The economic crisis poses serious challenges for Europe’s economic and social future. These new challenges come in addition to the well-known but so far only partially addressed challenges exerted by population ageing. Finding policy responses in this situation – which will remain difficult for quite some time – requires the availability of solid scientific evidence, dealing with the interplay of several interrelated factors such as the financial and social situation as well as physical and mental health.

SHARE – the Survey of Health, Ageing and Retirement in Europe – provides data on these central aspects of life in Europe today. The new publication “Active ageing and solidarity between generations in Europe – First results from SHARE after the economic crisis” delivers insights on the lives of people fifty and over in 16 European countries.

Europe is still divided in many respects

- Many older people have little wealth, especially in Southern and Eastern European countries. These individuals lack the buffer necessary to sustain economic shocks such as those caused by the crisis. Poverty is highest in Eastern Europe and in the Mediterranean countries, correlating strongly with the deterioration of a broad set of measures describing the quality of life.

- Poor health is more common in Eastern European countries. The SHARE data show that institutional differences (e.g. in education, income support and health care provision) have a major impact on health disparities. They must be addressed to increase healthy – and therefore also active – ageing in Europe.

- With government finances under pressure, family and non-family help becomes more important. There are, however, large regional differences in intergenerational and peer solidarity in Europe. People in the North have the diverse social networks, while those in the East and South rely more on the family.
The crisis hit frail older people most

- The effect of the crisis on health and well-being is stronger in regions that experienced a larger economic slowdown. Financial distress especially increased in Southern and Eastern Europe. Individuals with low education, low income, poor health and single females were particularly affected.
- The crisis was associated with a reduced likelihood of retirement: many individuals responded to the economic pressures of the crisis by working longer. In addition, financial assets were liquidated during the crisis when incomes declined.
- The crisis has negative effects on old-age health. This is particularly pronounced in areas with rising unemployment. In addition, unemployed aged 50 and over exhibit a substantially elevated risk of depression.

Family and friends play a crucial role in reducing adverse effects

- The availability of nursing homes and the supply of residential care vary considerably across Europe. The role of the family is crucial, as co-residing with children is a much needed substitute for government and community support in many European countries.
- Older Europeans continue to be ‘givers’ rather than ‘receivers’ of support. Caring for grandchildren increases the likelihood to receive help from adult children later in life. Social relationships, such as with friends, family or having a partner and participation in social activities lead to a reduction of symptoms of depression. Policies that enhance social participation thus may prevent late life depression.
- Active and healthy ageing is associated with larger and more intense social networks and, more generally, social cohesion on the country level.

While the economic crisis affected the lives of older Europeans on many levels and in many dimensions, the design of institutions and social policies play a significant role in alleviating negative impacts. Much can be learned in this respect from international comparisons. Additionally, the role of family and friends is vital. They not only reduce the negative effects of the current crisis, but also create a positive support network in old age which fosters active and healthy ageing.