**Ideas for addressing RQ4 from a care (giving) perspective**

*Background*

Demographic ageing and societal transformations are very often portraited as a ‘care tsunami’ that will in the future result in lower provision of care. This is particularly the case in relation to the availability of informal care with the underlying rationale that less carers will be available as women increase their labour market participation. This picture, underestimates the fact that provision of care is very much underpinned by norms and values attributed to particular groups of individuals (i.e. women vs. men) but also to tasks or occupations (i.e. care and unpaid work as household tasks and ‘feminine’ activities). These are inculcated through the living experience in a given time and place and throughout the life course. At the same time, these norms and values are not static nor homogeneous across groups (e.g. expectations to provide care are higher for unemployed and low educated women than they are for their employed and highly educated counterparts).

As a number of countries have introduced paternity leaves and care leaves related to childcare specifically aimed at fathers, and gender equality has become more visible in society, the question is whether future cohorts of middle-aged men will be more prone to provide informal care to their older relatives.

*Research question:*

How the involvement of women/men in childcare may affect their probability to provide care to older people later on. The involvement in maternity by women (proxied by taking longer maternity leave) would probably have little impact on caregiving later on due to traditional gender roles; while for men this effect (i.e. taking on paternity leave or reducing work due to childcare) could have a significant impact. In addition, for women, childcare could have an impact on caregiving through delayed re-entry into the labour force - differentiating within women and setting some on a pathway of disadvantage in the labour market, which would later on translate into caregiving.

The analytical strategy could encompass the following (one or a combination):

1. A comparison of men who took up childcare tasks as opposed to those who didn’t, to asses how that impacts their probability to provide informal care later on. Women would stand as a makeshift control-group.
2. To disentangle the effect of childcare on employment/income and later on informal caregiving, we would compare within this within groups of women with similar education backgrounds (i.e. whether we observe higher probability to provide informal care for higher educated women who quickly went back to the labour market as opposed to those who did not).
3. Exploring possible timing of parental/paternity leaves in some countries for a possible DiD approach, matching similar countries with dissimilar timings of paternity leave or similar schemes.

Other possible extensions would include analysis for couples with similar and dissimilar education backgrounds between spouses (another potential determinant of care that is evolving with a greater proportion of women having equally or less educated husbands).

*Data:*

This analysis requires retrospective data of some kind. A quick search of datasets indicates that this could be done with the Gender and Generations Program (GGP) data. Not all countries have collected information for 50 to 65 years-old (the prime group of carers) in this survey but a sufficient number did (also a diverse set of countries), so there should be a sufficiently large sample. In addition, the GGP also has a dataset with macro-level policy information on gender policies, which can be supplemented by the SPIN (Social Policy Indicators) Database that is carried out in Sweden by SOFI with long-time series on policy changes in various areas covering more than 35 countries: <https://www.sofi.su.se/spin/about-the-project/background>. We did not find yet comparable data for Canada.