SHARELIFE—One century of life histories in Europe

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ABSTRACT

Welfare state interventions shape our life courses in almost all of their multiply linked domains. In this introduction, we sketch how cross-nationally comparative retrospective data can be fruitfully employed to better understand these links and the long-run effects of the welfare state at the same time. We briefly introduce SHARE, the Survey of Health, Ageing and Retirement in Europe, and SHARELIFE, which collected 30,000 life histories of SHARE respondents from 14 European countries, providing a unique data infrastructure for interdisciplinary research on the various influences of contextual structures on the lives of Europeans during the last century until today. The eight studies in this special issue show that the multidisciplinary cross national approach of SHARELIFE allows a much more detailed understanding of life histories in Europe than was possible before.

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1. Life courses in Europe and the welfare state

Work, health, and family are key determinants of our well-being (e.g., Dolan, Peasgood, & White, 2008) and constitute major objectives of the welfare state. European welfare states have considerably expanded during the last century and shaped labour markets, health care as well as family structures and consequently the general well-being of Europeans. In today's societies, however, we still observe large heterogeneities across individuals, both with respect to the various measures of well-being and to its key determinants (e.g., Börsch-Supan et al., 2005). While knowing about and documenting these differences is important, we need to investigate why they exist, and especially, if it is possible to implement certain steps to mitigate or alter them. Understanding the mechanisms through which policy interventions may be responsible for individual and country differences is of utmost importance

as such knowledge will contribute to improved governance and evidence-based policy design. Here, a look in the rear-view mirror can enhance our grasp of individual behaviour: if we understand how the life of an individual today was shaped by the various influences over her lifetime, we are better able to predict how changes today will affect people in future.

So especially when globalization and population ageing exert large pressures on social policy regimes and necessitate reform, the life course perspective is amidst the public debate (Kohli, 2007: 267). It is well-known that inequalities in different life domains are accumulated across the entire life course (for a review see DiPrete & Eirich, 2005). The well-being of the people today and how it will change due to societal challenges can be fully understood only from an interdisciplinary life course perspective (Graham, 2002), which takes the individual and the societal level into account. On the individual level, we observe links between different domains across the entire life course: e.g. children with poor school performance due to health problems might become unemployed early on and are then not only subject to higher unemployment risk later in life (Brandt & Hank, 2011), but also face higher poverty risk and have fewer social contacts (Gallie, Paugam, & Jacobs, 2003) as well as poor

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health (Haan & Myck, 2009) and consequently suffer from lower well-being. Thus, childhood circumstances leave their traces even until very old age (Brandt, Deindl, & Hank, 2012; Mazzonna, 2011). Conceptually, there are

(a) links within life course domains from early to later (e.g., childhood health and adult health) as well as
(b) links between different life course domains (e.g., health and employment).

These individual lives are embedded in different historical, societal and political contexts which massively affect individual life circumstances. Such contextual differences are visible across countries, but also within countries over time. For example, adverse contextual events in early life such as experience of war or periods of hunger negatively affect old age well-being and mortality (Bohacek & Myck, 2011; Havari & Peracchi, 2011; Kesternich, Siflinger, Smith, & Winter, 2013; van den Berg, Doblhammer, & Christensen, 2009). Welfare states may intervene to mitigate "vicious circles" throughout the entire life, for example in terms of health care provisions, but also at different stages of the life course: In early childhood, parents might have been supported financially and through childcare arrangements; education laws affected the school performance and qualifications; during midlife, one may benefit from unemployment compensation and other income support; and once one retires, pension payments determine the household income. Of course, each of these interventions do not stand alone – e.g. investments in child health care may reduce sickness later in life, increase productivity and thus reduce the need for disability insurance take-up (e.g., Börsch-Supan & Roth, 2011). In addition, unforeseen long-term consequences may occur, for example negative effects of the introduction of unilateral divorce laws on the well-being of children (Reinhold, Kneip, & Bauer, 2012). Again, we can differentiate the

(c) links between contextual conditions (and their changes) within a life course domain (e.g. health care systems and individual health) and
(d) influences of the contextual conditions (and their changes) on the links between different life course domains (e.g. unemployment benefits and the link between health and employment).

All four points (a)–(d) can be combined in the example of child birth and maternity leave regulations (see e.g., Brugiavini, Pasini, & Trevisan, 2013): Whether a child is born at least partly depends on (a) what happened earlier in a partnership, and (c) on different maternity leave regulations, but also (b) on the labour market situation of a couple, which is also affected by how (d) different maternity leave regulations might additionally change the labour market attachment of women, and consequently also the division of labour within a household.

There are only few datasets in the world following people for a time span that would allow such analyses – two examples are the British Cohort Study from 1946 and the Panel Study of Income Dynamics, which started in 1969 – and these are not cross-nationally comparable.

Therefore, we are just beginning to understand how exactly specific welfare state interventions influence different life course domains in different historical, societal and political contexts. First and foremost, long term relations within and across different life course domains have to be disentangled on an individual level. Only then it becomes possible to assess which social policy measure at which life course stage can efficiently prevent unfavourable outcomes in different life course domains under different contextual circumstances. Identifying such multiple causalities and establishing links between specific interventions and specific outcomes, is a complex enterprise and a methodological challenge which is only possible when detailed comparative life course information exists. SHARE's third wave of data collection in 2008/2009, SHARELIFE, takes up this challenge and provides information that is exactly targeted at the need of long-term data without being able to go back in time, giving the possibility to link current outcomes to previous life events as well as to changes in the contextual environment.

2. SHARE and SHARELIFE – one century of life histories in Europe

Several countries have recently implemented surveys in order to monitor, document, and understand the complexities of individual and societal ageing processes (e.g., the Health and Retirement Study (HRS) in the United States, the English Longitudinal Study on Ageing (ELSA), and the Survey of Health, Ageing and Retirement in Europe (SHARE)). The focus of these studies lies on measuring outcomes in older people, usually defined as the population aged 50 and over, in different domains such as health, the financial situation, or family life. As these surveys are set up as interdisciplinary panel studies, they also allow observing changes in the lives of older people, and how they result in changes in various outcomes.

Since 2004, SHARE collects bi-annual panel data on health, social networks and the socio-economic situation of Europeans aged 50 and over (Börsch-Supan & Jürges, 2005). In 2008–2009, the so-called SHARELIFE survey added retrospective life histories of 30,000 SHARE respondents from 14 countries (Austria, Belgium, the Czech Republic, France, Germany, Greece, Ireland,[3] Italy, Netherlands, Poland, Switzerland, Spain) to the database and therefore opened vast new research possibilities. SHARELIFE not only allows to analyse how the respondents' earlier life shaped their situation today, it also helps explaining the multiple links between different key areas in life as well as the influence of welfare state interventions on one century of life histories in Europe. The combination of all data collection efforts gives a detailed picture of the status of each individual in 2004–2005, 2006–2007, and 2010–2011[4] plus a view across the entire life course in

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[3] The data from Ireland were not yet available when this special issue was prepared.
[4] The wave 4 data from 19 countries including additional social network information will be publically available from November 2012. A first results volume is edited by Börsch-Supan, Brandt, Litwin and Weber and will be published in June 2013. See www.share-project.org for details.