

Population ageing and inequalities

Strand organiser: Dr. Giorgio Di Gessa (UCL)

1:30 - 3:00 Monday 11 September: Socioeconomic inequalities in later life

Did the socio-economic gradient in depression in later-life improve or worsen during the COVID-19 pandemic? New evidence from England using path analysis

Min Qin, Maria Evandrou, Jane Falkingham, & Athina Vlachantoni - University of Southampton

Background: It is well established that there is a socioeconomic gradient in adult mental health. However, little is known about whether and how this gradient has widened or narrowed during the COVID-19 pandemic. This study aimed to shed light on the modifiable pathways involved in the association between socioeconomic position (SEP) and mental health during the COVID-19 pandemic. Methods: The analysis included 5107 adults aged 50+ living in England via the English Longitudinal Study of Ageing W9 (2018–2019) and COVID-19 study (June 2020). Mental health was measured using a short Centre for Epidemiologic Studies Depression scale. Path analysis with multiple mediator models was used to estimate the direct effect of SEP (using educational qualification and household wealth) on mental health (using depression), along with the indirect effects of SEP via three mediators: COVID-19 infection symptoms, service accessibility and social contact. Results: The prevalence of depression for the same cohort increased from 12.6% pre-pandemic to 19.7% during the first wave of the pandemic. The risk of depression increased amongst older people who experienced COVID-19 infection, difficulties accessing services and less frequent social contact. The total effects of education and wealth on depression were negatively significant. Through mediators, wealth and education were indirectly associated with depression. Wealth also directly affected the outcome. Conclusions: The socioeconomic gradient in depression among older people may have deteriorated during the initial phase of the pandemic and that this could in part be explained by increased financial hardship, difficulties in accessing services and reduced social contact.

Email: mq1e12@soton.ac.uk

Patterns of socioeconomic health inequalities in the population of England

Laurie Rachet-Jacquet, Ann Raymond, Toby Watt – Health Foundation

Research question: How do patterns of illness vary by deprivation and across the life course? Methods: To quantify population ill health and multimorbidity, we use the Cambridge Multimorbidity Score (CMS) – a clinically validated weighted multimorbidity index comprising of 20 major chronic conditions. The score assigns a weight based on how each illness affects patients' use of primary care, emergency health services and their likelihood of death. Data sources: We use primary care patient records from a sample of 1.7 million patients from CPRD Aurum linked with hospital data from HES and ONS mortality data. All results pertain to 2019. Potential applications: Health inequalities are complex and growing, yet firm evidence on their extent and trajectory is few and far between. Quantifying the extent of health inequalities is key to better focus policies designed to address them. Results: There are large inequalities in illness levels between those living in the poorest and richest of areas. In 2019, on average a 60-year-old woman in the poorest areas of England had illness equivalent to that of a 76-year-old woman in the richest areas. Inequalities are concentrated within a few conditions mainly chronic pain, diabetes and COPD. Inequalities in health start at an early age, with higher rates of diagnosed mental health conditions, chronic pain and alcohol problems starting to develop as early as the late teens and early twenties. These health inequalities then continue to grow and change across the life cycle, through working age and into old age.

Email: Ann.Raymond@health.org.uk

Trends in educational inequalities in functional limitations among older adults across high- and middle-income countries

Rachel Wilkie¹, Eun Young Choi², Mateo Farina¹, Jinkook Lee¹, Jennifer Ailshire¹ - ¹University of Southern California, ² New York University

The global population has aged rapidly in recent decades and socioeconomic inequalities in health appear to be widening, with older adults who are most disadvantaged experiencing the poorest health. We evaluate if educational inequality in functional limitations has widened over time among older adults across countries. Data come from five nationally representative surveys of aging, covering 14 high- and middle-income countries, with harmonized measures of functional limitations. We examined cohort changes in average number of functional limitations among adults ages 50 and older between 2004 and 2018 for each country. Ordinary Least Squares regression was used to examine change in educational inequality in functional limitations over time for each country. In most high-income countries, the average number of functional limitations declined between 2004 and 2018. In China and Mexico, the middle-income countries included in our study, the average number of functional limitations increased over time, with largest increases among adults aged 65+. Additionally, educational inequality widened for most countries in our study, but patterns underlying changes in inequality varied across countries. In some countries, educational inequality can be attributed to worsening functioning among the least educated, while in others, it can be attributed to improved functioning among the most educated. Growing educational inequality in functional limitations in both high- and middle-income countries suggests that despite global social and economic improvements in health and mortality, functional health among the most disadvantaged older adults is worsening in many countries and contributing to growing health inequalities globally.

Email: rwilkie@usc.edu

Trends in educational inequalities in depression in contemporary Spain: What happened after the great recession?

Octavio Bramajo – CED Barcelona

Introduction: Disparities in mental and behavioral disorders are becoming increasingly important in population health. Individuals with a lower socioeconomic standing may be more exposed to negative mental health outcomes, but also context level factors, such as times of economic hardship or crises, take a role on it. However, the role of economic improvements in mental health disparities after the times of economic crisis is not clear. Objective: This study analyzed changes in disparities of depression prevalence among adults by educational attainment in Spain between 2006 and 2017. Data & Methods: We analyzed the 2009 and 2014 wave of the European Health Survey for Spain (EESA) and the 2006, 2011 and 2017 waves of the National Spanish Health Survey (ENSE). Group-based (dissimilarity index) and individual inequality measures (multilevel logistic models focusing on individuals aged 30 and above, controlling by other socioeconomic factors) were performed to see if the economic improvements in the second half of the decade reduced educational inequalities in depression or not. Results: Between 2006 and 2017 in Spain the gap in depression between lower educated individuals and higher educated individuals, in average, increased more than 50% for males and females, driven in majority by an increase in prevalence of the low educated group. Also, the dissimilarity index by educational attainment increased. Discussion: The aftermath of the 2008 crisis still presents lingering inequalities in the mental health of the Spanish population based on their social standing. Takeaway: improvements in overall economic standing may not imply improvements in mental health.

Email: onbramajo@ced.uab.es

4:45 - 6:15 Monday 11 September: Informal care, social participation and volunteering

COVID-19 and informal care: A quantitative analysis of the provision of informal care by adult children in the UK before and during the pandemic

Edward Pomeroy and Francesca Fiori - University of St Andrews

Informal caregivers – those who provide unpaid help to individuals who need support for a range of reasons, such as disability or old age – play a vital role in delivering health and social care to those in need. During the COVID-19 pandemic the demand for informal care increased considerably as formal care services became less accessible. The elderly population was particularly vulnerable and required further care and support, meaning that many adult children may have assumed a caregiving role to their parents. Despite their crucial role in supporting those in need, informal carers are often unrecognised and undervalued. Few studies have explored the effect of the pandemic on caregiving performed by adult children. Therefore, this study exploits data from the UKHLS Understanding Society (main and COVID-19 waves) and applies multinomial logistic regression models to investigate how adult children's role in the provision of informal care changed compared to pre-pandemic times in the UK. The results reveal that the provision of informal care changed in the context of the pandemic and disproportionately impacted certain individuals. Older adults, women, and those from more socio-economically disadvantaged backgrounds were among those who had the highest probability of providing more informal care to their elderly parents. This study highlights that policy should seek to recognise, value, and appropriately support the crucial role of informal carers by focusing on those most likely to take on the caregiving burden in times of need, especially as the UK moves towards an increasingly ageing population.

Email: ejp26@st-andrews.ac.uk

Self-perceived attachment to volunteering in the second half of life. Evidence from longitudinal analyses of the German Ageing Survey (2008-2017)

Frank Micheel - Federal Institute for Population Research (BIB), Germany

Background Volunteering in later life has substantial benefits for the individual (e.g. subjective well-being) and for society (e.g. social coherence). In this presentation, the measurement of "volunteering" is extended by the intention to volunteer and studied in a longitudinal perspective. Data/Methods Data are drawn from four waves of the German Ageing Survey (2008, 2011, 2014, 2017) with 2,382 men and women born 1923-1969. The dependent variable is self-perceived attachment to volunteering represented by a combination of actual and intentional involvement in volunteering. Linear hybrid and fixed-effects models examine changes in health, network size, church attendance, employment status, partnership and caring activities. Between effects are explored by the following time-invariant indicators: gender, migration background, education and birth cohorts. Results Changes in health, network size and church attendance have emerged as positive, significant between- and within-subject effects. Overall, between-effects are larger than within-effects. Further between-effects are identified by gender, education, migration background and partially by birth cohorts. Discussion In view of the findings, a broader perspective on the phenomenon "volunteering" seems appropriate. Health, network size and church attendance can be considered as causal influences on self-perceived attachment to volunteering in the second half of life. Significant results of the contextual variables imply selection processes into volunteering before baseline.

Email: frank.micheel@bib.bund.de

Social participation and health-related quality of life among migrant older adults in China: The mediating role of self-efficacy

Dr. Yazhen Yang - Xiamen University & University of Southampton

Background and Objectives: The demographic shift towards an ageing population in conjunction with family-based migration has resulted in a steady increase in the number of migrant older adults in China. Social participation plays a vital role for enhancing the migrant seniors' quality of life, but its impact mechanism remains unclear. Thus, this present study examines the relationship between social participation and quality of life among migrant older adults, specifically exploring the mediating role of self-efficacy. Research Design and

Methods: This study uses longitudinal data from the China Health and Retirement Study (CHARLS 2015, 2018; N=1,349) with lagged regression and instrumental variable methods. Migrant participants who aged 60 or over and had valid data in both 2015 and 2018 are included in the final analysis. The average level of social participation in the community and the number of grandchildren under 16 years old in the family are selected as instrumental variables. Results: Social participation generally improves the older migrants' quality of life; however, the effect varies depending on the type of social participation. Specifically, simple socialising, intellectual activities, and group activities are beneficial for older migrants' quality of life, while family participation is detrimental. Moreover, the underlying mechanism of the relationship between social participation and quality of life among older migrants is mainly mediated by self-efficacy, which significantly mitigates some of the adverse effects of social participation. Discussion and Implication: The findings emphasised the enduring importance of social participation for migrant older adults. Importantly, interventions focusing on the improvement of self-efficacy have long-term benefits for quality of life.

Email: yazhenyang@xmu.edu.cn

Close but far away: Intergenerational relationships between retirement migrants and adult children Juil Spaan, Matthijs Kalmijn, Kène Henkens - NIDI

Most international retirement migrants move away from their adult children in a life stage that is often characterized by more exchanges of support between parents and children. Prior studies have described retirement migrants' transnational kinship practices, but little is known about how intergenerational family ties of retirement migrants compare to older adults who stay in proximity of their children. Moreover, retirement migrants are highly heterogeneous in terms of backgrounds and destination countries, raising questions about who maintains close family ties and who does not. We collected data from a representative sample of Dutch nationals aged 66-90 who were born in the Netherlands and migrated after age fifty. First, we compare parent – adult child relationships of migrants to non-migrants. Second, focusing on retirement migrants with adult children in the country of origin, we examine how contact opportunities, contact needs, family structures, and destination attractiveness explain differences in parent – adult child relationships. Using ordered logistic regression models, we examine the outcome variables of: (1) visits from children in the destination, (2) visits to children in the Netherlands, (3) frequency of digital contact, and (4) closeness. Our results show that people who live at a greater geographical distance have weaker family ties. Primarily family factors explain variations in parent – adult child relationships, but these are strongly gendered. Compared to partnered and single males, repartnered males had the weakest relationships with their children. For females, singles had the weakest relationships. This study provides important insights into transnational family ties and gendered kinship practices.

Email: spaan@nidi.nl

1:00 - 2:30 Tuesday 12 September: Relationships and Loneliness in later life

Loneliness as a mechanism linking social isolation with cognitive impairment in the US, 2006-2018

**Jo Mhairi Hale¹ Angelo Lorenti², Shubhankar Sharma¹, Univ St Andrews Solveig Argeseanu³, Mikko Myrskylä² -
¹University of St Andrews, ²Max Planck Institute for Demographic Research, ³Emory University**

Evidence suggests the detrimental health impacts of social isolation and loneliness may be equivalent to the negative effects of obesity (Holt-Lunstad, 2018). Alzheimer's disease is one of the leading causes of death posited to be related to isolation and loneliness (Lim et al., 2020; Zheng, 2020). This is the first study, to our knowledge, to use causal inference modeling to explore how social isolation operates through loneliness to affect trajectories of later-life cognitive decline. We then explore more deeply the extent to which household composition, as a specific and important indicator of social isolation, affects cognitive impairment through loneliness. Using the g-formula with the high-quality US Health and Retirement Study (2006-2018) provides this opportunity. We find a consistent pattern of social isolation's detrimental effect on cognitive function. While part of this effect operates through social isolation's effect on loneliness, isolation has an independent direct causal effect as well.

Email: Jo.Hale@st-andrews.ac.uk

Patterns of loneliness in later life – evidence from a 10-year English panel study

Giorgio Di Gessa – UCL, Valeria Bordone - University of Vienna, Bruno Arpino - University of Florence

Although the prevalence of loneliness is particularly high among older people, and projected to rise, most studies on risk factors for loneliness are cross-sectional and do not examine longitudinal patterns of loneliness. This paper addresses these knowledge gaps using data from 4740 respondents of the English Longitudinal Study of Ageing who responded to six waves of the study (collected between 2008/09 and 2018/19). Using group-based trajectory models, we identify distinctive trajectories of loneliness over time and profile the demographic, economic, health, and social characteristics of individuals within each trajectory. Results show that 70% of respondents did not experience loneliness; 9% were lonely throughout the decade under study; 8% increased their loneliness over time; whereas 13% reported lower loneliness. Overall, not being married/partnered; having experienced partner/parent loss; having limited social network and low level of social activity; and reporting poor self-perceived health and depression were associated with increasing as well as chronic loneliness. Given that loneliness can lead to chronic conditions, unhealthy behaviours, and even increased mortality, interventions to reduce loneliness should focus on those factors that are easier to assess and change in older adults.

Email: g.di-gessa@ucl.ac.uk

The relationship between parental health and adult children's residential proximity: Findings from SHARE **Sanny Boy D. Afable^{1,2}, Yana Catherine Vierboom¹, Julia Mikolai², Mikko Myrskylä¹, Hill Kulu² - ¹Max Planck Institute for Demographic Research, ²University of St Andrews**

Parents' ageing often coincides with changes in their residential arrangement with their adult children. On the one hand, children who have left the custody of their parents may still need parental support as they face adulthood and navigate parenthood. On the other hand, even in areas with strong social welfare systems like Europe, a parent's poor health may serve as an impetus for living with or close to parents. Despite a growing literature on intergenerational proximity and solidarity, there is a need to clarify the extent to which parental health influences the distance between parents and their children. How, if at all, do changes in parental health influence children and parents to move closer to one another? This paper seeks to answer this question by using data from the Survey of Health, Ageing, Retirement in Europe (SHARE), a cross-national panel survey of older adults aged 50+ from more than 20 countries in Europe. Using all seven regular SHARE waves from 2004-2020, we first describe demographic and regional variations in residential proximity. Second, we use event history analysis to examine the relationship between parental health—including subjective and objective health measures and sudden medical events—and children's proximity. Preliminary results suggest that close proximity is driven by children's support needs, rather than parental health. The effect of parental health on mobility decisions may not be as strong as previously thought.

Email: afable@demogr.mpg.de

Who become lonelier during the COVID-19 pandemic? Evidence from the English Longitudinal Study of Ageing **Mengxing Joshi - University of St Andrews**

Loneliness is a social condition that exacts a significant toll on both mental and physical health, particularly among the older population. Loneliness issue has been highlighted given the social restrictions during the COVID-19 pandemic. Disease control measures such as social distancing and lockdowns disproportionately affected older adults. This research aims to quantify longitudinal changes in loneliness of older adults in England during the pandemic compared with a pre-pandemic baseline, identify the risk factors contributing to this and how different subgroups of older adults (e.g. women & men, young-old & old-old, ethnic minority & White British) experience these changes and risk factors differently. This research will analyse data from the English Longitudinal Study of Ageing Wave-9 and COVID-19 sub-studies. Loneliness, measured by 3-item UCLA Loneliness Scale, in June/July 2020 will be compared with baseline data from 2-3 years prior. Regression models will be applied to investigate a number of variables, with a highlight on pandemic factors (e.g. COVID symptoms, self-isolating, bereavement, worsening financial situation, change of care) that could explain variance in change in loneliness. The differences in resources (e.g. living with others, virtual social contacts, use of internet) of older adults to counteract pandemic factors of loneliness will also be explored. The findings of this research can inform future risk stratification and intervention strategies, particularly in the event of the need for future pandemics.

Email: mm525@st-andrews.ac.uk

2:45 - 4:15 Tuesday 12 September: Health in later life

Subjective well-being and heterogeneity in cultural consumption in the ageing populations

Maria Carella - Roberta Misuraca Università degli Studi di Bari "Aldo Moro", Bari

The discussion on the different roles that social and cultural well-being play on individual wellbeing has only recently become the central focus of the investigation of several social sciences. From an empirical point of view, most studies have focused on samples representing the overall population, ignoring wider phenomena, such as the interactions between greater engagement in artistic and cultural activities and the overall well-being related to specific domains of life satisfaction of elderly population. The overwhelming majority of such studies tend to consider the impact of a single cultural activity. Through an innovative approach, the present aims to provide a comprehensive framework of the interactions between the engagement in arts and cultural activities by aging populations and their subjective well-being. Using data from the 2018 ISTAT's Multiscope Household Surveys "Aspects of daily life", we intend to identify the different cultural and social profiles, adopting Latent Class Analysis (LCA); we will apply ordinal logistic regressions to investigate whether the heterogeneity of the different combinations of engagement in artistic and cultural activities, carried out by the elderly, can be associated to an improvement in life satisfaction and other relevant domains, including health, leisure and friendship satisfaction. Our findings show a positive relationship between cultural participation and the overall individual well-being of the elderly with differences among the most relevant aspects of individual satisfaction. A more interesting pattern emerges when analyzing the heterogeneity of the engagement in cultural participation. Lastly, we intend to verify how some characteristics of Italian regions can shape the participation of the elderly in cultural life in line with the local supply.

Email: roberta.misuraca@uniba.it

Birth cohort differences in multimorbidity progression in South Korea

Anastasia Lam^{1,2}, Katherine Keenan², Mikko Myrskylä^{1,3}, Hill Kulu² ¹Max Planck Institute for Demographic Research ²University of St Andrews ³University of Helsinki

South Korea is currently regarded as one of the most highly educated and technologically advanced countries in the world and is rapidly ageing. The older population grew up largely in poverty and endured years of oppression under Japanese colonisation from 1910-1945, followed by the Korean War from 1950-1953. Existing studies have shown that in-utero and early life exposure to war or other major shocks have negative effects on later life health and mortality. We need to understand the effects specifically for multimorbidity, because it is a growing concern amongst ageing populations and requires more complex care and leads to more complications than single diseases. This study investigates whether there are differences in multimorbidity progression across the following South Korean birth cohorts: Japanese colonisation (born 1908-1944), Korean liberation (1945-1949), Korean War (1950-1953), and Post-war (1954-1961). Data are from eight waves of the Korean Longitudinal Study of Ageing (KLoSA), which were collected biannually from 2004-2020. The study sample includes 10,015 participants aged 45-84 years. The following nine self-reported chronic diseases are included in our disease count outcome: arthritis, cancer, chronic lung disease, diabetes, heart disease, hypertension, liver disease, psychiatric problems, and stroke. Preliminary analysis using Poisson mixed effects models show that after adjusting for categorical age and gender, compared to the most recent cohort (Post-war: 1954-1961), all three older cohorts had 25%-38% higher disease count. Future analyses will explore additional exposure variables, subgroups, and expand the preliminary work by using growth curve and age-period-cohort models.

Email: lam@demogr.mpg.de

Generational trends in disability and chronic non-communicable disease: Evidence from aligned analyses of harmonised data from the US and Europe

Laura Gimeno¹, Alice Goisis¹, Jennifer B. Dowd², George B. Ploubidis¹ - ¹UCL, ²University of Oxford

As populations age, it is important to explore whether generations born more recently are living longer without disability or disease. Understanding whether this is the case across high-income countries can be challenging, since research often focuses on individual countries or a narrow range of outcomes. We explored generational trends in the age-adjusted prevalence of a range of outcomes (measures of disability, self-reported doctor-diagnosed

chronic health conditions, and observer-measured markers of health like grip strength), which reflect different aspects of population health. We drew on harmonised data from the Gateway for Global Aging Data for three sister longitudinal studies of ageing representative of adults aged 50+ from the United States (HRS), England (ELSA) and continental Europe (SHARE). We used data collected in biannual surveys between 2004 and 2018 in a pseudo-cohort design, where respondents were assigned to cohorts according to their year of birth. Using modified Poisson regression, we explored differences between cohorts in the prevalence of each outcome adjusting for age. We also explored whether trends differed for men and women, and for those with or without a university degree. We used meta-analysis to explore generational trends pooled across countries. Preliminary results suggest that more recently born generations had higher prevalence of doctor-diagnosed health conditions adjusting for age, and that this pattern was relatively similar across regions despite international variations in outcome prevalence. Indicators for disability exhibit more variability across regions and outcomes but tend to indicate a lack of significant improvement across generations.

Household transitions and mortality among older people in Scotland and England & Wales

Wei Xun - University of Essex, Rachel Stuchbury – LSE, Emily Grundy - University of Essex

Background: Options for older people with health-related needs for assistance which preclude independent living include moving to live with relatives or moving to residential long-term care settings. In this paper we use data from the Scottish Longitudinal Study (SLS) – a nationally representative, census-derived dataset consisting of ~5% of the Scottish census population with linkages to mortality data to investigate factors associated with transitions from private to communal households, and from living ‘independently’ to living with relatives between the 2001 and 2011 censuses. We analyse the subsequent mortality of these groups as a means of assessing their relative health status and also compare results with comparable analyses undertaken using the ONS Longitudinal Study for England & Wales. This is of particular interest because of differences between Scotland and England & Wales in the availability and cost of personal and nursing care which has been free in Scotland, but not England & Wales, since 1992. Analyses of mortality events after the 2011 census have been performed, the results will follow shortly pending disclosure clearance.

Email: wei.xun@essex.ac.uk

9:00 - 11:00 Wednesday 13 September: Employment and Financial Well-being in later life

DWP's policy responses to an ageing population

Imogen Butcher, Sam Mold - DWP

Almost everyone will interact with Department for Work and Pensions (DWP) at some point in their lives, and the changing demographic landscape means that how the benefit system is set up needs to change with it. In this talk, we will discuss how the ageing population has led to a number of policy changes in response to the demographic challenges we face.

Email: imogen.butcher@dwp.gov.uk

Life course antecedents of change and stability in economic activity from age 55 to 63 in the 1958 British birth cohort

Vanessa Moulton, Matt Brown, Alissa Goodman, George B Ploubidis - CLS, SRI University College London

In the UK, despite increases in the Statutory Pension Age (SPA) a large proportion of 55-65 year olds have left the labour market recently. We used data from the 1958 British birth cohort (n = 17,000) who in 2024 will reach SPA (age 66). We examined economic stability and change over time in men and women from age 55 to 62 and age 62 to 63, to investigate the influence of early and in mid-life factors on changes in economic activity by age 62/63. At age 55 (2013) 86.4% of men and 74.5% of women were economically active, by age 62 (2020) 60.3% of men and 44.4% of women were still active, while 25.0% of men and 28.1% of women were now inactive (most retired). From age 62 to 63 (2021) a further 7.7% of men and 6.2% of women became economically inactive. From 55 to 62, becoming economically inactive was related to home ownership, having a retired partner, and less than two children in the household. For men having an employer's pension and long-term illness, while for women higher household income, and having no partner was also important. From age 62 to 63, having a

retired partner and owning a home outright at age 62 increased likelihood of economic inactivity, while for men long-term illness and having an employers' pension were influential. This study shows that both socioeconomic and health inequalities over the life course were important drivers of becoming economically inactive in the youngest old in Britain.

Email: Vanessa.moulton@ucl.ac.uk

Poverty in retirement: A study by genders and cohorts across Europe

Roberta Adami Glasgow Caledonian University

In the last decade, a great deal of public resources and attention has been directed to poverty amongst the working age population, while pensioners seemed more protected thanks to the social security systems in place. However, the progress made in protecting retirees has not been uniform across the EU, significant differences between and within societies remain, and the widening gender and age gaps are particular concerning (Pension Adequacy Report, 2021). This study addresses the question of how widespread poverty is amongst retirees in different European countries and sets out to explain the gender and cohort gaps in financial wellbeing using evidence on pension systems as well as on employment patterns and security. It uses the EU Statistics on Income and Living Conditions (EU-SILC) and OECD data between 2010 and 2021. The preliminary results provide evidence of increasing risk of poverty amongst women and older retirees, albeit to very different extents. The inequality and poverty trends are more evident in systems with no or little redistributive components, very low, flat state pensions, and with greater levels of financialization. The retrenchment from welfare states, often promoted as individual empowerment and new freedoms in planning own retirement, penalise women whose interrupted work histories, spells of unemployment or part-time work lead to lower and fewer pension contributions. There is also strong evidence that in many countries retirement income significantly declines for older cohorts, where women are often over-represented, with higher levels of poverty at the time when the costs of care increase.

Email: roberta.adami@gcu.ac.uk

Precarity in later life: Who is at risk?

Alan Marshall, Chima Eke, Bruce Guthrie, Carys Pugh, Sohan Seth – University of Edinburgh

Precarity relates to instability across areas of life including employment, income, housing, care and relationships. This paper provides an empirical contribution to emerging research on later-life precarity. Using the English Longitudinal Study of Ageing (2002-19) for over-50s, latent class analysis identifies 10 income trajectory clusters and on the basis of comparable income levels from statutory retirement age, we condense these clusters to four income trajectory groups of 'Luxury' (typically at or above £500 per week in retirement; 14%), 'Comfortable' (typically £300-£500 per week in retirement; 28%), 'Boom-to-Bust' (increasing income to around £600 per week at age 70, falling to £200 over age 80; 4%) and a precarious group of 'Always Poor' (typically less than £300 per week in retirement; 54%) noting broadly shared results on correlates of cluster memberships within groups. Multinomial logistic regression evaluates whether other markers of later-life precarity, life-course social position and sex are associated with membership of income trajectory groups. Experiences of precarity and lower life-course socio-economic position are independently associated with greater relative risks of being 'Always Poor' and lower relative risks of being in the 'Luxury' group, compared to the 'Comfortable' group. For example, those who always rent a house are 3 times ($p < 0.001$) more likely to be 'Always Poor' and 0.28 times ($p < 0.001$) less likely to be in the 'Luxury' than 'Comfortable' group. Women are at more risk of being 'Always Poor' ($RRR = 1.34$, $p < 0.001$) in an unadjusted model, but the association attenuates and is not significant after controlling for pensions and partnership dissolution.

Email: alan.marshall@ed.ac.uk

Who continues working? Gender, skill level, occupation and age at retirement in Europe

Shireen Kanji - Brunel University London, Robin Samuel - University of Luxembourg

Research shows that age at exit from a main job varies considerably, particularly by education level and gender. In this article we focus on the intersections between low skill and gender in relation to main job exit. Those with higher educational attainment can work longer, because of the nature of their jobs, and they do in fact work longer. On the other hand, those with lower levels of educational attainment often retire at younger ages as a result of push factors such as ill-health, a major reason for work exit across all workers. Exit for low-skilled

workers exacerbates an already weak financial position which is the result of cumulative disadvantage over the life course. In this article we run discrete-time event history models on data from waves 1-8 of the Survey of Health, Ageing and Retirement (SHARE) in Europe to investigate how gender, skill level and occupation, and their intersections, influence the age of first exit from paid work. Our interest in the intersection of skill level and gender is driven by the very different life course experiences of paid and unpaid work of men and women. The considerable variation in women's labour market participation across the countries included in SHARE has the potential to shed light on the role of structural factors in determining variation in intersectional outcomes.

Email: shireen.kanji@brunel.ac.uk