the accumulation of social risks regarding gender and race for women of color (Crenshaw 1991). It defines social inequality as the consequence of “social relations with unequal power”. The intersectionality approach was further developed “to understand experiences constructed through a multiplicity of social relations of power, including gender, race, class, sexuality, age, and disability” (Williams 2023). Caterina Arciprete and colleagues argue that “Intersectionality enables hidden injustices to be disclosed by providing an understanding of how the different sources of discrimination interact with each other. It links the lived experience of individuals to the wider patterns of power relations and thus affecting EU social citizenship.” There are various versions of this scientific concept, and suggestions to connect it with other scientific concepts (Hancock 2007, McCall 2005, Verloo 2006, Walby 2010), for example to combine it with the capability approach (Arciprete et al. 2022).

The intersectionality approach has been much debated and contested. Critical comments mainly included the argument that the approach underestimates the strong relevance of social inequality based on class and income inequality. Some authors argue that the concept is often used to address multiple discrimination, with a tendency to neglect the differences in the character of each of this dimension, and in the causal factors and causal mechanisms on which they are based. According to Verloo (2006), the development of policies of the European Union (EU) is a good example, which previously has placed great emphasize on the struggle against gender equality. The study found that the EU has tended to reduce its support for measures that promote gender equality and fueled the “political competition between inequalities” when it adapted policies to address multiple inequalities.

It would therefore be important to use the concept of intersectionality in a way that conceptualizes and analyzes how different dimensions of social inequality are reproduced or changed in the ways in which they are embedded in the societal context of culture, welfare states, social and economic structures, actors, constellations, and power relations. Furthermore, the ways different societal contexts interact in a way that creates distinct experiences and outcomes (Pfau-Effinger 2004, 2005). The research in WP 7 only offers some first steps in this direction, regarding care poverty and social risks related to care need in older age.

3. Care Gaps and Social Risks Connected with LTC Policies

In the report D 7.2, we aimed to analyse current gaps in the provision of public support for long-term care (LTC) in a systematic cross-national comparative perspective (Grages & Pfau-Effinger 2022). The focus was on two research questions:

- How far and in which ways are different types of LTC policies connected with care gaps and social risks?

- Which social groups of older persons are particularly affected by social risks that result from gaps in the provision of LTC, and how is this related to the type of LTC policy?

3.1. Theoretical Framework

Studies on unmet care needs mostly focus on individual factors at the micro level, whereas macro factors if included at all are only included in the form of socio-economic background variables. Kröger (2022) points out that the societal context of LTC policy is rarely considered when the relationship between policy designs and the insufficient coverage of care needs is analyzed. Studies based on case studies that include the design of LTC policy mainly focus on support for extra-familial LTC (Privalko et al. 2016). Little research considers the role of LTC on impacting family care - including the role of new forms of paid family care – when analyzing unmet needs or gaps in LTC provision. We argue that it is important to include LTC policies to familial care into the theoretical framework and research (see also Eggers, Grages, Pfau-Effinger & Och 2019; Frericks, Jensen & Pfau-Effinger 2014). The reason is that familial care has still a high relevance for the provision of LTC in most European countries. The reason is that substantial parts of the population prefer (and choose) familial care, which may have cultural reasons, or it can be a reaction to an insufficient availability or an insufficient quality of extra-familial care (Eichler & Pfau-Effinger 2009, Pfau-Effinger 2005, 2012). Therefore, it is important to analyse care gaps in relation to extra-familial care and in relation to familial care, and to the way in which both policies are interrelated.

In the Deliverable D 7.1. of WP 7, the Hamburg team introduced a new approach of “Institutional Constellations of Long-Term Care Policies” which is based on the interaction between the level of generosity of public policies towards extra-familial care and the level of generosity of public policies towards care provided by family members (Grages et al. 2021).

On this basis, we also introduced a new typology of institutional constellations of LTC policy, using four ideal types. We also include theoretical assumptions about each type and the care gaps and social risks associated with each of these policy types. “The Overall Support Type” has a relatively high generosity towards extra-familial and familial care, it therefore leaves only minor care gaps. The “Extra-Familial Support Type” is mainly generous with providing extra-familial care but leaves substantial risks of care gaps for older people who would prefer familial care. The “Familial Support Type” supports familial care relatively generously, but those who do not have access to familial care are at risk of “care poverty” (Kröger 2022). Since extra-familial care is not an adequate option with little welfare state support. High risks of care gaps and high social risks for older people in need of care (and their family carers) are associated with the “Low Support Type” (Grages et al. 2021). The theoretical approach also includes theories about the amount and type of social risks connected to the specific gap created by each type of LTC policy (Eggers et al. 2020; Grages & Pfau-Effinger 2021).

We also argued that besides policy generosity, the way it is implemented as well as cultural values of ideal forms of care provision and the perception of care quality need to be considered when investigating cross-national differences in care gaps. The report D 7.2 also theorizes the role of LTC policies for social risks related to gaps in the provision of LTC. It argues that different types of gaps are associated with different social risks and that they affect different social groups to different degrees (Grages & Pfau-Effinger 2022). The methodological approach of the report introduces a new multi-dimensional approach to measure the generosity of LTC policy for persons with disabilities and older people with care needs that analyzes the institutional level of the regulations (Grages et al. 2021).

In addition, we introduced a new, multi-level concept of “care gaps”. We define a care gap as a full or partial lack of publicly supported provision of different forms of LTC for people with care needs. Our

approach distinguishes between a care gap in the *institutional basis* of LTC policies, a care gap in the *structures* of LTC, and a care gap at the *individual* level. For each level, we analyze how far and in which way care needs there remain unmet care needs (Grages & Pfau-Effinger 2022).

3.2. Methodological approach

The empirical study comprises seven European welfare states which differ in welfare state development (Esping-Andersen 1999; Ranci & Pavolini 2013): Norway, Germany, Spain, Italy, the United Kingdom, Estonia, and Hungary. The empirical analysis uses dataset comprised of legal documents of care policies, standardized EUROSHIP country reports on national social protection systems and data from comparative European policy databases, such as MISSOC and EUROCAREERS. Furthermore, quantitative data from European Union Statistics on Income and Living Conditions (EU-SILC), European Value Study (EVS) and the Special Eurobarometer 283 on Health and Long-term Care in the EU and national statistics are considered.

Using the theoretical framework of “institutional constellations” and the theoretical typology that derives from Grages et al. (2021) introduced above. The comparative study analysed the institutional regulation of LTC policies regarding the relative level of support provided to extra-familial versus familial care. It employs the new multi-dimensional approach to analyze the care gaps across different types of LTC policy that we developed in an earlier stage of the EU-project EUROSHIP (see 3.2., Grages et al. 2021). For each type of LTC policy, we systematically measured the care gaps related to access to and the extent of support as sub-indicators. When measuring the care gaps in accessing public support two dimensions of accessed were considered. The strictness of restrictions towards access through needs-testing and means-testing. In the case of familial LTC, we consider how the working definition of the familial caregiver restricts access to public benefits. Through a) place of residence b) type of kinship relationship c) familial income or d) working situation of familial caregiver. (For a more in-depth outline of the methodological approach more in detail see Grages et al. (2021).

We also measured absolute structural care gaps based on the difference between the share of persons 65+ that receive publicly (co-)financed LTC and the share of persons 65+ that report self-perceived long-standing limitations in usual activities due to health problems, using comparative data from EU-SILC for 2018 (item hlth_silc). Additional information on relative care gaps is based on institutional analysis of generosity of extent of LTC policy support (Grages & Pfau-Effinger 2022). The report D 7.2 also includes a methodological approach to measuring degree of LTC policy implementation, the degree of cultural support for familial care provision, and the degree of (assumed) LTC quality (Grages & Pfau-Effinger 2022).

3.3. Findings – Care Gaps and Social Risks Connected to LTC Policy

The findings support the assumption that social risks of unmet care need are particularly low in the context of the “Overall Generous Type” of LTC policy in Norway. However, this relates only to a limited extent to the German welfare state, even if it has a relatively high generosity regarding the institutional constellation of LTC policy (Table 1). A main reason is that substantial groups of older people who need care and who are eligible to public extra-familial care do not make use of it. Instead, they choose familial care, even though the quality of care is much lower, and it often leads to relatively high economic risks on their families. Another problem of familial care in Germany is that even if family caregivers can receive pay and some social security benefits for the care, they are still faced with substantial financial risks, including loss of social security rights, the risk to lose integration into the

employment system and the opportunity to make a career. The report shows that cultural ideas play a large role in the explanation of the high share of familial care in Germany. Since most people believe that familial care is the best form of care. Furthermore, it is common to feel distrust regarding the quality of extra-familial care (Eichler & Pfau-Effinger 2011; Eggers, Grages & Pfau-Effinger 2019). In Spanish LTC policy, which also belongs to the generous ideal type, social risks related to care need are high relative to the countries of this type (see Table 1). The main reason being that Spain have a low level of implementation of LTC policies, compared to Norway and Germany leading to higher social risks.

The UK puts a stronger emphasis on extra-familial LTC policy combining a medium level of support for extra-familial LTC policy with a low support for familial LTC policy and therefore shows some characteristics of the “Extra-Familial Support Type” of LTC policy, even if the level of generosity in this regard is not very high. Since there is little public support for familial care, this type of care is connected to particularly high social risks for caring family members, mainly wives and daughters, regarding their income situation, social security, labour market chances, and career chances.

The findings also support our assumption related to the “Family Support Type” of institutional constellations of LTC. In the context of Italy, where the LTC policy belongs to the “Family support type”, and in the context of LTC policy in Hungary and Estonia, which match the “Minimum Support Type”, the need of LTC is connected with particularly high risks of income poverty and “care poverty” (Kröger 2022) for older people in need of care who would prefer extra-familial care, or for whom a caring family members is not available.

Table 1: Types of institutional constellations of LTC policies and risk of care gaps

Type of institutional constellation of LTC policy	Risk of Care Gaps	Country	Structural care gap (1)
Type 1: Overall generous support type	Low risk of care gaps	Norway Germany Spain	16,4% (Norway) 49,0% Germany 67% Spain
Type 2: Extra-familial support type	Relatively high risk of care gaps for older people who prefer and/or receive family care (and for the carers)	UK	66,0%
Type 3: Familial support type	Relatively high risks of care gaps for older people who prefer extra-familial care, or for whom caring family members are not available	Italy	66,3%
Type 4: Minimum support type	High risk of care gaps	Estonia, Hungary	Estonia (84,9%), Hungary (83,4%)

(1) percentage indicates the size of the absolute care gap.

Sources: Grages et al. 2021; own calculations based on EU-SILC 2018; National data

3.4. Findings - Social Groups Mainly Affected by Care Gaps and Related Social Risks

In the context of our research in WP 7 we have explored the extent to which care gaps differ between social groups based on age, income, and gender.

We assumed that particularly vulnerable groups of people are mainly affected by structural care gaps and that the risk of needing care can be unevenly distributed between different social groups. On this basis, we assumed that some social groups are more exposed to social risks and therefore face higher

care needs due to their increased vulnerability. they suffer to a greater extent from inadequate care provision in the event of an insufficiently generous care policy. Based on previous research we assumed that persons with lower income, older people and women are disproportionately affected by social risks that are connected to structural care gaps.

The findings support our assumption that the extent of the need for care is influenced by factors like age, gender, and income (Grages & Pfau-Effinger 2022). The risk of needing care increases with age, as well as with decreasing level of income, and women have a higher risk of care need than men. In an intersectional perspective, the findings of the comparative analysis show that women and older people (85+), as well as people with a low income are exposed to particularly high social risks in countries with less generous care policies. The risk of care need and related social risks increases for social groups who combines several of the attributes mentioned in the sense of intersectionality (Grages & Pfau-Effinger 2022).

Using a comparative perspective, we found, based on data of EU SILC 2018 and the EUROSHIP country reports, that the direction of the effects is almost the same in all study countries (only exception is income in Spain), but the extent of the effects differs between marginalized groups and countries. In countries with more generous institutional constellations of LTC policy, where care policy protects those in need through providing access to care and significant public support, groups that usually face has higher risk will be more likely to have the same risk level as the rest of the population. The findings show that in countries with less generous care policies there is a particularly high risk for women over 65 years of age with a low level of income.

4. Coping with poverty risks in older age (Grages et al. 2022)

The Deliverable D 7.3 “Coping with old-age poverty – How social policy and other forms of social support affect social resilience” (Grages et al. 2022) addresses the ways in which older people are coping with poverty.

The main research questions addressed in this report, and which are of interest here include:

- How do older persons cope with low financial resources in European welfare states?
- What factors hinder or promote the use of different coping strategies?
- How can country differences in the use of coping strategies be understood?

4.1. Theoretical framework

According to our theoretical argument, old-age poverty is a multi-dimensional phenomenon which can be described “as a lack of material, cultural and social means relative to the accepted minimum standard in a given society” (Townsend 1987). However, we argue that the central dimension is income, since in capitalist market-based societies income is the main source of means to participate in society. This relates also to retirement pensions, since these are in all countries fully or in part related to employment income based on labour market participation (Esping-Andersen 1990).

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 rarely achieved 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 lower autonomy and thus make old-age poverty particularly

threatening. Reducing old-age poverty and sustaining social citizenship is therefore a central aim of European welfare states.

With regard to coping strategies vis-à-vis poverty, we have introduced a theoretical classification which combines two dimensions, that shape coping strategies and that can vary relatively independently from each other, “Capacity of agency”, and “Capacity for transformation” On this basis, we distinguish two active coping strategies, which include “Resistance” and “Acceptance”, and two passive coping strategies which include “Reliance” and “Resignation” (Grages, Och & Papenhagen 2022, p. 13-14).

4.2. Methodological approach

The main source of data for the report was a set of 59 coordinated semi-structured life-course interviews with women and men with low income which were conducted by the different partners in the EUROSHIP project in their respective countries. While the interviews are not intended to be representative in any statistical sense, they provide evidence informing new insights into the mechanisms behind different outcomes. (For an in-depth introduction of the theoretical and methodological approach for the life-course interviews see Halvorsen et al. 2018; Hvinden et al. 2019; Grages et al. 2022).

The national partners of the EUROSHIP project interviewed around ten persons born around 1940-1950. The most important criteria for recruitment were that interviewees had recently (last 3-5 years) experience with lack of funds or insufficient money over an extended period. In each country, we strived to achieve a gender balanced sample and tried cover different backgrounds regarding care obligations and needs, disability, and ethnicity. We aimed to interview persons that have completed education by the age of 20, but the sample nevertheless also included persons who have completed more training or education later in life. We also included “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. Main recruitment channels have been 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, adult education center/foreign language courses, homeless shelters as well as social support centers, advice centers for people with low financial means, and senior’s clubs. In terms of care needs, we also recruited interview partners via outpatient and inpatient care providers, long-term care support centers.

In total, for the research in WP 7, the national units have conducted 59 interviews. The length of the interviews varied from 30 to 120 minutes. The duration of the field phase was from 06/21 to 06/22, and 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. (For a more in-depth description of the methods and the related problems connected with the COVID-19 pandemic and general problems of access see Grages et al. (2022).

The documentation of the interviews consisted of three parts – an audio recording of the interview, a full interview transcript in the original language. In addition 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 coping strategies typology. 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.

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.

4.3. Findings – Differences in coping strategies among poor people

The following summarises the findings in the Deliverable 7.3 of the EUROSHIP project, regarding differences in coping strategies among poor people (Grages et al. 2022).

“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 risks in the total population. A sign of the success of welfare states reducing 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 shows with more than 40 %, a much higher risk of old-age poverty and social exclusion while Norway with less than 10 percent is 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 retirement. This means that those who earned less income during their working lives are also likely to have low pensions. However, the reasons for not being able to earn sufficient income varies greatly can have a multiplicative effect. Most important among them are low lifetime earnings; due to low educational achievements, migration, disability. Interruptions to labour market participation 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.

Below are five groups of life-courses that can be identified to have 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 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)."

However, there are substantial cross-national differences in the extent to which belonging to these social groups relates to social risks.

4.4. Findings - Cross-national differences in the main patterns of coping strategies in European welfare states (Grages et al. 2022)

The study helps us to understand differences in coping strategies of persons affected by old-age poverty in different national contexts, regarding cultural ideas, social policies and the ways in which they interact with other forms of social support (family, third sector), and socio-economic structures. It also explored how differences in health, living conditions, gender, and educational background affect coping strategies used by individuals in poverty and social exclusion. The findings show that the differences in social contexts of individuals in poverty affect their perception of poverty and the type of coping strategies that they engage in.

According to the findings, in the context of stronger welfare states like the Norwegian and German welfare state, the main patterns of coping are typically more active, whereas the coping strategies in weaker welfare states like Italy, Spain passive coping strategies prevailed. However, it seems that particularly in countries in which the extended family household is the main family form, like the Mediterranean and the CEE countries (Pfau-Effinger, Jensen & Flaquer 2011), the family is an important source of support for older people and is often connected to active coping strategies. In the UK, which has also a relatively weak welfare state, we found a predominance of passive coping strategies, in combination with a generally low level of family support (Grages et al. 2022).

It should be considered that the findings are mainly based on a set of interviews that are not meant to be representative. The purpose of this research is to reach preliminary conclusions and subsequent research including representative surveys would be needed in the future to further evaluate the theoretical conclusions of the study.

5. Conclusion

Our research on WP 7 draws on a new theoretical approach, using the "institutional constellations of LTC policy", that we developed in the context of the EUROSHIP project (Grages, Eggers & Pfau-Effinger 2021). It offers a theoretical framework for comparative analyses of LTC policies, which is based on the relationship between the generosity of policies supporting extra-familial care and policies supporting paid familial care in a multi-level perspective (Eggers et al. 2020; Grages et al. 2020; Grages & Pfau-Effinger 2022). We have also introduced the multilevel concept of "care gaps" (Grages & Pfau-Effinger 2022).

Based on the comparative study on LTC policies in 7 study countries, our research in WP 7 found huge gaps in the structures of LTC provision for older people, with substantial variations in the extent and area of care gaps across the countries studied. They support our theoretical assumption that cross-national variation in the structural care gaps are closely related to the level of LTC policy support across the different types of institutional constellations of LTC policy (Grages & Pfau-Effinger 2022). According to our findings, the influence of LTC policies on care gaps is mediated by cultural ideas regarding the “best” form of LTC. In addition, cross-national differences in the degree of implementation of the LTC policies also contribute to the explanation.

We have also analysed and discussed different ways care gaps maintain poverty and unmet needs for older people, especially for the most vulnerable demographics. According to the findings, among older people with care needs, women, older people (85+) as well as people with a low income are exposed to particularly high social risks. The social risks are inflated further in countries with less generous care policies. In these countries, needing care while facing poverty tends to be highly correlated in specific social groups as indicated by the intersectionality approach. Therefore, creating exceptionally high risks for them.

Regarding the risk of poverty, we found through our life course interviews with people with low financial means, that older people who were self-employed, people with migration experience, women with life courses which were influenced by a male breadwinner family, childcare and family care; persons with breaks in their life course because of fundamental change in the societal system (e.g. from socialism to post-socialism), and people with discontinuous biographies affected by disruption had particular difficulties to cope with poverty. However, there are substantial cross-national differences in the extent to which belonging to these social groups leads to increased social risks. It seems that stronger, more generous welfare states to offer more favorable conditions for active strategies to cope with poverty and avoid social exclusion.

Our findings indicate that people at risk of poverty use more active coping strategies in the stronger welfare states and passive coping strategies in weaker welfare states. We also found that strong family support can play a similar role to a strong welfare state to also promote active coping strategies. However, generally we find this only in countries where the extended family is the dominant family structure.

Our research brings in new theories and analysis concerning the ways in which different dimensions of social inequality in older age interact in an intersectional perspective. Yet, there are many related areas where future research should develop a more in-depth theoretical framework that helps us to understand more precisely how the cultural, institutional, social structural and economic framework and causal mechanisms operate in relation to each of the different dimensions of social inequality in older age. As well as look to explain how different societal contexts interact and create different experiences and outcomes for different social groups among older people in need of care. Moreover, it would also be important for future research to broaden the empirical basis of research that explores intersectionality in older people’s abilities to cope with poverty.

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