

## SHARE-based research – a journey through the past 10 years

(March 2021) **SHARE has been an ERIC now for 10 years!** We celebrate this anniversary by giving you an overview about the research that has happened during this period. More than 3000 SHARE based publications have been registered so far. They cover a broad range of research topics in the three domains of SHARE. On **health**: international comparisons of objective and subjective health, well-being of people over their whole life-course, access to health care, and receiving and providing care. On our **social fabric**: education, gender equality, living situations and environment, social deprivation, and access to and effects of an increasingly digitized world for European citizens aged 50 and older. On the **economic situation**: work and retirement, income and wealth situation of people, effects of economic reforms, and the successes and failures of poverty alleviation.

If you wish to see more detailed insights into SHARE's scientific achievements or search for a special topic, please have a look at the [extensive publications section](#) with all registered publications on our website, check out [SHARE's First Results Books](#) or read our [short summaries](#) based on SHARE data.

**Please join our journey through SHARE's research over time and explore selected remarkable scientific results from the past 10 years ago until today.**

### 2011

#### Volunteering – a productive ageing activity for many Europeans

On average, 10 percent of the population aged 50 or older engaged in volunteer activities during the month preceding a SHARE interview. The highest rates of volunteering are observed in Denmark, Sweden, and the Netherlands. Volunteering depends on individual resources, such as education or health. However, volunteering has also been shown to be an important resource for healthy ageing (and vice versa).

Erlinghagen, M. & Hank, K. (2006). The participation of older Europeans in volunteer work. *Ageing and Society*, 26: 567-584.  
Hank, K. & Erlinghagen, M. (2010). Dynamics of volunteering in older Europeans. *The Gerontologist* 50(2): 170-178.  
Siegrist, J. & Wahrendorf, M. (2009). Participation in socially productive activities and quality of life in early old age: Findings from SHARE. *Journal of European Social Policy*, 19(4): 317-326.  
Sirven, N. & Debrand, T. (2008). Social participation and healthy ageing: An international comparison using SHARE data. *Social Science & Medicine*, 67(12): 2017-2026.

#### Intergenerational support – differences in financial and instrumental help

Financial transfers are predominantly given from parents to their children. On average, 25 percent of all parents aged 50 or older provided their children with a transfer of 250 € or more over the 12 months period preceding a SHARE baseline interview. The highest proportions of giving parents were found in the Scandinavian countries, while the respective shares in the Mediterranean countries are below the Continental European average.

The picture is more balanced if instrumental help is considered, like personal care, getting dressed, eating, household chores, or paperwork. In the Scandinavian countries as well as in the Netherlands and Switzerland, researchers found equally high proportions of parents providing support to and receiving help from their children. In other countries, though, significantly more parents receive than provide this kind of instrumental help.

Albertini, M., Kohli, M., & Vogel, C. (2007). Intergenerational transfers of time and money in European families: Common patterns – different regimes? *Journal of European Social Policy*, 17(4): 319-334.  
 Brandt, M., Haberkern, K., & Szydlik, M. (2009). Intergenerational help and care in Europe. *European Sociological Review*, 25(5): 585-601.  
 Hank, K. & Buber, I. (2009). Grandparents caring for their grandchildren: Findings from the 2004 Survey of Health, Ageing and Retirement in Europe. *Journal of Family Issues*, 30(1): 53-73.  
 Leopold, T. & Raab, M. (2011). Short-Term reciprocity in late parent-child relationships. *Journal of Marriage and Family*, 73(1): 105-119.

### **Historical legacies of oppression and persecution**

In the Czech Republic, Poland, Germany, France, and Belgium more than 5 percent of SHARE respondents have been persecuted or dispossessed of their property. In the Czech Republic more than 10 percent of the current 50+ population have been directly affected by persecution. The fraction of persecuted individuals grows with age: among respondents who are older than 80 years, 18 percent were persecuted in the Czech Republic, 14 percent in Poland and 11 percent in Germany. Among those who prior to 1990 lived in former East Germany, more than 37 percent of respondents older than 80 years were dispossessed compared to only 18 percent in the former West Germany.

SHARELIFE shows that individuals who were subject to persecution at work identify its substantial negative effects on the quality of their work.

Boháček, R. & M. Myck. (2011). Persecution in Central Europe and its consequences on the lives of SHARE respondents. In: A. Börsch-Supan et al. (Eds.). *The Individual and the Welfare State. Life Histories in Europe*, Heidelberg: Springer, p.271-285.

## **2012**

### **Differences in the uptake of disability benefits**

Disability insurances are a substantial tool for modern welfare states to protect their citizens from poverty when they lose their ability to work. Usually, employees are provided with compensation payments and, where applicable, reintegration measures in cases where they have developed functional impairments that limit their ability to work. However, these kinds of insurances face a trade-off since they may create incentives to exit the labour force early and may act as another pathway to early retirement without the incidence of a major health loss. SHARE data allow for examining the effectiveness of disability insurances by making use of cross-national and within-country comparisons.

Börsch-Supan, Axel; Jürges, Hendrik (2012). Disability, pension reform and early retirement in Germany. In: Wise, David A. (ed.), *Social security programs and retirement around the world: historical trends in mortality and health, employment, and disability insurance participation and reforms*, Chicago: The University of Chicago Press, 277-300.

## **2013**

### **Long-term effects of recessions and financial hardship episodes on individuals' health**

Examining the impact of financial hardships on the macro level, scientific research could find health consequences on the micro level. Thus, as a higher risk of unemployment or loss of work and income may lead to increased levels of stress or the adoption of unhealthy lifestyles.

Bucher-Koenen, Tabea; Mazzonna, Fabrizio (2013). The recent economic crisis and old-age health in Europe. In: A. Börsch-Supan, M. Brandt, H. Litwin & G. Weber (eds.), *Active ageing and solidarity between generations in Europe* (233-242), Berlin/Boston: de Gruyter.

### **Division of support between state and family**

Intergenerational support is more often perceived as obligatory in Continental and Mediterranean countries, whereas in Northern Europe family members mostly provide voluntary and less time-consuming help. Thus, well-developed welfare states do not “crowd out” familial support (e.g. caring for older parents or grandchildren) but rather foster specialisation: As professionals provide the more challenging, intensive care of older people for instance, families can step in for less demanding, spontaneous help.

Brandt, Martina (2013). Intergenerational help and public assistance in Europe. A case of specialization? *European Societies* 15(1). 26-56. DOI: 10.1080/14616696.2012.726733  
 Brandt, Martina; Deindl, Christian (2013). Intergenerational transfers to adult children in Europe: do social policies matter? *Journal of Marriage and Family* 75(1): 235-251.  
 Brandt, Martina; Haberkern, Klaus; Szydlik, Marc (2009). Intergenerational help and care in Europe. *European Sociological Review*, 25(5): 585-601.

## 2014

### **The traces of war**

Scientists examined with SHARE data the late effects of the Second World War in 12 countries. So far, the aftereffects of food shortage, persecution and personal loss are noticeable even 70 years after the end of the war: People who witnessed the war in their childhood, have a higher risk to suffer from diabetes (three percent higher) or depression (six percent higher). Moreover, these people needed more time for their education, married less often and are at large less happy with their life. The traces of war thus have an effect on health and well-being until now. Research shows, that the consequences of war reach far beyond short-term effects.

Kesternich, Iris; Siflinger, Bettina; Smith, James; Winter, Joachim (2014): The effects of World War II on economic and health outcomes across Europe. *Review of Economics and Statistics*, 96, 103-118. DOI: 10.1162/REST\_a\_00353

## 2015

### **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 spending in these areas show significantly lower levels of material and social deprivation.

Najsztab, M., A. Bonfatti and D. Duda. (2015). Material and social deprivation in the macroeconomic context. In: Börsch-Supan, A. and T. Kneip et al. *Ageing in Europe - supporting policies for an inclusive society*, 79-90. Berlin: De Gruyter.

### **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.

LaFerrère, A. and K. van den Bosch. (2015). Unmet need for long-term care and social exclusion. In: Börsch-Supan, A. and T. Kneip et al. *Ageing in Europe - supporting policies for an inclusive society*, 331-341. Berlin: De Gruyter.

### **Training pays off**

Training of older workers is worthwhile both for employers and employees. As 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 is thus an effective mean to lower the risk of old age poverty and social exclusion.

Belloni, M., A. Brugiavini, E. Meschi and G. Pasini. (2015). Does training help retaining older workers into employment? Evidence from the SHARE survey. In: Börsch-Supan, A. and T. Kneip et al. *Ageing in Europe - supporting policies for an inclusive society*, 257-266. Berlin: De Gruyter.

### **Migration background – higher risk of being affected by social exclusion**

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.

Hunkler, C., T. Kneip, G. Sand and M. Schuth. (2015). Growing old abroad: social and material deprivation among first- and second-generation migrants in Europe. In: Börsch-Supan, A. and T. Kneip et al. *Ageing in Europe - supporting policies for an inclusive society*, 199-208. Berlin: De Gruyter.

### **Informal caregivers – higher risk of being affected by social exclusion**

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.

Wagner, M. and M. Brandt. (2015). Loneliness among informal caregivers aged 50+ in Europe. In: Börsch-Supan, A. and T. Kneip et al. Ageing in Europe - supporting policies for an inclusive society, 179-188. Berlin: De Gruyter.

## **2016**

### **To prevent chronic diseases, little exercise is better than none**

Research shows that even little physical activity can already be helpful to prevent chronic diseases. The study found that with physical activity once a week individuals can already reduce their risk of diabetes, heart diseases and cerebrovascular diseases.

de Souto Barreto, Philippe; Cesari, Matteo; Andrieu, Sandrine; Vellas, Bruno; Rolland, Yves (2016): Physical Activity and Incident Chronic Disease: a Longitudinal Observational Study in 16 European Countries. *American Journal of Preventive Medicine* 52(3): 373-378. DOI: 10.1016/j.amepre.2016.08.028.

### **Growing old in a foreign country**

SHARE data show a significant subjective well-being gap between migrants and non-migrants: Compared to natives, older migrants have significant lower levels of subjective well-being. At the individual level, these differences decrease with age. Relevant factors for reducing this immigrant-native gap are acquisition of citizenship of the country of residence as well as a secure financial situation. Using the Migrant Integration Policy Index (MIPEX), the researchers point out that the divergence between countries is associated with their family reunion policies. In countries with restrictive policies, there is a larger negative immigrant-native gap than in countries with open policies.

Sand, Gregor; Gruber, Stefan (2016). Differences in subjective well-being between older migrants and natives in Europe. *Journal of Immigrant and Minority Health* 20(1): 83-90.

## **2017**

### **Which effects do bad living conditions during childhood have for health in old age?**

SHARE participants, who reported health problems during their childhood, rated their health more often as “poor” at the time of the interviews. However, researchers also found out that education can improve the quality of life of respondents, mitigating the negative effects of a socially and economically disadvantaged childhood.

Pakpahan, Eduwin; Hoffmann, Rasmus; Kröger, Hannes (2017): The long arm of childhood circumstances on health in old age: evidence from SHARELIFE. *Advances in Life Course Research* 31: 277-282. DOI: 10.1016/j.alcr.2016.10.003.

### **Who are the people who work until old age?**

Of SHARE participants in retirement age, i.e. respondents aged 65 to 80, 4.3 percent reported that they still work. This group includes slightly more men than women. Furthermore, these persons had higher levels of education and were wealthier than those who were retired. Respondents between the age 65 and 80 are more likely to be an employer and/or to be self-employed and to work as a manager or professional. Self-employed workers are less likely to have a generous pension, which might force them to work longer than others. High-skilled workers, on the other hand, may continue working because they enjoy it, although their pension is most likely sufficient to retire.

Wahrendorf, Morten; Akinwale, Bola; Landy, Rebecca; Matthews, Katey; Blane, David (2017): Who in Europe Works beyond the State Pension Age and under which Conditions? Results from SHARE. *Journal of Population Ageing* 10(3): 269-285. DOI: 10.1007/s12062-016-9160-4.

### **Social contacts are good for health**

The more social contacts people have, the healthier they feel. People, who socialize a lot outside their “inner circle” feel healthier on average. Thus, cultivating social contacts outside of one’s close circle of acquaintances can be considered beneficial for ageing in good health

Arezzo, Maria Felice; Giudici, Cristina (2017): Social Capital and Self Perceived Health Among European Older Adults. *Social Indicators Research* 130(2): 665-685. DOI: 10.1007/s11205-015-1195-z.

### **Macroeconomic shocks affect subjective health**

The more macroeconomic crises individuals experience during their lifetime, the less likely they will be to report good health in old age. The moment when the crisis hits also influences this effect. Going through economic crises when entering the workforce or experiencing such crises at a later stage in one's career (between 41 and 50 years of age) is critical, while other stages have less impact.

Antonova, Liudmila; Bucher-Koenen, Tabea; Mazzonna, Fabrizio (2017). Long-term health consequences of recessions during working years. *Social Science & Medicine*, 187, 134-143.

### **Institutionalized assistance attenuates burden of informal caregiving**

Researchers found that costs and burden experienced by informal caregivers may differ by national and institutional context. Taking into account three measures of subjective well-being (life satisfaction, loneliness, and depression) in 138 European regions, caregivers' well-being is linked to the regional availability of formal care. Thus, in countries where the state provides better help for informal caregivers, the differences in well-being between caregivers and non-caregivers are smaller than in countries with less formal care options. The feeling to have more control over the care situation and thus, the own life, is very important for the well-being of the caregivers. "When people are forced to become caregivers, it will come at the expense of their well-being and possibly also at the expense of the quality of care", the researchers emphasize.

Wagner, Melanie; Brandt, Martina (2017): Long-term Care Provision and the Well-Being of Spousal Caregivers: An Analysis of 138 European Regions. *Journals of Gerontology: Social Sciences* 73(4): e24-e34. DOI: 10.1093/geronb/gbx133.

## **2018**

### **The importance of education for later life health – International comparisons**

Based on data from SHARE as well as other ageing surveys worldwide like HRS in the US, LASI in India and MHAS in Mexico, researchers find evidence for significant long-term effects of educational inequalities in young age on inequalities in old age cognitive functioning. The promotion of equal opportunities for children coming from all socioeconomic backgrounds thus remains a major challenge for Europe and societies worldwide.

Olivera, Javier; Andreoli, Francesco; Leist, Anja K.; Chauvel, Louis (2018). Inequality in old age cognition across the world. *Economics and Human Biology* 29, 179-188.

### **Health benefits of grandparenting**

The influence of having grandchildren on health and life quality is influenced by various external factors. Grandparental childcare, for instance, is found to be generally associated with a higher subjective well-being. However, the authors detect cross-country variations in the effects of grandparenthood: in countries where older persons are expected to provide grandchild care, those who do not take on that role are more likely to experience lower levels of life satisfaction. Social norms of grandchild care can in turn be shaped by the institutional support welfare systems provide.

Arpino, Bruno; Bordone, Valeria; Balbo, Nicoletta (2018). Grandparenting, education and subjective well-being of older Europeans. *European Journal of Ageing* 15(3): 251-263.

### **A spotlight on health and life courses in Europe using SHARE Waves 6 and 7**

With publishing the First Results Book: "Health and Socio-Economic Status over the Life Course", SHARE puts special emphasis on the interplay among the triangular connections of health, social embeddedness and the socio-economic status of older individuals. This volume presents 38 short studies that summarize SHARE-based research on these interactions over the lifecycle. The studies are showcases of the interdisciplinary and cross-nationally comparative research results obtained from Waves 6 and 7 of SHARE. Almost all contributions have a special focus on health.

Börsch-Supan, Axel; Bristle, Johanna; Andersen-Ranberg, Karen; Brugiavini, Agar; Jusot, Florence; Litwin, Howard; Weber, Guglielmo (2019) (eds.): *Health and socioeconomic status over the life course: First results from SHARE waves 6 and 7*. De Gruyter, Berlin.

## 2019

### Explanations for the Gender Gap in Late-life Cognition

Data from SHARE and its sister studies suggest a link between improved living standards and cognitive ability in later life. With the sharp increase in life expectancy, the number of individuals older than 65 suffering from mild cognitive impairment and dementia is rising rapidly. In developing countries, women appear to be at a higher risk of developing mild cognitive impairment and dementia compared to men. Women born between 1920 and 1959 have had significantly lower educational attainment than men, with this gap narrowing over time. At the same time, women's cognition has improved over time relative to men. However, as researchers could investigate with SHARE data, there is little support for a causal relation between these two co-movements, suggesting that the narrowing gender gap in education did not induce a relative improvement in women's cognition. Instead, the researchers identify a country's economic development, which is linked to better living conditions, as driving factor for women's improved cognitive abilities in later life, regardless of their relative educational achievement.

Study by Marco Angrisan, Jinkook Lee and Erik Meijer (2019): The gender gap in education and late-life cognition: Evidence from multiple countries and birth cohorts. *The Journal of the Economics of Ageing*, <https://doi.org/10.1016/j.jjeoa.2019.100232>.

### The Spillover Effect of Depression

Living with a partner who suffers from depression results in a significant risk of decline in quality of life. Mental health issues rank among the leading causes for ill-health worldwide, with an estimated 450 million people suffering from such conditions. Especially older adults are at risk of developing mental health issues. While the overall mental health burden is well documented, only limited research has been conducted on spousal interrelations in mental health and well-being. Thus, researchers examined a potential spillover effect of the depression of one partner on the other partner's quality of life and its determining factors by using SHARE data.

Study by Marta Pascual-Sáez, David Cantarero-Prieto and Carla Blázquez-Fernández (2019): Partner's Depression and Quality of Life among Older Europeans. *The European Journal of Health Economics* (20) 2019, 1093–1101.

### The Scarring Effect of Unemployment

Researchers found that, across countries, episodes of unemployment have long-term negative effects on psychological well-being. They describe a "scarring" effect of involuntary joblessness as it affects individuals for a long time even after they have found new employment. This confirms previous research that has established how joblessness adversely affects psychological well-being since it can result in poor mental health and reduced life-satisfaction due to social isolation and deprivation. Using SHARE data, the researchers further add to the current research on the psychological effect of unemployment by providing a cross-country perspective.

Study by Victoria Moustieri, Michael Daly and Liam Delaney (2019): The scarring effect of unemployment on psychological well-being across Europe. *Social Science Research* 72: 146-169. URL: <https://doi.org/10.1016/j.ssresearch.2018.01.007>

## 2020

### The Challenge of e-Inclusion in Europe

Recent studies with SHARE data analyse internet use in the age cohorts 50+ and recommend strategies for digital inclusion. Two new studies that draw on SHARE data to understand the characteristics of the older internet user – or non-user, respectively –, examine digital technology as a potential remedy to loneliness, and recommend strategies for digital inclusion.

Study by Patrícia Silva, Alice Delerue Matos and Roberto Martínez-Pecino (2020): Can the internet reduce the loneliness of 50+ living alone? *Information, Communication & Society*, <https://doi.org/10.1080/1369118X.2020.1760917>

Study by Vera Gallistl, Rebekka Rohner, Alexander Seifert and Anna Wanka (2020): Configuring the Older Non-User: Between Research, Policy and Practice of Digital Exclusion. *Social Inclusion* 8.2, 223-243, <https://doi.org/10.17645/si.v8i2.2607>

### The economic burden of stroke across Europe

Stroke costs European countries €60 billion a year and this value have been rising over time, a new study with SHARE data finds. Researchers estimated the overall economic cost of stroke disease for European countries in 2017, including formal and informal health care as well as social care costs and productivity



losses. For their study, the researchers combined country specific information from WHO, OECD, EUROSTAT, among others, with individual patient-level data from SHARE. Through SHARE data, the study captured the healthcare costs associated with stroke, including categories such as primary, outpatient, and emergency care. Additionally, they estimated the country-specific probability of a respondent being institutionalised due to stroke, which implies social care costs related to nursing and care at home. Furthermore, they used information on informal care costs, for instance, unpaid care provided by relatives or friends.

Study by Ramon Luengo-Fernandez, Mara Violato, Paolo Candio and Jose Leal (2020). Economic burden of stroke across Europe: A population-based cost analysis. *European Stroke Journal*, Vol. 5(1), pp. 17–25. DOI: 10.1177/2396987319883160  
URL: <https://journals.sagepub.com/doi/full/10.1177/2396987319883160>

### **Upcoming SHARE-COVID19 Research: Understanding non-intended consequences of epidemic control decisions**

The non-intended consequences of the epidemic control decisions to contain the COVID-19 pandemic are huge and affect the well-being of European citizens in terms of economics, social relationships and health: Europe is experiencing the largest recession since World War II, social contacts have been interrupted and people avoid seeking medical treatment in fear of infection. The overarching objective of a new SHARE research project that started in November 2020 (SHARE-COVID19) is to understand these non-intended consequences and to devise improved health, economic and social policies.

[www.share-eric.eu/share-covid19](http://www.share-eric.eu/share-covid19)

### **Early Determinants of Work Disability in an International Perspective**

This study explores the interrelated roles of health and welfare state policies in the decision to take up disability insurance (DI) benefits due to work disability (WD), defined as the (partial) inability to engage in gainful employment as a result of physical or mental illness. The researchers exploit the large international variation of health, self-reported WD, and the uptake of DI benefits in the United States and Europe using a harmonized data set with life history information assembled from SHARE, ELSA, and HRS. They found that the mismatch between WD and DI benefit receipt varies greatly across countries. Objective health explains a substantial share of the within-country variation in DI, but this is not the case for the variation across countries. Rather, most of the variation between countries and the mismatches are explained by differences in DI policies.

Börsch-Supan, A., Bucher-Koenen, T. & Hanemann, F. Early Determinants of Work Disability in an International Perspective. *Demography* 57, 1853–1879 (2020).  
<https://doi.org/10.1007/s13524-020-00902-7>

## **2021**

### **Associations between retirement and memory decline in a cross-national perspective**

A 2021 SHARE based study finds that on average, retirement is associated with a moderate decrement in word recall, i.e., SHARE interviewers would name 10 words and respondents needed to recall as many as they could. The study also reports that memory decline accelerated after retirement. However, there are significant between-country heterogeneity in memory decline after retirement across the 17 countries that were included in this paper. Memory decline after retirement was faster in the Mediterranean and Eastern European countries, which are characterized by less generous welfare systems with comparatively low pension benefits. From a policy point of view, it would be valuable to evaluate the amount of resources that could protect retirees from memory decline.

Jana Mäcken, Alicia R. Riley and Maria M. Glymour on "Cross-National Differences in the Association between Retirement and Memory Decline" (2020). *The Journals of Gerontology: Series B*, Volume 76, Issue 3, March 2021, Pages 620–631, <https://doi.org/10.1093/geronb/gbaa223>

### **Influence of the COVID-19 pandemic on private care networks in Europe**

A new SHARE study shows that since the outbreak of the pandemic, the amount of personal care provision to parents increased across Europe while the amount of personal care provision to others, in particular from parents to their (adult) children, decreased. Depending on the country, between 42% (Baltic States) and 58% (Eastern Europe) of all parental caregivers declared an increase of personal care provision to their parents since the outbreak of the pandemic. On average, more than every second parental caregiver reported an

increase. Furthermore, the findings clearly show that caregivers (compared to non-caregivers) more often felt depressed and anxious as a consequence of the pandemic and its accompanying public health measures. The researchers also found that care receiving was associated with a worsened physical and mental health. Overall, about 21 percent of all care recipients reported difficulties in receiving care. The study shows the extent of burden caregivers are exposed to with respect to non-intended effects of the epidemiological control measures and, at the same time, suggests a great need within this population for interventions effectively reducing burden as well as symptoms of anxiousness or depression to avoid further consequences.

Bergmann, M. and M. Wagner (2021): Caregiving and Care Receiving across Europe in Times of COVID-19. SHARE Working Paper No. 59-2021.

#### **About SHARE:**

SHARE, the Survey of Health, Ageing and Retirement in Europe, is a research infrastructure for studying the effects of health, social, economic and environmental policies over the life-course of European citizens and beyond. From 2004 until today, 480,000 in-depth interviews with 140,000 people aged 50 or older from 28 European countries and Israel have been conducted. Thus, SHARE is the largest pan-European social science panel study providing internationally comparable longitudinal micro data, which allows insights in the fields of public health and socio-economic living conditions of European individuals, both for scientists and policy makers. SHARE has global impact since it not only covers all EU member countries in a strictly harmonized way but additionally is embedded in a network of sister studies all over the world, from the Americas to Eastern Asia.