



LINKING AGES

Feeling lonely

A Linking Ages perspective on the risks for loneliness in early and later life during the COVID-19 pandemic in Israel and Germany

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What do we **know**,
what can we **learn** and
how can we
prepare for the future?



Executive Summary

An interdisciplinary group of researchers from both Israel and Germany came together in December 2021 to exchange and discuss findings on the effects of the COVID-pandemic on children and older adults in Israel and Germany. The project was funded by the Minerva Center on Intersectionality in Ageing. Beside increasing empirical evidence from either childhood or ageing research a „Linking Ages“ perspective proved additionally beneficial to analyze and understand the COVID-19 pandemic for four crucial reasons:

1. Both children and older adults were particularly affected by the virus and the measures to combat its spread while government and practitioners were unprepared and taken by surprise.
2. Public opinion and political discussion were ageist in terms of oversimplifying and generalizing members of both age groups without any differentiation regarding really existing versus supposed risks (while empirical evidence from social science took some time to provide differentiated findings on vulnerability and resilience).
3. Government measures consequently were inherently ageist towards both margins of the life course (e.g., restrictions for kindergartens, schools, private homes, care homes).
4. Intergenerational personal contacts were particularly cut back or even inhibited merely following aims to reduce infection but at the same time systematically underestimating competitive health risks of social exclusion and isolation.

This white paper provides a selection of empirical research findings, policy recommendations and identified blind spots for future research with respect to a “linking ages” perspective. The authors emphasize on loneliness in early and late life from a specific social science perspective and based on a selected set of definitions.

What is Linking Ages?

Age as a social category of difference significantly shapes our positions in society, our lifestyles, attitudes, ambitions and behaviour. Childhood and later life in particular are framed as the "other" to the normality of adulthood. Linking ages is a new perspective that aims to contrast, compare, and delineate different life stages and thereby creates a link between them. We focus on rethinking theoretical concepts, methods and challenges from both childhood and ageing research. Researching and contrasting these "margins of the life course" can reveal a lot about social construction of age as central societal order.

Policy and Practice Recommendations

The following core policy and practice recommendations were developed based on the presented research findings and discussion:

1. Public awareness and investment need to be raised and fostered about the risks of mental health problems and loneliness in both early life and later life. Critical reflections regarding the political discourse and policy measures targeting individuals in early and late life in particular are needed, especially in pandemic times.
2. Strategic and long-term investments in social infrastructures are needed to establish strong ties between established institutions and NGOs working with children and older adults to provide a more reliable safety net in times of crises. These social infrastructures should "go local" and focus on the establishment of strong neighborhoods and "caring communities" (e.g., Klie, 2015).
3. Policy and practice should aim to strengthen care partnerships (care relationships within and between generations).
4. Differentiated knowledge among practitioners about ageing in early and later life may add to already existing differentiated knowledge of people in other life stages as well as on ageing across the life-course. In addition, a continuous link between social scientists and practitioners and government at local level should be established and fostered.

Being younger and being older in pandemic times

The spread of COVID-19, and the attempts of governments to minimize its exposure, are severely affecting lives worldwide. Since the start of the pandemic in 2020, government measures are continuously transforming. In many countries, public life was shut down through social distancing orders based upon what was classified as a household. Kindergartens and schools remained closed throughout long periods, and there were particularly strict contact restrictions in care and senior homes, where (older) residents were not allowed to receive visitors and were isolated in their rooms. Together with general contact restrictions and subjective, risk-based considerations, these measures have rapidly transformed people's behaviour regarding support and care for one another. The beginning of life (birth), as well as the end of life (death) were particularly restricted due to inhuman and non ethical hospital regulations.

Loneliness is an unpleasant subjective experience that refers to the perceived absence of meaningful social relationships. It is a subjective experience that can differ by situations and change over time.

While used measures were very similar in most countries they differed in time, duration, legal and administrative layout, etc. Israel has been very long seen as the blueprint for a successful COVID-19 measure, especially through their strict lockdowns as well as early and fast vaccination strategy. In Germany citizens were a lot less willing to get their vaccination. Even though Israel and Germany differ highly in demographical structure - with Israel having a high share of population below the age of 24 and only over 10% above the age of 65 there are similarities in the used measures and their effects on children and older adults.

Although the usefulness of these measures is by no means to be disputed here, it becomes apparent that they address the population differently based on their membership to certain age groups. This differentiation into the age groups of childhood, young adulthood, and older adulthood assigns certain, homogeneous attributes to each of these age groups while denying other attributes. Thus, children are addressed as 'silent transmitters', young adults as a 'risky group' and older adults as an 'at-risk group' (Ayalon et al. 2020; Stokes & Patterson 2020). These one-sided attributions not only obscure the diversity that is evident within age groups but also contribute to differentiation into at-risk and non-at-risk groups based on chronological age. This can activate age stereotypes and reinforce ageism for both young and old people. Institutionalized ageism underlying government measures particularly affects the youngest and oldest in society. For example, the guideline to self-isolate was often expressed as well-intended advice for older adults at the beginning of the COVID-19 pandemic but led to an active decrease of self-determination of affected people as well as to older people being seen as a burden (see Kessler & Bowen 2020; Pelizäus & Heinz 2020). These age-based measures led to a pandemic situation in which particularly children and older adults were cut off from their everyday inter- and intragenerational relationships.

A 'Linking Ages' perspective is crucial in proceeding from age-based (and often ageist) policies and practices to shaping joint policy recommendations that transcend age boundaries.

Research shows that both age groups have consequently been affected by feelings of loneliness and mental health issues. The Eurofund Report on "Covid and older people" (2022) showed that across the European Union, people of all ages became more at risk of mental health issues and loneliness during the pandemic. The impact was noticeably severe among young people and people aged 80+. In summer 2020, 23% of people aged 80+ felt sad or depressed more often than before the pandemic, 18% felt lonelier than before the pandemic and one-third never left their home. A representative German study on very old age confirmed a considerable increase of loneliness over time among very old adults, although only 12.1% felt very lonely due to their findings (Kaspar et al., 2022).

Regarding children's wellbeing in the pandemic, studies found severe changes concerning mental health problems, increasing irritability and loneliness during phases of lockdowns. Comparable results were also found in the German Copsy (2021) study. With focus on the health-related quality of life (HRQoL) and mental health of children and adolescents aged 7-17 years during the first wave of the COVID-19 pandemic the results showed that they experienced a much lower HRQoL and significantly more mental loneliness increased to a comparable degree individuals in middle versus late adulthood (Huxhold & Tesch-Römer, 2021) and psychosomatic health issues compared to before the pandemic (Raven-Sieberer et al 2021). Numbers of depression have severely increased, with up to 15% of all children and adolescents feeling depressed as a result of the pandemic (vgl. ebd. 7). The psychosomatic health issues such as headaches and sleeping problems also increased.

This White Paper consequently focuses on the lived experiences of children and older adults as particularly vulnerable age groups and their perceptions and practices of care, loneliness and social relations during the pandemic.

It thereby draws on a multi-perspective approach which puts the experiences of both age groups in contrast to each other. A 'Linking Ages' perspective is crucial in proceeding from age-based (and often ageist) policies and practices to shape joint policy recommendations that transcend age boundaries.

To do so, we bring together four studies on children and older adults in Germany and Israel. First, Alexandra Langmeyer and Sophia Chabursky present findings on children's loneliness during the COVID-19 lockdown in Germany, using representative quantitative data from the German survey 'Being a Child in Times of Corona' which showed the link between loneliness and family climate. Hanita Kosher presents findings on children's own perceptions of their well-being and lives during the pandemic in Israel. These findings from childhood research are put in contrast with gerontological studies.

Martina Brandt, Robert Heidemann and Alina Schmitz present analyses based on a pilot study conducted at TU Dortmund in order to analyze changes in social support and intergenerational relations in later life during the COVID-19 pandemic in Germany and considered these in relation to findings from Europe and Israel using data from the Survey of Health, Ageing and Retirement in Europe (SHARE).

They also elaborated a number of pandemic related methodological challenges for researchers such as more balanced samplings, including every age group from earliest life to the latest stage in life as well as intersectional research. Finally, Liora Bar-Tur & Sigal Naim showcased a helpline including more intensive and mental health focused care for older adults during the pandemic in Israel, and the results from its evaluation (e.g. a new office working against loneliness or shared housings of students and older adults).

Conclusions and Outlook

The research presented in this White Paper demonstrates the impact of the COVID-19 pandemic on intergenerational relationships, social support, and, accordingly, mental wellbeing and loneliness for children and older adults. However, research also shows stark international and intragenerational differences, with socially disadvantaged children and older adults as well as those with frail family relations being more at risk of social exclusion during the pandemic.

While these results are consistent and in line with the state-of-the-art literature in childhood and age studies, we must emphasize that they focus on the first phase of the pandemic in 2020. As we experienced in the past years, the spread of the virus and government measures to combat are contingent, changing and developing as we go. Hence, findings from the first waves of the pandemic might not hold true for later phases. Therefore, international research is needed to account for processual alterations like trajectories of loneliness as well as resources and (availability of) social support structures.

In order to increase our knowledge about children's and older adults' needs during or as a result of the pandemic, we need more suitable and circumstance-based data (e.g. samples including the oldest old, people in care homes, or people with health conditions); mixed-methods research, longitudinal studies and comparable contextual information.

Despite the difficulties and challenges children and older adults had to face as a consequence of the pandemic, evidence for a process of adaption and learning how to cope with the changed circumstances, could be found. These processes are of course less challenging for some than for others and leave responsibilities for preventive measures to politics. In order to make decisions based on empirical evidence, further and more consistent research is needed - not only on the consequences of COVID-19 but also on strategies of resilience.

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Linking Ages: Children's Loneliness during the COVID-19-Lockdown in Germany

Alexandra Langmeyer & Sophia Chabursky

Introduction

To slow the spread of the COVID-19 virus in spring 2020 stay-at-home orders and self-isolation policies were put in place all around the world. These new orders and regulations changed almost every aspect of people's daily lives. These changes affected children and the elderly in different ways. Due to child-care and school closures, children had to resort to learning from home and were not able to see their friends. Furthermore, personal contact with friends was strictly limited and playgrounds, zoos, sports clubs and youth centers were closed several times throughout the lasting pandemic. As the elderly were and are considered a risk group for developing severe cases of COVID-19, many families considered further limiting contact with the grandparents. Although the changes due to COVID-19 differed for young and old, there were some consequences of the regulations that affected all age groups. The COVID-19 restrictions led to higher levels of loneliness in children and the elderly around many areas of the world. This had an impact on the mental health of children (Loades et al., 2020) and went along with higher rates of psychological difficulties and a decline in wellbeing of children (Jiao et al., 2020; Spinelli et al., 2020). Yet, little is known about the underlying effects of staying at home and contact restrictions for the psychological wellbeing of children. This is where the present study comes in by examining on the one hand how loneliness is related to child wellbeing and on the other hand what role the family climate plays in this context.

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Methods

Design and Sample

To examine how children experience loneliness during the COVID pandemic the study „Being a Child in Times of Corona“ was conducted in spring 2020. Our study focuses on predictors of loneliness in children and aims to answer the following research questions: How important are child characteristics, family-specific factors and social integration for children's loneliness during the COVID-19 lockdown in Germany (RQ1)? Furthermore, the second goal of this study is to examine the relationship between loneliness and child adjustment: Is there a relationship between loneliness and behavior problems of children during the COVID-19 lockdown in Germany (RQ2)? Lastly, we investigate the role the family environment has in the experience of loneliness: Could a positive family climate buffer the negative effects of loneliness on children's well-being (RQ3)?

We conducted an online survey from April to May 2020 to gain insights on children's wellbeing during the first COVID-19 lockdown in Germany. During this time, throughout Germany, most kindergartens, schools, shops, hairdressers, cinemas etc. were closed. The first relaxations took place towards the end of the survey period (Bujard et al., 2021).

Parents with at least one child in the household aged 3-15 years were invited to participate in the study through a broad call via social media, e-mail distribution lists and youth welfare offices. To reach participants quickly a snowball sampling strategy was deployed, leading to a convenience sample of 12,628 families. 89% of the participants were mothers with the mean age being 40,3 years. As typical for convenience sampling, our sample shows significant biases, specifically regarding the participants educational and economic background. 72% of the participants came from a high educational background, meaning they at least completed a college education or even obtained a higher education than that. 18% of the participants were classified with a middle education background, having completed vocational training. 11% only completed high school and were therefore classified with a low educational background. 51% of the participants indicated they can comfortably live with their current income, while 40% indicated that they get by fine with their income. Only 9% of the parents have difficulties or great difficulties getting by with their income. Regarding the children that the parents gave information on, the distribution of gender is equal. 48% of the children were girls and the mean age of the children inquired about was 7,9 years.

Measures and analytic strategy

Children's loneliness was measured with an adapted version of the UCLA Loneliness Scale (Russell et al., 1980) with a set of 4 items. Each item was scored on a 5-point likertscale, with higher values meaning more feelings of loneliness.

The family climate was captured with three questions regarding the family situation within the past two weeks ("In our family, there's friction ", "Things go haywire at home" and "In the family, disputes are settled with scolding and shouting "). The items were also scored on a 5-point likert scale, with higher values indicating a more conflictual and chaotic family climate. The items were adapted from Moos and Moos (1981).

The child's adjustment was measured with five items of the emotional problems and hyperactivity subscales of the Strengths and Difficulties Questionnaire (Goodman, 1997). The scale ranges from „0 = not true“, „1 = somewhat true“, „2 = certainly true“ with higher values indicating worse childhood adjustment.

Several other socio-demographic indicators were considered in the analysis as well, such as the age of the child (1 = nursery school, 2 = primary school, 3 = secondary school), the sex of the child (1 = girl, 2 = boy), whether the child has siblings (0 = no siblings, 1 = siblings), the family form (0 = Two parent family, 1 = single-parent family) and finally the family background (0 = no disadvantages, 1 = Educational or financial disadvantage). The child's contact with friends was also considered an indicator for the analysis.

For the analysis, linear regression models were calculated to examine the predictors of loneliness and to examine the relationship of loneliness with behavioural problems. Furthermore, a two-step linear regression model with two-way interaction was calculated to analyse the moderating effect of family climate in the interplay between loneliness and behaviour problems.

Results

Table 1 shows the predictors of children's loneliness. Parents of younger children in the nursery school age report higher levels of loneliness than parents of older children. Girls have a slightly higher risk to experience feelings of loneliness. If the children live with siblings their parents report lower levels of loneliness. Educational or financial disadvantages and a conflictual family climate increase the risk of loneliness. Frequent contact with friends could buffer children's feelings of loneliness.

Table 1: Predictors of Children's Loneliness

	<i>B</i>	<i>partial eta</i> ²
Age of child (Ref: secondary school)		
nursery school	.11***	.001
primary school	.06*	.001
sex of child: girl (Ref: boy)	.09***	.002
Siblings (Ref: no siblings)	-.43***	.031
Two parent family (Ref: single parent family)	.03	.000
Family Background: Educational or financial disadvantage	.35***	.015
conflictual family climate	.47***	.115
frequent contact with friends (ref: no or rare contact)	-.07**	.001
corr. R ²	.15	

N = 11.656

Table 2 shows the predictors of children's emotional problems. Firstly, there are age differences in terms of behavioural problems: Children in the primary school age have a higher risk than younger and older children. Girls are more likely to have emotional problems. Siblings also protect against emotional problems. A family history of risk increases the risk of emotional problems. As expected greater loneliness is associated with elevated emotional problems. A conflictual family climate also increases the occurrence of behavioural problems. There is a moderation effect of family climate.

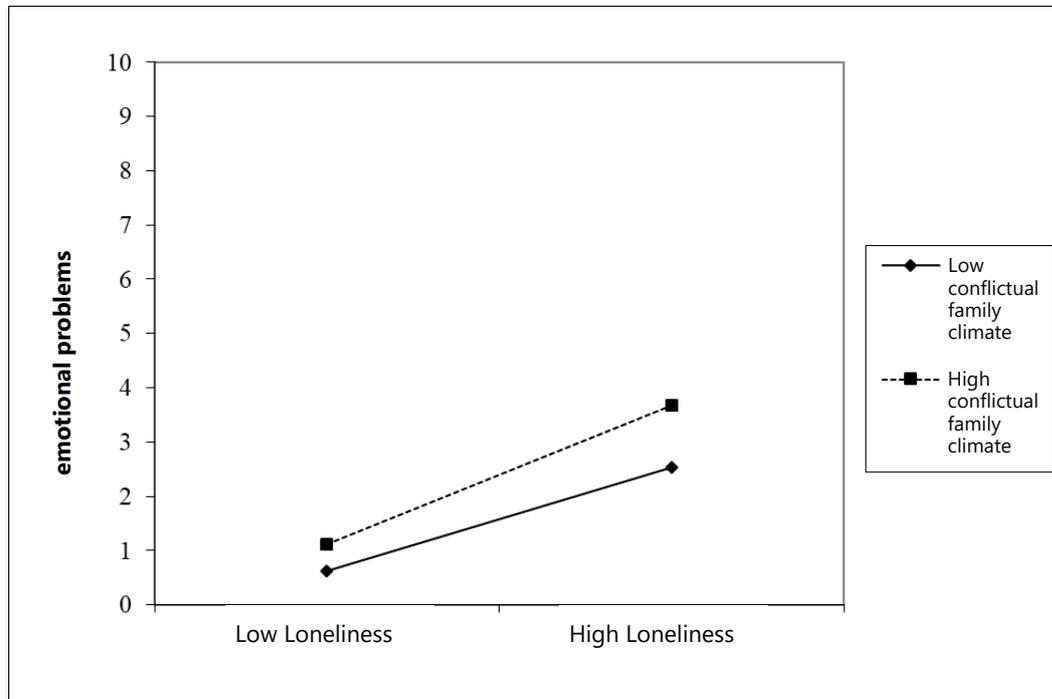
Table 2: Predictors of Child Adjustment: emotional Problems

	Model I		Model II	
	<i>B</i>	<i>partial eta</i> ²	<i>B</i>	<i>partial eta</i> ²
Age of child (Ref: secondary school)				
nursery school	.10*	.000	.11**	.001
primary school	.20***	.002	.21***	.002
sex of child: girl (Ref: boy)	.11**	.001	.11**	.001
Sibling (Ref: no siblings)	-.13**	.001	-.13**	.001
Two parent family (Ref: single parent family)	-.25***	.005	-.24***	.002
Family Background: Educational or financial disadvantage	.34***	.005	.33***	.004
children's loneliness	.99***	.254	.48***	.007
conflictual family climate	.51***	.046	.01	.000
children's loneliness*conflictual family climate			.18***	.010
corr. R ²	.37		.38	

N = 11.540

Figure 1 illustrates the moderating effect of family climate in the context of loneliness: In general, parents who rate family climate better (low conflictual family climate), report lower levels of behavioural problems of their children. Further, the relationship between loneliness and emotional problems is stronger, if parents report more problems in their family system.

Figure 1: The Moderating effect of Family Climate



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Discussion

This study demonstrates the psychological impact of the COVID-19 pandemic for children, such as loneliness and behaviour problems, and the importance of family wellbeing as protective factors. Focusing on loneliness and child adjustment of children during the COVID-19 lockdown in Germany in 2020 the study shows on the one hand, that there are differences in terms of children’s experience of loneliness during the pandemic. In particular, children of kindergarten age, without siblings, and from more difficult family backgrounds are more likely to experience loneliness. On the other hand, a family risk situation (low education background or financial difficulties) is also associated with behavioural problems of children during the lockdown. Moreover, children’s experience of loneliness also appears to be significant for children’s emotional problems. The study highlights the importance of the family in times of COVID-19: Not only the background, such as educational background and financial situation, are decisive, but also family life together is significant. In addition to the direct effect on children’s well-being, family climate also takes on a moderating role in the relationship between experiences of loneliness and behaviour problems of children. Even though it should be noted that both the data on child well-being and family climate come from the parents, and bias effects are to be expected as a result, the study shows how important it is to relieve and strengthen families in times of the pandemic.

Cultural/national specificity

In Germany, children usually stay in child-care institutions or schools and are in personal contact with their friends. One-third of the school children in Germany even go to all-day schools, which usually provide afternoon programs and care for children four to five days a week (Bertelsmann Stiftung, 2014). For children, schools are also places of socialization and opportunities to interact with their friends, especially during recess, lunchtime and after-school activities. In Germany, children also experience great independent mobility compared to some other countries, which means that they have greater opportunities to get into contact with friends and socialize (Marzi & Reimers, 2018). Particularly during the first COVID-19 lockdown, little consideration was given to the needs and rights of children in Germany, as day care centres and schools were closed and recreational opportunities were severely limited.

Recommendations

As seen in the results, children with siblings and children with frequent contact with friends show lower levels of loneliness. Therefore, the opportunity of having a child or multiple children to play with is invaluable during the lockdown. That's why it's especially important for children to have contact with their peers during such times of crisis. This can happen on the one hand on an institutional level, by enabling attendance at day care centres and schools, or on the other hand privately, in particular that parents of single children might consider letting their child continue to have contact with another friend. Furthermore, care must be taken to support families in order to create a positive family climate. Families can do this themselves, but they should also be supported by policies in doing so.

As the elderly population was faced with loneliness as well, there might be opportunities to connect these two groups so that both can profit from each other. During the first lockdown children often report that they miss their grandparents and would like to keep in contact but do not want to endanger them (Langmeyer et al., 2020; Langmeyer 2021). However, some families found solutions to keep in contact with their grandparents even during the lockdown. Digital technology offers a great possibility to keep in touch and was utilized by several families during the lockdown. Although initial step-up of the digital structures is difficult, as well as teaching grandparents and some children how to use them, the payoff was worth it for many families.

With the discovery of vaccines for COVID-19 and greater testing opportunities, now even personal meet-ups are becoming an option. It is important to create safe spaces following health recommendations to enable personal meetings as many children and the elderly still prefer this kind of contact.

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Children in Israel and COVID-19: Subjective Perceptions

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Introduction

While not at risk from a medical viewpoint, children have been significantly impacted by the COVID-19 pandemic (OECD, 2020). Since the outbreak of the pandemic intensive efforts have been made around the world to scientifically explore the impact of the pandemic on children's mental health and well-being. The current paper aims to contribute to this emerging field of interest by exploring specifically how children in Israel have experienced the pandemic in terms of their well-being. The study takes a unique standpoint by focusing on children's own perceptions of their well-being and lives during the pandemic. I first review worldwide studies on children's well-being during the pandemic and then describe the Israeli context of children and COVID-19. Data from the Children's World project, an international survey conducted during the pandemic, are presented. The study draws some main conclusions on the importance of studying children's well-being during the pandemic from their own perspective.

Children's Well-Being During the COVID-19 Pandemic

The COVID-19 pandemic has had a significant impact on health and well-being worldwide (Afifi et al., 2021; Cowie & Myers, 2020), children included. Changes in systems and societal functioning, such as lockdowns, social distancing, working from home, and school closures, have raised concerns for children's well-being (Caffo et al., 2020; Dunn et al., 2020; Petretto et al., 2020). The pandemic exposed children to a wide range of stressors - its invisibility, unknown duration, the danger of infection, frustration and boredom, inadequate information, lack of face-to-face contact with family members, classmates, friends and teachers, lack of personal space at home, and family financial loss (Shorer & Leibovich, 2022).

To understand how children have experienced this period and how it has affected their lives (Rabinovitch, 2021), the last 3 years have seen a vast number of studies around the world and also in Israel exploring children's mental health and well-being during the pandemic. Generally, they find that the pandemic has had a negative impact on children's mental health and well-being (Cowie & Myers, 2020). For example, Spiteri (2021) reviewed 22 studies which found globally eight broad areas in which children were affected: children's wellbeing; children with pre-existing mental health conditions; family relationships; school relationships; socio-economic backgrounds; lockdown, quarantine and social distancing; social media and psychological support services. Similarly, Kauhanen et al. (2022) conducted a systematic review of 21 longitudinal and repeated cross-sectional studies from 11 countries comparing data before and during the COVID-19 pandemic to determine whether children's mental health had changed during the pandemic. Most studies reported longitudinal deterioration in the mental health of adolescents and young people; depression, anxiety and psychological distress increased after the start of the pandemic (for another systematic review see, Viner et al., 2022).

Although these studies are important for understanding children's well-being, most do not include the children's own perspectives, instead relying on the perspectives of adults - parents and professionals - who were asked to report on the children's state and well-being (e.g., Orgiles et al., 2020; Shorer & Leibovich, 2022). Even four surveys carried out by the Israeli Central Bureau of Statistics during the pandemic to provide data on the civil resilience of the Israeli public following the Corona crisis included only people aged 21 and older, who were asked to report on children's well-being. Other surveys used professionals' reports. For example, in October 2020 the Israeli Ministry of Health published a survey of the assessments of 31 managers of mental health clinics of the effect of the pandemic on children's mental health. The children themselves were simply excluded from these national surveys.

Children's own perceptions of and feelings about the pandemic have been detrimentally undervalued or overlooked. We thus know very little about children's subjective experiences during the pandemic or about the impact of the pandemic on their subjective well-being. Even though many elements of their lives have shifted, they have not been attended to when planning new phases of reconstruction after the pandemic (Petretto et al., 2020).

This exclusion of children's own perspectives on their life and well-being from research is not new. There is a general shortage of research on children from their own perspectives (Ben-Arieh & Kosher, 2020), particularly on their well-being (Kosher & Ben-Arieh, 2017). The vast majority of studies have utilized objective descriptions and adult perspectives to gain insights into children's well-being (Ben-Arieh, 2012; Kosher & Ben-Arieh, 2017). Yet, influenced by the normative concept of children's rights, particularly children's right to participation, and by the theoretical source of the new sociology of childhood, recent decades have seen a growing interest around the world in the study of and discourse on children's own perspectives on their lives and well-being. The current paper asks to present children's own perspectives on their lives and well-being during the COVID-19 pandemic, by using results from the Children's Worlds project, one of the only global studies examining the impact of the pandemic on children's lives through their own experiences of the various lockdowns and social distancing protocols and how these impacted their well-being and various aspects of their lives.

The Israeli Context: COVID-19 and children

COVID-19 in the Israeli Context

The COVID-19 pandemic started in late 2019, with the first COVID-19 infection in Israel documented on February 21, 2020. The pandemic in Israel has led to hundreds of thousands of patients and thousands of deaths (Zohar et al., 2022). According to the data of the Ministry of Health, as of the end of 2022, about 4,761,678 people in Israel had been sick with Coronavirus (51% of the population in Israel), and 12,023 people have died from the disease. Morbidity in Corona is characterized by waves of different intensities. Israel has experienced five main waves of the pandemic: the first wave February- May, 2020, and the last from December 2021 onwards, associated with Omicron, the most contagious

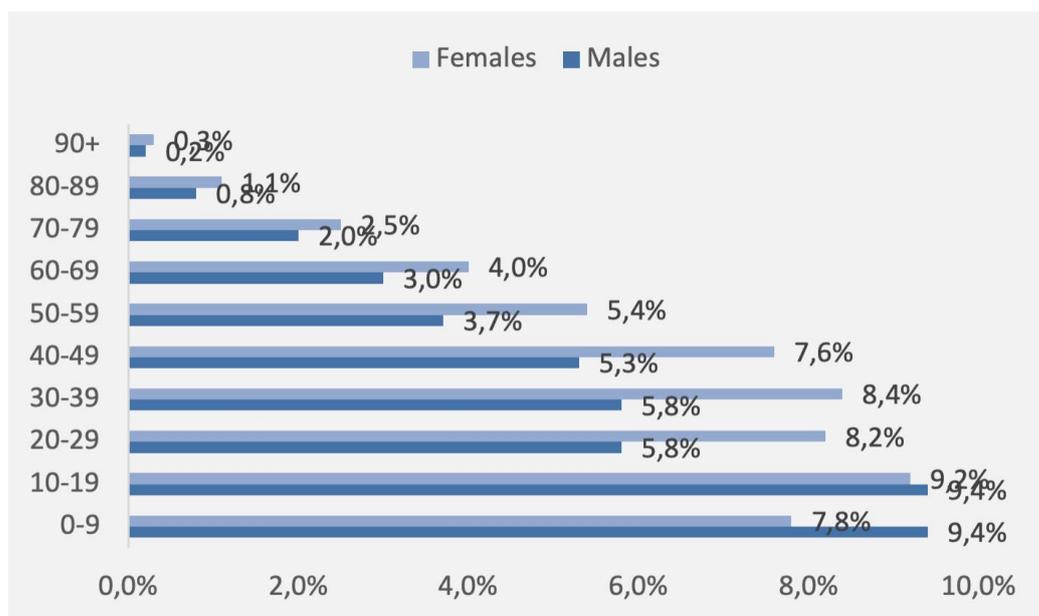
strain of COVID-19 (Savahl et al., 2022). Israel was one of the first countries to respond to the crisis by setting out guidelines and putting restrictions in place. Guidelines included social distancing precautions and new technological methods for contact tracing which increased government monitoring of citizens (Zohar et al., 2022). Restrictions included lockdown and other significant movement restrictions, shutting down much commercial activity, forbidding public gatherings and closing educational institutions. Some claimed that these measures were too harsh. Israel has had three lockdowns, the first between the middle of March to the beginning of May, 2020; the second between the middle of September to the middle of October, 2020; and the third and last lockdown between the end of December 2020 to the beginning of February 2021. Schools were closed from March 2020 until May 2021, and again from December 2020 to February 2021, and learning moved online. Israel was also one of the first countries in the world to start vaccinating its population (at the end of December 2020). By the end of 2022, 6,721,209 people in Israel have been vaccinated (72% of the whole population).

Children in Israel and COVID-19

In 2022, the population aged 0-17 years in Israel was estimated at approximately 3.088 million, 32.2% of Israel's population. This is the highest percentage of children of any of OECD country. Israel also has the highest fertility rate of the world countries, 3.1 children per woman. Early evidence suggests that, from a purely medical perspective, children are not the most affected by COVID-19. Children exposed to the coronavirus can be infected and develop symptoms of COVID-19, but these are usually mild (OECD, 2020), as shown in the following data on children and COVID-19 in Israel. Graph 1 shows that, during the COVID-19 pandemic, children in Israel were the most infected group. Yet, children were not at risk for severe illness or death (graph 2). In fact, no child has died of COVID-19 in Israel.

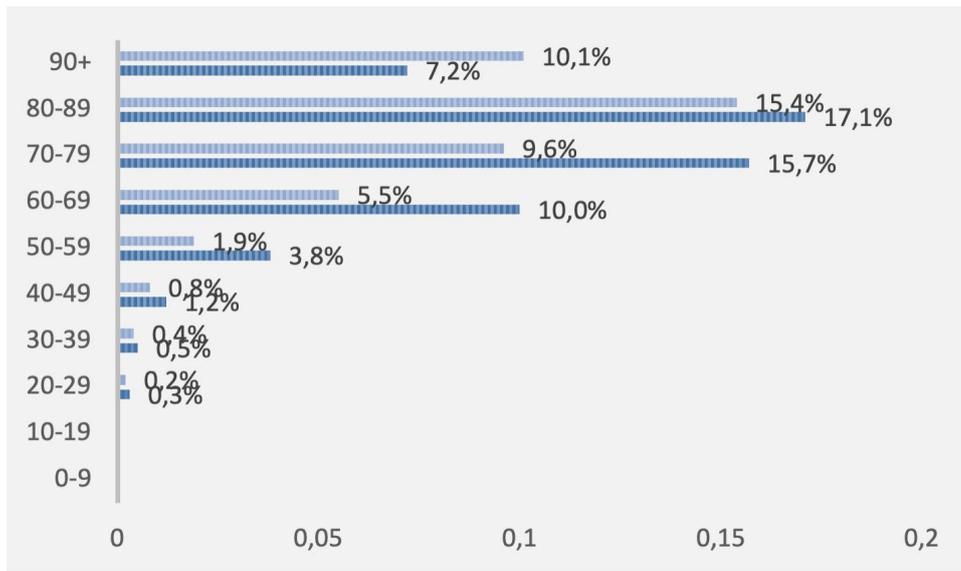
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Graph 1: The rates of verified COVID-19 cases by age (March 2020-December 2022)



Source: <https://datadashboard.health.gov.il/COVID-19/general>

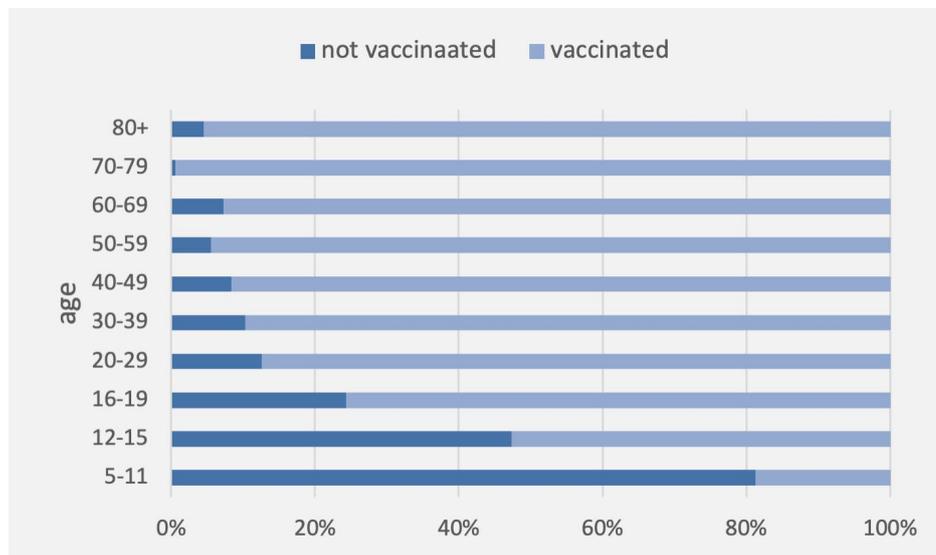
Graph 2: Death due to COVID-19 by age (March 2020-December 2021)



Source: <https://datadashboard.health.gov.il/COVID-19/general>

Children may have been the most infected group as they were the last group to be vaccinated and therefore had the lowest vaccination rates of all age groups (see graph 3).

Graph 3: Vaccination rate per age (December 2022)



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Children’s Perspectives on their Lives and Well-Being During the COVID-19 Pandemic

The data on Israeli children’s own perspectives on their lives and well-being during the COVID-19 pandemic derive from the international survey - the Children’s Worlds survey. This is the first global study of childhood from the child’s perspective.

The project began in 2010 with a small unfunded pilot study and has developed to gather the views of more than 125,000 children in over 35 countries across five continents during 2016-2019. During the pandemic the project carried out a survey on children about their lives and their subjective well-being. 20 countries, including Israel, participated. The Israeli sample included 930 children, chosen via convenience, non-representative sampling. 27.4% of the children were in 4th grade, 38.2% in 5th grade and 37.05 in 6th grade. 85.7% were Jewish and 14.3% were Arabs. Children were surveyed via schools from May 2021 to October 2022. They were asked to fill in a closed questionnaire containing a number of items grouped into four broad themes: the context of children's lives; life during the COVID-19 pandemic; school and relationships; and how children felt about their lives. Below are some of the main results of this survey.

Children's relationships

Children reports show that the COVID-19 pandemic has had a negative impact on children's relationships with their friends (table 1). These results can be explained by children being asked to keep at a distance from each other.

Table 1: Children's reports on their relationships with their friends (percentages and means scores)

	Frequency (%)			Mean (SD)
	I do not agree	I agree a lot or I totally agree	I agree a little or I agree somewhat	
I miss my friends	11.2	27.1	61.8	2.7 (1.41)
My relationships with my friends were affected during the coronavirus pandemic	21.4	35.7	42.8	2.1 (1.46)
I made new friends with other children online during the coronavirus pandemic	58.9	20.5	20.6	1.0 (1.47)
During the coronavirus pandemic, I felt well supported by some of my friends	14.3	44.5	41.3	2.2 (1.36)

In contrast, the COVID-19 pandemic had a positive effect on children's relationships with their family members (table 2). Most of the children felt that they came closer to their family members during the pandemic.

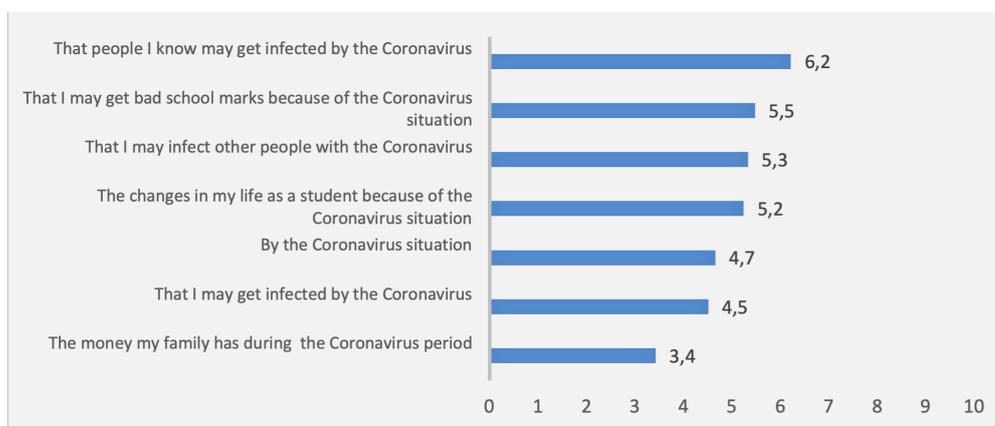
Table 2: Children's reports on their relationships with family members (percentages and means scores)

	Frequency (%)			Mean (SD)
	I do not agree	I agree a lot or I totally agree	I agree a little or I agree somewhat	
I miss my relatives (e.g., grandparents, a parent living or working far from home)	11.3	16.4	72.3	3.0 (1.4)
During the coronavirus pandemic I felt well supported by some people I live with	3.9	13.8	82.3	3.4 (1.07)
During the coronavirus pandemic I became closer to some members of my family	10.4	27.6	61.9	2.7 (1.4)

Children's worries

Children were asked to indicate how much they were worried about various aspects of their lives during the COVID-19 pandemic. Graph 4 shows that children were most worried that people they knew would be infected, their second most frequent worry being that they would infect other people. They were more worried about this than about themselves being infected. That is, children were more worried about the health of the people around them than about their own.

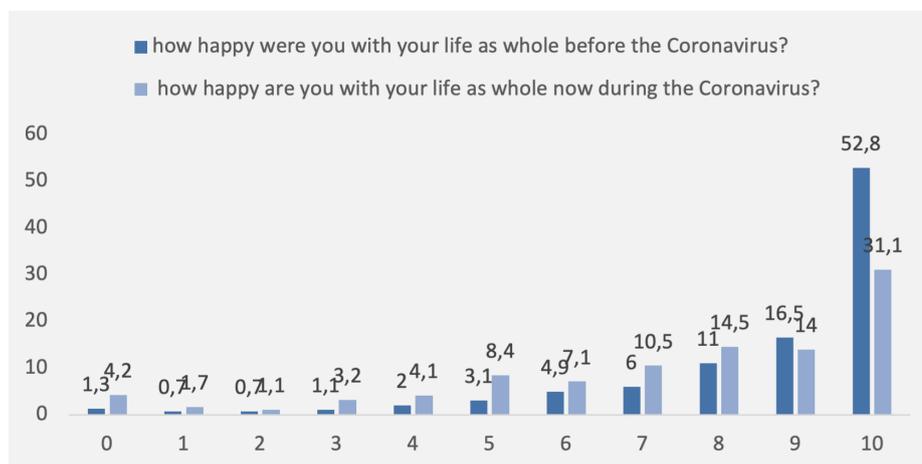
Graph 4: During the last month, how worried have you been about the following things in your life? (mean scores)



Children's satisfaction with their lives before and during the COVID-19 pandemic

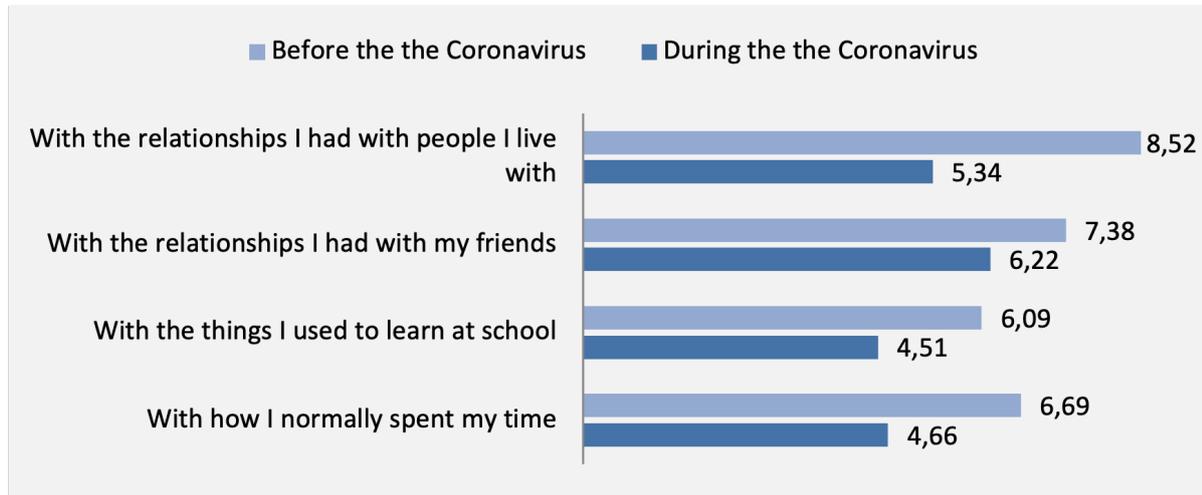
Children were asked how happy they were with their life as a whole before and during the pandemic. Table 3 shows that many more children reported being completely happy before the pandemic than during it (52.8% versus 31.1%), and almost 3 times as many children reported that they were not happy at all during the pandemic than before it.

Graph 5: Children's happiness with their lives before and during the COVID-19 pandemic (%)



Children were also asked about their satisfaction with various aspects of their lives before and during the pandemic. As clearly shown in graph 6, children reported they were more satisfied with various aspects of their lives before the pandemic than during it. There was a decrease in their satisfaction in all aspect of their life they were asked about.

Graph 6: Children’s satisfaction with various aspects of their lives before and during the COVID-19 pandemic (%)



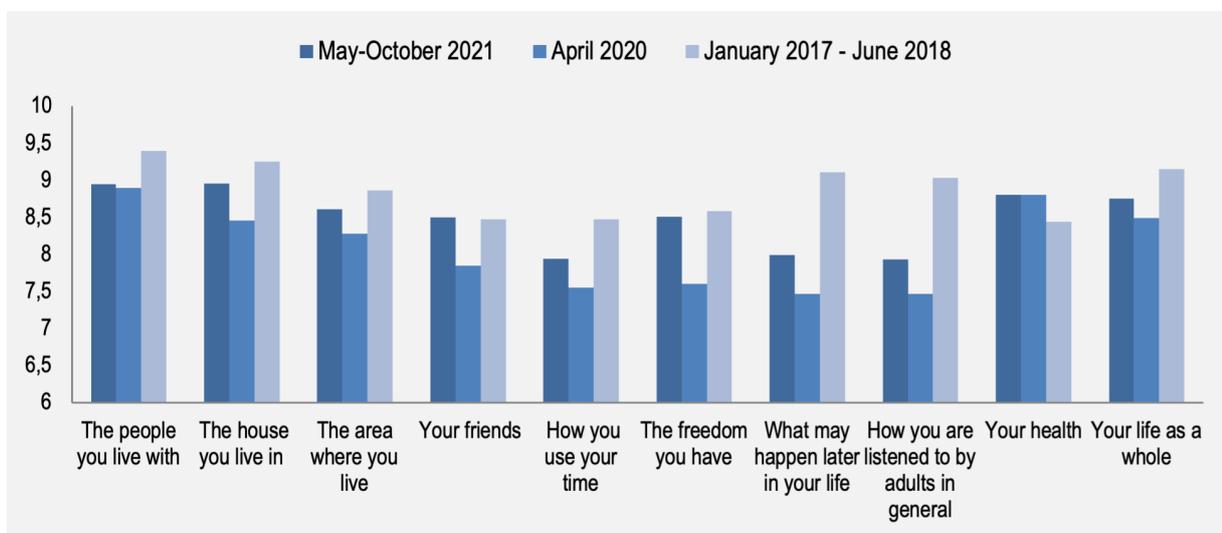
Longitudinal data on children’s well-being

The above comparison of children’s well-being before and during the COVID-19 pandemic was based on a cross-sectional survey. Although important, this kind of comparison has limits. A better method for understanding the changes in children’s well-being before and during COVID-19 pandemic is compering data from several different time periods during and before the pandemic to gain a longitudinal view. Thus, we now compare results of three surveys on children’s well-being conducted at different times.

Data from before the pandemic was taken from the third wave of the Children’s Worlds project (2017-2018), which collected data about subjective well-being among a representative sample of 3,102 children aged 10-12. During the first wave of the pandemic (April 2020) a survey in Israel by the Haruv Institute asked a convenience sample of 650 children aged 10-12 about their attitudes, feelings and emotions during the COVID-19 pandemic. The third was that presented above – a convenience sample of 930 children aged 10-12. Note that the three surveys differ from each other in the nature of the sampling system used. The survey before the pandemic used a representative sample, while the two surveys during the pandemic used a convenience sampling method. Nevertheless, these are the only available longitudinal data on children’s well-being during the pandemic from their own perspective. Therefore, it is important to preset this data in spite of the limitations of this kind of comparison.

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Graph 7: Children's satisfaction with various aspects of their lives at three time periods before and during the COVID-19 pandemic (mean scores)



Generally, children's satisfaction with various aspects of their lives was highest before the Coronavirus outbreak (graph 7). Immediately after the pandemic started, children's satisfaction with their lives declined, but about 15 months later children's satisfaction with their lives rose or became stable. These findings indicate that children adjusted to the changes in their lives after one year into the pandemic. Health was the only life domain in which children did not report a decline.

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Summary and Conclusion

The COVID-19 pandemic has had a great impact on children's lives, and some of these effects are probably long-lasting. While children are at the lowest risk for severe illness or death as a result of the Coronavirus, one should not underestimate the implications of the pandemic for their lives and well-being. During the pandemic children were considered the most "dangerous" group that could infect other people with Coronavirus – they were more infected with the virus and less vaccinated. This is reflected in children being more worried about the health of other people in their lives than about their own. We must consider the impact of this on children's well-being and status. For example, children were excluded from many events and sites during the pandemic in Israel, the first time in many years that it became legitimate to restrict the presence of children to public places.

Although the pandemic clearly negatively affected children's lives, there were also some positive effects. The results here showed a positive effect on children's relationships with their family members. Also, children's ability to cope with the negative effects of the pandemic is shown by their subjective well-being rising a year and a half after the start of pandemic from its lower level a few months after the pandemic started. Most studies on children's well-being during the pandemic have focused on negative effects and problems, but it is important also to examine resilience and children's abilities during this period.

The current paper stresses the importance of listening directly to children to learn the effects of a significant event like the COVID-19 pandemic on their lives. Children tell us things which may differ from adults' assumptions about their experiences.

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Facing Loneliness in Later Life: Showcasing a telephone based Initiative in Israel

Liora Bar-Tur & Sigal Naim

The COVID-19 pandemic presents a serious threat to older adults' physical and mental health. During the beginning of pandemic, in response to the growing number of infected individuals in Israel, public health measures were taken to mitigate the virus's spread. Restrictions and lockdown were imposed, particularly among the older population in the community and in sheltered homes, to protect them from COVID-19. All home services, such as caregivers from the National Insurance Institute, were discontinued. These protective physical health measures exacerbated the risk for increased social isolation, loneliness, health deterioration.

It is well documented that Israel is rated high on familyhood scale (Lavee & Katz, 2003) as is it a more traditional and religious society. In old age, social contact and emotional support are essential and during crisis such as a pandemic, support for isolated older adults who are unable to keep their social engagements and in-person contact with family and friends is crucial to combat loneliness and anxiety. As isolation requirements continued and other lockdowns were operated, a corresponding increase in the risk of emotional harm has become evident (Aisenberg, et al., 2020; Applegate & Ouslander, 2020; Brooks et al., 2020; Vahia et al., 2020) - especially for vulnerable older adults such as Holocaust survivors (Cohn-Schwartz, 2020; Shrira et al., 2020)

A recent study measured the medium-term consequences of the first wave of the pandemic using data from the SHARE Corona Survey, that included retired respondents aged 60 and above from 25 European countries plus Israel (Atzendorf et al., 2021). The findings show that both macro-indicators are influential for increased feelings of sadness/depression, but that individual factors are crucial for explaining increased feelings of loneliness in the period after the first lockdown. Especially those living alone had a higher risk for increased loneliness in the time after the first COVID-19 wave.

As Gerontologists, we found out that during lockdown conditions, establishing remote emotional support systems was essential, parallel to physical healthcare services (Bar-Tur et al., 2021; Steinman et al., 2020). Emotional support was needed primarily for the oldest-old (80 years and over), especially the physically frail and homebound who are at risk for poor physical and emotional deterioration. During routine times, these older adults are likely to receive regular home services and visits from various health professionals, caregivers, and volunteers. However, during the beginning of pandemic, all these contacts came to a halt or were dramatically reduced and both the older frail adults and their spouses and caregivers experienced stress and loneliness.

We presented a qualitative research and telephone based support initiation that took place at the beginning of the pandemic. The qualitative interviews were conducted in a context of a wider study, a cooperation of 6 European countries (Czech Republic, Spain, Austria, Sweden, Norway, Ireland) and Israel that examined the effect of life transitions

and stressful events (e.g., Holocaust, Poverty, immigration, etc.) on exclusion at old age. 30 interviewees - amongst those Jews and Arabs in Israel - pointed that ethnicity (Jews or Arabs) or living patterns (live alone or near/with family) are not important during crisis situations. Imposing lockdown along with uncertainty makes it hard to cope, especially within a familial society in which people are highly connected and in-person contact is frequent.

We further introduced the “tele-support program” that addressed the mental health needs of community dwelling older adults in Israel who were suffering from emotional distress and tension due to the restrictions and the lockdown. The initiation underlying principle was that a professional volunteer’s telephone call would contribute to the older adults—most of whom had never initiated a call to receive emotional support—to combat fear, loneliness, or other mental health needs. These calls contributed to older adults’ sense of security and helped to combat loneliness, and to the good feeling that someone is interested in their situation and is prepared to give them emotional support (Bar-Tur et al., 2021).

The tele-support operated in Israel successfully during the first, second, and third lockdowns. Tele-support and in particular reaching out to older adults can substitute for in-person meetings and easily and quickly reach out to many older adults who otherwise would not receive emotional support during crisis but even in routine. Given the encouraging responses from the older adult clients and their families, we suggest that this service continues in routine times as a promising relief for homebound, frail or lonely older adults.

Since 2020 and through the COVID-19 crisis, the Ministry of Social Equality has promoted the national program to combat loneliness. The purpose of the program is to increase mental resilience of senior citizens in the community and their ability to handle transitions and risk situations, with special stress on their increased needs due to the COVID-19 crisis. In addition, the program will provide supportive tools and promote a society and surrounding enabling senior citizens’ empowerment. These steps will contribute to raising their standard of living and supporting their active and independent functioning.

Main objectives of the program:

- Reducing senior citizens’ feelings of individual, mental, and social loneliness
- Equipping senior citizens with skills and tools for coping with their lives and exercising their rights
- Ensuring continuous quality services for dealing with loneliness and mental and emotional stress
- Preventing loneliness before it occurs by encouraging an active aging policy, promoting intergenerational connections and reducing ageism

Recently, the minister of Social Equality nominated a project director to oversee a special program to combat loneliness of older adults. Some initiatives that were operated during the pandemic in the municipalities along Israel are continuing. These projects include volunteers from the community who visit older adults at home, provide medicine, groceries and other services according to the older adults’ needs.

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Students and young adults in a national service in Israel are also involved in special projects to support older adults in need. There are also hotlines of the National Security social services, NATAL (An organization that specialize in the fields war, terror and trauma) and Eran (Emotional first aid by telephone and internet)

Summary and Recommendations

The pandemic continues to be a serious threat to older adults' physical and mental health. Social contact and emotional support for older adults who are isolated and stay at home are crucial to combat loneliness and anxiety. For older adults who are functioning and are independent there is a need to continue to develop educational and active programs and projects to prevent loneliness before it occurs. This initiative organized and supported by the Ministry of Social Equality adopts an active aging policy, promotes active participation in social and community activities, in intergenerational connections as well as in reducing ageism. The programs should be conducted in the communities of older adults.

It is important to address the role of the community especially during crisis such as COVID-19, when family members are not able to help and support their older members. The community is a natural space that expresses the abilities of all its members. Hence, when the community is strong and able to support its older members, it is very important to rely on it and use its resources (Porat-Amos, 2022).

The telephone and video substitutes for in-person meetings is an additional challenge and an opportunity to reach out to many older adults who otherwise would not receive emotional support. Providing emotional support can help older adults to continue living at home and avoid ending up in a hospital, residential care, or long-term care facility.

We call on other Gerontologist associations to follow our initiative and use their professionals' vast knowledge on aging and mental health to provide older adults in their communities with remote or online professional and emotional support.

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Comparative Research on Health, Social Support and Intergenerational Relations in Later Life in the Context of COVID-19

Martina Brandt, Robert Heidemann, Alina Schmitz and the entire team

Social support, health, and intergenerational relations are especially relevant topics when demographic ageing and crises such as a pandemic with age-related risk profiles collide and interact (see, e.g. Klingel et al. 2022; Brandt et al. 2021; Grates et al. 2021; Quashie et al. 2021). Since the outbreak of the COVID-19 pandemic in spring 2020, thus numerous studies on the social consequences of the pandemic and related containment measures on individuals, families and societies across the world have been published. Quantitative comparative research can help to understand the consequences of crises and change on individual lives within different societal contexts. But researchers are faced with several challenges and pitfalls that can limit the validity of empirical results. This chapter provides an overview of some of these challenges for comparative social research on health, support and intergenerational relations in later life in the context of COVID-19. After describing methodological challenges of survey-based quantitative research during pandemic times, we give an overview of changes in support patterns across Europe paying close attention to national specificities that need to be addressed. We conclude with recommendations for future research.

Concepts and methods

Some of the general substantial and methodological challenges of empirical research on age(ing), such as sample selectivity (hard-to-reach respondents due to health limitations, lacking language skills, adverse socio-economic conditions, etc.) as well as biased response behaviors (due to cognitive impairments, social desirability, etc.) (see Brandt 2018), become even more evident and pressing in pandemic times. This is especially true for research on health and intergenerational support relations in a context where physical distancing is key to contain the spread of a virus and younger people are seen as a threat to older people and people with health-related pre-conditions, who are a risk group for severe COVID-related health consequences. COVID-19 thus not only affects the way data can be collected but also how people (with different age and health profiles) might react to and in such interviews (in systematically different ways).

Many of the early studies on the social impact of the pandemic were based on convenience samples, and while these studies provided important insights into social phenomena during the early phases of the COVID-19 crisis, they are clearly limited with respect to provide results that can be generalized to a countries' overall population (see Kühne et al. 2020 for an overview). As compared to randomly selected samples, individuals included in convenience samples are (even more) likely to come from particular population groups, such as individuals with a high socioeconomic status or a good physical health status.

Although older people are generally considered to be more willing to participate than younger people, a decreasing probability of participation can be observed with increasing age (see Galea et al. 2007; Brandt 2018 and Schmitz 2019 for an overview). Furthermore, many of the existing COVID-19 studies are based on data that has been collected via online surveys, so that population groups without internet access are underrepresented (Kühne et al. 2020) – which, again, is true for a considerable part of the older population. Especially studies on the pandemic's impact on the oldest old are challenging. Also in pre-pandemic times, many surveys – and even surveys on the older population – typically sampled individuals living in private households, and thus excluded older adults living in nursing homes (Kelfve 2019), which means that one of the most vulnerable population groups is strongly underrepresented in the majority of the studies. Solutions such as proxy interviewing can only provide a small (and potentially also skewed) part of the actual picture, especially when talking about (self-) evaluations or perceptions (e.g., life satisfaction, family conflicts). A different attempt to solve selection problems is weighting, which, however, can be only as good as the information we have about a specific population ("gold standard") and does often not account for specific sub-populations (e.g. singles, caregivers, institutionalized persons etc.).

Another challenge of social research on COVID-19 lies in retrospective self-assessments. Many of the existing surveys have been conducted ad hoc and lacking pre-COVID information about the respondents. In order to evaluate COVID-19 related changes, many surveys included retrospective questions and the answers were then compared to the current situation. This approach bears the risk of measurement errors as respondents may experience difficulties to remember particular details, and also because respondents tend to report past feelings that are more consistent with their current situation ("colouring"/"anchoring", Brandt 2018). In addition, retrospective questions place high cognitive demands on respondents (see Hipp et al. 2020 for an overview), which is of particular concern in samples of (very) old individuals. To adjust to certain response behaviors, collecting information about objective facts such as biomarkers might be a way to learn more about the "true" condition of individuals – this concerns, however, a very limited set of characteristics, is very expensive and in many ways not yet fully methodologically developed and understood.

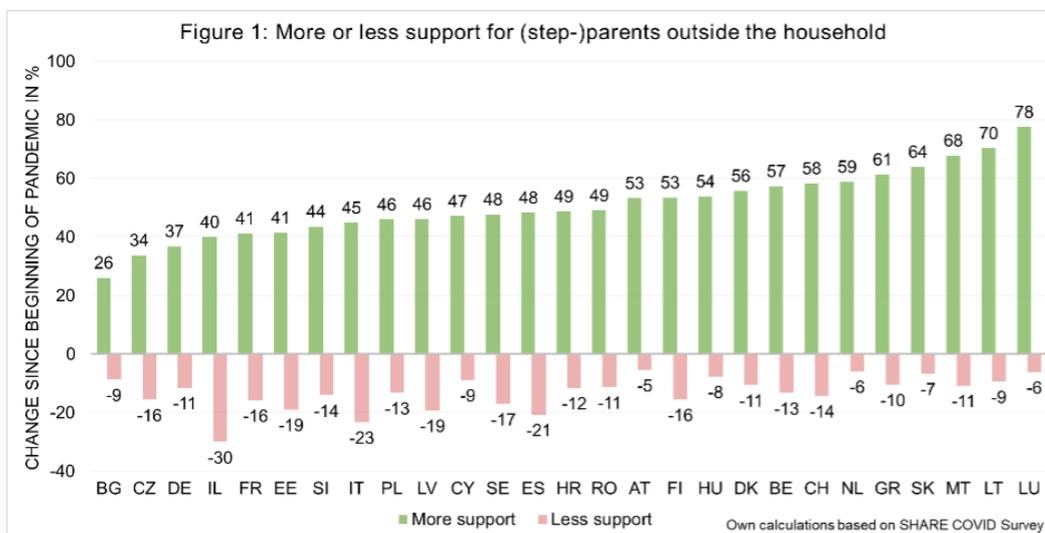
In order to investigate the impact of the pandemic on a societal level, longitudinal data is indispensable, not least since the consequences of collectively experienced crises on individual life courses (might partly) become evident with a considerable time lag (Mannheim 1928). Also, data collections naturally lag reality but can provide important insight into general mechanisms and change, which helps understand past events and predict future developments more accurate. Post-corona waves of many established longitudinal studies are now available. For example the "COVID-19-wave" from the German Socioeconomic Panel (GSOEP; Kühne et al. 2020) or the Survey of Health, Ageing and Retirement in Europe (SHARE; Börsch-Supan 2020). Due to the measures to reduce the spread of COVID-19, many surveys had to adapt their fieldwork. In the SHARE, for example, data collection – which was initially conducted face-to-face was done by (Scherpenzeel et al. 2020). When using any survey and especially such COVID-19-data, one has to keep in mind the above mentioned general and pandemic-potentiated challenges by carefully interpreting substantial results.

Assessing the links between health and social support based on survey data might for example just allow for conservative estimates of the situation, as the least healthy and the most isolated do/cannot take part in the data collections. Moreover, when information from different social and societal contexts is compared, we might also face different methodological issues depending on the country and interview contexts which disguise “true” differences and hinder comparability. Despite these challenges we want to give a first, careful descriptive glimpse into changes in intergenerational support patterns during the pandemic across Europe based on the new SHARE data.

Changes in intergenerational support patterns: National differences

With the onset of the COVID-19 pandemic and the imposed social policies to restrict the spread of the virus, pressure was on families, especially on women, to shoulder the closure of (child and elder) care facilities, the reduction of formal and informal care supply and to support their older parents (Carli 2020; Settersten et al. 2020; Tur-Sinai et al. 2021). Being at higher risk of experiencing severe complications and showing higher mortality rates, people aged 60 and older were generally regarded as vulnerable and thus particularly expected to stick to movement restrictions and contact reductions (Brooke & Jackson 2020; Settersten et al 2020). Beside an enforcement of ageism (Monahan et al. 2020), the focus on age as the thriving risk factor instead of pre-existing illnesses led to higher rates of self-isolation (Brooke & Jackson 2020) along with a higher degree of dependency on support not only among older people with limitations or a higher risk due to pathologic conditions. However, older adults with health limitations in Europe were especially affected by the pandemic. Bergmann and Wagner (2021) found significantly lower levels of self-rated health and higher rates of depressive symptoms, anxiety and loneliness among older care-recipients living at home during the first wave. This lower rate in wellbeing went along with more difficulties in having access to formal services, especially in Southern and Western Europe (Bergman & Wagner 2021). As a result, European and Israeli care-dependent older adults relied on additional informal care provided by the family as shown by Tur-Sinai and colleagues (2021).

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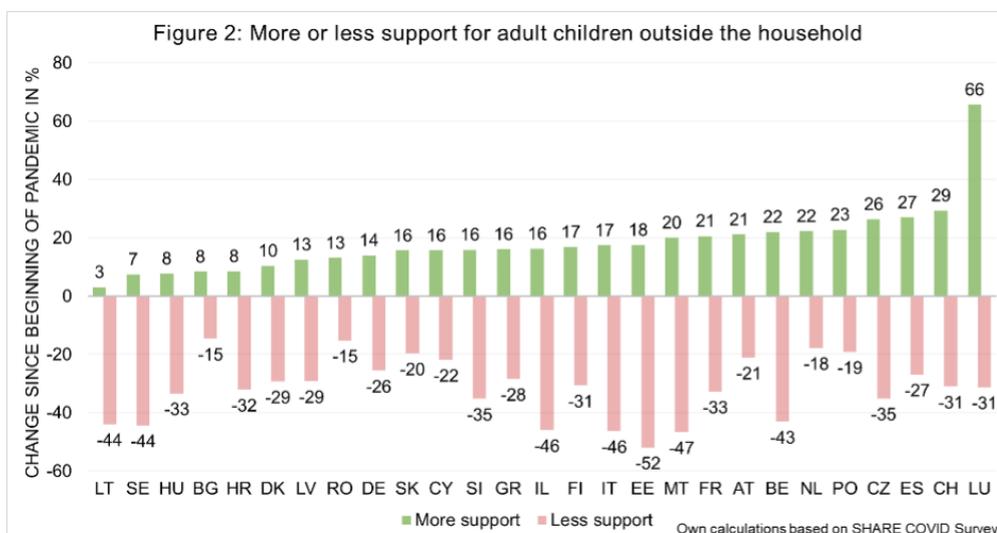
Yet, additional family support was not only offered in terms of caregiving but also in a broader sense. For instance also comprising instrumental help, as we show based on SHARE data. For the SHARE COVID survey, computer assisted telephone interviews were conducted with the panel samples of 26 European countries and Israel between June and August 2020 (Scherpenzeel et al. 2020). Figure 1 encompasses respondents who indicated either to support and/or care more for their (step-) parents, or to have decreased their support and/or care since outbreak of the pandemic (N= 2.012). In Figure 2 the focus was on participants who provided care and/or support to their adult children living outside the household and had either given more or less of this help since COVID-19 broke out (N= 2.661). For both analyses calibrated weights for the SHARE COVID survey sample where applied.

Comparing the support for older parents across Europe and in Israel, we see a wide range in additional support among parent-supporters, varying between 26 percent in Bulgaria to 78 percent in Luxembourg.

The share of supporters having remarkably decreased their help since outbreak of the pandemic is below the level of those having increased their support in every country. Moreover, the range among the less supporting children is much smaller, varying between 5 percent in Austria and 30 percent in Israel, supporting the results of Bergman & Wagner (2021) and Tur-Sinai et al. (2021) of a higher demand for informal support among the oldest. Finally, summing up the percentages of more and less support, signals fundamental change in upward intergenerational support. Only in two of the 27 countries (Bulgaria and Germany) the majority of supporters helped at the same level as before the pandemic. In all other countries between 50 percent and 84 percent indicated to having adopted their support behavior due to COVID-19.

A different picture emerges for downward intergenerational support as shown in Figure 2. In only in three of 27 countries, the share of supporters who increased their help is larger than the share of those supporting less since the outbreak of the pandemic. Still, the levels of change during the COVID-19 pandemic are also major, ranging from 23 percent in Bulgaria to 97 percent in Luxembourg.

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To investigate the origins of the national differences in changes of upward and downward intergenerational support, protective policy measures would have to be taken into account (as e.g. provided by the Oxford COVID-19 Government Response Tracker; Hale et al. 2021). Additionally, further socio-economic and health characteristics would have to be considered in order to compare country differences and variation between the two types of intergenerational support more detailed. However, there are also certain challenges within the available data that limit in-depth comparison. First, there is no information on the exact amount of support and care provided, such as number of hours or provision on a daily or weekly basis. The lack of such a measure of support intensity impedes comparisons between the countries on where the most support and care is provided, and how the levels of support differ between up- and downward support. Second, no information on the specific kind of support is provided, and to what extent it is bound to physical contact. For example, financial transfers as a common form of downward support (Albertini et al. 2007) can be provided over distances and are presumably less affected by policy measures on physical distancing than grandchildren care or helping with errands, but more prone to the economic impact of the pandemic. Third, due to small sample sizes we cannot compare different population groups, such as ethnic minority groups or among the socio-economic deprived persons, which are especially vulnerable (Saban et al. 2021; Wachtler & Hoebel 2020). Finally, but yet importantly, our descriptive findings may not only represent substantial differences between countries due to compositional or contextual influences (such as population structures or political measures), but also methodological artefacts due to differences in the sample selection between countries which cannot be accounted for by the weights used. Additionally results may be biased by response behaviors (due to cultural differences etc.) or other sources of measurement non-equivalence (due to translation etc.; Davidov et al. 2014). Thus, identifying the impact of the pandemic on intergenerational support in different contexts is a complex task for future research.

Conclusion

There is still a lot to find out concerning the effects the pandemic had on social relations, health, and intergenerational support in regional, national and international contexts. In order to generate "better knowledge", more balanced samples (including the oldest old, people in care homes, people with health conditions, proxy interviews), multi-actor designs to capture different perspectives (e.g. by the young and the old in family and society), mixed modes and methods (in order to capture all respondents and information "depths"), long term longitudinal data (before during and after the crisis) and more precise, comparable contextual data (to be able to assess macro-micro links) are urgently needed. Even if such data collections come at a relatively high economic cost, they are in all likelihood a good investment as they can inform and support the implementation of effective policies to foster healthy ageing and intergenerational solidarity during challenging times.

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LINKING AGES

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