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In the mid-2030s, the health of the baby boomers will have deteriorated and many in these large cohorts will be in need of formal and/or informal long-term care.

This "**care wave**" will transform two generations: the baby boomers in need of care and their children who may supply care. It will have significant implications for labour supply, especially for women, saving behaviour, and therefore for productivity, economic growth and its inclusiveness.

**The overarching objective of BB-Future is to understand the size and the implications of the care wave on economic and social outcomes, to appreciate the quality of this second ageing-related transformation and to develop policy recommendations for advance planning on the EU and Member State levels.**

This deliverable is the first issue of the theme catalogue, which will be updated in the course of the project.

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# Theme Catalogue

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This document lays out the initial key policy issues and questions of the project "The Care Wave and the Future of the Baby Boomers and Their Children" (BB-Future). Updated versions of this theme catalogue, reflecting additional policy issues and progress made as the project develops, will be published in the future.

BB-Future is part of a broader European policy effort to improve long-term care (LTC) sectors in the EU against the background of ageing populations. The importance of LTC issues led the European Commission to formulate its European Care Strategy[1] in September 2022. LTC sectors are already struggling to meet demand in many EU countries in 2023, and they are set to face further increases in demand as the large baby boomer generation grows older.

A unique feature of BB-Future is the use of three state-of-the-art, interacting economic models: A microeconomic model, a macroeconomic model, and a social security model. This strategy allows us to investigate a broad range of outcomes and questions. For more information on the methodology, see the project website.

The project makes extensive use of variables from the Survey of Health, Ageing and Retirement (SHARE) to fit these models and simulate policy scenarios. These variables are alluded to in the current version of the catalogue and will be more precisely specified as the project and its models develop.

The project's ultimate goal is to produce policy recommendations to prepare the EU and its Member States for the incoming so-called "care wave". We will devise these policy recommendations by comparing the results of different policy simulations. For each simulation, we will define a hypothetical policy scenario, i.e., a policy change, and re-estimate the models to obtain a new set of results. Playing out different scenarios will allow us to quantitatively compare the effects of different policies and distil these results into concrete policy recommendations.

This theme catalogue describes an initial set of policy simulations that the project aims to undertake. These simulations are classified into three pillars, each containing three sub-categories, that reflect the policy area of the scenario. These pillars are I) Uncertainty and Health Policies, II) Labour Market Conditions and Labour Market Reform, and III) Social Policies and Social Insurance Reform.

The formulation of these policy scenarios reflects the collective input from researchers who are part of the project, as well as insights gathered through consultations with external researchers and policymakers in the long-term care area. The goal of these discussions is to ensure that the questions investigated in the context of BB-Future are supporting policy making.

We aim to answer questions that actively guide LTC policy. Importantly, the initial set of policy questions presented in this document will be refined based on feedback from policy makers throughout the life of the project. We will therefore publish updated versions of this catalogue in the future.

[1] See https://ec.europa.eu/commission/presscorner/detail/en/ip_22_5169.

The catalogue is structured as follows. Part I explains the three pillars and gives some examples of policy scenarios for each. It also explains the relevance for policy makers of the questions in each pillar. Lastly, it touches on the variables used for the scenarios.

Part II of this catalogue then explains the outcomes that we will study to identify the most suitable policies to address the policy challenges related to long-term care. These are also grouped into three categories, reflecting different levels of impact: I) the size of the care gap, II) the impact on individuals, and III) the impact on aggregate economic activity.

Finally, part III includes an extensive list of more specific policy questions that we aim to address, classified into the above-mentioned three policy pillars. For each question, we provide a preliminary assessment of the feasibility and saliency for policy makers of this question. The latter was assessed through consultations with policy makers and stakeholders in the LTC space. We stress that this list is preliminary and will evolve as the project develops.

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## Part I: Policy Simulations

**Pillar #1: Uncertainty and Health Policies**

This pillar consists of different scenarios for future ageing and health trends, as well as policies aiming to improve the health of citizens.

*I.a) Uncertainty in Demographic Projections.*

The analysis is built upon assumptions regarding long-term trends in demography and health within the EU. It is crucial to recognize that incorporating projections introduces a notable degree of uncertainty into the analysis, as erroneous projections will impact the results of the analysis.

To address this uncertainty in the policy recommendations, we will undertake the analysis under different assumptions about the future demographic structure of the EU's populations, as well as longevity trends in the region. Demographic trends will be translated into variables using EUROSTAT data.

We will build three different scenarios: a baseline demographic structure, a younger one and an older one. These simulations are not investigating policies per se but constitute important exercises to account for uncertainty.

*I.b) Uncertainty in Health Trends.*

Research on long-term care needs not only crucially relies on projections about demographic trends, but also about health trends. How healthy will people be in the future, especially in old age? To address uncertainty in the evolution of health trends among European populations, we will formulate different scenarios concerning cognitive health based on detailed SHARE data about individual health.

Notably, we will formulate probabilities of cognitive impairment using SHARE-HCAP and SHARE life course health trajectory data. We will also analyse different scenarios assuming varying intensities of long-term care needed, building on health trends. As the simulations in pillar I.a., this pillar seeks to reflect on the importance of uncertainty rather than illustrating policy scenarios per se.

Simulations in groups I.a. and I.b. are important for policy makers since they assess how dependent the impact of a specific policy is on underlying demographic and health trends. For example, if a policy increases female labour supply in the baseline scenario of population age but decreases it significantly if the population is older than expected, then the desirability of this specific policy should be evaluated with caution.

*I.c) Health Policies.*

Under this theme, we will run simulations incorporating different policies aiming to improve the health of individuals (in contrast to healthcare policies in pillar 3, which contain reforms of healthcare systems). For example, this set of policies includes information and prevention campaigns addressing cognitive diseases such as Alzheimer's. To the extent possible, we will use variables from SHARE to model awareness campaigns.

This group of policies is relevant for policy makers since they examine how, when faced with an ageing population, government can prepare populations for healthy ageing. Health is obviously an important determinant of the future demand for long-term care. Determining policies that reduce the need for long-term care in later life will be of crucial importance to decrease the burden on LTC systems.

**Pillar #2: Labour Market Conditions and Labour Market Reforms**

This pillar includes policy experiments directly targeted at the labour market and individual's decisions to work.

*II.a) Supporting Policies.*

In this set of policies, we will simulate policy initiatives that facilitate participation in the labour market, including the decision to work at all and how much to work. An example is an increase in the provision of daycare facilities for children. On the one hand, the availability of childcare facilities could encourage parents to return to work or work full-time, particularly women. On the other hand, if an individual is outside of the labour force to care for children, then the opportunity cost of additionally caring for an elderly relative might be lower, pushing people to stay outside of the labour force. We will gather information on institutional availability of childcare from SHARE and other relevant sources.

We will use detailed career history variables from SHARE to build a baseline and alternative labour force participation scenarios, including information on part-time and full-time work. The variables of interest include time spent in employment, time in the labour force, time outside of the labour force, and wages. We will also examine tax policies. In some countries, asymmetric taxation favours the labour market participation of males at the expense of that of females. We will investigate how such policies impact men and women in Europe in the context of labour markets and care decisions, and how changes in taxation affect these decisions. SHARE contains variables on taxation that we will use.

From the simulations in this group, policy makers should learn which reforms adjacent to the labour market can help mitigate the effects of the care wave, particularly on women. Results will simulate how individuals react in terms of care and work decisions, as well as the aggregate effects on productivity and the labour force.

*II.b) Labour Market Reforms.*

This category includes reforms targeted at the general labour market. We will investigate their impact on the work and care decisions of individuals, but also on the aggregate labour supply, the composition of the workforce and aggregate productivity. An example scenario would be a European minimum wage, or the introduction of a 35-hour week in all EU countries. In this category, we will also explore to which extent female labour supply can compensate for the retirement of the baby boomers, using labour force data from SHARE.

An increase in long-term care needs will have an impact on old-age labour supply as well as on the decisions of younger generations. If not enough public LTC is provided, the labour force will diminish since younger people will have to stay at home to care for the elderly. The results of simulations in this group will inform policy makers on the effects of broader labour market reforms in the context of the care wave. The simulations in this group will also inform policy makers how reforms affect aggregate outcomes such as long-term health, mortality and productivity, as well as institutional outcomes such as the financial balance of pension and healthcare systems. By leveraging three different models, we will be able to assess the effects of labour market reforms in a holistic way.

*II.c) Reforms of the Care Workforce.*

This group of measures contains policies targeted specifically at the long-term care workforce. In many European countries, there is already a shortage of long-term care workers today, and this situation is likely to worsen with the incoming care wave. Therefore, policies to attract additional workers and retain current workers in the sector will be very important. Equally important will be policies to

incentivise full-time work, since part-time work is very prevalent in the LTC sector. For example, we will investigate the effects of a wage subsidy for care workers. To the extent possible, we will also explore the scope to integrate migrants into the care workforce specifically, as well as simulations about intra-European migration of care workers.

We will use SHARE variables to build baseline and alternative scenarios for the amount of care needed. Detailed SHARE career and family data will also yield information on the probability of working part-time.

In our discussions with policy makers, policies aimed at growing the LTC workforce were highlighted as particularly interesting. This is also reflected in recent policy efforts, for example, the "Konzentrierte Aktion Pflege" in Germany or an agreement between the government and social partners to increase the wages of care workers in Denmark in December 2023. Reflecting these developments, in this pillar we will investigate the impact of such policies, including a wage increase for care workers, on the size of the care gap and other outcomes described in Part III.

**Pillar #3: Social Policies and Social Insurance Reform**

*III.a) Pension Reform*.

This group of policies involves matters related to the reform of pension systems. For example, how does the shift from defined-benefit (DB) towards defined-contribution (DC) pensions in Europe affect the ability of pensioners to pay for long-term care?

Another important question is how changes in replacement rates or pension eligibility ages will impact the care gap and old-age labour supply. We will use information on age, contributions, retirement, and labour force participation from SHARE to build such scenarios. Furthermore, we will also use institutional variables from SHARE to model different social security settings.

Pension reform is the most recurring policy tool when discussing the impact of population ageing. Many EU Member States have recently implemented such reforms or are planning to do so over the coming years. The themes of pension reform and LTC are inherently linked, with reform in one being very likely to have effects on the other. Hence, simulations of pension reforms and their effects in the context of the coming care wave will be very informative for policy makers.

*III.b) Healthcare and Long-term Care Measures.*

The policies in this category directly impact the structure and financing of the healthcare and long-term care sectors. These policy experiments will help identify the optimal setup of these two areas of social insurance systems. For example, we aim to determine the optimal mix between formal care in institutions, formal care at home, and informal care. We will also simulate different subsidies for the LTC sector, including for nursing homes and informal care. Another interesting question is the welfare cost of an insufficient supply of care.

Finally, we will not only investigate the effect of reforms but also, to the extent possible, model different scenarios regarding public investment in long-term care infrastructure and the refurbishment of people's homes to enable ageing at home. We will use data on individual care from SHARE to model the composition of the care sectors and variables from national accounts data to model public investment.

Results from this group of simulations will inform policy makers about the most effective reforms to healthcare and long-term care systems. Through discussions with different policy makers, the question of the optimal mix between formal care in institutions, formal at-home care, and informal care emerged as of particular interest. Therefore, we will strive to understand how the structure of care services offered affects the welfare of citizens.

*III.c) Interactions between Social Insurance and Other Policy Areas.*

The policy scenarios in this category investigate the role of interactions between different parts of social insurance systems, as well as interactions with other policy domains. Our methodological approach based on three interacting models allows us to exploit such interactions. For example, we will investigate the effects of subsidising pension contributions of individuals outside of the labour force due to care needs in the family (children and elderly).

Also, we will assess how interactions between the pension system, healthcare and LTC insurance can be exploited for efficient and sustainable social insurance design. Moreover, we will investigate how the macroeconomic and distributional effects of the care wave depend on social insurance design, using detailed variables on individual characteristics from SHARE. Lastly, we will investigate how changes in bequest legislation impact the decision of who is designated as caretaker inside the family. Further, we will analyse how policies to increase female labour supply will impact the future sustainability of the pension system.

Policy scenarios in this category will be very informative for policy makers. Many policies to increase LTC supply will have an impact on pension systems. For example, subsidies for higher wages in the care sector will yield to higher pension contributions of LTC workers, and therefore an increase in pension rights that will have to be serviced in the future. Is this threatening the long-term sustainability of pension systems against the background of population ageing? The same question arises for policies aiming to increase female labour supply. Policy simulations in this group will yield answers to these questions for policy makers.

## Part II: Outcomes

The three models will yield a wide range of quantitative results. These findings will be used to assess the relative desirability of different policies, based on the experiments described in Part I. To compare policies, we will take advantage of the full range of available outcomes. We again group these outcomes into three clusters, reflecting different levels of impact that should be considered by policy makers.

**Outcome Cluster #1: The Size of the Care Gap**

This cluster includes different estimations of a central result of BB-Future: the projected gap between LTC needs and LTC supply in Europe in the future.

*Quantitative estimates of the care gap.*

Many European sectors are already struggling to provide long-term care to all citizens in need. Given demographic projections, this “care gap”, or the difference between demand and supply of care, is likely to increase over the coming decades. We will produce projections for the size of this gap under several different demographic and policy scenarios.

Quantitative estimates of the care gap will be crucial for policy makers in preparing the EU for the future. To the extent possible, we will also test different policies to reduce the gap between demand and supply for long-term care. We will use a range of variables on health and other individual characteristics from SHARE, combined with demographic projections from EUROSTAT, to estimate future care needs and care supply.

**Outcome Cluster #2: The Impact on Citizens**

This cluster assesses how the policy experiments will impact citizens at the individual level.

*Individual decisions.*

The indicators in this category reflect how the care wave will impact individual decisions. They include the allocation of care responsibilities inside the family, the amount of bequest between generations, and the allocation of time between work, care, and leisure. We will also model how different policies affect the location decisions of children against the background of rising care needs and an increasing distance between parents and children. An extensive set of variables of individual characteristics, careers and family from SHARE will be used to model these decisions.

*Heterogeneity.*

Not all members of a population will be affected by policies in the same way. Therefore, we will pay particular attention to how different groups are affected by our simulations. We will focus on gender and educational variability. Hence, important input variables are gender and educational status from SHARE. SHARE contains detailed information on the educational choices of individuals across Europe.

We will use this information to model educational status and the relationship between education and future wages. Since care is still disproportionately the responsibility of women in the EU, they will be particularly affected by an increase in care needs. Therefore, we will lay particular focus on the impact of policies on women. Policies should aim at distributing the impact of the care wave among genders.

**Outcome Cluster #3: The Impact on the Macroeconomy**

*Macroeconomic effects of the care wave.*

Our simulations will yield a range of macroeconomic indicators, such as productivity, welfare and labour supply in the EU. These indicators will tell us how different policies will impact the European economy at the aggregate level. The macroeconomic effects will be a key criterion for comparing policy scenarios.

*Inequality.*

We will focus on the impact of the care wave on three different dimensions of inequality.

- Gender. The care wave could have important implications for gender inequality. First, most workers in the LTC sector are female. Second, outside formal care, the burden of care for the elderly still mainly falls on women. Therefore, women will be disproportionally affected by a significant increase in LTC needs. A possible consequence could be that part of the progress made in past decades on increasing female labour supply, as well as reducing the gender wage gap, is erased if no appropriate measures are taken to distribute the burden among members. Therefore, an

important criterion for the assessment of each policy simulation will be the effect on gender equality. We will, for example, evaluate the aggregate labour supply of men and women, as well as average wages, as indicators of gender equality. These will be constructed using variables from SHARE.

- Wealth. The impact of the care wave is likely to vary between people of different wealth. Long-term care policies should be careful not to intensify existing inequalities. The Gini coefficient will be a crucial indicator of wealth inequality. We will fit wage distributions using the extensive set of income and wealth variables in SHARE, to accurately model wealth inequality across Europe.
- Age. Policies addressing long-term care needs may benefit one generation at the expense of another. We will carefully assess the varied outcomes of the policy simulations on individuals of different age ranges. We will construct age ranges based on demographic variables in SHARE. The generational implications are of particular interest when it comes to the sustainability of social insurance systems. Policies to address long-term care needs must be fair across generations.

## Part III: Policy Questions

This section includes a list of policy questions that will be updated as the project develops. It is based on the initial proposal, new ideas by the project participants during the project, and questions asked by experts and policy makers whom we have interviewed as part of the project's "policy loop".

We indicate a *preliminary* assessment of feasibility and salience for each question. Feasibility means in how far we can use our three models to answer these questions. It is based on input from project researchers, while the salience additionally considers feedback from external LTC experts and policy makers.

For feasibility, *** means that we are very confident that this question can be answered in the initial version of the models.** indicates that the question can probably be answered with some small changes to the initial models. * means that the initial models must be expanded to address this question, and we will assess the feasibility of such an extension at a later date. A question mark indicates that we are investigating the feasibility at the time of writing.

Regarding saliency, *** indicates that we assess that answering this question will be very relevant for policy makers, based on discussions had to date. ** means that an answer would be relevant. *** means that we think that this question is interesting to a limited degree for policy makers.

Questions are ordered first by salience and then by feasibility within each pillar.

| Pillar | Question | Feasibility | Salience |
|---|---|---|---|
| | | | |
| **Pillar I: Uncertainty and Health Policies** | | | |
| | | | |
| | **I.a) Uncertainty in Demographic Projections** | | |
| **I.a** | How do the results depend on demographic projections? | *** | *** |
| | | | |
| | **I.b) Uncertainty in Epidemiological Projections** | | |

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|---|---|---|---|
| **I.b** | How do the results depend on cognitive health trends? | *** | *** |
| **I.b** | To what extent does the composition of care (ambulant/inpatient) impact our results? | *** | ** |
| **I.b** | To what extent does uncertainty in the care intensity needed impact our results? | *** | ** |
| **I.b** | How would an increase in care workers impact health trends (in old age and earlier)? | * | * |
| | | | |
| | **I.c) Health Policies** | | |
| **I.c** | Can health education campaigns help reduce the care gap? | * | ** |
| **I.c** | Can an increase in preventive care behaviour help reduce the care gap? | * | ** |
| **I.c** | Construct different scenarios for the quality of care and evaluate the impact on our results | * | ** |
| **I.c** | What is the effect of an increase in vacation or "mental health days"? | * | * |
| | | | |
| **Pillar II: Labour Market Conditions and Labour Market Reforms** | | | |
| | | | |
| | **I.a) Supporting Policies** | | |
| **II.a** | Will there be more male caregivers in the future as women become better educated and attached to the labour force? | ** | *** |
| **II.a** | Can policies influence the gender distribution among caregivers? If yes by how much? (for example, day care facilities) | ** | *** |
| **II.a** | How would reducing asymmetric taxation impact the gender distribution of caregivers? | * | *** |
| **II.a** | Different scenarios for labour market participation of genders | *** | ** |
| **II.a** | Can day care facilities have a positive impact on female labour force participation? | ** | ** |
| **II.a** | How is paternity leave affecting men's caregiving and therefore women's careers, independence, and labour force attachment? | * | * |
| | | | |
| | **I.b) Labour Market Reforms** | | |
| **II.b** | What are the implications of a minimum wage at the European level? | ** | *** |
| **II.b** | How would a European minimum wage impact the labour force participation of different segments of the population (by skills, gender...)? | ** | *** |
| **II.b** | What is the link between a 35-hour working week and the size of the care gap? | ** | ** |
| **II.b** | Does a reform towards a 35-hour week impact blue-collar and white-collar jobs differently? | ** | ** |
| **II.b** | How is the allocation of skills affecting regions/countries? | * | ** |

| | | | |
|---|---|---|---|
| **II.b** | Does informal care take time away from working time or leisure? | *** | * |
| **II.b** | Is migration changing the allocation of skills? | * | * |
| **II.b** | What policies should be implemented to reduce possible side effects? | * | * |
| **II.b** | What is the link between a 35-hour working week and productivity, chronic diseases, unhealthy behaviour and mental health? | * | * |
| **II.b** | How does a 35-hour working week affect mortality and health? | * | * |
| **II.b** | How would a European minimum wage impact migration and productivity? | * | * |
| | | | |
| | **I.c) Reform of the Care Workforce** | | |
| **II.c** | Different scenarios of the size of the care workforce. (for example: the care workforce grows proportional to the share of elderly in the population, slower, faster) | ? | *** |
| **II.c** | Which reforms would reduce the care gap by increasing the supply of care? | ? | *** |
| **II.c** | Policies to retain LTC workers (avoiding exit) | ? | *** |
| **II.c** | How would an increase of wages in the care sector (for example through a subsidy) affect the size of the care gap? | ? | *** |
| **II.c** | To what extent can more female labour supply compensate for the retirement of the baby boomers, given the mounting pressures to supply more care? | *** | *** |
| **II.c** | Do we need more "care migration" to provide professional care? | * | *** |
| **II.c** | Can the integration of migrants into the care workforce help reduce the care gap? | * | *** |
| **II.c** | What policies can help integrate migrants into the care workforce? | * | *** |
| **II.c** | Is there scope to direct workers with skills at risk of becoming obsolete (due to AI or other factors) towards the care sector? | * | *** |
| **II.c** | What incentives can be implemented for workers to move from undeclared care work to declared care work? | * | *** |
| **II.c** | Which policies could help move care workers from part-time to full-time? | * | *** |
| **II.c** | Are language differences a barrier for migrants? | * | ** |
| **II.c** | For which type of migrants are language differences a barrier? | * | ** |
| **II.c** | What is the effect of a (higher) minimum wage in the care sector? (on size of the care workforce, supply of care, price of care, other sectors) | * | ** |
| | | | |
| **Pillar III: Social Policies and Social Insurance Reform** | | | |
| | | | |
| | **III.a) Pension Reforms** | | |
| **III.a** | How does an increased use of funded pensions, observable in many countries, impact the results? | *** | *** |

| | | | |
|---|---|---|---|
| **III.a** | What are the effects of policies to replace/subsidise pension contributions of family caretakers? (children and elderly) | *** | *** |
| **III.a** | How does the trend from DB to DC pensions, observable in some countries, impact our results? | ** | *** |
| **III.a** | Model recent pension reforms | * | *** |
| **III.a** | Is there a case for differentiated retirement ages (high-education/low-education, high-earners/low earners, male/female)? | * | *** |
| **III.a** | How do reverse mortgages as a pension device impact the intra-household decisions of caregiving? | * | *** |
| **III.a** | How does a change in statutory retirement age affect the labour supply decisions of households (number of hours worked)? | *** | ** |
| **III.a** | How does home ownership as a pension device impact the intra-household decisions of caregiving? | *** | ** |
| **III.a** | What is the impact of a change in the replacement rates, the actuarial adjustments and various eligibility ages on old-age labour supply? | ** | ** |
| **III.a** | Is there a case for a pan-European pension system or pension rules? | * | ** |
| **III.a** | To what extent does "working less for longer" depend on the design of the (public) pension system? | * | ** |
| **III.a** | What policies can mitigate the negative effect of "working less for longer" on labour supply? | * | ** |
| **III.a** | Are occupational pension funds handling such inequality in a reasonable way? | * | ** |
| **III.a** | What are the effects of the broader use of home equity as a pension device? | * | ** |
| | | | |
| | **III.b) Healthcare and LTC Measures** | | |
| **III.b** | How large a subsidy to formal care is needed to change the behaviour of individuals and households? | *** | *** |
| **III.b** | Different scenarios for the mix between formal care in institutions/formal care at home/informal care | *** | *** |
| **III.b** | What are the effects of subsidies for nursing homes? | *** | *** |
| **III.b** | What are the effects of subsidies for formal care at home? | *** | *** |
| **III.b** | How fast will public spending on care have to be ramped up in different countries? | *** | *** |
| **III.b** | How much would formal care supply need to be increased to meet demand? | *** | *** |
| **III.b** | Different scenarios for public investment in care homes | ** | *** |
| **III.b** | How can public and private LTC insurance be designed to prevent unmet needs in a cost-effective manner? | * | *** |
| **III.b** | How do healthcare reforms affect the productivity of workers and women's participation rate and career prospects? | * | *** |

| | | | |
|---|---|---|---|
| **III.b** | Different scenarios for the quality of care | * | *** |
| **III.b** | What is the welfare cost of high replacement rates but low availability of care in old age? (e.g. Denmark) | * | *** |
| **III.b** | Different scenarios for public investment in home refurbishment | ? | * |
| | | | |
| **III.c) Interactions between social insurance and other policy areas** | | | |
| **III.c** | How can the interactions between the pension system, health and LTC insurance be exploited for efficient and sustainable social policies? | *** | *** |
| **III.c** | How do macroeconomic effects depend on social insurance design? | *** | *** |
| **III.c** | How do distributional effects depend on social insurance design? | *** | *** |
| **III.c** | How should social insurance be re-designed to incentivize an optimal mix of formal and informal care that leaves sufficient room for higher labour force participation and increasing productivity? | * | *** |
| **III.c** | How does legislation on estates/bequests affect informal caregiving? For example, what is the effect of an equal bequest rule on care provision? | ** | ** |
| **III.c** | Can we learn from differences across countries regarding legislation on bequest? | ** | * |
| **III.c** | How is migration related to pension policy? (portability etc.) | * | * |
| **III.c** | How would a European minimum wage impact contributions and pensions? | * | * |