
SHARE: A European policy device for inclusive ageing societies

Evidence on how to reinforce social and economic inclusion of the 50plus in an overall ageing Europe

“Ageing in Europe - Supporting Policies for an Inclusive Society” is the title of a book providing new scientific findings on inclusion in an ageing Europe that will be presented to the public for the first time in Brussels on the 29th of October 2015. For this volume researchers from all over Europe have analysed data from the “Survey of Health, Ageing and Retirement in Europe (SHARE)” to provide evidence on the degree of social and economic inclusion among the ageing European populations.

The notion of “social inclusion” has an intuitive appeal which makes it a quite popular concept in contemporary policy discussions. This holds in particular as its opposite, social and economic exclusion, is still present even in the rich countries of Europe and has many faces: One is poverty, which has increased in the aftermath of the economic crisis, especially in Southern and Eastern Europe. Another is age discrimination, which, while proscribed by European law, is still embedded in many national regulations and in everyday life. But also large migratory flows (e.g. the ones which we are currently facing) are directly related to the social inclusion debate: They are seen as a potential threat to the social fabric – both in the short and in the long run – due to lack of economic and social integration.

Intuitive as the concept of inclusion may be, its measurement is far from being straightforward. In fact it can be considered vague, elusive or even controversial. Hence, if the objective of public policy is to advance people’s quality of life, good data including a broad and comprehensive set of measures of inclusion is needed in the first place.

This is exactly what SHARE provides.

Here you will find a selection of some results from the book, illustrating the dimensions of inclusion in older age and how they relate to other important aspects of people’s lives:

The "social" in "social inclusion"

Inclusion is about people’s specific needs and how these needs are met. There is both variation in needs as well in ways to satisfy them. While people in poorer countries – or regions or communities – tend to be more affected from material deprivation they can also be relatively deprived in a rich country. This is even more the case for social deprivation.

1. **Social exclusion – more than a mere financial issue:** While, on the country level, material deprivation is related to the official poverty rates of the 65+, social deprivation is not. This calls for greater awareness of the non-material aspect of social exclusion and policies beyond the narrow perspective on income and material wealth. Investments in social protection and health care seem to be important examples as countries with higher spendings in these areas show significantly lower levels of material and social deprivation.

Read more: *Material and social deprivation in the macroeconomic context*, by Mateusz Najsztub, Andrea Bonfatti and Dominika Duda

- 2. The importance of social ties in a disadvantaged area of living:** Although most older Europeans live in environmentally satisfactory neighbourhoods and have socially cohesive relationships with their neighbours, there are within-country differences in social cohesion. Not surprisingly, residents of socially cohesive neighbourhoods are more satisfied with their lives. However, this is particularly true for those living in otherwise deprived neighbourhoods. In other words, social ties become even more important for subjective well-being of older people when they reside in otherwise deprived neighbourhoods.

Read more: *Social cohesiveness and neighbourhood environmental deprivation: how are they related to life satisfaction in late life?* By Kimberly J. Stoeckel and Howard Litwin

Health and health care

The demand for and access to health and long-term care are issues of particular relevance to the population in an ageing Europe. Who is in good health, can better pursue a gainful employment, better participate in social life and is less affected by social exclusion. On the other hand, social inclusion mitigate the age related decline in physical and mental health. For example:

- 1. A vicious circle – bad health leads to social exclusion leads to bad health:** The impact of health problems affecting social interaction – such as, e.g., hearing loss – on social inclusion can be enormous. Conversely, feelings of being left out as well as actual social isolation can become a source of depression. SHARE based findings now support the notion of social exclusion acting as a pathway through which hypoacusia may affect mental health.
Read more: *Does hearing impairment lead to social exclusion?* by Marco Bertoni, Martina Celidoni and Guglielmo Weber
- 2. Access to health insurance is fundamental:** Inadequate access and the lack of insurance coverage are particularly often found in poorer countries with low healthcare expenditures as well as in countries with large income disparities. But there is also a clear socio-economic gradient in health insurance coverage and access to care within almost all countries, reinforcing social inequalities in health status.
Read more: *Health insurance coverage and access to care among European elders: cross-national differences and social gradients*, by Hendrik Jürges

- 3. Long-term care – a public task:** In countries where the welfare state attends to the organization of long-term care, long-term care needs are generally better met than in countries where it is mainly the responsibility of the family. Unmet need for long-term care is, in turn, associated with material and social deprivation: The more deprived people are, the more they are in need for long-term care, and the more these needs remain unmet. Even in Central and Northern European countries where governments are involved in long term care, families remain essential in complementing the welfare state, including for the most severely deprived.

Read more: *Unmet need for long-term care and social exclusion*, by Anne Laferrère and Karel Van den Bosch

Securing social inclusion by good working conditions

From an individual level, having a job first and foremost generates income but it is also related to social esteem. Employment has an anchoring function which integrates workers into society while unemployment is often connected with social exclusion. From a societal point of view, employment is essential to finance our social protection systems which prevent poverty due to old age or disability.

- 1. Training pays off:** Training of older workers is worthwhile both for employers and employees. As the SHARE data show, those participating in training, stay more likely employed than people without training. Consequently, training programs facilitate the preservation of valuable expertise for the employer while at the same time they reduce the risk of unemployment and increase pension rights. Training of older workers thus is an effective mean to lower the risk of old age poverty and social exclusion.

Read more: *Does training help retaining older workers into employment? Evidence from the SHARE survey*, by Michele Belloni, Agar Brugiavini, Elena Meschi and Giacomo Pasini

- 2. Happy computer users:** Older workers with good computer skills are more satisfied with their jobs – and plan to retire later – if they work in a position which requires the use of a computer. Presumably the use of a computer on the job combined with good ICT skills helps to increase the self-perceived quality of work and this reduce the intention to retire early.

Read more: *The use of PC at work and job satisfaction*, by Danilo Cavapozzi, Elisabetta Trevisan and Guglielmo Weber

- 3. Self-employment 50+ – self-realisation or hidden unemployment:** Many older people may, at some time, decide or be forced to leave their job. In many cases,

and particularly so at older ages, returning into wage-employment may be difficult. Becoming self-employed may then be perceived as an option to get back into work. An interesting question is whether older people who go into self-employment do so out of necessity to avoid social and economic deprivation that comes with unemployment or whether they are motivated by entrepreneurship. A SHARE-based study shows that those who go into self-employment are actually the more motivated wage-employed who also manage to maintain social inclusion.

Read more: *Becoming self-employed at ages 50+: true entrepreneurship or exclusion from (wage-)employment?* by Mauro Mastrogiacomo and Michele Belloni

Identifying high-risk groups

The SHARE data analysed for this book can be used to identify groups that are at particular risk of being affected by social exclusion. Examples addressed in this volume are people with a migration background, caregivers and in particular daughters of people in need for care.

- 1. Migration background:** Despite some country differences the predominant pattern found in Europe is that migrants are significantly more often deprived materially in later life, and to a lesser extent socially, compared to natives. This deprivation risk is more pronounced for people who migrated themselves, compared to those whose parents had migrated. In fact, in terms of social deprivation the latter group does not differ from the native older population and differences in the level of material deprivation can be attributed to differences in basic socio-economic characteristics and citizenship status.
Read more: *Growing old abroad: social and material deprivation among first- and second generation migrants in Europe*, by Christian Hunkler, Thorsten Kneip, Gregor Sand and Morten Schuth
- 2. Informal caregivers:** Caregivers aged 50 and older appear to feel lonelier than people who do not look after a dependent person. This is the case because family responsibilities are considered burdensome. Accordingly, loneliness among caregivers is reduced when care services are available, when a state provides more care services.
Read more: *Loneliness among informal caregivers aged 50+ in Europe*, by Melanie Wagner and Martina Brandt
- 3. Daughters:** Having children, especially daughters, plays an important role in the supply of informal care as children serve as potential informal caregivers. At the same

time, this availability of potential caregivers decreases the probability of purchasing private voluntary long-term care insurance. The burden of care can then have several adverse effects on, e.g., health or professional career of the caregivers, which are most often daughters. This finding calls for policies encouraging the availability and purchase of voluntary long-term care also for the benefit of family members otherwise negatively affected.

Read more: *Long-term care insurance and the family: does the availability of potential caregivers substitute for long-term care insurance?* by Eric Bonsang and Jérôme Schoenmaeckers

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About SHARE:

The Survey of Health, Ageing and Retirement in Europe (SHARE) is a multidisciplinary and cross-national panel database of micro data on health, socio-economic status and social and family networks of more than 110,000 individuals (approximately 220,000 interviews) from 20 European countries and Israel aged 50 or older. The data are available to the entire research community free of charge. SHARE responds to a Communication by the European Commission calling to "examine the possibility of establishing, in co-operation with Member States, a European Longitudinal Ageing Survey". SHARE has become a major pillar of the European Research Area, selected as one of the projects to be implemented in the European Strategy Forum on Research Infrastructures (ESFRI) in 2008 and given a new legal status as the first ever European Research Infrastructure Consortium (SHARE-ERIC) in March 2011. SHARE is centrally coordinated by Prof. Axel Börsch-Supan, Ph.D. at the Munich Center for the Economics of Aging (MEA), Max Planck Institute for Social Law and Social Policy. More information: www.share-eric.eu.