Paid Caregiving Leave Policies and an Update on Paid Parental Leave*

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Abstract

Paid leave policies are designed to help workers balance work with caregiving responsibilities, yet research has focused predominantly on parental leave while the literature on non-parental caregiving leave remains nascent. This chapter reviews the evidence on the impacts of paid family leave (PFL) and paid sick leave (PSL) policies, with a focus on non-childbirth-related caregiving. We begin with an overview of the prevalence and challenges of informal caregiving in the US and internationally, followed by a description of the current paid caregiving leave policy landscape. We then review evidence on the impact of these policies on leave take-up, labor market outcomes, caregiver health and well-being, employer outcomes, and utilization of formal care. We find that paid leave policies have successfully increased leave take-up and that PFL improves labor market outcomes for workers with caregiving responsibilities, without adversely affecting employers. There is also some suggestive evidence of improvements in caregivers' mental health. We additionally provide an update of the paid parental leave literature since it was last reviewed by Rossin-Slater (2018), describing the latest evidence on maternal health, child health and development, parental labor market outcomes, and employer outcomes. We conclude by identifying key gaps in the literature, including the lack of research on the outcomes of (non-child) care recipients, limited evidence on employer responses, and the underexplored role of PSL in supporting caregiving needs.

Keywords: paid leave, caregiving, parental leave, sick leave

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1 Introduction

Balancing work and family responsibilities is a widespread challenge experienced by workers across the globe. Paid leave policies are intended to ease this burden by enabling workers to take time off to care for their children and other family members. While substantial attention has been devoted to understanding the effects of paid *parental* leave policies on new parents and their children (see, e.g., Olivetti and Petrongolo, 2017; Rossin-Slater, 2018; Rossin-Slater and Uniat, 2019; Rossin-Slater and Stearns, 2020 for some overviews), research on paid caregiving leave for non-childbirth-related needs has only recently begun to grow.

These policies matter for an increasing number of people: as of 2025, nearly one in four Americans provides care to an adult or child with a medical condition or disability—a share that has increased by almost six percentage points since 2015 (AARP and National Alliance for Caregiving, 2025). More than half of people in their 40s are part of the so-called "sandwich generation," as they have both an aging parent and a dependent child (Horowitz, 2022). Caregiving responsibilities are amplified for this group who find themselves juggling the needs of the generations both above and below them.

Paid caregiving leave policies can be categorized into two types, both of which allow workers to take time off work for their own illness or to care for others. Paid family leave (PFL) offers an extended amount of time off work (typically between 6 and 12 weeks) with partial wage replacement. Paid sick leave (PSL) offers a more limited number of days of leave compared to PFL but with full wage replacement. The United States does not guarantee access to PFL or PSL at the federal level (Mitchell, 2024); therefore, the provision of paid caregiving leave is left to the discretion of individual states, counties, cities, and employers, resulting in many people lacking access to such leave. According to the 2017–2018 American Time Use Survey, about nine percent of workers report needing leave but not taking it in any given month; of these, more than one-fifth cite either denied requests or fear of negative employment consequences as the reason for not taking leave (US Bureau of Labor Statistics, 2019). In more recent years, the COVID-19 pandemic cast a particularly stark light on the need for paid caregiving leave, as countless people simultaneously had to manage work and the care of sick family members or children who were home due to school closures.

This handbook chapter begins with an overview of descriptive facts about the prevalence of informal caregiving and the associated challenges in the United States and around the world in Section 2. Then, it describes the current paid caregiving leave policy landscape in the US and in the interna-

tional context in Section 3. Section 4 provides a review of the literature on the impacts of paid caregiving leave policies on leave take-up, labor market outcomes, the health and well-being of caregivers, employer outcomes and utilization of formal caregiving. Lastly, while most of the chapter focuses on non-parental leave—a 2018 handbook chapter provides a comprehensive review of parental and maternity leave (Rossin-Slater, 2018)—Section 5 provides an update of the literature on paid parental leave policies since 2018. Section 6 offers some concluding thoughts and directions for future research.

We impose several criteria for inclusion of studies in the literature review. To focus on the recent literature relevant to the modern caregiving landscape, we require that a study has been published in a peer-reviewed academic journal or released as a working paper in the last two decades (since 2005). Additionally, the review incorporates studies using empirical designs that can deliver plausibly causal estimates. This is critical because access to paid caregiving leave is not randomly assigned, making it difficult to infer causal effects from comparisons of people who do and do not have access to leave. We therefore limit our review to studies that use methods addressing non-random selection into caregiving leave access and use. Lastly, as already mentioned, we only include studies about paid parental leave that have been published or released as working papers since 2018.

Several themes emerge from our review. First, caregiving needs have grown in recent years, and the burdens of caregiving—both in the US and in other countries—fall disproportionately on women. Caregivers are also more likely to come from socioeconomically disadvantaged groups.

Second, there is a large amount of variation in the paid caregiving leave policy landscape, both within and outside the US. In the US, 13 states and Washington, DC, have enacted PFL policies, while 21 states, Washington, DC, and 23 counties and cities offer PSL. Worldwide, 24 countries guarantee paid caregiving leave similar to PFL at the national level. 35 countries have mandates for shorter-term, employer-sponsored caregiving leaves similar to PSL that allow for caring for others. There is substation variation among these policies in terms of statutory leave duration and benefit amounts.

Third, paid leave policies have been successful at increasing the take-up of leave used to care for family members. Fourth, while there has been little research on the impact of PSL policies for caregiving needs on outcomes other than the provision of care, PFL policies have been shown to improve the labor market outcomes of workers with a spouse or parent in poor health. There is some evidence that PFL policies improve the mental health of caregivers as well. Fifth, there is no evidence that PFL policies have had adverse effects on employer outcomes, such as productivity, profitability, and employee morale, and the limited existing evidence regarding impacts on nursing home care is

mixed.

Lastly, research on paid parental leave has grown substantially since 2018, with over 50 new studies examining a wide range of outcomes across the US and other countries. Evidence from US state-level policies points to positive effects on infant and maternal health, though evidence regarding children's long-term outcomes remains limited. International evidence on child outcomes is more mixed, suggesting that policy design and broader context play an important role. The literature on parental labor market outcomes is also nuanced. Recent evidence suggests that early users of California's PFL program were less likely to be employed and had lower earnings in the years following childbirth, complicating the earlier consensus of small positive labor market effects. More broadly, leave policies of shorter duration tend to have modest or neutral effects on maternal employment, while longer leaves are more often associated with adverse effects, a pattern documented especially in European contexts. Studies on fathers show that paternity leave and "daddy quota" reforms that earmark leave to fathers can shift time use and modestly improve maternal outcomes, while effects on fathers' own careers are generally limited. Evidence on fertility effects is mixed and largely context-dependent, while emerging research on employer outcomes suggests that paid parental leave does not harm firms and may even boost productivity and reduce turnover.

In summary, while the literature on paid parental leave is abundant and continues to grow, the literature on paid non-parental caregiving leave remains nascent and open questions remain. For instance, we were unable to identify any studies examining the effects of these policies on the care recipients' health and well-being. The evidence on caregivers' own health and well-being is also relatively scant. More research is needed to better understand the effects of paid leave policies on formal care utilization, such as nursing homes and community-based adult "day cares" and on employer responses. Finally, most studies have considered PFL policies, and there is more limited work on the role that PSL policies play in supporting caregiving needs.

2 Descriptive Facts About Caregiving

In this section, we present descriptive facts about the prevalence of informal caregiving and the associated challenges in the United States, as well as in a few representative countries in regions around the world.

2.1 Caregiving in the United States

As of 2025, 65 million Americans are caregivers to an adult or child with a medical condition or disability, which represents a substantial rise from the 43.5 million such caregivers identified a decade earlier (AARP and National Alliance for Caregiving, 2025). Caregiving responsibilities fall disproportionately on women, who make up 61 percent of caregivers, and people in midlife, with the average caregiver being just above 50 years old. The duration and intensity of care vary widely: about one in four caregivers has provided care for six months or less, while 29 percent have done so for more than five years.

Caregivers face challenges balancing work and family responsibilities. More than two-thirds of family caregivers are employed, and more than half report going to work late, leaving early, or taking time off for caregiving duties (AARP and National Alliance for Caregiving, 2025). Among caregivers who have worked at any point while providing care, 16 percent report taking a leave of absence, almost one-fifth have shifted from full-time to part-time work, eight percent have turned down a promotion, seven percent have retired early, six percent report losing job benefits, and nine percent have given up working entirely.

Perhaps in part due to these setbacks in the labor market, a large share of caregivers report facing financial pressure. Nearly half of all family caregivers experience at least one major financial consequence of providing care, including taking on debt, stopping saving for retirement, and being unable to afford basic needs like food or housing (AARP and National Alliance for Caregiving, 2025). Caregivers also tend to spend a substantial share of their own incomes on out-of-pocket expenses for the care recipient, including medical supplies, home modifications, transportation, and supplemental paid help. These difficulties appear to translate into mental health impacts on the caregivers themselves—compared with non-caregivers, caregivers have higher rates of frequent mental distress and diagnosed depression (Kilmer, 2024).

Moreover, the burdens of caregiving are not borne out equally. Among caregivers, women are more likely to report financial strain from caregiving than men. Younger, lower-income, Black, Latino, and LGBTQ+ caregivers experience disproportionately high levels of financial stress. Rural caregivers face additional challenges due to a lack of access to affordable local services (AARP and National Alliance for Caregiving, 2025).

2.2 Caregiving Around the World

To contextualize the US statistics on caregiving, we next describe the prevalence of caregiving and its associated challenges in several representative countries and regions around the world: Canada, the United Kingdom, Australia, Sweden, Mexico, sub-Saharan Africa, and China.

Canada's caregiving landscape closely mirrors that of the United States. According to the most recent data available, roughly one in four Canadian adults provides care to a family member or friend, and women make up 57 percent of caregivers (Canadian Centre for Caregiving Excellence, 2024). The financial strain associated with caregiving is substantial: just like in the US, about half of caregivers report experiencing money-related stress in the previous year and around 22 percent have offered direct financial support to the person they care for. A similar share reports that they spent at least $1,000 per month on out-of-pocket expenses for the care recipient. As in the US, the emotional toll is also considerable. One in four caregivers describe their mental health as fair or poor, and many report feeling exhausted (47 percent), anxious or worried (44 percent), or overwhelmed (37 percent) by their responsibilities. Further, minority-race caregivers and those who are Indigenous or LGBTQ2S+ are more likely to report negative impacts; for instance, nearly half of minority-race caregivers face financial hardship because of caregiving, compared with 34 percent of other caregivers.

Informal caregiving is less prevalent in the United Kingdom and Australia compared to the US and Canada; roughly one in ten people provides unpaid care for an adult or child with an illness or disability in the UK and 12 percent of Australians are family caregivers compared to approximately one in four in the US and Canada (CarersUK, CarersUK; Australian Bureau of Statistics, 2024). However, caregivers in the UK and Australia also face notable socioeconomic challenges: the poverty rate among caregivers in the UK is about 50 percent higher than among those who are not caregivers (CarersUK, 2024) and Australian caregivers are less likely to be employed than non-caregivers (Australian Bureau of Statistics, 2024). They also experience worse health outcomes than non-caregivers: nearly half of caregivers in the UK report at least one adverse physical or mental health effect associated with providing care in survey data from 2015, 2017, and 2019 (Office for National Statistics, 2024) and nearly 40 percent of Australian caregivers have a disability themselves (Australian Bureau of Statistics, 2024).

In Sweden, just over seven percent of the total population is simultaneously employed and providing informal care to a family member with a physical or mental illness, disability, or age-related condition (Vicente et al., 2022). Similar to the other countries that have been discussed, caregiving responsibilities in Sweden fall disproportionately on women, who make up 56 percent of working

caregivers, and on people in midlife, with the average working caregiver being just under 49 years old. Working caregivers face significant challenges balancing employment and caregiving responsibilities. Approximately 17 percent report that their employment status has been directly affected by their caregiving role, and around 40 percent indicate that their ability to work or study has decreased because of caregiving. These employment challenges fall more heavily on female caregivers. Women are more likely than men to have had their ability to work reduced by a moderate amount and are also significantly more likely to report being prevented from applying for work or study opportunities altogether due to caregiving.

Mexico is one of the few middle-income countries with nationally representative data on family caregiving. According to the 2022 National Survey for the Care System, about 32 percent of Mexicans aged 15 or older provide unpaid care to someone (Instituto Nacional de Estadística y Geografía (INEGI), 2022). Note that this statistic includes childcare, which means the share of the population providing care for disability or medical support is likely lower, putting it closer to the rates observed in the UK and Australia than to those in the US and Canada. As elsewhere, these responsibilities fall overwhelmingly on women: about 80 percent of caregivers for people with disabilities and 70 percent of caregivers for older adults are women. Among female caregivers in Mexico, 39 percent feel exhausted, 32 percent report reduced sleep, 23 percent feel irritable, and 16 percent report depressive symptoms, all notably higher rates than among male caregivers. Caregiving also limits women's labor market opportunities in Mexico. Nearly 40 percent of non-working women with caregiving responsibilities say they wish to work but cannot, most commonly because they lack anyone who can care for young children or dependent adults in their absence.

There is limited availability of national-level data on caregiving in African countries. For a broad overview of caregiving in sub-Saharan Africa, we draw on a review of 47 studies conducted by Kisangala et al. (2024). In this region, unpaid care work takes place within an institutional environment very different from that of high-income countries. Care responsibilities fall overwhelmingly on women, and the scope of care is typically far more intensive. Caregivers often provide daily personal assistance, carry out medical tasks that would typically be performed by trained professionals in wealthier settings, and spend extended periods of time accompanying patients in hospitals. The implications for the caregivers' own health are considerable: across studies, many report physical exhaustion, injuries, and deteriorating mental well-being. The economic impacts are similarly profound. Caregivers frequently reduce their working hours, leave employment entirely, or give up income-generating ac-

tivities in order to meet caregiving demands. Financial strain is widespread, with many caregivers facing high costs for treatment, travel, and other necessities, and some relying on loans to cover these expenses.

National statistics about caregiving in Asian countries are also limited. Most of what we know comes from sub-national case studies or from sub-samples of national surveys. One of the most informative data sources is the Harmonized China Health and Retirement Longitudinal Study (CHARLS), which surveys middle-aged and older adults in China. Using CHARLS data from 28 provinces in China, a 2025 study identifies substantial health disparities between adults who provide informal care and those who do not (Zhang et al., 2025). Although only two percent of CHARLS respondents reports providing care to a sick or disabled adult living *outside* their household in the past month, this is a very narrow definition that likely understates family caregiving overall. Caregivers in this sample report significantly worse mental and physical health. The negative health effects are especially pronounced among women, rural residents, and those who combine caregiving with paid employment.

On the whole, these descriptive facts demonstrate that a large share of the global population participates in informal caregiving, and caregiving is associated with a range of adverse consequences for caregivers' health and labor market outcomes. The high prevalence of informal caregiving and its associated challenges across the globe underscores the need for policies, such as paid leave, that can alleviate some of these burdens.

3 Current Landscape of Paid Caregiving Leave Policies

In this section, we describe the landscape of current paid caregiving leave policies, both in the United States and in countries around the globe. We primarily focus on two types of policies: paid family leave (PFL) and paid sick leave (PSL), both of which allow workers to take time off work to care for others.

3.1 Paid Caregiving Leave Policies in the US

As noted above, the United States does not have a federal paid caregiving leave policy. However, a growing number of states and municipalities have implemented two types of paid leave programs: PFL and PSL. Additionally, employers can offer their own PFL and PSL policies. These programs and policies serve different caregiving needs and are unevenly distributed across the country.

Paid Family Leave. Table 1 provides eligibility, reimbursement, and funding details for current PFL policies, which are all at the state level and designed to support longer-term caregiving needs. This type of leave provides (partially) paid time off, usually for up to 12 weeks, covering a significant portion of an employee's usual income, up to a cap. For example, New York's Paid Family Leave policy reimburses 67% of an employee's usual weekly wages, up to 67% of the state's Average Weekly Wages ($1757 in 2025) for 12 weeks. Therefore, the maximum benefit anyone could receive would be capped at $1,177 per week. Eligibility requirements vary by state; New York has one of the more stringent requirements: 26 consecutive weeks of full-time (20+ hours) employment or 175 part-time working days, all with a single employer. In contrast, Oregon has a less stringent eligibility of needing to earn at least $1,000 in the base year.

Access to PFL has expanded rapidly since the early 2000s. Figure 1 is a map that illustrates the states that have adopted PFL policies and the timing of their enactment. California was the first state to implement a PFL program in 2004 and remained the only state with a PFL policy for several years; the next adopter, New Jersey, did not implement its law until 2009. Much of the existing literature has therefore exploited California's "first-mover" status as a natural experiment to examine PFL's effects on various outcomes. By 2026, 12 states and Washington DC had enacted and implemented PFL legislation, and one more state, Maryland, will join the list in 2028.[1] As of 2023, an estimated 27 percent of the civilian workforce had access to paid family leave (US Bureau of Labor Statistics, 2023).

Paid Sick Leave. Tables 2 and 3 provide eligibility, reimbursement, and funding details for current PSL policies, which are all at the state and local level and typically offer only a limited number of paid days per year for to care for one's own illness or to provide short-term caregiving. As shown in the map in Figure 2, the number of jurisdictions requiring employer-provided PSL that can be used for caregiving has increased substantially in recent years, beginning with Washington, D.C., which implemented the first such mandate in 2008.

Figure 3 shows that many more states mandate PSL than PFL, and, with the exception of Delaware, all states that have adopted PFL also have PSL mandates. As of 2026, 21 states and the District of Columbia had implemented PSL laws, including several states that introduced broader "paid leave for any reason" policies. In addition, 23 municipalities have PSL mandates; those that are located in states with PSL policies impose broader eligibility rules or more generous coverage than the state

[1] All dates reference the first time employees were able to take paid time off. Payroll contributions, in many cases, started earlier.

laws, while other municipalities repealed or nullified their ordinances once statewide PSL statutes were enacted, due to redundancy.

According to the Bureau of Labor Statistics, the share of civilian workers with access to paid sick leave increased from 68 percent in 2015 to 81 percent in 2024 (US Bureau of Labor Statistics, 2024). These paid sick days typically replace 100 percent of workers' wages, but the limited number of days available makes them far better suited to short, acute episodes of care than to the longer-term caregiving needs experienced by many families. Access to supportive workplace benefits and public programs varies systematically. Higher wage workers, those in large firms, and those in professional occupations are substantially more likely to have access to PSL and PFL than low wage workers, part-time workers, and workers in service sector jobs (US Bureau of Labor Statistics, 2024, 2023).

3.2 Paid Caregiving Leave Policies around the World

The landscape of nationwide PFL and PSL policies is highly uneven across the globe: only a relatively small set of countries have true PFL policies for longer-duration family caregiving, while PSL policies for short-term caregiving are far more common.

Paid family leave. As shown in Figure 4, PFL policies are concentrated almost entirely in Europe, with 20 European countries providing nationwide paid leave specifically for caring for a seriously ill or dependent family member. These programs vary greatly in duration (from one week in Estonia to two years in Italy) and generosity, though most provide substantial income replacement and guarantee job protection. In Asia, Japan is the only country with a national caregiver leave program: its 2016 law provides 5–10 days at partial wage replacement for caring for a broad set of relatives. The Americas feature only three national PFL programs: Canada's Employment Insurance caregiving benefits, which provide 15–35 weeks of paid leave (and up to 26 weeks for end-of-life care), Mexico's Childcare Leave benefits, which provide leave for parents with children under 16 with cancer, and Chile's SANNA program, which covers parents caring for critically ill or injured children. No other country in North, Central, or South America offers a paid family-care leave benefit. We were unable to find any countries in Oceania and Africa with a PFL program for caregiving; paid family leave in these regions is limited exclusively to parental or maternity leave rather than care for sick or disabled relatives.

Paid sick leave. In contrast, PSL policies that can be used for short-term caregiving are widespread and appear in every region of the world. These policies typically offer between three and 14 days of paid leave at 100% wage replacement that is almost always funded directly by employers and is often allowed to be used to care for a sick child, spouse, parent, or dependent. In Africa, ten countries provide short, employer-funded PSL that can be used for caregiving, usually between two and 10 days per year. Some Asian countries also offer PSL: Israel, Laos, and Maldives all permit employees to use paid sick days for family members' illness. In Europe, seventeen countries have PSL laws, typically at full wage replacement. Finally, PSL policies are prevalent in the Pacific: Australia, New Zealand, Fiji, and Kiribati all allow employees to use their paid sick or personal leave for caregiving, typically at full pay and with job protection.

This global landscape suggests that longer-duration PFL policies are less common than PSL policies for short-term caregiving. The PFL policies that do exist are largely concentrated in Europe, with only a handful of policies in Asia and the Americas. In contrast, PSL policies are available in many low- and middle-income countries in addition to Europe. This suggests that although many countries offer at least some support for short-term caregiving needs, only a small subset provides financial protection for the longer-term, intensive caregiving responsibilities that many families face around the world.

4 Existing Evidence on the Impacts of Paid Caregiving Leave Policies

Virtually all research on the impacts of paid caregiving leave policies in the US has relied on the staggered timing of the PFL and PSL implementation across states or counties for their study design. That is, these studies compare changes in outcomes before and after the policy change in treatment states relative to changes in outcomes over the same period in states or counties that did not implement a policy (the control states). Figures 1 and 2 demonstrate the variation in the timing of PFL and PSL implementation, respectively, across different states (and counties in the context of PSL) that is used to identify treatment and control groups in most of these studies. Since many of these policies are relatively recent, the existing research has primarily concentrated on analyzing the effects of earlier policies (e.g., California in 2004; New Jersey in 2009) due to data constraints. We have identified seven studies that examine the impact of PFL and PSL policies on the take-up of paid leave and provision of care, and 11 studies that examine the impact of PFL on caregiver labor market outcomes, caregiver health and well-being, employer outcomes, and the use of formal caregiving.

Take-up of paid leave and provision of care. Research shows that paid leave policies increase take-up of leave and provision of care. For example, Byker et al. (2025) find that women with children under 12 were 15.2 percentage points more likely to take paid leave if they were eligible under the Families First Coronavirus Response Act (FFCRA), a temporary federal paid caregiving mandate whose eligibility depended on firm size and telework compatibility. Studies of state and local PFL and PSL programs show impacts of paid leave policies on caregiving behavior. Abramowitz and Dillender (2024) document that California's PFL program reduced the time older adults spent caring for grandchildren and increased the time spent caring for their own parents; the authors suggest this occurs because PFL enabled adult children to take leave to care for their own children, thereby reducing reliance on grandparents. Moreover, effects differ across demographic groups. Examining PSL mandates, Byker et al. (2023) find that increases in caregiving were driven primarily by men with children—a pattern that contrasts with the FFCRA, where take-up increased most among mothers.

With regard to the impacts on the provision of care to older adults, Arora and Wolf (2024) find that PFL alone does not increase care provision, but that PSL, especially when offered alongside PFL, does. Qian and Chen (2025) show that PFL policies in California, New Jersey, and New York increase the likelihood that older adults with disabilities receive informal care from their children, which is consistent with work by Dao (2020) that shows PFL in the same three states and Rhode Island increases the likelihood of giving care to adult family members. In terms of PSL, Guo and Peng (2024) only find evidence of an impact of PSL on adult caregiving for workers in industries with high policy exposure (for example, construction, leisure, and hospitality).

Overall, the existing empirical evidence suggests that paid caregiving leave policies increase the take-up of paid leave and the provision of care for both children and older adults, although there is conflicting evidence on whether PFL increases elder care on its own or only together with PSL.

Caregiver Labor Market Outcomes. A number of studies have examined the impacts of paid leave on caregivers' labor market outcomes using different data sources. Kang et al. (2019) use data from the Current Population Survey (CPS) and find that California's PFL policy increases the likelihood of working among middle-aged, low-income female caregivers with an ill relative in their home. Saad-Lessler (2020) extends this work using data from the Survey of Income and Program Participation (SIPP) and documents that PFL raises the likelihood of providing unpaid care among women in the labor force, suggesting that the policy shifts the composition of care providers to include more work-

ing women.

Other work in this area focuses on the impact of PFL for caregivers of specific family members. Anand et al. (2022) also use data from the SIPP and find that PFL policies that include job protection[2] decrease the likelihood of reducing work hours to provide care among workers with a spouse who needs care. This finding is consistent with the work of Coile et al. (2025), who use data from the Medical Expenditure Panel Survey (MEPS) and show that PFL increases job continuity among wives with a spouse who experiences a health shock, and that of Bartel et al. (2023), who use American Community Survey data and show that PFL increases employment among women aged 45-64 with a disabled spouse. Another paper by Braga et al. (2022) finds that PFL increases employment among women with a spouse in poor health and those living within 10 miles of a parent in poor health, using Health and Retirement Survey data. Dao (2020) also finds that PFL results in small increases in labor force participation for women who have a family member who reports a disability or health condition using data from the American Time Use Survey and the CPS.

Overall, PFL policies appear to increase labor force attachment among women caregivers with an adult family member who needs care, but the current evidence suggests there there is no impact on the employment of parents of children who experience health shocks (Coile et al., 2025). The lack of effect on parents of children with healthcare needs could reflect the fact that PFL is not the right policy tool for this group. As pointed out by Coile et al. (2025), children's health shocks are either very severe (e.g., cancer diagnoses) or relatively minor (e.g., a broken bone). For the former case, it seems plausible that the availability of PFL does not change parents' decisions about labor force participation. For the latter case, parents may prefer to use just a couple days of fully-paid leave rather than the weeks of partially paid leave provided by PFL. Thus, it is possible that PSL policies might have more meaningful impacts on parents' labor market outcomes; suggestive evidence of this possibility comes from Assamidanov et al. (2025), who find that PSL is associated with increases in applications for Supplemental Security Income benefits for children with disabilities, which they attribute to parents providing more informal caregiving due to the availability of PSL and therefore having lower application costs.

Caregiver Health and Well-Being. Another strand of research examines the impact of PFL on the health and well-being of caregivers. Gimm and Yang (2016) study the impact of California's PFL policy on the mental and physical health of those who provide care for elderly parents, finding no effects on

[2]Job protection is defined as the right to go back to work at the same or equivalent job in terms of pay, benefits, and other terms of employment after having taking leave.

physical health and improvements in mental health as measured by the Center for Epidemiologic Studies (CESD) depression score. Coile et al. (2025) consider both self-reported mental health and the use of prescription medication treating mental health conditions as outcomes, and find that PFL reduces the use of medication but does not change self-reported mental health among the wives of individuals who experience health shocks. Finally, Braga et al. (2022) find that women with spouses in poor health and those living within 10 miles of parents in poor health are less likely to be depressed after PFL implementation. Taken together, the existing studies provide suggestive evidence that PFL might improve the mental health of caregivers of both elderly parents and spouses needing care.

Employers. Most studies of PFL focus on the outcomes of potential caregivers, but employers could also be impacted. PFL policies are typically funded through some combination of employee payroll taxes and financial contributions from employers, and employers could experience additional challenges and costs associated with needing to manage the absences of workers taking leave. To shed light on how employers may be impacted, Bartel et al. (2025) designed and fielded a survey of small and medium-sized firms in New York and Pennsylvania before and after New York's PFL policy went into effect in 2018. They find no evidence that the PFL policy negatively impacts employer ratings of employee performance in terms of attendance, commitment, cooperation, productivity, and teamwork. If anything, employers report greater ease of handling long employee absences when state-level PFL is available. Bennett et al. (2020) consider the impacts of PFL programs in four states over 1996–2019 (California, New Jersey, Rhode Island, and New York) and show that they increase firm productivity by about 5 percent. Affected firms also experience lower turnover and increase the number of female top executives. To the best of our knowledge, there are no studies of the impact of state or local PSL policies for caregiving use on employer outcomes.

Formal Caregiving. The availability of PFL may have spillover effects on the market for formal caregiving; specifically, being able to take time off work for caregiving may influence the use of nursing homes. Arora and Wolf (2018) document that California's PFL policy leads to a reduction in the proportion of the elderly population residing in nursing homes. However, Qian and Chen (2025)'s analysis broadens the population to include all individuals with disabilities and chronic conditions and finds that PFL policies in California, New Jersey and New York increase the use of home care services and nursing home care. The differing conclusions of these two studies suggest that more work is needed to understand the spillover effects of PFL policies on formal caregiving.

Taken together, the existing literature on PFL and PSL suggests that offering these policies increases the take-up of paid leave and the provision of informal caregiving for both children and older adults. Access to PFL has positive impacts on the labor market outcomes of caregivers and may improve their mental health. It also appears that PFL does not impose substantial burdens on employers, and there is mixed evidence on how it influences nursing home and home-based care services. At the same time, there remains much to be learned. For example, little is known about how these policies impact the outcomes of the care recipients. And while we know that PSL policies increase take-up of paid leave for caregiving, we could not find research on the impacts of PSL policies on any other outcomes besides take-up. Finally, more work regarding the impacts of PFL and PSL policies on employers is needed, as the findings from the states studied by Bartel et al. (2025) and Bennett et al. (2020) may not necessarily apply to other states and localities.

5 Post-2018 Update of the Paid Parental Leave Literature

In contrast to the still-emerging literature on paid leave for non-childbirth-related care, research on paid parental leave policies is decades-long and shows no indication of slowing down. We have identified 50 new studies that have been published or released as working papers since 2018, building on the robust earlier literature reviewed in Rossin-Slater (2018). These newer studies have examined child and parental health outcomes, parents' time use and labor market trajectories, fertility, and firm outcomes. A number of recent papers have been written about state-level PFL policies in the US and also various paid parental leave reforms in Austria, Canada, China, Denmark, France, Germany, Hungary, Iceland, Norway, Russia, Spain, and Sweden.

Child health and well-being. The more recent strand of this literature has made advances in our understanding of how paid parental leave affects child health and well-being. In the US, the evidence has been overwhelmingly positive. Bullinger (2019) and Pihl and Basso (2019) both analyze the effects of California's PFL implementation and find improvements in parent-reported assessments of infant health and reductions in infant hospitalizations for respiratory and gastrointestinal-related causes, respectively. These health improvements may be life-saving—Chen (2023) finds that California's PFL program reduced the post-neonatal mortality rate by 0.135 deaths per 1,000 (an 8 percent relative effect size) in the four years following implementation. One likely mechanism behind these health effects is that PFL allows working parents to delay placing their young infants in group childcare,

where exposure to viruses such as Respiratory Syncytial Virus (RSV) and influenza is high and can lead to severe complications in very young children under six months of age. Another mechanism may be due to the immune-boosting benefits of breastfeeding—Pac et al. (2019) find that California's PFL policy leads to an increase in the likelihood of breastfeeding for at least six months, while Hamad et al. (2019) find a higher probability of exclusive breastfeeding at six months across both California and New Jersey.

To the best of our knowledge, there is no research on the effects of using state PFL policies for parental leave on children's long-term outcomes into adulthood, likely due to the fact that these policies are at most 22 years old (in California). However, one study has examined the long-term effects of the inclusion of paid maternity leave in state-level temporary disability insurance (TDI) programs in five states following the Pregnancy Discrimination Act of 1978 and finds suggestive evidence of an increase in educational attainment among affected cohorts (Regmi and Wang, 2025).

A few studies have examined the impact of paid parental leave on child outcomes in other countries with more mixed results. Canaan (2022) analyzes a unique French policy, which extended a three-year parental leave benefit that was previously only available for families having third or higher-order children to those having second children using a regression discontinuity design based on a birth date eligibility cutoff. She finds an adverse effect of this policy on children's verbal development, which may be attributed to substitution away from high-quality formal childcare toward maternal care. In Germany, a 2007 parental leave reform—which changed both the reimbursement rate and structure of the policy through the introduction of non-transferrable leave for fathers (the so-called "daddy quota")—had no measurable impacts on child development measures at age six (Huebener et al., 2019). A recent working paper re-examining the introduction and expansion of paid maternity leave in Norway in 1977 (previously studied by Carneiro et al., 2015 and Bütikofer et al., 2021) argues that the policy had no effects on children's long-term educational and labor market outcomes observed around ages 30–40 (Lillebø et al., 2025). By contrast, a study of a Swedish reform that granted higher parental leave benefits to families within a prespecified birth spacing interval finds improvements in the educational outcomes of the older (but not younger) sibling (Ginja et al., 2020). In China, one study uses the staggered adoption of mandatory paternity leave across provinces, showing an improvement in an aggregate child health index, driven by reductions in the incidence of respiratory illness and diarrhea (Li et al., 2025). Overall, this literature suggests that the nature of the parental leave policy reform and the broader context in which it is implemented plays a significant role in terms of how

children fare as a result.

Parental health and well-being. When it comes to parental health outcomes, several studies have shown an improvement in maternal mental health due to California's PFL policy (Bullinger, 2019; Doran et al., 2020; Lee et al., 2020; Irish et al., 2021). There is also some indication that California's PFL policy improves fathers' mental health and decreases alcohol use (Lee et al., 2020; Irish et al., 2021).

In other countries—where there is greater variation in the nature of parental leave reforms—the evidence is unsurprisingly more mixed. Persson and Rossin-Slater (2024) analyze a Swedish 2012 reform that allowed simultaneous paid leave use by both fathers and mothers for up to 30 days in the child's first year of life (when mothers are typically on full-time leave by themselves) and find that it led to a reduction in maternal postpartum health complications. Bütikofer et al. (2021) find that a Norwegian 1977 paid maternity leave reform led to improvements in long-term maternal health outcomes and behaviors, including lower body mass index (BMI), lower rate of risky cholesterol levels, decreased probability of reporting pain, lower smoking rate, and higher rate of exercise. A study of a 2006 parental leave reform in Quebec, Canada, that increased the income replacement rate and introduced earmarked leave for fathers (colloquially referred to as a "daddy month" or "daddy quota" reform) finds small improvements in maternal mental health (Lebihan and Mao Takongmo, 2023). Other studies have examined the impacts of "daddy month" and "daddy quota" type reforms on family stability outcomes, with mixed results: Avdic and Karimi (2018) find that the 1995 introduction of the Swedish "daddy month" increased parental divorce rates, while Olafsson and Steingrimsdottir (2020) find that a similar 2001 reform in Iceland reduced divorce rates.

Parental labor market outcomes and time use. A central conclusion from the review of the paid leave literature in Rossin-Slater (2018) was that paid leave policies shorter than one year in duration appeared to have minimal or slight positive effects on maternal labor market outcomes, while longer leave durations had adverse effects. The more recent literature has enhanced our understanding of these issues in the US by using new administrative data sources, considering a broader range of policy changes, studying fathers more explicitly, and analyzing parental time use directly. Around the world, many studies across different countries have analyzed a wide range of labor market outcomes and time use measures.

In the US, Bailey et al. (2025) challenge the prior evidence of small positive labor market effects among new mothers stemming from California's PFL program (Rossin-Slater et al., 2013; Baum and

Ruhm, 2016) by using administrative tax records data and comparing mothers giving birth just before and just after policy implementation. They find that first-time mothers using PFL immediately after the policy went into effect were six percent less likely to be employed and earned 13 percent less during the first three years following childbirth. These earnings effects persisted up to 12 years later. However, it is unclear whether these findings generalize to the broader population of working mothers today, given that awareness of California's policy was very low when it was first introduced and its early users were a relatively selected group that was possibly less attached to the labor force. Bana et al. (2020) study how the benefit amount under California's policy affects mothers' labor market outcomes using a regression kink design around the benefit cap. They find that the benefit amount does not affect leave duration or likelihood of employment, but increases the probability of return to the pre-leave firm conditional on employment. As in Bailey et al. (2025), these results are unlikely to be broadly generalizable as they focus on relatively high-earning women whose allotted benefit amounts are near the cap.

Trajkovski (2019) analyzes parental time use following the introduction of California's policy, finding that mothers spend 4.2 more hours per week on childcare and 2.1 more hours on educational and recreational activities. Fathers reduce their time in basic care by 1.3 hours per week, while increasing their time in educational or recreational care by 1.4 hours per week. Bartel et al. (2018) find that California's PFL program increased father's use of leave on the extensive margin by nearly 50 percent (relatively to a very low base rate), and that this was driven both by fathers taking leave jointly while mothers are also on leave and by fathers taking leave once mothers are back at work. Stanczyk (2019) finds that California PFL improved household financial circumstances by reducing the likelihood of a household living in poverty.

Finally, Timpe (2024) analyzes the effects of several state and federal anti-discrimination laws that required existing state-level TDI programs to cover childbirth as a disability and effectively resulted in staggered implementation of paid maternity leave in the 1960s and 1970s across some states. He finds evidence of increased leave-taking among new mothers as a result of these policy changes, along with reductions in women's wage and employment outcomes.

Outside of the US, there continues to be evidence of adverse labor market impacts on mothers resulting from lengthy maternity leaves. Such evidence has been found in Austria (Kleven et al., 2024), Germany (Frodermann et al., 2023; Huebener et al., 2025; Kluve and Schmitz, 2018; Guertzgen

and Hank, 2018),[3] and Hungary (Anikó Bíró et al., 2024). On the contrary, the implementation of paid paternity leave has been shown to *increase* maternal employment, at least in the context of a Spanish 2007 reform (Farré and González, 2019). Similarly, a Canadian "daddy month" reform appears to have increased maternal employment (Patnaik, 2019). However, in Norway, the implementation of leave earmarked to fathers had no effect on maternal earnings (Andresen and Nix, fort).

Most paid parental leave studies tend to find minimal effects on fathers' labor market trajectories. One exception is a study by Johnsen et al. (2024), who focus on the Norwegian 1993 "daddy quota" reform and show that a father's post-child earnings trajectory is higher when a larger share of his coworkers take paternity leave when they are eligible for the policy. Put another way, paternity leave can have an adverse effect on fathers' careers through a "competition effect". The authors argue that all fathers would be better off if leave-taking were universal because they (and their families) could reap the benefits of paid leave without the career costs arising through competition when not all fathers take leave.

Fertility. Much of the recent literature on the fertility effects of paid parental leave stems from studies outside the US, with mixed results. In Spain, the introduction of two weeks of paid paternity leave in 2007 has been shown to reduce subsequent fertility (Farré and González, 2019). In Germany, the 2007 paid parental leave reform, which increased wage replacement and also included a 2-month "daddy quota," showed increases in the fertility of women (Raute, 2019). Similarly, in Soviet Russia, a 1981 paid maternity leave policy increased fertility rates (Malkova, 2018).

Employer outcomes. Finally, the recent paid parental leave literature has expanded our understanding of how employers respond to these benefits. As already mentioned in Section 4, Bartel et al. (2025) finds no evidence of adverse impacts on small to medium-sized employers in the two years following New York's PFL program implementation, and Bennett et al. (2020) finds that PFL policies California, New Jersey, Rhode Island, and New York increase firm productivity, lower turnover, and increase the number of female top executives.

Outside the US, employer outcomes have been considered in studies set in Denmark, Germany, and Sweden. Gallen (2019) studies a 2002 extension of paid parental leave in Denmark and finds that it increased the probability of shutdown among small firms in the following five years. Brenøe

[3] At the same time, some studies set in Germany find no or small positive effects on maternal labor market outcomes (Heisig and Zierow, 2025; Zimmert and Zimmert, 2024; Mari and Cutuli, 2021).

et al. (2024) analyze how small firms in Denmark fare when a female employee has a child and goes on leave, finding increases in total employment stock, co-workers' earnings, and co-workers' work hours. Ginja et al. (2023) find similar small positive effects on employer and co-worker outcomes following a 1989 paid parental leave extension in Sweden. Huebener et al. (2025)'s analysis of the 2007 German parental leave reform showed no effects on the probability of firm shutdown and a decrease in the total wage bill.

Overall, the current evidence indicates that paid parental leave policies do not adversely affect employers and may even have some positive impacts. Additionally, it appears that while some of the workload shifts to existing co-workers (who are found to increase their hours and earnings) as a result of parental leave, some firms also hire additional employees to share the burden.

6 Conclusion

In the United States alone, 65 million adults report providing care to an adult or child with health needs (AARP and National Alliance for Caregiving, 2025). These caregiving responsibilities are often long-lasting and intensive and frequently impose financial, emotional, and labor market costs on those who provide care. Paid leave policies are increasingly viewed as an important policy tool for helping workers balance employment with caregiving responsibilities. This chapter provides a comprehensive overview of the existing evidence on paid caregiving leave policies, particularly paid family leave (PFL) and paid sick leave (PSL), with a focus on caregiving needs beyond childbirth, while also providing an update on the literature on paid parental leave since the last literature review in 2018 (Rossin-Slater, 2018).

Several broad conclusions emerge. First, caregiving responsibilities are widespread and growing across the globe. Caregiving is also unequally distributed: women are substantially more likely to serve as caregivers, and the financial and psychological burdens of caregiving fall disproportionately on lower-income households and other disadvantaged groups.

Second, the policy landscape surrounding paid caregiving leave is highly fragmented. In the United States, the absence of a federal policy means that access depends on a patchwork of state programs, local mandates, and employer-provided benefits. While access to both PFL and PSL has expanded substantially in recent years, many workers—particularly those in lower-wage jobs and smaller firms—still lack coverage. Internationally, shorter-term leave policies similar to PSL are relatively common, whereas longer-term caregiver leave programs resembling PFL are much less preva-

lent and are concentrated primarily in Europe.

Third, the empirical literature reviewed in this chapter provides evidence that paid leave policies increase leave-taking and the provision of informal care. Access to PFL appears to strengthen labor force attachment among workers caring for ill spouses or elderly parents and may improve caregivers' mental health. At the same time, existing research has found little evidence that these policies impose meaningful costs on employers; if anything, some studies suggest improvements in firm productivity and reductions in employee turnover.

Despite the substantial progress in this literature, it is still nascent, and several important questions remain unanswered. Most notably, there is almost no causal evidence on how paid caregiving leave policies affect the health and well-being of care recipients themselves. Similarly, although some studies examine caregivers' mental health and labor market outcomes, the evidence on broader well-being measures remains limited. Research on employer responses is also still relatively scarce and concentrated in a small number of policy contexts. The evidence on spillovers in the formal caregiving system is scant and mixed. There is also limited evidence on changes to family and household structures. Finally, while PSL policies are widespread and often explicitly allow caregiving use, very little research has examined the effect of PSL use for caregiving on outcomes beyond those on leave take-up.

In contrast to the still-emerging literature on caregiving leave for non-childbirth-related needs, the literature on paid parental leave is large and continues to expand rapidly. New studies published since 2018 confirm several themes from earlier research while also refining our understanding of important mechanisms and heterogeneity. In the United States, recent work provides evidence that paid parental leave can improve maternal and infant health outcomes, though the long-run effects on children remain largely unstudied. Evidence from other countries is more mixed, suggesting that particulars of policy design, labor market institutions, and the broader childcare environment matter. Similarly, while shorter parental leave policies generally have modest labor market effects, longer leave durations can negatively affect maternal employment trajectories, particularly in some European contexts.

As populations age and the demand for informal caregiving continues to grow, understanding the role of paid leave in balancing employment and family caregiving responsibilities will remain an important policy and research priority. The expanding set of paid leave policies across the US and internationally provides valuable opportunities for future empirical work to examine these questions. A deeper understanding of how policy design influences both caregivers and care recipients will be

essential for designing systems that effectively support families while maintaining strong labor market attachment.

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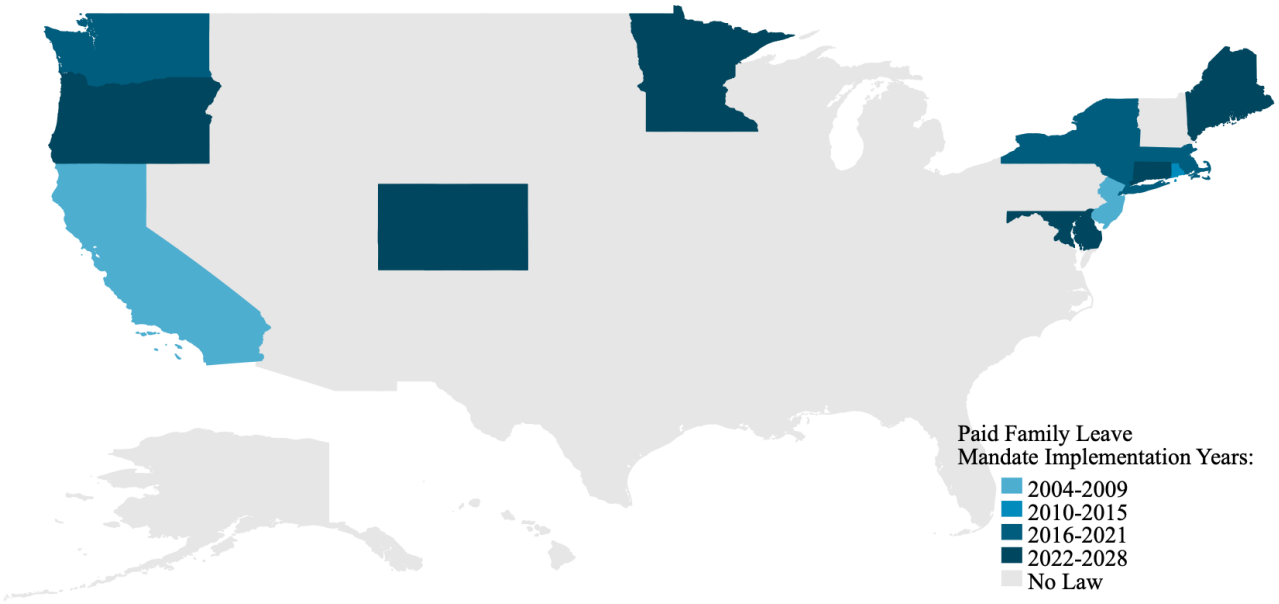

Figure 1: Years in which US state paid family leave mandates were implemented

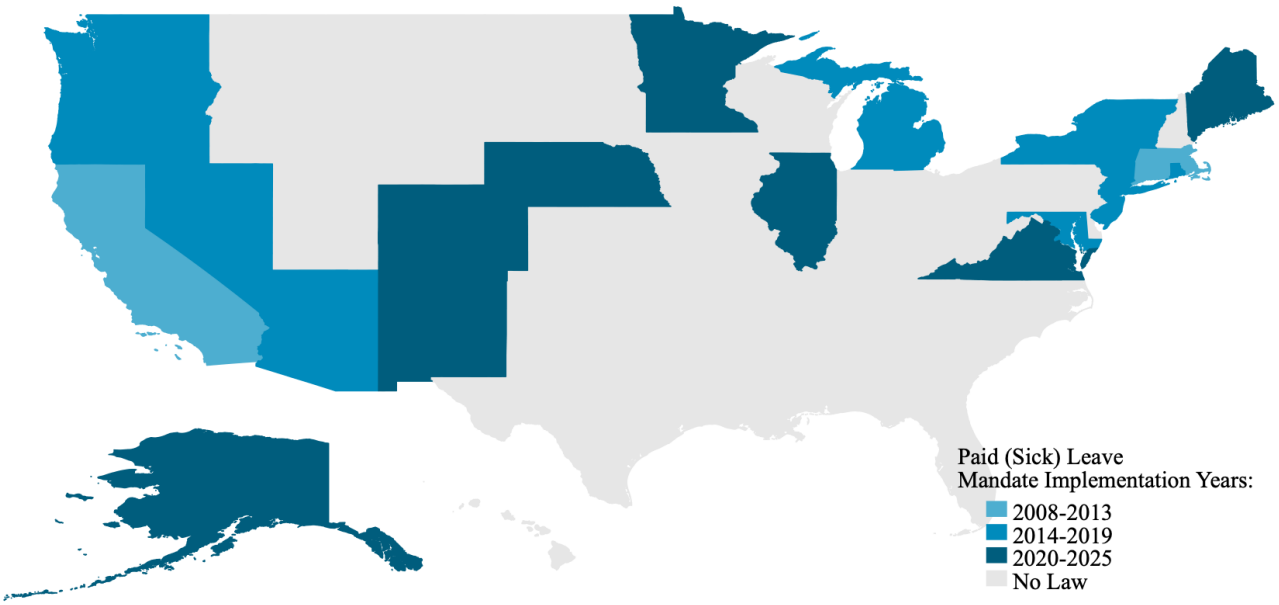

Figure 2: Years in which US state paid sick leave mandates were implemented

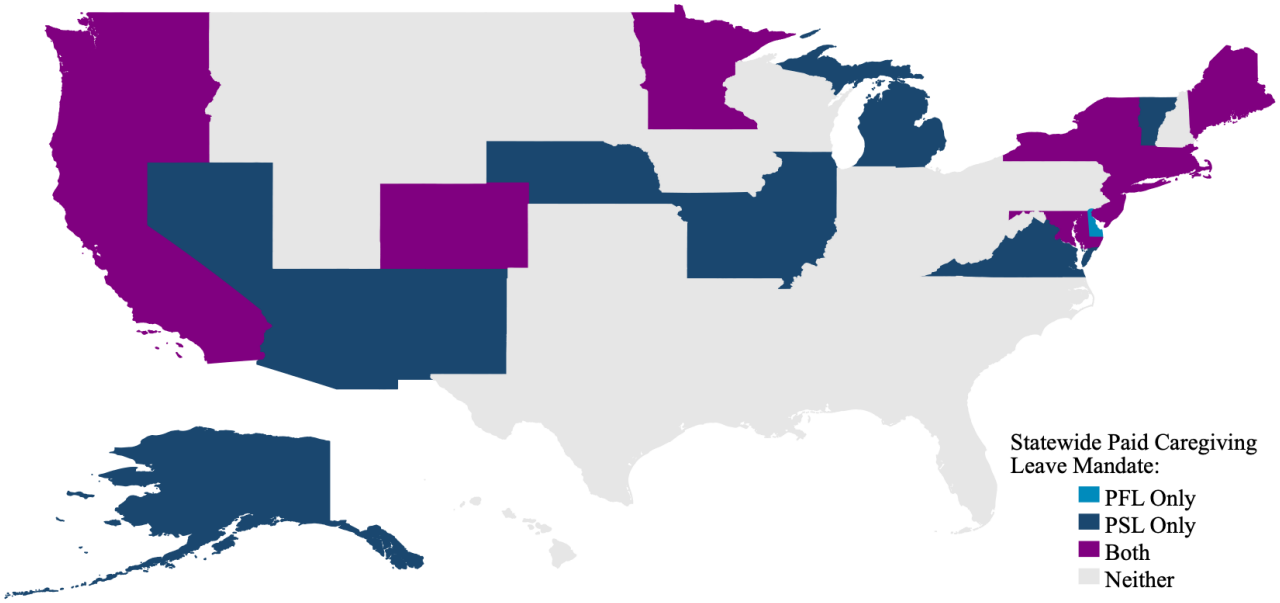

Figure 3: US States with a paid caregiving leave mandate

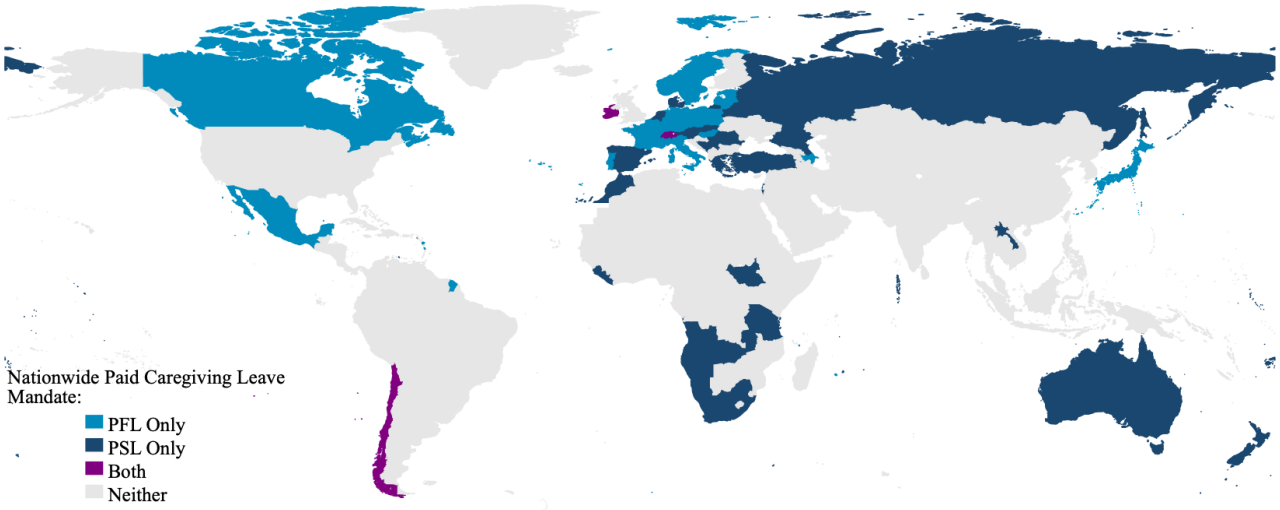

Figure 4: Countries with a paid caregiving leave mandate

Notes: PFL refers to any tax-financed government caregiving leave policy. PSL refers to any mandate requiring employers to provide leave time that explicitly covers time to care for others.

Panel A: Paid Family Leave (PFL) Policies

Table 1: State Paid Family Leave Policies

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
California	Paid Family Leave	2004	6	70% of wages, capped	Yes	Must participate in State Disability Insurance; 12+ months employment with employer of 5+ employees; 1,250+ hours in prior 12 months	Child (bonding), parent, spouse, domestic partner (for serious illness)	Employee: 1.2% of wages

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Table 1 – *Continued from previous page*

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
Colorado	Family and Medical Leave Insurance	2024	12	90% up to $735.67/week, then 50%	Yes	Earned $2,500 in total wages in Colorado during last 5 calendar quarters; employed 180+ days	Child, self, parent, spouse, grandparent, grandchild, sibling, individual with significant personal bond	Employer: 0.45%; Employee: 0.45%

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Table 1 – *Continued from previous page*

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
Connecticut	Paid Leave	2022	12	Capped at 60 times the CT minimum wage; 95% of CT minimum wage times 40 + 60% on top of that	No	Employees who have earned at least $2,325 from a covered employer in the highest-earning recent quarter and recently employed by a covered employer	Child, self, spouse, sibling, parent, grandparent, grandchild, individual related by blood or affinity whose close association the employee shows to be the equivalent of those family relationships	Employee: 0.5%

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Table 1 – *Continued from previous page*

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
Delaware	Paid Leave	2026	6	80%, capped at $900/week	Yes	Work primarily in Delaware (60%+ of time); 12+ months employment; 1,250+ hours in prior 12 months	Child, self, spouse, parent (including military leave)	Employer: up to 0.4%; Employee: up to 0.4% (total 0.8%)

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Table 1 – *Continued from previous page*

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
Maine	Paid Family & Medical Leave	2026	12	90% up to 50% of State Average Weekly Wage, then 66%	Yes	Earned 6x State Average Weekly Wage during qualifying period; employed 120+ consecutive days	Child, parent, grandparent, grandchild, sibling, spouse, partner, individual with significant personal bond	Employer: up to 0.5%; Employee: up to 0.5% (total 1%)

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Table 1 – *Continued from previous page*

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
Maryland	Paid Family & Medical Leave	2028	12	90% up to 65% of State Average Weekly Wage, then 50%, capped at $1,000/week	Yes	Worked 680+ hours in Maryland in 4 calendar quarters before leave	Spouse, partner, child, parent, grandparent, grandchild, sibling, person with court-appointed decision-making authority, person who acted as parent, child worker assumed obligation over (including military deployment)	Employer: up to 0.45%; Employee: up to 0.45% (total 0.9% for firms with 15+ workers; 0.45% employee-only for smaller firms)

Table 1 – *Continued from previous page*

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
Massachusetts	Paid Family & Medical Leave	2019/21	12	80% up to 50% of State Average Weekly Wage, then 50%, capped at 64% of State Average Weekly Wage	Yes	Met minimum earnings requirement in last 4 calendar quarters; earned 30x benefit amount	Spouse, domestic partner, child, parent, parent of spouse/partner, person who stood in loco parentis, grandchild, grandparent, sibling	Employer: varies; Employee: varies (total 0.88% for firms with 24+ workers; 0.44% employee-only for smaller firms)

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Table 1 – *Continued from previous page*

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
Minnesota	Paid Leave	2026	12	90% up to 50% of State Average Weekly Wage, then 66%, capped at $1,481.77/week	Yes	Earned 5.3% of State Average Weekly Wage in 12-month base period; employed 90+ days	Spouse, domestic partner, child, parent, sibling, grandparent, grandchild, son-in-law, daughter-in-law, individual with expectation of care	Employer: 0.35%; Employee: 0.35%

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Table 1 – *Continued from previous page*

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
New Jersey	Family Leave Insurance	2009	12	85%, capped at $1,055/week	No	20 weeks of work earning $283+/week OR $14,200 total	Parents, spouse, children, parents-in-law, siblings, grandparents, grandchildren, domestic partners, chosen family, blood relatives, others considered family	Employee: 0.33% on first $165,400 (max $545.82)

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Table 1 – *Continued from previous page*

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
New York	Paid Family Leave	2018	12	67%, capped at 67% of State Average Weekly Wage	Yes	26 consecutive weeks full-time (20+ hours/week) OR 175 part-time working days with single employer	Spouse, domestic partner, child, stepchild, parent, stepparent, parent-in-law, grandparent, grandchild, sibling	Employee: 0.388% (max $354.53); private insurance

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Table 1 – *Continued from previous page*

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
Oregon	Paid Leave	2023	12	100% up to 65% of State Average Weekly Wage, then 50%, capped at $1,568.60/week	Yes	Earned $1,000+ in base year or alternate base year; employed 90+ days	Spouse, partner, child, parent, sibling and their spouse/partner, grandparent and their spouse/partner, grandchild and their spouse/partner, person with family-like bond	Employer: 0.4%; Employee: 0.6% (total 1%, max $176.10 for firms with 25+ workers)

Continued on next page

Table 1 – *Continued from previous page*

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
Rhode Island	Temporary Caregiver Insurance	2014	4	4.62% of wages in highest quarter, capped at $1,103/week	Yes	Earned wages in Rhode Island; paid into TDI/TCI fund; earned $18,000+ during base period OR $3,000+ in one quarter with total wages 1.5x highest quarter and $6,000+ total	Child, parent, parent-in-law, grandparent, spouse, domestic partner	Employee: 1.3%

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Table 1 – *Continued from previous page*

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
Washington	Paid Family & Medical Leave	2020	12	90%, capped at $1,542/week	Yes	820 hours in qualifying period; employed 1+ year with 1,250+ hours at firm with 50+ employees (exceptions for top 10% earners)	Child, grandchild, grandparent, parent, sibling, son-in-law, daughter-in-law, spouse, individual who regularly resides in home or with expectation of care	Employer: 0.26%; Employee: 0.66% (total 0.92% on wages up to $176,100 for firms with 50+ workers; employee-only for smaller firms)

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Table 1 – *Continued from previous page*

State	Policy Name	Year Effective	Duration (weeks)	Wage Replacement	Job Protected?	Eligibility Criteria	Family Members Covered	Funding Method
Washington DC	Paid Family Leave	2020	12	90% up to $1,050/week, then 50%, capped at $1,153/week	No	Worked for employer in DC before covered event; employer reported wages and paid taxes	Child, parent, grandparent, spouse, sibling	Employer: 0.75% of employee wages

Panel B: Paid Sick Leave (PSL) Policies

B.1: State PSL Policies

Table 2: State Paid Sick Leave Policies

State	Year Effective	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Alaska	2025	15+ employees: 56 hours; <15 employees: 40 hours	100%	Yes	All employees with minor exceptions	Yes	Employer; 1 hour per 30 hours worked
Arizona	2017	40 hours	100%	Yes	All employees	Yes	Employer; 1 hour per 30 hours worked

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Table 2 – *Continued from previous page*

State	Year Effective	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
California	2015	40 hours	100%	Yes	All employers; employees working 30+ days in California per year	Yes	Employer; 1 hour per 30 hours worked
Colorado	2021	48 hours	100%	Yes	All employees	Yes	Employer; 1 hour per 30 hours worked

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Table 2 – *Continued from previous page*

State	Year Effective	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Connecticut	2012	40 hours	100%	Yes	All employees	Yes	Employer; accrual method varies
Illinois	2024	40 hours	100%	Yes	All private employees	Yes	Employer; 1 hour per 40 hours worked

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Table 2 – *Continued from previous page*

State	Year Effective	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Maine	2021	40 hours	100%	Yes	Employees working 120+ days per year for employers with 10+ employees	Yes	Employer; 1 hour per 40 hours worked
Maryland	2018	64 hours	100%	Yes	Employers with 15+ employees	Yes	Employer; 1 hour per 30 hours worked

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Table 2 – *Continued from previous page*

State	Year Effective	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Massachusetts	2015	40 hours	100%	Yes	Employers with 11+ employees	Yes	Employer; 1 hour per 30 hours worked
Michigan	2019	40 hours	100%	Yes	Private employers with 50+ employees	Yes	Employer; 1 hour per 35 hours worked
Minnesota	2024	48 hours (minimum)	100%	Yes	Employees working 80+ hours per year in state	Yes	Employer; 1 hour per 30 hours worked

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Table 2 – *Continued from previous page*

State	Year Effective	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Nebraska	2025	20+ employees: 56 hours; 11–19 employees: 40 hours	100%	Yes	Employers with 11+ employees; employees working 80+ hours per year in state	Yes	Employer; 1 hour per 30 hours worked
Nevada	2020	40 hours	100%	Yes	Employers with 50+ employees	Yes	Employer; 0.01923 hours per hour worked

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Table 2 – *Continued from previous page*

State	Year Effective	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
New Jersey	2018	40 hours	100%	Yes	All employees with minor exceptions	Yes	Employer; 1 hour per 30 hours worked
New Mexico	2022	64 hours	100%	Yes	All employees with minor exceptions	Yes	Employer; 1 hour per 30 hours worked

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Table 2 – *Continued from previous page*

State	Year Effective	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
New York	2020	100+ employees: 56 hours; 5–99 employees or <5 with net income >$1M: 40 hours; others: 40 hours unpaid	100%	Yes	All employees (hour cap varies by employer size)	Yes	Employer; 1 hour per 30 hours worked

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Table 2 – *Continued from previous page*

State	Year Effective	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Oregon	2016	10+ employees: 40 hours paid; <10 employees: 40 hours unpaid	100%	Yes	All employees (payment varies by employer size)	Yes	Employer; 1 hour per 30 hours worked
Rhode Island	2018	40 hours	100%	Yes	All employers and employees performing most work in state	Yes	Employer; 1 hour per 35 hours worked

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Table 2 – *Continued from previous page*

State	Year Effective	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Vermont	2017	40 hours	100%	Yes	All employees with minor exceptions	Yes	Employer; 1 hour per 52 hours worked
Virginia	2021	40 hours	100%	Yes	Home health workers working 20+ hours per week or 90+ hours per month	Yes	Employer; 1 hour per 30 hours worked

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Table 2 – *Continued from previous page*

State	Year Effective	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Washington	2018	No cap	100%	Yes	All employees; 90-day probation	Yes	Employer; 1 hour per 40 hours worked

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Table 2 – *Continued from previous page*

State	Year Effective	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Washington DC	2008	100+ employees: 56 hours; 26–99 employees: 40 hours; 1–25 employees: 24 hours; tipped restaurant workers: 40 hours	100%	Yes	All employees with minor exceptions	Yes	Employer; accrual varies by employer size

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Table 2 – *Continued from previous page*

State	Year Effective	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Puerto Rico	2016	40 hours (taken from sick leave allowance)	100%	Yes	Employers with 16+ employees; employees working 130+ hours per month	Yes	Employer; 1 day per month

B.2: Local Jurisdiction PSL Policies

Table 3: Local Jurisdiction Paid Sick Leave Policies

Jurisdiction	Year Enacted	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Berkeley, CA	2017	Small businesses: 48 hours; others: 72 hours	100%	Yes	Performs 2+ hours of work per week within Berkeley; entitled to California minimum wage or Welfare-to-Work participant	Yes	Employer; 1 hour per 30 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	**Year Enacted**	**Paid Days Per Year**	**Wage Replacement**	**Job Protected?**	**Eligibility Criteria**	**Caregiving Allowed?**	**Funding Method**
Emeryville, CA	2015	48 hours	100%	Yes	Performs 2+ hours of work per week within Emeryville for small business (55 or fewer employees); 90-day probation	Yes	Employer; 1 hour per 30 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	**Year Enacted**	**Paid Days Per Year**	**Wage Replacement**	**Job Protected?**	**Eligibility Criteria**	**Caregiving Allowed?**	**Funding Method**
Los Angeles, CA	2016	Employer choice: 48 hours or 72 hours (if 1 hour per 30 hours worked)	100%	Yes	Works 2+ hours per week; 90-day probation	Yes	Employer; if accrual: 1 hour per 48 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	**Year Enacted**	**Paid Days Per Year**	**Wage Replacement**	**Job Protected?**	**Eligibility Criteria**	**Caregiving Allowed?**	**Funding Method**
Oakland, CA	2015	72 hours	100%	Yes	Works 2+ hours per week in city; entitled to minimum wage; 90-day probation	Yes	Employer; 1 hour per 30 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	Year Enacted	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
San Diego, CA	2016	40 hours usage, 80 hours accrual per year	100%	Yes	Works 2+ hours in one or more weeks within San Diego; entitled to California minimum wage; 90-day probation	Yes	Employer; 1 hour per 30 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	**Year Enacted**	**Paid Days Per Year**	**Wage Replacement**	**Job Protected?**	**Eligibility Criteria**	**Caregiving Allowed?**	**Funding Method**
San Francisco, CA	2007	<10 employees: 40 hours; 10+ employees: 72 hours	100%	Yes	Employees working 56+ hours per year; 90-day probation	Yes	Employer; 1 hour per 30 hours worked or all hours provided upfront

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Table 3 – *Continued from previous page*

Jurisdiction	**Year Enacted**	**Paid Days Per Year**	**Wage Replacement**	**Job Protected?**	**Eligibility Criteria**	**Caregiving Allowed?**	**Funding Method**
Santa Monica, CA	2016	<26 employees: 40 hours; 26+ employees: 72 hours	100%	Yes	Works 2+ hours per week in Santa Monica; entitled to California minimum wage; 90-day probation	Yes	Employer; 1 hour per 30 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	**Year Enacted**	**Paid Days Per Year**	**Wage Replacement**	**Job Protected?**	**Eligibility Criteria**	**Caregiving Allowed?**	**Funding Method**
West Hollywood, CA	2022	96 hours (minimum)	100%	Yes	All employees; less generous for part-time; 6-month probation	Yes	Employer; 1.85 hours per 40 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	Year Enacted	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Chicago, IL	2024	40 hours	100%	Yes	Employees working 80+ hours within any 120-day period; 29-day probation	Yes	Employer; 1 hour per 30 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	Year Enacted	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Cook County, IL	2017	No cap	100%	Yes	All employees not in unions waiving ordinance; 90-day probation	Yes	Employer; 1 hour per 40 hours worked
Montgomery County, MD	2016	5+ employees: 56 hours; others: 32 hours	100%	Yes	Employees working 8+ hours per week in Montgomery County	Yes	Employer; 1 hour per 30 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	Year Enacted	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Bloomington, MN	2023	48 hours (minimum)	100%	Yes	Employees working within Bloomington for 80+ hours per year	Yes	Employer; 1 hour per 30 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	**Year Enacted**	**Paid Days Per Year**	**Wage Replacement**	**Job Protected?**	**Eligibility Criteria**	**Caregiving Allowed?**	**Funding Method**
Minneapolis, MN	2017	48 hours (minimum)	100%	Yes	Employees working 80+ hours in benefit year within Minneapolis; 90-day probation	Yes	Employer; 1 hour per 30 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	**Year Enacted**	**Paid Days Per Year**	**Wage Replacement**	**Job Protected?**	**Eligibility Criteria**	**Caregiving Allowed?**	**Funding Method**
St. Paul, MN	2017	48 hours (minimum)	100%	Yes	Employees working within St. Paul for 80+ hours per year; 80-hour probation	Yes	Employer; 1 hour per 30 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	Year Enacted	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Bernalillo County, NM	2020	1–34 employees: 44 hours; 35+ employees: 56 hours	100%	Yes	Performs 56+ hours of work in unincorporated Bernalillo County; 90-day probation	Yes	Employer; 1 hour per 32 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	Year Enacted	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
New York City, NY	2014	100+ employees: 56 hours; 5–99 employees or <5 with net income $1M+: 40 hours	100%	Yes	Most employees working in New York City	Yes	Employer; 1 hour per 32 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	**Year Enacted**	**Paid Days Per Year**	**Wage Replacement**	**Job Protected?**	**Eligibility Criteria**	**Caregiving Allowed?**	**Funding Method**
Portland, OR	2014	40 hours (higher for some employees); 6+ employee employers only	100%	Yes	Worked 240+ hours in year within Portland; probation varies by union membership	Yes	Employer; 1 hour per 30 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	**Year Enacted**	**Paid Days Per Year**	**Wage Replacement**	**Job Protected?**	**Eligibility Criteria**	**Caregiving Allowed?**	**Funding Method**
Philadelphia, PA	2015	40 hours (minimum); 10+ employee employers only	100%	Yes	Most employees; 10+ employee employers only; 90-day probation	Yes	Employer; 1 hour per 40 hours worked
Pittsburgh, PA	2020	15+ employees: 72 hours; others: 48 hours	100%	Yes	Employees working 35+ hours within Pittsburgh per year	Yes	Employer; 1 hour per 30 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	**Year Enacted**	**Paid Days Per Year**	**Wage Replacement**	**Job Protected?**	**Eligibility Criteria**	**Caregiving Allowed?**	**Funding Method**
Allegheny County, PA	2021	40 hours; 26+ employee employers only	100%	Yes	Employees working 35+ hours within county per year; 26+ employee employers only; 90-day probation	Yes	Employer; 1 hour per 35 hours worked

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Table 3 – *Continued from previous page*

Jurisdiction	Year Enacted	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method
Seattle, WA	2012	No cap (carryover capped)	100%	Yes	Employees working inside Seattle; 90-day probation	Yes	Employer; varies by size: 1 hour per 40 hours (small) or 1 hour per 30 hours (large)
Tacoma, WA	2016	No cap	100%	Yes	Employees working within city; 90-day probation	Yes	Employer; 1 hour per 40 hours worked

Continued on next page

Table 3 – *Continued from previous page*

Jurisdiction	Year Enacted	Paid Days Per Year	Wage Replacement	Job Protected?	Eligibility Criteria	Caregiving Allowed?	Funding Method

Table 4: National paid family and medical leave policies (selected)

Country	Policy	Year Enacted	Duration	Wage Replacement	Eligibility Criteria	Family Members Covered	Funding Method
Panel A: Asia							
Japan	Caregiver leave	2016	5 days (10 days if caring for multiple family members)	67%	Full-time employees (excluding sectors covered by collective agreements)	Child; spouse; parent; parents-in-law; grandparent; sibling; grandchild	Employment Insurance
Panel B: Europe							

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Table 4 – *Continued from previous page*

Country	Policy	Year Enacted	Duration	Wage Replacement	Eligibility Criteria	Family Members Covered	Funding Method
Azerbaijan	Partially paid social leave	1999	Not specified	Partial (details not specified)	Not specified	Child	Employer
Belgium	Thematic leave (close caregivers)	2020	Up to 6 months (full-time leave) or up to 12 months (reduced hours to half-time or 4/5 time), over the entire working career	Flat-rate benefit; amount depends on interruption type	All employees (full-time required for some partial-leave arrangements)	Close relative or household member	Social security (ONEM)
Czech Republic	Ošetřovné (short-term)	2006	9 days	60%	All employees	Child; other dependent	Health insurance system
Czech Republic	Ošetřovné (long-term)	2017	90 days	60%	All employees	Close relative or household member	Health insurance system

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Table 4 – *Continued from previous page*

Country	Policy	Year Enacted	Duration	Wage Replacement	Eligibility Criteria	Family Members Covered	Funding Method
Estonia	Care allowance	2002	1 week (longer for some child cases)	80%	All employees	Close relative or household member	Health insurance system
France	Allocation journalière du proche aidant (AJPA)	2020	66 days total (about 13.2 weeks)	Flat rate (e.g., €65.80/day in 2025)	Caring for an older adult losing independence or a person with a disability	Child; parent; grandparent; spouse; sibling; collateral relatives up to the 4th degree	Social security (CAF)
Germany	Pflegeunterstützungsgeld	2015	2 weeks	90%	All employees	Child; spouse; parent; grandparent; grandchild; sibling; parent-in-law; child-in-law	Health insurance (Pflegekasse)

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Table 4 – *Continued from previous page*

Country	Policy	Year Enacted	Duration	Wage Replacement	Eligibility Criteria	Family Members Covered	Funding Method
Hungary	Gyermekápolási táppénz	1997 (approx.)	Varies by child age (e.g., no limit for under age 1; up to 14 days for ages 6–12)	60% (with a cap)	All employees	Child under age 12	Social insurance fund
Ireland	Carer's Benefit	2000	104 weeks	Flat rate (e.g., €261/week)	Employees with sufficient social insurance contributions	Relative requiring full-time care	Social insurance (PRSI)
Italy	Carer's leave	1992	3 days per month; up to 2 years over the lifetime	100%	Private and public sector employees (excludes self-employed and domestic workers)	Close relative or household member	Social security (INPS)
Italy	Long-term extraordinary leave	Not specified	2 years	100% (up to a cap)	Private-sector employees	Relative with a serious disability	Social security (INPS)

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Table 4 – *Continued from previous page*

Country	Policy	Year Enacted	Duration	Wage Replacement	Eligibility Criteria	Family Members Covered	Funding Method
Latvia	Sickness benefit (care for a sick child)	2001	Up to 14 days per episode	100%	All employees	Child under age 14	State Social Insurance Agency
Lithuania	Sickness benefit (care for a family member)	Not specified	Not specified	65.94%	Employees with at least 3 months of social insurance coverage in the last 12 months	Close relative or household member	Social insurance (SODRA)
Luxembourg	Congé d'aidant	2023	5 days	100%	All employees	Child; spouse; parent	Employer (50%) and state (50%)
Norway	Pleiepenger	1997	10–15 days (child); 60 days (end-of-life care)	100%	All employees	Child; close relative (end-of-life care)	Public welfare administration (NAV)
Poland	Zasiłek opiekuńczy	1999	60 days	80%	All employees	Child	Social insurance
Portugal	Parental leave (child care)	1984	30 days	65%	All employees	Child under age 12	Social security

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Country	Policy	Year Enacted	Duration	Wage Replacement	Eligibility Criteria	Family Members Covered	Funding Method
Sweden	Vård av sjukt barn (care of a sick child)	1978	120 days	80% (with a ceiling)	All employees	Child under age 12	Social insurance
Sweden	Stödja en svårt sjuk närstående (care of a seriously ill close relative)	1989	100 days	80% (with a ceiling)	All employees	Adult family member (close relative)	Social insurance
Switzerland	Leave to care for a child with a serious health impairment (illness or accident)	2019	14 weeks within 18 months	80% (with a ceiling)	All employees; child's health must be seriously impaired by illness or accident	Child	Loss of Earnings Compensation Act (carer's allowance scheme)
Panel C: Americas							

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Table 4 – *Continued from previous page*

Country	Policy	Year Enacted	Duration	Wage Replacement	Eligibility Criteria	Family Members Covered	Funding Method
Canada	Employment Insurance (EI) caregiving benefits	2024	35 weeks (children); 15 weeks (adults); 26 weeks (end-of-life)	55%	600 insured hours worked in the last 52 weeks	Close relative or household member	Employment Insurance Fund
Chile	SANNA	2024	25 weeks (terminal disease); 6 weeks (accident); 2 weeks (illness)	100%	All employees	Child (under age 18; critically ill or injured)	Employee contributions (0.03% of salary)
Mexico	Childcare leave (for pediatric cancer)	2019	28 days (renewable)	60%	All employees	Child under age 16 with cancer	Mexican Social Security Institute

Table 5: National paid sick and family responsibility leave policies (selected)

Country	Policy	Year enacted	Paid leave duration	Wage replacement / schedule	Eligibility criteria	Covered family members
Panel A: Africa						
Angola	Family Support Leave	Not specified	8 days	100%	Not specified	Child; spouse; parent; grandparent
Liberia	Personal Leave	2015	5 days	100%	Not specified	Immediate family
Mauritius	Sick Leave	2022	10 days (may be more for child illness)	100%	Workers with a monthly basic salary of MUR 50,000 or less	Not specified
Morocco	Special leave for family emergencies	Unclear (circa 2003)	2 days	100%	Not specified	Spouse or child (surgery only)
Namibia	Compassionate Leave	2007	5 days	100%	Not specified	Child; spouse; parent; grandparent; sibling; parents-in-law
Sierra Leone	Family emergency leave (labour code provision)	2023	2 days per occasion; up to 8 days per year	100%	At least 3 months of continuous service	Dependents
South Africa	Family Responsibility Leave	1997	3 days	100%	At least 4 months with the same employer; minimum hours requirements apply	Child

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Table 5 – *Continued from previous page*

Country	Policy	Year enacted	Paid leave duration	Wage replacement / schedule	Eligibility criteria	Covered family members
South Sudan	Compassionate Leave	2017	3 days	100%	Employed more than 4 days per week with at least 3 months of service	Child; spouse
Tanzania	Family-related leave (labour code provision)	2004	4 days	100%	Not specified	Child
Zambia	Family Responsibility Leave	2019	3 days (up to 7 days at employer discretion)	100%	At least 6 months of service	Spouse; child; dependent
Panel B: Asia						
Israel	Sick leave (family illness provisions)	1993	8 days (child); 6 days (parent or spouse)	0% (day 1); 50% (days 2–3); 100% (day 4 onward)	All employees, excluding some collectively bargained sectors	Child; spouse; parent
Laos	Personal Leave	2013	3 days	100%	Approval required by employer and labour representative	Child; parent; spouse
Maldives	Family Responsibility Leave	2008	10 days	100%	Not specified	Undefined (family members during illness)
Panel C: Americas						

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Table 5 – *Continued from previous page*

Country	Policy	Year enacted	Paid leave duration	Wage replacement / schedule	Eligibility criteria	Covered family members
Chile	Paid family sick leave	Unclear (circa 1994)	Up to 10 days	100% (average of prior three months)	Not specified	Child under age 1 with serious illness
Panel D: Europe						
Austria	Care Leave	2020	1 week	100%	All employees	Child; parent; grandparent; spouse; sibling; stepchild
Belarus	Annual leave (family-related provision)	2019	Not specified	100%	All employees	Parents caring for multiple children under 14 or a child with disabilities
Bosnia and Herzegovina	Paid Leave for Personal Reasons	2016	7 days	100%	All employees	Spouse; domestic partner; child; parent; stepparent; adoptive parent; grandparent; sibling
Denmark	Care Leave	2023	5 days	100%	All employees	Child; parent; spouse; partner; cohabiting household member
Greece	Family Protection Permits	2021	2 days	100%	All employees	Child
Ireland	Force Majeure Leave	1998	3 days	100%	All employees	Close relative or household member

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Table 5 – *Continued from previous page*

Country	Policy	Year enacted	Paid leave duration	Wage replacement / schedule	Eligibility criteria	Covered family members
Montenegro	Paid Leave for Personal Reasons	2019	Not specified (negotiated)	100%	All employees	Spouse; child; sibling; parent (serious illness only)
Netherlands	Kortdurend Zorgverlof	2001	Up to twice weekly working hours per year	70%	Sole available caregiver	Close relative or household member
Romania	Carer's Leave	2022	5 days	100%	All employees	Relative or household member
Russia	Sick Leave (family care provisions)	2001	Varies widely by condition and family member	50–100% (caps apply)	Not specified	Family members (varies by condition)
Serbia	Paid Leave	2005	7 days	100%	All employees	Spouse; child; sibling; parent; adoptive relations; household member
Slovakia	Carer's Leave	2001	10 days	55%	All employees	Close relative or household member
Slovenia	Sick Leave (family care)	1992	7 days per episode (extensions possible)	80%	All employees	Close relative or household member
Spain	Family emergency leave	2023	5 days per episode	100%	All employees	Close relative or household member

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Table 5 – *Continued from previous page*

Country	Policy	Year enacted	Paid leave duration	Wage replacement / schedule	Eligibility criteria	Covered family members
Switzerland	Leave to Care for Relatives	2019	3 days per episode; 10 days per year	100%	All employees	Family member or life partner
Turkey	Child Care Leave (disabled or chronically ill child)	2015	10 days	100%	All employees	Child with disability or chronic illness
Vatican City	Paid Family Leave	2025	3 days	100%	All employees	Child with severe disability
Panel E: Pacific						
Australia	Personal, sick and carer's leave	2010	10 days per year	100%	Full-time employees; prorated for part-time	Child; parent; grandparent; grandchild; sibling; spouse; former spouse; spouse's family
New Zealand	Sick Leave	2003	10 days per year	100%	Employees with at least 6 months of service	Child; spouse; dependent
Fiji	Family Care Leave	2018	5 days	100%	At least 3 months of continuous service	Spouse; child; parent; sibling; dependent household member
Kiribati	Compassionate Leave	2015	3 days	100%	At least 6 months of continuous service	Spouse or partner; child; parent; sibling; dependent