



U.S. Department of Health and
Human Services,
Office of the Assistant Secretary for
Planning and Evaluation

Work-Family Supports for Low-Income Families: Key Research Findings and Policy Trends

By Pamela Winston

March 2014

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Acknowledgements

The author would like to thank Ajay Chaudry, Barbara Broman, John Tambornino, Taryn Morrissey, Chris Wimer, and Emily Schmitt of the Department of Health and Human Services for their guidance, advice, and review. In addition, Kathleen Romig and Dave Shoffner of the Social Security Administration, and Suzanne Burnette, Karen Livingston, Celeste Richie, and Jane Walstedt of the Department of Labor provided valuable comments and assistance. Finally, Pam Joshi, Alison Earle, Shelley Waters Boots, Jane Waldfoegel, and Christopher Ruhm offered helpful input and/or review.

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Executive Summary

The United States has seen dramatic growth in recent decades in the participation of mothers in the labor force, particularly in full-time employment. Increasing numbers of children are growing up in mother-only households or households in which both parents work. Almost half of children are being raised in households in which all parents work full-time, about twice the rate of 1968. This is particularly true for lower-income families. Public and private policies to support parents in negotiating between the needs of their families and those of their jobs have changed only modestly, however.

This paper explores four areas of work-family policy with particular relevance for the wellbeing of low-income working parents and their families: (1) unpaid family and medical leave, (2) paid parental or family leave (extended leave), (3) paid sick leave (short-term leave), and (4) workplace flexibility or initiatives to expand employees' control over work shifts, hours, and other circumstances of their jobs.

It addresses supports that can be encouraged or required by public policy and/or provided by employers. It focuses primarily on work-linked policies for parents—particularly lower-income parents—to help support the development and wellbeing of their children, with some attention to the implications of policies for employers and the broader public. These policies are generally under the jurisdiction at the federal level of the U.S. Department of Labor, Wage and Hour Division. Policies linked to child and family wellbeing are also of special interest to the U.S. Department of Health and Human Services, which has federal jurisdiction over many family support programs, and places a particular emphasis on support for vulnerable children and their parents in the early years of life.

The paper briefly summarizes recent research on the effects, outcomes, distribution, and characteristics of work-family supports, and describes existing policies and major proposals for expansion. It is not a comprehensive review; rather it highlights findings with particular relevance for federal policy.

Research indicates that work-family policies can have positive effects on children's wellbeing, parents' incomes and job stability, employers' productivity, and public health. For example, paid parental leave at the birth of a child is associated with longer leave-taking by mothers and fathers, lower rates of infant mortality, and longer breastfeeding. Paid parental leave and paid sick leave are associated with increased job retention and wages among workers. Flexible workplace initiatives have resulted in higher worker productivity and lower turnover. Finally, the lack of paid sick leave, especially for lower-wage jobs such as those in food service, appears to contribute to the spread of communicable illness among the public.

Work-family policies are less prevalent in the U.S. than in other developed nations or in many developing nations. Where they do exist, access is highly skewed by wage level and other job characteristics, as Table I illustrates.

Table I. Access to Leave and Other Supports in Private Industry Jobs (2013)

Policy	Total (%)	Wages in Bottom Quartile	Wages in Top Quartile	Small Business (< 50)
Paid family leave	12	5	21	8
Unpaid family leave	85	78	92	76
Paid sick leave	61	30	84	50
Paid vacation time	77	49	91	66
“Flexible workplace”*	6	1	15	4

* Program to address work location. Source: U.S. Department of Labor, Bureau of Labor Statistics. “National Compensation Survey: Employee Benefits in the United States, March 2013.” Tables 16, 32, and 40. Bulletin 2776, September 2013.

As a result, the lowest-income families generally have the least access to all types of work-family supports, at the same time the children in them are most likely to experience chronic health conditions or other special health or developmental needs. Specific sources of data indicate somewhat different rates of access to different types of supports. But the evidence of highly uneven access by income is clear and consistent. Unpaid leave is the most available support, while paid parental leave (beyond paid sick, vacation, or other leave) and flexible work conditions are typically least available.

To the extent work-family policies have been implemented in the U.S., it has been in a piecemeal fashion through a mix of social insurance, employer mandates, and encouragement of voluntary employer provision (see Table II). The 1993 federal Family and Medical Leave Act (FMLA) provides the right to unpaid leave to an estimated 59 percent of American workers, and about a quarter of states have state-level unpaid leave laws that extend FMLA’s protections. Five states provide paid leave at childbirth through state Temporary Disability Insurance systems, two states have implemented additional paid parental/family leave programs, another state began implementation of paid family leave in January 2014, and a fourth passed legislation but has delayed implementation several times. Seven cities and one state have enacted paid sick leave mandates on employers, and one state and one city recently enacted “right to request flexibility” laws mandating a process by which employers must consider employees’ requests for different work arrangements. Most flexibility initiatives, however, are purely voluntary for employers.

Table II. Summary of U.S. Work-Family Policies and Approaches Used

Policy Area	Specific Policy and Location	Typical Approach
Unpaid Family Leave	Family and Medical Leave Act (federal), state family leave laws (12 states), voluntary employer provision	Employer mandate
Paid Parental/Family Leave	<u>Temporary Disability Insurance</u> : CA, HI, NJ, NY, RI, voluntary employer provision <u>Paid Parental/Family Leave (dedicated programs)</u> : CA, NJ, RI (effective January 2014), WA (not implemented), voluntary employer provision	Social insurance
Paid Sick Leave	Mandatory paid sick leave for certain employees: San Francisco, Washington (DC), Seattle (WA), Connecticut, Portland (OR), New York City, Union City (NJ), Newark (NJ) (enacted in January 2014), voluntary employer provision	Employer mandate
Workplace Flexibility	Right to Request Flexibility: VT, San Francisco Some employer encouragement initiatives, voluntary employer provision	Employer mandate; Employer voluntary

Sources: See the appendix for detailed sources on these policies.

Federal legislation introduced in recent years—and other policy proposals—would use broader social insurance approaches and employer mandates, as well as tax credits and other mechanisms, to expand access to paid parental/family leave and other supports. Some would focus in particular on low-income families.

Further careful research on the implementation and effects of work-family policies could help policymakers, advocates for families, employers, researchers, and others understand more fully the ramifications of policy expansion. In particular, it could shed light on whether and how expansion of these supports might contribute to positive outcomes for children and families, especially those at low income, and on the policy trade-offs inherent in policy expansion. It could also inform the most effective design and implementation of these supports.

This research and policy scan is intended as a resource for policymakers and other stakeholders. It can be read in its entirety or used by component. [Section I](#) provides an overview of the paper’s purposes and approach. [Section II](#) reviews the research on the relationship between work-family policies and child, family, employer, and public wellbeing, with a focus on low-income families. [Section III](#) presents the evidence on access to work-family supports, particularly among lower-wage workers. [Section IV](#) describes work-family policies at the federal, state, and local levels, and through employer action. [Section V](#) summarizes recent proposals to expand work-family supports, and [Section VI](#) summarizes the paper’s main findings and proposes next steps for research. The [Bibliography](#) provides citations for the research the paper uses and, where possible, web links to the references. The [Appendix](#) provides a table with additional information on the federal, state, and local policies the paper cites, as well as selected international policies; it too provides web links to the sources used.

I. Introduction

The American workforce and the structure of American families have changed dramatically and in interconnected ways in recent decades. About 70 percent of mothers of children under age 18 now work in the labor force, up from 47 percent 30 years earlier (USDOL/BLS 2013a). Almost half of children are being raised in households in which all parents work full-time, about twice the rate of 1968 (Council of Economic Advisors 2010). Further, about one-third of households with children are now headed by single parents; about two-thirds of low-income households with children are headed by single parents, usually mothers (Kids Count Data Center 2013). Seventy percent of children with a single parent live in low-income families (Addy et al. 2013).

A recent analysis of U.S. Census Bureau data found that in 40 percent of households with children under 18, mothers were the sole or primary sources of family income (Wang et al. 2013). In 1960, this was the case in 11 percent of households with children.

Further, in the United States parents tend to combine work and parenthood quickly—41 percent of mothers of infants come back to work within three months of childbirth, and 28 percent come back to work within two months, according to one study (Washbrook et al. 2011). Two-thirds of American mothers are back at work within one year of giving birth (Laughlin 2011). This is notably faster than in other industrialized nations.

While the U.S. labor market and family structure have changed substantially, the developmental needs of infants and children have not diminished (Zigler et al. 2012). If anything, for many children they have increased, in particular for poor and low-income children.

For many working families, especially poor and near-poor families, a basic conflict exists between the requirements of infants, children, and adolescents, and those of caregivers' jobs.¹ At the same time, there is growing medical and scientific evidence of the critical importance to long-term child wellbeing of consistent, responsive parental attention, especially—though not only—during the first six months of life (see, among others, National Scientific Council on the Developing Child 2004a and 2004b, Garner et al. 2012). However, public and private sector policies to help working parents reconcile the needs of employment and of family responsibilities have changed only modestly. For low-income families, in fact, some policies have altered in ways that appear to make it more difficult—rather than less—for parents to take time off from work to address the needs of their children or other family members.²

This paper explores four areas of work-family policy: (1) unpaid family and medical leave, (2) paid parental or family leave (extended leave), (3) paid sick leave (short-term leave), and (4) workplace flexibility or initiatives to expand employees' control over work shifts, hours, and other circumstances of their jobs. It addresses supports that can be encouraged or required by public policy and/or provided by employers. Consistent, affordable, accessible child care of adequate quality is also critical for the wellbeing of children and their working parents, especially in lower-income families where such child care is scarce. But that is addressed in detail elsewhere and is beyond the scope of this project, which focuses primarily on work-linked policies for parents in supporting the development and wellbeing of their children. The implications of these policies are particularly important for low-income working parents, who disproportionately lack supports through their jobs, and for the healthy development of their children, especially in the earliest months and years of life.

To date, these policies have been mandated by law or voluntarily instituted at the federal, state, and local government levels and the private sector. At the federal level, these policies are generally under the jurisdiction of the U.S. Department of Labor (DOL), Wage and Hour Division (WHD), which enforces the federal Family and Medical Leave Act (FMLA), the Fair Labor Standards Act, and other statutes and policies directed at American workers and employers.³ Policy areas linked to child and family wellbeing are also of special interest to the U.S. Department of Health and Human Services (HHS), which has federal jurisdiction over many family support programs, particularly for low-income and otherwise vulnerable children and parents. These include: parenting and family functioning (including home-visiting and other family relationship programs), early childhood development, youth programs, poverty prevention and alleviation, support for low-wage workers, health insurance and services, and disability programs. The Department places a particular emphasis on support for vulnerable children and their parents in the early years of life.

This paper focuses predominantly on the implications of work-family policies for parents and children, with some attention to the implications for employers and the broader public. It briefly summarizes recent research on the effects, outcomes, distribution, and characteristics of work-family supports, and describes existing policies and major proposals for expansion. It is not a comprehensive review, but highlights findings and themes with particular relevance for federal policy. [Section II](#) reviews evidence about the effectiveness of work-family supports in benefiting families, particularly low-income families, as well as lower-wage employers and the general public. [Section III](#) presents what is known about access to work-family policies in the U.S. [Section IV](#) summarizes current federal, state, and local policies in the areas of (1) unpaid family and medical leave, (2) paid parental/family leave, (3) paid sick leave, and (4) workplace flexibility/worker control. [Section V](#) describes recent and current proposals within the U.S. to expand these supports, including federal legislation, as well as selected proposals from nongovernmental groups. [Section VI](#) summarizes the paper's main findings and proposes future directions for research. The [Bibliography](#) provides information on the research and other references used, including web links where possible. An [Appendix](#) presents additional detail on current U.S. and selected international policies and provides additional references.

Data Sources and Methodology

This study entailed a scan drawing from approximately 132 study reports, articles, and other research products for key findings regarding unpaid and paid parental/family leave, paid sick leave, and workplace flexibility.⁴ The scan also included review of legislation and other federal, state, and local policy-related documents and websites. It placed a particular emphasis on findings related to low-income and poor families. It focused on literature and documents from the past 10 years, although some particularly pertinent older materials were included as well. The review of findings from documents and websites was supplemented by semi-structured consultations with a selection of researchers, academics, and policy “entrepreneurs” inside and outside government. The information presented is generally current as of January 1, 2014.

There are several caveats about the research and analyses this paper discusses. First, the work-family literature is extensive and cross-disciplinary, and this paper is not intended to represent a comprehensive review of all major studies and analyses. Instead it summarizes the central findings of a selection of current and recent studies, and describes the developments most relevant to federal policy. Undoubtedly the study could be supplemented by additional materials.

Second, the scan by and large excludes research and analyses produced by advocacy organizations. In the cases where this work is included, the advocacy orientation of its sponsor is noted.⁵

Finally, the methods the studies employed generally included descriptive and correlational analyses of large data sets (surveys and administrative data), as well as implementation and process evaluations. Several studies also conducted quasi-experimental analyses. Studies using experimental methods are less common, though some have been done (this is a policy area in which random assignment evaluation can be difficult or impossible to conduct). The scan sought to include research using rigorous methods where it exists, but in nonexperimental research causal relationships can be difficult to tease out. Issues of selection bias can arise and it can be difficult to get robust response rates in surveys, among other challenges.⁶ Therefore caution is at times warranted in interpreting research results.

II. Research Finds Work-Family Policies Can Support Family, Employer, and Public Wellbeing

Overall, the rationale for work-family support policies includes the potential to strengthen children’s development and wellbeing, parental wellbeing and family economic security, worker productivity, and labor force attachment. These policies are also seen as having the potential to contribute to better health for the larger community.

There is evidence that these policies can, in fact, further these goals. Research about U.S. work-family policies—and those in other nations—indicates the potential for certain positive outcomes for families, employers, and the general public, though the research is somewhat limited for the U.S.

Families, Especially Low-Income Families, Can Benefit from Work-Family Supports

Raising children responsibly and effectively takes time. This includes time for parents to care for and bond with a new child; care for children when they are sick and provide them with routine medical care; attend school meetings and events; and supervise and guide young, school-age, and adolescent children (Abt Associates Inc. 2013, Smolensky and Gootman 2003, Waldfogel 2006, Zigler et al. 2012, among others). It also includes time for parents to care for themselves and ensure they have the capacity to function effectively as parents and employees.

As detailed in Section III, low-income working parents have significantly less access than do upper income parents to paid time off from work or to workplace flexibility. At the same time, low-income children have higher rates than other children of disability, chronic health conditions such as asthma, and educational, cognitive, social-emotional, and/or developmental challenges that require parental attention (Duncan and Murnane 2011, Duncan and Brooks-Gunn 1997, Wagmiller and Adelman 2009, Winston 2007, among others). Forty-five percent of U.S. children live in low-income families (Addy et al. 2013) and, as noted above, their parents are more likely than other parents to be raising them without another parent or consistent caregiver. Therefore, one might expect the effects of work-family supports to be disproportionately beneficial for lower-income families—both children and their parents. There is some evidence that this is the case.

Benefits to Children

Different types of work-family supports most benefit children at different developmental stages. Paid parental leave is relevant to the care of young infants, while paid sick leave and workplace flexibility/worker control are most relevant to children in early care or education, or those attending school while their parents work. Research on the intersections between work and family responsibilities at different stages of childhood—and policies intended to help reconcile competing demands—suggests a number of potential benefits to children, although teasing out the effects of policies versus other factors can be difficult.

Infants (Paid Parental Leave)

Substantial research has found negative associations for children of mothers who return to work shortly after childbirth, in particular to full-time work. These include links to diminished breastfeeding,

especially for workers in nonmanagerial and inflexible jobs, fewer well-baby doctors' visits, and some evidence of negative cognitive effects (Berger et al. 2005, Guendelman et al. 2009, Waldfogel 2006, and Zigler et al. 2012). Some research has also identified a link between a lack of leave and lower vaccination rates, though other studies have been inconclusive on this (Gomby and Pei 2009).

Studies have found a strong association between paid parental leave and delays in mothers' return to work (Baum and Ruhm 2013, Lalive et al. 2011, Rossin-Slater et al. 2013, Ruhm 2011). One analysis of data from the California Paid Family Leave (PFL) insurance program (which is discussed further below and in Section IV) found that the program doubled the use of maternity leave by new mothers (from three to six weeks), with particular increases in leave-taking among less-advantaged mothers (Rossin-Slater et al. 2013). Another analysis found an increase of 2.4 weeks in leave-taking among mothers overall (Baum and Ruhm 2013). In contrast, unpaid family leave in other states saw the greatest increases in leave-taking by more-advantaged mothers (Han et al. 2009).

Paid maternity leave has also been associated with longer breastfeeding. Exclusive breastfeeding for four months or longer has well-established positive health and developmental benefits for infants (Belfort et al. 2013, Duijts et al. 2010, Guendelman et al. 2009, Zigler et al. 2012).⁷ A recent implementation study of California's PFL program found leave-taking to be associated with greater initiation of breastfeeding by 5 percentage points among new mothers in "low-quality" jobs. It was also associated with somewhat longer breastfeeding among mothers in "high-quality" jobs (though not among those in low-quality jobs) (Milkman and Appelbaum 2013).⁸

Paid parental leave has been associated with lower infant mortality in three cross-national studies (Ruhm 2000, Shim 2013, Tanaka 2005), though the amount and type of leave mattered. One econometric analysis of 1969 to 1994 data for 16 European nations estimated that the right to a year of job-protected paid leave was associated with approximately a 20 percent decrease in child deaths between months two and 12 (the "post-neonatal" period), and a 15 percent decline in deaths between years one and five (Ruhm 2000). Rights to a short leave (10 weeks) had no positive effects. The second study used more recent data (1995 to 2000) and added the U.S. and Japan, for a total of 18 countries. It concluded that 10 weeks of job-protected paid leave was, in fact, predicted to significantly decrease infant mortality (by 4.1 percent in the post-neonatal period) (Tanaka 2005). Other types of leave (unpaid, flat rate, and/or non-job protected) did not have a significant effect. The third and most recent study looked at data from 1969 to 2010 and added South Korea, finding a 6.2 percent decline in post-neonatal mortality with 10 weeks of job-protected paid leave (Shim 2013). It too found no significant effects with unpaid or non-job-protected leave.

At least one study has explored long-term effects of paid maternity leave on children, finding positive education and earnings effects. Using quasi-experimental analysis of data from Norway before and after the 1977 implementation of a policy change increasing from 12 weeks of unpaid leave (similar to current U.S. policy) to four months of paid leave with an unpaid 12-month leave supplement, it followed children of eligible mothers to age 30. It compared children born just before the policy change with those born just after, concluding that the policy change led to a 2.7 percentage point increase in high-school completion and a 5 percent increase in the children's wages by the time they had reached age 30.

For children of less educated mothers (less than 10 years of education), the effects were larger—a 5.2 percentage point increase in high school completion and an 8 percent wage increase at 30 (Carneiro et al. 2011).

Fathers have also increased their use of leave with the provision of paid parental leave, several studies have found (Baum and Ruhm 2013, Han et al. 2009, Milkman and Appelbaum 2013). While paternal leave-taking for bonding with a new child is still relatively low in absolute terms, and far lower than for women, the percentage increase with the expansion of parental leave was substantial.⁹ Paternal leave-taking, in turn, is associated with greater involvement by fathers with their infants and children, even months after the leave has occurred (Nepomnyaschy and Waldfogel 2007, O'Brien 2009, Tanaka and Waldfogel 2007).

Limited research exists on the relationship between paid parental leave and parental mental health. This is an area of inquiry with important ramifications for child wellbeing, given the negative effects of maternal depression on child development (Ochshorn and Skinner 2012). One study, however, found that somewhat longer maternity leaves (of at least four months, paid or unpaid) were associated with a decrease in mothers' symptoms of depression and the likelihood of severe depression, as well as an improvement in mothers' overall health (Chatterji and Markowitz 2008).

There is debate about the "right" amount of leave to care for infants. Too little appears to have negative consequences for infants and parents. Relatively long leaves (more than a year) may—at least to some extent—negatively affect parents' employment and income in ways that can also negatively affect children, especially in low-income families (Ruhm 2011). In some circumstances, factors such as the availability of relatively high-quality child care, benefits from added family income due to the mother's work, and parental sensitivity or other aspects of the home environment appear to offset potential negative effects of maternal employment for children in the first year of life. Full-time employment in the first few months of a child's life, however, is associated with negative outcomes (Berger et al. 2005, Brooks-Gunn et al. 2010).

Research on early childhood development and parenting indicates that overall it takes at least four to six months for children and parents to "attune" and "attach" to each other. Therefore between three and six months of paid leave at childbirth could provide benefits for infants and their parents, limit negative effects on parental employment, and be relatively feasible from a policy perspective (summarized in Zigler et al. 2012).

Young and School-Aged Children, and Adolescents (Paid Sick Leave and Workplace Flexibility)

The needs of children after infancy continue to evolve. While most research has focused on infancy and early childhood (see National Research Council and Institute of Medicine (2000), and Institute of Medicine and National Research Council (2012) for a synthesis of this voluminous literature), evidence also supports the importance of parents' engagement in their children's lives in middle childhood and into adolescence (Abt Associates 2013, Dufur et al. 2013, Smolensky and Gootman 2003; Waldfogel 2006). Parental involvement in children's education is often cited as a key factor in academic success;

parents also play a central role in their children's socio-emotional development (Christensen et al. 2011, Dufur et al. 2013, Lareau 2003, among others).

When parents work, especially full-time, and their children are in early care or school, they must find a way to reconcile their children's needs and the requirements of employment. There is evidence that paid sick leave and workplace flexibility/control can help do this. These policies have limited reach in the U.S., however, and so far there has been limited systematic research about their effectiveness, in particular for low-income families. Research has tended to focus more on the scope and nature of the problem.

Parents' work hours and children's time in early care or education, or K-12 schooling, often do not coincide. The typical 180-day school year leaves 185 days that parents need to ensure their children are appropriately cared for and supervised; 80 of these are traditional work days (Christensen et al. 2011). About one-third of full-time standard work hours (not including the time needed to commute to and from work) occur outside of school hours. In addition, time off for weather or public health emergencies typically conflict with work hours. One researcher has estimated that for parents of children between birth and 18, the sum over 18 years of all K-12 school hours covers only one-third of the time parents spend in work and commuting (Waldfogel 2006). For younger children, child care and early education are an option for working parents, but as a rule, the child care market does not provide a sufficient supply of affordable adequate-quality care, which can create particular challenges for low-income families. Shortages of specific types of care—for infants and children with special needs, and during odd hours or for parents with fluctuating schedules—are a particular problem (Winston 2007).

Preschool and school-aged children are in a mix of care arrangements. About a quarter of children under the age of 5 in the U.S. had two or more regular child care arrangements in 2010 (Morrissey 2013), and a greater number of arrangements was associated with a greater number of health and behavioral problems (Morrissey 2009). A U.S. Education Department study of students in kindergarten through 8th grade also found that about 40 percent of children were in non-parental care each week outside school hours. The three most frequent arrangements were: school- or center-based care (for 20 percent), relative care (15 percent), and self-care (12 percent), and children could be in more than one type of care (Carver et al. 2006). Self-care is relatively common among school-aged children, particularly during the summer. One study concluded that about 15 percent of all 6- to 12-year-olds were in self-care regularly during the summer, amounting to over 10 hours a week (compared with about 5 hours a week during the school year) (Capizzano et al. 2002).

Self-care for adolescents, not surprisingly, is more common. One analysis found that between 37 and 45 percent of 13- and 14-year olds with employed mothers spend some time without adult supervision during their time outside school during a typical week (Waldfogel 2006). Self-care increases as hours of parents' employment also increase.

Although adolescents typically and appropriately exercise greater independence than school-aged children, parental attention and time are still important. Adolescence is a time of substantial biological, neurological, and socioemotional change (Luna et al. 2004, Steinberg 2005). Parents can play a critical

role in helping children and teens successfully navigate these changes (Abt Associates 2013, Smolensky and Gootman 2003, Waldfogel 2006).

Research findings on the role of parents' work and work-family conflict in the development of children and adolescents have been mixed, depending in part on whether work resulted in income gains, the quality of alternative care and education, and the children's stage of development. Rigorous (random assignment) research was conducted on low-wage families in work programs after federal welfare reform in 1996. It found, at least for low-income children, that when maternal work was accompanied by increased income, the health and cognitive effects were generally neutral or somewhat positive for younger children after the first year of life (preschool into middle-childhood (Morris et al. 2003). However, it also found a pattern of worse academic and other outcomes for adolescents, in particular those with younger siblings. These teens, it was speculated, were required to pick up caregiving work in place of their parents, who generally held inflexible, unpredictable low-wage jobs (Gennetian et al. 2002, Morris et al. 2003).

Other research has indicated negative "spillover" effects of work-family tensions more broadly, transmitted from the working parent to children (King et al. 2013). One analysis of low-income families found that mothers' nonstandard work schedules were associated with negative outcomes for young children's behavior, with some evidence suggesting this operated through higher levels of parental stress (Joshi and Bogen 2007). The Work, Family and Health Network, an initiative begun in 2005 by the National Institutes of Health and the Centers for Disease Control and Prevention, is conducting research on the relationship between characteristics of work environments, the health of employees and their families, and effects on organizations. Its research has found that, overall, work-related stress affects employees' health-related behaviors and indicators and extends to the family environment.¹⁰

Higher levels of work-family conflict are associated with fewer family routines, such as family meals and parenting routines, which can benefit the psychological and social development of younger and school-aged children and adolescents (Feise et al. 2002, Feise and Schwartz 2008, McLoyd et al. 2006). Research also suggests, however, that if workplace conditions do not lead to high levels of parent stress, parenting style to some extent can mediate the potentially negative effects of employment on children (Repetti 2005, Repetti and Wang 2009).

Several studies of the effects of work-family supports on the health and development of children and adolescents suggest the potential to address some of the negative effects of work-family tensions. Paid short-term leave, in particular, can allow parents to care for their children when they are sick or facing special health care needs. According to health studies, the availability of paid leave helps children recover from illness more quickly (Heymann 2000, Schuster et al. 2009). Parents in one analysis were significantly more likely to stay home with their sick children when they had some type of paid leave, and children recovered more quickly when they were ill (Heymann 2000). Paid sick leave also protects teachers and other children from the spread of infectious diseases when children go to school sick (Bischoff and Chavkin 2008). Data on the relationship between work-family supports and positive outcomes for school-aged children, including adolescents, is limited, however.

Benefits to Working Parents

Research indicates that work-family policies can improve parents' wages and attachment to employment, including for low-income mothers.

Lower-income women are more precariously attached to the labor force at the time of pregnancy and birth than are more educated women. An analysis by education level of leave arrangements used by working women at first birth (using the Census Bureau's Survey of Income and Program Participation) found that among those with less than a high school diploma, 50 percent quit their jobs, 19 percent used some type of paid leave, 48 percent used unpaid leave, and 11 percent were "let go" from their jobs.¹¹ In contrast, among more educated women (those with a BA or more) 13 percent quit, 66 percent used paid leave, 40 percent used unpaid leave, and 3 percent were let go (Laughlin 2011).

Work-family supports appear to contribute to mothers' attachment to employment and to maintaining or even increasing their wage levels. Paid parental leave at childbirth, in particular, is associated with increased likelihood that previously-working mothers will return to their jobs, and may improve their earnings, according to several studies. The implementation study of California's PFL (Milkman and Appelbaum 2013) found increased job retention among workers holding lower-quality jobs who used PFL. The rate at which they returned to the same employer after leave was 8 percentage points higher for those who used the paid family leave program (89 percent retention) than for those who did not (81 percent retention). This retention rate was close to that for working parents with high-quality jobs who used PFL (88 percent).

Another analysis (using quasi-experimental methods) of data from the PFL program found "suggestive evidence" that participation in the program increased subsequent typical weekly work hours of employed mothers of young children (one- to three-year-olds) by 10 to 17 percent, and that their incomes from wages may also have increased by a similar amount (Rossin-Slater et al. 2013). This has been supported by a second analysis of the effects of California's program, which found evidence that PFL increased mothers' hours and weeks of work by 15-20 percent during their child's second year of life, with possible wage increases as well (Baum and Ruhm 2013). Finally, a study using national data suggested that mothers who took paid leave were more likely to be working in the fourth quarter following a birth than were those who did not (Houser and Vartanian 2012).

Some research suggests that long parental leaves may diminish mothers' skills and attachment to the labor market, which could have negative effects on child wellbeing due to decreased income, particularly for low-income families (see Ruhm 2011 for a summary of this literature). But a study of policies in nine nations found that maternal earnings were not affected by rights to relatively brief periods of leave (several months), though those with entitlements to leaves of more than five or six months saw a small "wage penalty" (Ruhm 2011). Another study, however, suggested that paid leave may have a protective effect on the wages of women, after adjusting for job holders' income, education, and other key characteristics, regardless of the length of leave. It concluded that those who took leaves of 30 days or more were 54 percent more likely than those who did not take leave to see increases in their wages in the year following birth (Houser and Vartanian 2012).

Finally, access to paid sick leave for working parents has also been found to have positive effects on job retention. Using data from the Medical Expenditure Panel Survey, and controlling for numerous worker and job characteristics, one study concluded that paid sick leave decreased the likelihood of job separation by at least 25 percent (2.5 percentage points). The strongest associations were for mothers and for workers who lacked paid vacation time (Hill 2013).

Some Evidence of Benefits to Employers of Lower-Wage Workers

Research offers some additional evidence that work-family supports can benefit employers, including lower-wage employers, by improving workers' attendance, productivity, and morale, and reducing turnover. Both rigorous experimental evidence and other studies indicate positive impacts of work-family programs.

A recent random assignment evaluation conducted by American and Chinese researchers assessed a nine-month flexible workplace (work-from-home) initiative at a 16,000-employee travel agency in China, finding a 13 percent increase in worker performance (Bloom et al. 2013).¹² Employees working from home also experienced lower turnover and reported higher work satisfaction. The work-at-home option was ultimately offered to staff more widely, leading to performance gains of 22 percent.

An evaluation (using a natural experiment) of the Results-Only Work Environment (ROWE) initiative of the Best Buy electronics retailer, which allowed for flexible work timing and location, found that it too resulted in substantially lower turnover (Moen et al. 2011).¹³ Other studies have indicated that flexible work scheduling can lead to lower absenteeism (Council of Economic Advisors 2010).

Representatives of employers, especially small employers, often express concern about costs and other burdens associated with providing work-family supports (for example, see Chow 2010). The evidence on this has been mixed, however. A substantial majority (89 percent) of 175 employers surveyed about implementation of the California PFL program reported that it had a "positive" or "no noticeable" effect on their company's productivity, with small employers responding more positively than large employers (Milkman and Appelbaum 2013). Between 91 and 99 percent of employer respondents also said it had a positive or no noticeable effect on profitability/performance, turnover, and worker morale.¹⁴

Similarly, the majority (91 percent) of worksites responding to a 2012 survey on the federal FMLA unpaid leave program reported a positive or no noticeable effect on "employee productivity, absenteeism, turnover...[or] business profitability" (Klerman et al. 2013).¹⁵ As in the California study, smaller worksites were more likely to report positive effects than were larger worksites. In addition, employers in the District of Columbia responding to an implementation audit of a paid sick leave mandate adopted in the District in 2010 indicated minimal burden (Office of the District of Columbia Auditor 2013). However, the majority of a small sample of San Francisco employers surveyed a year after the 2007 adoption of a paid sick leave mandate there indicated they had not seen notable advantages from lower turnover or absenteeism, improved morale, or other potential benefits, and had experienced "minimal to moderate" effects on their businesses (Waters Boots et al. 2009).¹⁶

Potential Protections for the Broader Public

Finally, it has been argued that work-family supports can benefit the broader public in a range of ways, but most concretely by reducing the spread of communicable disease and protecting public health through provision of paid sick leave. There has been limited analysis of the effects of paid sick leave on public health in the U.S., but some evidence exists on the effects of a lack of such leave.¹⁷

In 2013, 39 percent of all private sector jobs did not include access to paid sick leave, as noted in Section III; 80 percent of the lowest-wage jobs lacked it (USDOL/BLS 2013b). In 2009, about 73 percent of food preparation and service workers were estimated to lack any paid sick leave (Joint Economic Committee 2010). Employees therefore take unpaid leave or go to work ill. One recent study found that almost 20 percent of restaurant workers had come to work ill with vomiting or diarrhea at least once in the prior year (Sumner et al. 2011). Other recent research indicated that over three quarters (83 percent) of employees went to work when they were sick; 21 percent said they did so in order to save their sick leave for when their children needed care (ComPsych Corporation 2007, cited Waters Boots et al. 2009).

III. Workers in the U.S. Have Limited Access to Work-Family Supports, Especially the Lowest-Wage Workers

Knowledge about the availability of work-family supports for children and parents in the U.S. is generally pieced together from data sources with varying characteristics, strengths, and limitations. Different sources address different supports, for different populations, sometimes using different methods. Nonetheless, two generalizations can be drawn: (1) access to work-family supports is relatively limited overall and (2) access is highly uneven across types of jobs.

First, working parents in the U.S. are less likely to have access to most supports than are parents in other developed nations, or, in some cases, parents in many developing nations. The European countries, Australia, Canada, Japan, and New Zealand, all provide paid maternity, paternity, and/or parental leave at the birth of a child, varying from about three and a half months (in Switzerland) to three years or more (Moss 2012, Ray et al. 2009, Ruhm 2011). The U.S. does not mandate provision of any such paid leave, though five states provide some leave, as discussed further below. Of 184 nations, the U.S. is among six that don't provide paid leave at childbirth—the others are Liberia, Papua New Guinea, Samoa, Sierra Leone, and Swaziland (Heymann and McNeill 2012).

In the area of paid sick leave, at least 145 of 173 nations, excluding the U.S., have policies to provide paid time off for workers' short-term health problems, though not all provide paid leave for care of a sick child (Heymann et al. 2007). In the area of workplace flexibility, five nations (Australia, Iceland, Italy, New Zealand, and the United Kingdom) have adopted policies such as "right to request" flexible arrangements initiatives that provide a statutorily mandated process with the potential to increase workers' control over the circumstances of their jobs (Moss 2012).¹⁸

Second, access to work-family supports in the U.S. is highly uneven, varying widely across employee, job, and employer characteristics. No policies are universal. Lower-wage workers and those working part-time, in smaller organizations, and/or within sectors such as restaurant/hospitality and retail have notably less access to support. Further, lower-wage workers are more likely than higher-wage workers to lack access to paid leave at the same time they are also more likely to lack workplace flexibility that might allow them to take unpaid leave. These patterns are found across data sources.¹⁹

The BLS National Compensation Survey Reports Uneven Access

The Bureau of Labor Statistics (USDOL/BLS) National Compensation Survey (NCS) provides a particularly broad and systematic snapshot of worker access to a wide range of supports provided by private employers (USDOL/BLS 2013b).²⁰ The March 2013 survey involved a sample of 10,297 establishments and represented about 106 million workers across the country. Employer respondents reported on positions within their organizations rather than on specific workers holding these positions.

The 2013 Employee Benefits component of the NCS found that among U.S. private sector positions overall, 12 percent provided access to paid family leave (maternity or paternity leave, or leave for care of a family member that is in addition to other types of leave such as disability or sick leave). Eighty-five percent of private sector positions provided access to unpaid family leave. Sixty-one percent offered access to paid sick leave, and 77 percent provided access to paid vacation time (see Table 1).²¹ Forty

percent offered access to temporary disability insurance (which is used for paid leave at child birth in some cases), and 6 percent provided access to a “flexible workplace” (a relatively narrow measure representing arrangements for changing work location).

Table 1. Access to Leave and Other Supports in Private Industry Jobs (2013)

Policy	Total (% of jobs)	Wages in Bottom Quartile ¹	Wages in Bottom Decile ²	Wages in Top Quartile ³	Wages in Top Decile ⁴	Part-time ⁵	Small Business (< 50)
Paid family leave	12	5	4	21	22	5	8
Unpaid family leave	85	78	76	92	92	77	76
Paid sick leave	61	30	20	84	87	24	50
Paid vacation time	77	49	39	91	92	36	66
Short-term disability	40	18	14	61	65	15	26
“Flexible workplace”⁶	6	1	-	15	19	1	4

¹ \$11.00/hr.
² \$8.50/hr.
³ \$26.18/hr.
⁴ \$40.44/hr.
⁵ Part-time as defined by employer.
⁶ Program to address work location.

Source: U.S. Department of Labor, Bureau of Labor Statistics. “National Compensation Survey: Employee Benefits in the United States, March 2013.” Tables 16, 32, and 40. Bulletin 2776, September 2013.

Access varied sharply between the lowest- and highest-paid jobs. Paid family leave was available to 4 percent of the bottom 10 percent (decile) of wage earners versus 22 percent of the top decile. Paid sick leave was available to 20 percent of workers in the lowest decile of wages, in contrast to 87 percent for those at the top decile. Some amount of paid vacation time was available to 39 percent of the lowest-paid workers, while 92 percent of the highest paid had access to it. Short-term disability was available to 14 percent of the bottom decile in contrast to 65 percent of the top decile. Finally, “flexible workplace” was an option in an undetectable percentage of bottom decile jobs, while 19 percent of those at the top wage decile provided access. Only unpaid leave was relatively widely and uniformly available—in 76 percent of the lowest-paid positions and 92 percent of the highest-paid, though affordability is an obvious question for workers earning the lowest wages. Part-time positions and those with small businesses also provided relatively less access to these supports.

Other Major Data Sources Find Similar Patterns

Other surveys and data analyses have found similar patterns of access, though with some variation in levels, often depending on how the policy or sample is defined, or the survey item framed.

A 2013 DOL report on the status of the 1993 federal FMLA unpaid leave policy provides one data source on the availability of a range of work-family supports (Klerman et al. 2013). Its findings are based on surveys conducted in 2012 with both employers and employees about their experiences with the FMLA and with work-family policies more generally, including their perceptions of unmet need for leave.²² The FMLA provides access to unpaid leave to an estimated 59 percent of American workers and is discussed further in Section IV. Table 2 summarizes the findings on access to work-family supports broadly, reporting the percentage of worksites (weighted by number of employees) where the employer offered a support to all or most workers (rather than the percentage of total positions that are covered, as is the case with the NCS/BLS data).

Table 2. Worksites Providing Access to Leave and Other Supports

Policy	Percent of Worksites Offering Support to All/Most Employees (2012)
Paid maternity leave	36
Paid paternity leave	18
Paid sick leave	58
Paid vacation	74
Paid disability leave	47
Flex time	15

Source: Klerman et al. 2013.

Another analysis of leave access focused specifically on low-wage workers, using the BLS American Time Use Survey for 2011 (Glynn 2012). Drawing on worker reports, it too found limited access to supports for the bottom quintile (20 percent) of wage earners, as Table 3 shows.

Table 3. Access to Leave for Workers at Bottom Wage Quintile

Policy	Percent of Workers Reporting Access (2012)
Paid parental leave ¹	19
Paid sick leave	26
Paid vacation	27
¹ Self-reported by workers; some may perceive the use of accrued paid vacation or sick leave as paid parental leave.	

Source: Glynn 2012

Other studies have identified similar patterns in access to leave.²³ A lack of access to paid parental/family leave and to paid sick leave are particularly prevalent. In addition to the inability to take short-term paid sick leave for their own illness, about half of parents are estimated to lack paid sick leave they can use for the care of their children (Acs and Loprest 2008, Smith and Schaefer 2012). This is particularly true for low-income parents and parents with children with special needs. An analysis of Medical Expenditure Panel Survey data, for example, finds that lower-income families have the least access to paid sick or other leave that workers can use for themselves or family members, at the same time they are most likely to have children with special health needs. Among employed low-income families with a child whose health was poor or fair, less than half (46 percent) had access to paid

vacation or sick leave. Less than 30 percent had access to dedicated paid sick leave (Clemans-Cope et al. 2008).

Access to workplace flexibility is also heavily skewed by wage level. The National Study of the Changing Workforce, which surveyed employees, gauged access to workplace flexibility broadly at 4 percent for the lowest-paid workers, compared with 41 percent for the highest paid (Galinsky et al. 2011). Other studies have found somewhat higher rates for lower-income workers, though still a marked difference by wage and education.²⁴

Finally, it is worth noting that in some cases there may be no formal policies, but in practice unpaid or paid leave, flexibility, or other supports are at least somewhat available, often depending on the worker's relationship with her or his supervisor (Dodson 2009). This may be particularly true among smaller businesses (Martinson et al. 2007). Conversely, research also suggests that formal policies may exist but workers can be reluctant or afraid to use them.²⁵

IV. Work-Family Policies in the U.S. Are Pieced Together From Federal, State, Local, and Private Action

Work-family policies in the U.S. have developed over time in a piecemeal fashion, beginning during the New Deal era and extending to the present day. These include temporary disability insurance (TDI) programs that can be used for paid leave at childbirth, unpaid family leave, paid leave programs explicitly for care of a new child (or other family member), paid sick or other short-term leave, and workplace flexibility initiatives.

TDI was the first policy area. Four states (Rhode Island, California, New Jersey, and New York) enacted state-level TDI programs in the 1940s to provide partial wage replacement to certain workers facing short-term injury or illness unconnected to work. Hawaii followed in 1969.²⁶ In 1978, passage of the federal Pregnancy Discrimination Act required organizations that offered TDI to cover the effects of pregnancy and childbirth consistent with their coverage of other “disabilities” (EEOC 2008).

The federal FMLA, establishing a federal entitlement to unpaid, job-protected leave for certain workers in certain organizations, was enacted in 1993 and has been expanded over time. Several states also enacted their own unpaid leave programs that typically provide broader coverage than FMLA.

State and local action has accelerated in the past decade, focused largely on enactment of paid parental/family leave and paid sick leave policies. Finally, the federal Patient Protection and Affordable Care Act, enacted in 2010, extended to new working mothers the right to accommodations to support maintenance of breastfeeding for up to a year.

These policies have typically used different approaches, including regulation (or “employer mandate”), social insurance systems, and encouragement of voluntary employer provision. Table 4 summarizes the key policy areas, the locations where each has been enacted, and the typical approach for its provision (current as of January 1, 2014). The following section notes the key attributes of each policy as it has been implemented to date, and the appendix provides additional detail, including further sources for information on each policy.

Table 4. Summary of U.S. Work-Family Policies and Approaches Used

Policy Area	Specific Policy and Location	Typical Approach
Unpaid Family Leave	Family and Medical Leave Act (federal), state family leave laws (12 states), voluntary employer provision	Employer mandate
Paid Parental/ Family Leave	<u>Temporary Disability Insurance</u> : CA, HI, NJ, NY, RI, voluntary employer provision <u>Paid Parental/Family Leave (dedicated program)</u> : CA, NJ, RI (effective January 2014), WA (not implemented), voluntary employer provision	Social insurance
Paid Sick Leave	Mandatory paid sick leave for certain employees: San Francisco, Washington (DC), Seattle (WA), Connecticut, Portland (OR), New York City, Union City (NJ), Newark (NJ) (enacted in January 2014), voluntary employer provision	Employer mandate
Workplace Flexibility	Right to Request Flexibility: VT, San Francisco Some employer encouragement initiatives, voluntary employer provision	Employer mandate; Employer voluntary

Unpaid Family Leave is Most Widely Available

Unpaid leave, as Section III notes, is available at least to some extent to most workers. In some cases, this leave appears to be informally arranged or otherwise provided through the employer when the FMLA does not apply to the organization. In others, organizations and employees are covered by the FMLA and/or by similar statutes in some states, or employers voluntarily offer unpaid leave or provide it through collective bargaining agreements (USDOL/WHD 2014a).

Use and Implications of the FMLA

The 1993 FMLA provides the right to up to 12 workweeks a year of unpaid job-protected leave for eligible workers in covered organizations to care for a new child (through pregnancy, foster care, or adoption) or a spouse, child, or parent who has a serious health condition, or for their own serious health condition.²⁷ Coverage has expanded over time to include: needs arising from actual or impending active military duty of an immediate family member (2008); care of a “son or daughter” for whom the caregiver is responsible, whether or not the child is biologically related (2010); and care of a same sex spouse (USDOL/WHD 2010, 2013).

About 59 percent of American workers are eligible for leave under the FMLA; 41 percent are not protected (Klerman et al. 2013). Eligibility excludes workers: (1) at firms of under 50 employees (or those with more than 50 employees who are outside a 75-mile radius), (2) with job tenures with their current employer of under a year, and/or (3) with low hours worked (the FMLA requires an average of 24 hours per week over the prior year, or a minimum annual total of 1,250 hours).

The 2012 DOL survey found that an estimated 13 percent of all U.S. employees took leave under the FMLA in the prior year, the same percentage as in 2000. Reasons varied: 22 percent of workers reported taking leave for childbirth or the care of a new child; 19 percent cited care of a parent, spouse, or child; and 57 percent reported using leave for their own serious health conditions. About 56 percent of all leave-takers were women and 44 percent were men (Klerman et al. 2013).

Because lower-wage workers are more often employed in jobs with erratic schedules, work part-time, have shorter job tenures, and work for smaller organizations than other workers, FMLA eligibility tends to be skewed by income (Ross Phillips 2004, Ybarra forthcoming). It also tends to be skewed by race/ethnicity—one estimate of eligibility among working parents in 21 states found Hispanic parents consistently least likely to be eligible (Earle et al. 2013).

Leave-takers surveyed in the DOL study used a number of means to support themselves. Almost half (45 percent) said they received full pay, though this had dropped by 27 percentage points since 2000 when 72 percent said they received full pay (Klerman et al. 2013). Full pay was, not surprisingly, also much less common for leaves of more than 10 days. Seventeen percent said they received partial pay, and 34 percent received no pay. Sources of pay included sick leave (47 percent), vacation time (17 percent), maternity leave (13 percent), and/or paternity leave (9 percent).

Workers with “lower incomes” were least likely to receive full pay and most likely to receive no pay.²⁸ Of these workers, 34 percent received some paid time off during leave (versus 63 percent of workers above the median) and 54 percent received no pay (versus 18 percent of those above the median). Of

leave-takers overall, 40 percent said they cut leave short because they could not afford it (Klerman et al. 2013).

Leave-takers also relied on public assistance—15 percent of all surveyed leave-takers who received partial or no pay said they used public assistance while on leave, an increase from 9 percent in 2000. The FMLA survey did not ask about specific types of public assistance. Other research also suggests that public assistance is used as a source of support during breaks in employment for childbirth and care of young infants, particularly by new mothers. A legislative audit in Wisconsin, for example, found markedly increased use of Temporary Assistance to Needy Families (TANF) cash assistance among new mothers, apparently as a way of funding maternity leave (Wisconsin Legislative Audit Bureau 2005, Ybarra forthcoming). Currently, about half of states exempt mothers of children under one year of age from TANF work requirements, which may have the effect of making cash assistance more accessible as a form of parental leave at and following childbirth, though the evidence on this is mixed (Hahn et al. 2012, Hill 2012).²⁹

Workers surveyed also indicated they had a need for leave they were unable to take under the FMLA. This was particularly the case for lower-income workers; 12 percent of respondents below the median family income said they had need for leave in the prior year but were unable to take it. This was the case for 5 percent of all workers, about twice the rate found in the 2000 survey.³⁰ Of these leave non-takers, 46 percent cited an inability to afford unpaid time off, 17 percent feared losing their jobs, 6 percent said their leave request was denied, and 30 percent cited an “other reason” (Klerman et al. 2013).

Employers appeared to have limited difficulty complying with the FMLA—14 percent of worksites said it was “somewhat difficult” and 1 percent said “very difficult.” As noted above, larger worksites reported a higher level of difficulty than did smaller ones. About a third of worksites, however, reported that their costs of administering FMLA and of continuing benefits during leave had increased over the years (Klerman et al. 2013).

Finally, awareness about the FMLA appears to have increased over time. In 2012, 71 percent of employees at covered firms had “heard of the federal FMLA,” compared with 56 percent in 1995. However, there is still a lack of clarity about the law, with 30 percent of employees in covered firms unaware of it, and 80 percent of covered employers seemingly unaware of the range of qualified reasons for the FMLA (Klerman et al. 2013).

Other Sources of Unpaid Parental/Family and Medical Leave

State and local policies, as well as private practices, contribute to the availability of unpaid parental/family and/or medical leave. At least twelve states have adopted statutes that go beyond the FMLA in some way (USDOL/WHD 2014b, National Partnership for Women and Families (NPWF) Undated, Ruhm 2011). These are: California, Connecticut, District of Columbia, Hawaii, Maine, Minnesota, New Jersey, Oregon, Rhode Island, Vermont, Washington, and Wisconsin.

Expansions include:

- lowering the covered organization size
- expanding the definition of family, and
- increasing the covered conditions or activities to purposes such as attending children’s educational activities or addressing effects of domestic violence.

In addition, private employers report providing at least some unpaid family leave to most of their workers (85 percent of jobs overall; 74 percent of the lowest-wage jobs), as discussed above (USDOL/BLS 2013b). The conditions of this leave are unclear, including the extent of job protection.

Several Jurisdictions Have Adopted Paid Parental or Family Leave Policies through Social Insurance, but They Remain Limited

Paid parental or family leave is provided by means of social insurance for at least some working parents in California, Hawaii, New Jersey, New York, and Rhode Island, as indicated above in Table 4. All five states provide some degree of paid leave due to disability caused by childbirth for eligible workers through state TDI programs. California, New Jersey, and Rhode Island have also enacted explicit paid family leave insurance programs for care of new children and other family members. In Rhode Island, the program went into effect in January 2014. Washington, a non-TDI state, also enacted a program, but has not yet funded it.

These programs vary along dimensions that include:

- the extent to which they cover parents at the arrival of a new child (through birth, adoption, or foster parenting) versus workers for broader family care
- the length of available leave
- eligibility requirements
- the “wage replacement” rate and maximum payment
- financing and administration, and
- provision of job protection.

State Temporary Disability Insurance (TDI) Programs

State TDI, also called short-term disability, covers most salaried workers in private employment in the five states where it exists (see the appendix for more detail and sources for each program). In most cases, it excludes some shorter tenure and part-time employees and many government workers.³¹ The duration of coverage generally ranges from 26 weeks to a maximum of 52 weeks. Most cover pregnancy- and childbirth-related disabilities for between 6 and 12 weeks, but can extend longer, depending on the mother’s health condition. Benefits depend on earnings during a “base period” and the worker’s job tenure prior to applying for TDI. Job protection is not guaranteed, but may be by other state or federal laws, such as the FMLA.

State eligibility requirements vary. California’s are the lowest—earnings of at least \$300 during the prior base period (five to 17 months) and worker payment into the state’s disability insurance system. New York State also requires a relatively limited work history (four consecutive weeks of work). The other

states require a longer work and/or earnings history, and therefore are more likely to exclude lower-wage workers.

Wage replacement rates also vary, but generally provide workers with between one-half to two-thirds of what they would otherwise have earned through work, up to a weekly maximum. New York State provides the lowest rate—reimbursement of 50 percent of a claimant’s average weekly wage, up to \$170 per week (in 2013). California provides approximately 55 percent of earnings in the highest quarter of a worker’s base period, up to \$1,067 per week (in 2013), the highest among the states. New Jersey provides two-thirds of weekly pay, up to \$584 per week (in 2013).

TDI programs are funded by state payroll taxes ranging from 0.5 percent of taxable earnings (in Hawaii and New York) to 1.2 percent (in Rhode Island); the cap on the amount of taxable earnings varies by state. New Jersey taxes both employees and employers, and California and Rhode Island tax employee earnings. In New York and Hawaii employers may pay the full cost or may elect to share the cost with employees up to certain limits.

Research indicates that parents have made substantial use of TDI to cover time off for childbirth. An analysis of data for California, New Jersey, New York, and Rhode Island between 1985 and 2004 found that between 21 percent (in New Jersey) and 41 percent (in Rhode Island) of births in these states were to mothers who claimed TDI for childbirth (Brusentsev and Vroman 2007). Duration of benefits ranged from 8.6 weeks in New York to 11.3 weeks in California. Overall, about 7 percent of the nationally representative sample in the 2012 FMLA survey who reported they took FMLA and received pay said they used state disability leave (Klerman et al. 2013).

State Paid Family Leave Insurance Programs

Of the four states that have enacted legislation to establish paid parental/family leave programs (California (2002), New Jersey (2008), Rhode Island (2013), and Washington (2007)), programs have been implemented in California and New Jersey. The implementation date for Rhode Island’s program was January 2014, and implementation in Washington was recently postponed to 2015. (The appendix provides additional program information.)

The California and New Jersey programs build on their TDI systems. They provide up to an additional six weeks of leave with partial wage replacement to each parent, including domestic partners. The leave accrues to the parent not the child, so theoretically a family could use TDI, followed by two six-week periods of leave in turn for each parent. Unlike TDI, the leave is for care of and bonding with a new child, not the mother’s physical recovery. Further, leave can also be used for care of another family member. It is not, however, available for a worker’s own health condition (unlike FMLA). Neither California nor New Jersey provides job protection, though other state laws or the FMLA may do so.

Most employers in both states are covered by paid parental/family leave. Similar to TDI, about 7 percent of the nationally representative sample in the FMLA survey who reported they took leave and received pay said they used state paid family leave (Klerman et al. 2013).

California Paid Family Leave (PFL)

Use of PFL in California is at least somewhat established, though awareness and take-up are limited. About 210,000 PFL claims were made in the 2011-2012 fiscal year; 87 percent were for bonding with a new child (CAEDD 2013a, 2013b). Seventy-one percent of the bonding claims were for women and 29 percent for men. The average duration was 5.4 weeks and the average weekly amount paid was \$497.

Research on PFL implementation suggests certain benefits to lower-income workers (those with “low-quality” jobs), in addition to the apparent benefits described in Section II. PFL was associated with a higher level of wage replacement for these workers compared with similar workers who did not take PFL, according to the study. Fifty-eight percent of lower-income PFL users received over half of their prior income while on leave, compared with 33 percent of those in lower-quality jobs who did not use PFL (Milkman and Appelbaum 2013).

Awareness and take-up among workers, particularly those in lower-wage jobs, appear to be especially limited, however. Among a sample of 500 people who had recently experienced a life event that made them eligible for PFL, more than half (51 percent) were unaware the program existed (Milkman and Appelbaum 2013). Another survey found that less educated, younger, lower-income, and unmarried respondents—those who might benefit most from PFL—were least aware of it. Thirty-eight percent of lower-wage workers were aware of PFL in contrast to 63 percent of higher-wage employees.³²

Even when aware of PFL, workers did not necessarily use it. About 31 percent of the subsample of those aware who nonetheless did not use the program said they would not have received enough money, 32 percent indicated they were worried their employer would be unhappy, 29 percent said it would hurt their advancement, and 24 percent said they feared being fired (Milkman and Appelbaum 2013).³³

New Jersey Family Leave Insurance Program (FLI)

FLI covers most employees in New Jersey, including small businesses and those in state and local government, though take-up is still relatively modest. In 2011, about 31,000 FLI claims were made; 80 percent were for bonding with a new child. Eighty-nine percent of the bonding claims were for women and 11 percent for men (NJDLW Undated). An analysis of 2010 FLI data found that parents drew on the program in about 28 percent of births and 10 to 14 percent of adoptions that year (White et al. 2013). The average claim duration was five weeks and the average total (not weekly) amount paid per claim was \$2,426 (NJDLW Undated).

Less research has been conducted on implementation of New Jersey’s FLI than on California’s PFL. But one study identified several findings common between the programs. First, there is limited awareness about the five-year-old FLI program. A 2012 state-representative poll found that fewer than 40 percent of New Jersey residents had “seen or heard anything about” FLI before being surveyed. Second, residents potentially in greatest need of the program had particularly low levels of awareness—those with less than a high school education (29 percent knew of the program), single adults (33 percent), and adults earning under \$25,000 (29 percent). These were also the categories of study respondents most likely to report that they had needed family leave in the prior year (White et al. 2013). Among

respondents who did not take leave, lack of affordability and concern about losing their jobs or other negative effects were the reasons most often cited.

Overall, state opinion polls indicated favorable impressions of FLI. The 2012 state-representative survey found that in response to a description of the program, 76 percent of respondents had a favorable opinion (84 percent of women and 68 percent of men) (White et al. 2013). Implementation was said to have gone relatively smoothly, with those responsible for implementing New Jersey's program learning from California's efforts (see White et al. 2013 for more on New Jersey's start-up process).

Washington's and Rhode Island's Laws

Washington and Rhode Island enacted—but as of the end of 2013 had not yet implemented—state paid family or parental leave programs. In 2007, the Washington state legislature adopted Family Leave Insurance, a paid parental leave program (not for broader family care), but delayed implementation several times, most recently to 2015 (Washington State Legislature 2007, 2013). The delay appears to be due to a lack of funding, and challenges associated with the lack of a pre-existing administrative infrastructure since the state does not have a TDI program

In July 2013, Rhode Island enacted an expansion of its TDI program, called Temporary Caregiver Insurance (TCI). Similar to the California and New Jersey programs, it is to provide partial wage replacement at the same rate as its TDI program (about 60 percent) for new parents and other family caregivers by means of an employee-only payroll tax, to begin in January 2014. It differs from the other two states' programs in several regards, however (Rhode Island General Assembly 2013). First, it provides access to four rather than six weeks of paid leave. Second, leave is job-protected, the only of the state paid family leave programs to include this feature.

Employer Provision

Identifying the extent of paid parental or family leave provision by employers or generalizing about its characteristics is difficult. As noted in Section III, different data sources indicate somewhat different levels of coverage, and how the question is framed (paid maternity or paternity leave, the use of paid sick or vacation leave, access to TDI, etc.) varies widely. Isolating actual paid parental/family leave versus allowed use of other types of leave is tricky.

As a rule, however, more advantaged employees have much greater access to leave and “higher end” and larger employers tend to offer it much more widely than lower-wage and smaller employers. For example, in a recent survey of “the 100 best companies to work for,” 95 percent of company respondents said that they provided some access (Sundbye and Hegewisch 2011). In contrast, attempting to isolate paid family leave from other sources, the BLS National Compensation Survey found access among the top 10 percent of wage earners at 22 percent and among the bottom 10 percent of wage earners at 4 percent, as discussed above (USDOL/BLS 2013b).

Several Localities and One State Have Adopted Paid Sick Leave Mandates

Policies regarding paid short-term time off to address workers' or their children's health or other needs are typically left to employer discretion. As with extended parental/family paid leave, the U.S. provides notably less short-term leave for worker and family illness than do most other developed nations

(Heymann et al. 2009). However, as Table 4 indicates, in recent years several jurisdictions have adopted employer mandates to provide short-term sick leave (the appendix provides additional detail). The typical uses of short-term paid time off are: (1) the worker's own illness or routine medical care without risk to employment; (2) the health needs of workers' children (or, potentially, other family members); or, in some cases, (3) the educational activities of workers' children (school conferences or meetings).

As Section III discusses, lower-wage workers in the U.S. have much less access to short-term leave than do higher-wage workers, and access is heavily skewed by wage level. Access is also lowest in sectors such as food service and hospitality (where about a quarter of workers have paid sick leave), in small firms, and for part-time workers (USDOL/BLS 2013b). The ability to use leave for the care of one's child or other family member also varies widely.

Several U.S. jurisdictions, however, have adopted employer mandates to require some or most employers to provide a specified amount of paid or "earned" sick leave, often to workers in service industries and those working part-time and/or for small organizations. Seven cities (San Francisco (2006), Washington, DC (2008), Seattle (2011), Portland (OR) (2013), New York City (2013), Jersey City (NJ) (2013), and Newark (NJ) (2014), and one state (Connecticut (2011)) have enacted such laws. Implementation in Portland, New York, and the two New Jersey cities was slated for 2014 (see the appendix for more detail).

Eligibility requirements differ among programs, with varying implications for lower-wage parents. Most policies cover both part-time and full-time workers, and most cover relatively small (as few as four- or five-worker) employers. All employers are covered in San Francisco. A few jurisdictions have tiered benefits with fewer hours of sick leave required of small employers.

In general, workers across jurisdictions are eligible for a maximum of between five and nine days of leave (with unpaid leave offered to workers with very small employers in Portland). Required job tenure ranges between none (accrual beginning immediately) and a year with the employer. Connecticut's policy is notable because it explicitly targets hourly service workers—those often lacking access to leave—but at the same time it excludes employers with fewer than 50 workers, leaving out another group that often lacks leave.

Research conducted on implementation in the two earliest adopters, San Francisco and Washington, DC, has found a mixed experience for employers, as noted above. For example, the DC city audit concluded there was minimal employer burden, stating that "the Act did not discourage owners from basing businesses in the District or encourage owners to move their businesses from the District" (Office of the Auditor of the District of Columbia 2013). It determined a relatively high level of employer compliance with workplace notification requirements, though the city did not monitor compliance systematically. In San Francisco, implementation challenges varied by industry type, but most employers reported "minimal to moderate" effects on their business, according to the early implementation study cited above (Waters Boots et al. 2009). About half said they found other ways to offset costs, including passing them on to workers in the form of pay freezes and cuts to other benefits. Larger employers said they had an easier time than smaller, and employers as a whole expressed support for a paid sick leave

policy at the state or federal level in order to “level the playing field.” Overall, however, San Francisco employers did not initially report notable advantages from lower turnover or absenteeism, improved morale, or other potential benefits.

Seattle’s city auditor has begun a study of that city’s ordinance, focusing on experiences of both employers and employees (Romich et al. 2013, Romich and Morton 2013). Early findings from a small employer survey (of 24 organizations) indicated that the vast majority of employers (all but one) were aware of the ordinance, and most (three-quarters) were working to comply with its requirements. Of those working to comply, somewhat more than half reported implementation challenges with tracking and reporting. The study authors suggested that a longer outreach and phase-in period might have eased employers’ concerns. Further implementation analysis is to follow.³⁴

Workplace Flexibility Initiatives are Largely but not Entirely in the Private Arena

Workplace flexibility has multiple dimensions, contributing to the challenge in gauging its characteristics and the extent of access, particularly for lower-wage working parents. As defined for this paper it includes: (1) the ability to take time off or temporarily adjust one’s schedule or work location as needed for family or personal emergencies, or for events such as school meetings; and (2) the ability to exert some control over the circumstances of one’s job, including work schedules and the number of hours. The latter can help ensure a minimum of hours in order to make ends meet, as well as a maximum of hours in order to prevent excessive unpredictability in work hours and disruption of child care arrangements, supervision and care of older children, and other family routines. Lower-wage workers are substantially less likely than higher-wage employees to have access to either flexibility or control over the circumstances and conditions of the work (USDOL/BLS 2013b; see also Lambert and Henly 2009, Lambert 2009, Enchautegui 2013).

Workplace flexibility initiatives and efforts to expand workers’ control over the circumstances of their employment in the U.S. are typically left to employer discretion. Federal, state, and local government policy initiatives generally address public workplaces, though some have sought to encourage telecommuting or other flexible work arrangements among private employers as well.³⁵ Further, some private organizations, such as Marriott International, Bright Horizons child care centers, and PNC financial services, have undertaken initiatives to encourage greater flexibility and control, including for lower-wage workers (see WFD Consulting 2009).

At the same time, employers with workplace flexibility track records, such as Best Buy, have rolled back their efforts for workers at all levels in the face of difficult business conditions, citing the desire for workers to more easily “collaborate and connect” in the workplace (MSN News 2013). This is despite relatively rigorous evidence that flexibility approaches like Best Buy’s ROWE program (noted in Section II) have had positive health effects for workers and led to reduced turnover (Moen et al. 2013). The random assignment evaluation of the “work at home” initiative also discussed in Section II provides further evidence of the potential for concrete benefits to employers and their workers (Bloom et al. 2013), as does other research.

Vermont and San Francisco stand out as public policy exceptions, however, adopting “right to request flexibility” laws in 2013 similar to policies in the United Kingdom, Australia, and several other nations. Taking effect in 2014, the policies allow employees to request of their employers flexible working arrangements, including changes in the number of days or hours worked, changes in start or stop times, changes in work location, and/or job sharing. San Francisco’s policy also allows for requests for greater scheduling predictability. The general right-to-request approach mandates that employers follow a process, though it does not mandate a particular decision, and employers may deny requests if they are inconsistent with business operations or existing obligations (San Francisco Board of Supervisors 2013, Vermont General Assembly 2013, Zoller 2013). The appendix includes more information on these and selected international policies.

V. Recent Public and Private Proposals Aim to Expand Work-Family Supports

Proposals to expand federal work-family policies in the U.S. have gained attention in recent years. Proponents of a more robust national policy approach have drawn lessons from state initiatives and from other nations. In some cases, legislation has been introduced in Congress; in others, policies have been developed within research or advocacy organizations. This section describes several recent proposals.

Federal Legislation Has Been Introduced but Seen Little Movement

Work-family legislation has been introduced in the past few years, some bills multiple times, though they typically have not gotten out of committee. Legislation addresses paid parental/family leave, paid sick leave, and workplace flexibility.³⁶ Table 5 summarizes recent major bills.³⁷

Table 5. Recent Federal Work-Family Legislation

Legislation	Main Purpose
The Family And Medical Insurance Leave (FAMILY) Act (2013)	To provide up to 12 weeks of two-thirds wage replacement to workers in both large and small organizations. To be administered by a new office within the Social Security Administration; financed by payroll tax on employers and employees of 0.2%.
The Federal Employees Paid Parental Leave Act (2013, 2011, 2009)	To provide four weeks of paid leave among the 12 weeks of unpaid leave the FMLA offers, for federal-employee parents of new children (federal employees do not receive dedicated paid parental leave).
Family Income to Respond to Significant Transitions (FIRST) (2009)	To award state grants to expand on or build programs to provide partial wage replacement for caregiving due to birth or adoption, or other purposes consistent with the FMLA.
The Family Leave Insurance Act (2009)	To establish a national fund and contract with states to establish or expand existing state systems, or piggy-back on the capacity of the Social Security Administration on state request. Would create a national paid family and medical leave insurance program, allowing for equivalent state and/or private programs.
The Healthy Families Act (2013, 2011, 2009)	To enact a mandate on employers of 15 or more employees to provide up to seven days of paid sick leave for use for the employee’s medical needs, those of a family member, or to address incidents of domestic violence, sexual assault, or stalking.
The Working Families Flexibility Act (2012, 2009) ³⁸	To allow workers to request flexible work arrangements, and to require employers to consider requests (a “right to request flexibility” policy).
The Balancing Act of 2011	To enact a comprehensive work-family support agenda, including FMLA expansion, child care support, paid parental leave, paid sick leave, and workplace flexibility.

Proposals from Nongovernmental Organizations Suggest a Range of Approaches

Proposals for expanding work-family supports from nongovernmental groups have also gained attention. These take a range of approaches, including social insurance, tax credits, regulation of employers, and employer and employee incentives. Some have focused in particular on lower-income families. Several are summarized here.

Social Insurance Approaches to Provide Paid Parental/Family Leave

Two key social insurance approaches to paid parental/family leave build on: (1) the national infrastructure of Social Security, or (2) the state-based infrastructure of Unemployment Insurance. Other approaches, such as expanding on other state-based mechanisms, tax credits for individuals, leave banks, and employer mandates, have also been proposed (see Zielewski and Waters Boots 2010 for an overview of these approaches).

Building on Social Security. Following the model of the California, New Jersey, and Rhode Island paid family leave programs in their expansion of state TDI, a national paid parental/family leave program would expand on Social Security's pre-existing social insurance infrastructure. The recently introduced FAMILY Act legislation noted in Table 5 mirrors this approach in many ways (Gillebrand 2013). Proponents of this approach contend that over time Social Security has evolved to cover new groups and address demographic changes and that further revisions to address changes in the workforce and family structure would be consistent with this program evolution (Boushey 2009, Boushey and Glynn 2012).

Variants on the Social Security-based model differ in the circumstances and conditions they would cover. These range from FMLA-qualifying conditions, including the worker's own care (Boushey and Glynn 2012; Workplace Flexibility 2010 and Berkeley Center on Health, Economic and Family Security (2010)), to a narrower focus on care of a child or family member (similar to the state paid leave programs), to an even narrower focus (at least in the policy's initial implementation) on the care of a new child (Zigler et al. 2012).

Similar to Social Security and the state paid leave and TDI programs, federal "Social Security Cares," "family security insurance," or "paid care leave" would be funded by a fairly modest payroll tax on employees and/or employers. Proposals differ somewhat in how eligibility would be calculated, but most aim to ensure that the lower-income and younger workers are covered and suggest eligibility be tied to work tenure overall, not tenure with a specific employer. Twelve to 16 weeks of partially wage-replaced, job-protected leave would be available, and some proposals would provide benefits tiered by income (as high as 90 percent wage replacement for the lowest wage workers) (Boushey and Glynn 2012, Workplace Flexibility 2010 and Berkeley Center on Health, Economic and Family Security (2010), Zigler et al. 2012).

Building on Unemployment Insurance or Other State-Administered Systems.

Several proposals would expand on state-based UI systems (in a state-federal partnership) or otherwise support states' development of systems of different types, such as TDI or Workers' Compensation

(Zielewski and Waters Boots 2010). Proponents suggest that, similar to the SSA approach, this would exploit pre-existing administrative and financing infrastructures, simplifying implementation of a national program. It would also allow for state variation, which is seen as both a benefit and a drawback to the approach. Limitations to a UI-based approach would include the need to revisit that program's employment-based eligibility criteria since they would likely not be appropriate for paid parental/family leave, and the "experience-rated" UI tax system since it, too, would not be appropriate to the needs of a paid parental/family leave program (Zielewski and Waters Boots 2010).³⁹

Other Approaches to Paid Parental/Family Leave, Paid Sick Leave, and Workplace Flexibility

Other proposals for supporting workers during parental/family leave include: the use of individual tax credits (given the relative efficiency and effectiveness of the EITC and other tax credits), employer mandates (possibly with tax credits or government subsidy to offset the cost), leave banks, and individual accounts (Zielewski and Waters Boots 2010). Tax credits would be funded by foregone federal revenues (though some contribution by employees and/or employers could also be required). The most common proposed approach to paid sick leave/short-term paid time off has been adoption of employer mandates. And finally, a range of workplace flexibility/worker control proposals have been aimed at employers to encourage "best" practices and/or provide incentives for them to increase the level of control workers (especially lower-wage hourly workers) have over their schedules and other conditions of employment (WFD Consulting 2009, Lambert and Henly 2009). The most common proposals for public action have been variants of the right-to-request flexibility policies enacted in Vermont and San Francisco in 2013 and in place in the United Kingdom, Australia, New Zealand, and other nations.

VI. Summary

In recent decades, the U.S. has seen dramatic increases in the rates at which mothers participate in the labor force, particularly in full-time employment, while increasing numbers of children are growing up in mother-only households or households in which both parents work. This is particularly true for lower-income families. At the same time, public and private policies to support parents in negotiating between the needs of their families and those of their jobs have changed only modestly.

Recent research indicates that work-family policies can have positive effects on child wellbeing, parents' incomes and job stability, employers' productivity, and public health. Paid parental leave at the birth of a child is associated with longer leave-taking by mothers and fathers, lower rates of infant mortality and longer breastfeeding. Paid parental leave and paid sick leave are associated with increased job retention and wages among workers. Flexible workplace initiatives have resulted in greater worker productivity and reduced turnover. Finally, the lack of paid sick leave, especially for lower-wage jobs such as those in food service, appears to have contributed to the spread of communicable illness among the public. Many of these effects appear to be particularly prevalent for lower-income working parents and their families.

But key work-family supports are less available in the U.S. than in other developed nations, or in many developing nations. Further, access is highly skewed by wage levels and other job characteristics in ways that mean the lowest income families tend to have the least access to all types of work-family benefits. Though specific data sources indicate somewhat different rates of access to different types of supports, the evidence of highly uneven access is clear and consistent. Unpaid leave is the most available of work-family benefits, while paid parental leave (beyond paid sick, vacation, or other leave) and flexible work conditions are typically the least available.

Work-family policies have been implemented in the U.S. in a piecemeal fashion over time through social insurance, employer mandates, and encouragement of voluntary employer provision. The federal FMLA provides rights to unpaid leave to an estimated 59 percent of American workers, and about a quarter of states have their own unpaid leave statutes extending FMLA's protections. Five states provide paid leave at childbirth through state TDI systems, two states have implemented additional paid parental/family leave programs, another has begun implementation, and a fourth has enacted but not implemented such a program. Seven cities and one state have enacted paid sick leave mandates on employers, and one state and one city recently enacted "right to request flexibility" laws mandating a process by which employers must consider employees' requests for different work arrangements. Most flexibility initiatives, however, are purely voluntary for employers.

Recent federal legislation and other proposals would use broader social insurance approaches and employer mandates, as well as tax credits and other mechanisms, to expand access to paid parental/family leave and other supports to a wide swath of American workers. Some would place a special emphasis on low-income families.

Additional research and policy evaluation could help federal, state, and local policymakers, employers, working families, and others understand more fully how expansion of these supports could contribute to

positive outcomes for low-income and other children, families, employers, and the general public. It could also guide them in the most effective design of these supports. Several areas of research could be particularly helpful, including:

- Estimates of potential eligibility, take-up, and cost for different models of paid parental/family leave, particularly those aimed at higher participation by lower-income families
- Systematic examination of low-income working parents' experiences at childbirth with and without paid leave access (e.g. job loss, use of TANF and other types of public assistance, entry into poverty, parenting beliefs and practices)
- Implementation studies of newly enacted state or local paid parental/family leave and paid sick leave policies, with a particular focus on the experiences of small businesses and firms in sectors with the least flexibility and many hourly workers (those firms predicted to have the greatest difficulties with implementation)
- In jurisdictions where paid parental/family or sick leave policies currently exist, exploration of the reasons for lack of take-up, especially for low-income families
- Evaluation of workplace flexibility/control initiatives (similar to the "right to request flexibility" approach) for low-wage workers, perhaps with a focus on new policies in Vermont and San Francisco and/or development and evaluation of a demonstration project in a private organization
- Careful cost-benefit analyses of different types of work-family supports with a focus on both low-income families and on low-wage employers (the "business case")
- Synthesis of information from multiple existing data sets to assess, as well as possible, the effects of different work-family supports on key aspects of child wellbeing, and
- Evaluation of the impacts of specific supports (such as flexibility or paid sick leave) on specific aspects of child wellbeing, perhaps by means of a single- or multi-workplace demonstration project and random assignment evaluation.

Further careful research and evaluation would help ensure a stronger empirical base for the debate about work-family policies, and could guide policymakers, employers, and others as they consider whether and how best to move forward in supporting working families, in particular low-income working families.

Endnotes

¹ This paper assumes that, except for cases of the most ineffective parenting, an at-least-minimal amount of time for parents to bond, attach, and attune with younger children (several months), and to guide and supervise older children (as needed) is beneficial to children's positive outcomes, if not always sufficient to ensure them.

² For example, in 1996 the Temporary Assistance for Needy Families program replaced Aid to Families with Dependent Children and instituted more substantial work requirements for poor mothers of children under 18. The Deficit Reduction Act of 2005 further strengthened these work rules. Other public assistance programs have also placed a greater emphasis on work as a condition of receipt of assistance for low-income parents and others.

³ The WHD also enforces the Migrant and Seasonal Agricultural Worker Protection Act, the Employee Polygraph Protection Act, wage garnishment provisions of the Consumer Credit Protection Act, and a number of employment standards and worker protections as provided in several immigration-related statutes. Additionally, WHD administers and enforces the prevailing wage requirements of the Davis-Bacon Act and the Service Contract Act and other statutes applicable to Federal contracts for construction and for the provision of goods and services.

⁴ It focused on paid parental (maternity, paternity, and shared) leave, and leave for the care of other family members, but not specifically on paid medical leave for the worker's own health conditions.

⁵ In addition, some employers conduct evaluations of their own work-family initiatives, but such research is typically proprietary and not publicly available. Therefore it too is largely excluded.

⁶ Selection bias can result when samples are selected non-randomly, and there are characteristics that differ across the two comparison groups that contribute to their different outcomes (rather than or in addition to the policy or intervention). This can lead to the perception that the intervention had an impact of a particular nature or scale when in fact it did not.

⁷ Breastfeeding is also associated with health benefits for mothers, such as reduced incidence of cancer (Stuebe et al. 2009).

⁸ The study entailed a survey of a sample of 500 state residents who had experienced an event in the prior four years that could have made them eligible for PFL (it was not representative of the state as a whole). It also included a survey of 253 private employers and interviews with a subsample of individual and employer respondents. It defined "high-quality" jobs as those with an hourly wage of at least \$20 and employer-provided health care, and "low-quality" jobs as those not meeting these criteria. Thirty percent of the sample of 500 had high-quality jobs and 70 percent had low-quality jobs. The response rate for eligible households was 74 percent (Milkman and Appelbaum 2013). The study design appears, however, to leave the possibility of selection bias in its comparisons of PFL users with those who did not use PFL.

⁹ For example, the California implementation study found a 71 percent increase between 2004-5 and 2011-12 in the proportion of bonding claims filed by men, from 17 percent to 29 percent of all PFL bonding claims, as well as an increase in the absolute numbers of claims (Milkman and Appelbaum 2013). Another study of California's program found that it raised leave-taking among fathers by slightly under a week (Baum and Ruhm 2013).

¹⁰ See <http://www.kpchr.org/workfamilyhealthnetwork/public/default.aspx>.

¹¹ The numbers total more than 100 because parents could use more than one type of leave (or use leave and then quit or be let go).

¹² Of this, about 9 percentage points were from working more minutes per shift and 4 percentage points were due to workers making more calls per minute.

¹³ The study used Best Buy's phased-in implementation of ROWE to compare turnover among similar employee groups. Turnover in the "treatment" (ROWE) group was 5 percentage points lower than that in the "control" (usual business practice) group during the study period (6.1 vs. 11.1 percent, or a 45 percent difference). In March 2013, however, Best Buy's new leadership ended the program (MSN News 2013).

¹⁴ Some California employers that provided paid leave prior to PFL's implementation noted that it saved costs by letting them coordinate their benefits with the new public program (Milkman and Appelbaum 2013).

¹⁵ Employer respondents weighted by worksite.

¹⁶ Somewhat more than half of a small sample of Seattle employers interviewed also cited challenges implementing the tracking and reporting requirements of that city's paid sick leave policy (Romich and Morton 2013). However, this entailed a very small sample—only about 10 employers from among the 18 interviewed who said they were working to comply with the new law.

¹⁷ One exception is an analysis by the advocacy-oriented Institute for Women’s Policy Research using Centers for Disease Control and Prevention and BLS data. This study estimated that employees who went to work with the H1N1 virus during the 2009 pandemic caused infection among up to 7 million of their co-workers (Drago and Miller 2010).

¹⁸ It is beyond the scope of this paper to explore international approaches systematically. The appendix provides some detail on Canada, Australia, and the United Kingdom, those nations probably most similar to the U.S. in their political cultures, histories, and in the case of the first two countries, decentralized federal structures. Others have also conducted useful analyses of approaches in other nations (for example, see Meyers and Gornick 2009, Heymann and McNeill 2012, Ray et al. 2009, and Ruhm 2011).

¹⁹ The definitions of different categories of work-family supports can blur, depending on what and how an employer structures them. For example, some organizations provide consolidated “paid time off” that is intended to cover any personal leave rather than distinct vacation and sick leave allotments. Further, different studies use different definitions of “low-wage” or “lower-wage,” as noted above.

²⁰ The NCS also has a state and local government component. These workers typically have greater access to work-family supports, but they are a proportionately small segment of the civilian labor market compared with private sector employees and thus skew the overall civilian workforce data. Therefore, this analysis excludes them.

²¹ There can be fuzziness in the concept of paid sick leave, given that some employers have moved to consolidated “paid time off” approaches. Under consolidated leave the total amount of leave appears to be very similar to, if possibly somewhat less than, prior vacation and sick leave allotments added together, though more data is needed (Lindemann and Miller 2012).

²² The surveys were conducted with 1,812 worksites and about 2,852 employees in both firms covered and not covered by the FMLA; unfortunately the response rate for the telephone survey was low (about 21 percent for employers and about 15 percent for employees) indicating possible selection bias (Daley et al. 2013). The 2012 study was the third FMLA survey conducted by DOL, with the first two released in 1996 and 2000 (U.S. Commission on Family and Medical Leave 1996, Cantor et al. 2000).

²³ See, for example, Tompson et al. 2013, which reports on findings from a survey of lower-wage employers.

²⁴ For example, one analysis of Current Population Survey data found 15 percent of workers with less than a high school degree had access to flexible work hours, in contrast to 38 percent of those with a BA or higher (Council of Economic Advisors 2010). As with paid parental/family leave, how the concept is defined and the question asked appear to contribute to the varying survey results.

²⁵ Among the employees in the FMLA survey who said they had unmet need for leave and were covered by the FMLA, 17 percent said they did not take leave because they were afraid they might lose their job (despite the fact that workers’ jobs while on leave under the FMLA are statutorily protected). Data from the California PFL implementation study indicated similar concerns (Milkman and Appelbaum 2013). Another survey found that low-wage workers were more likely than higher-wage employees to believe that using flexibility for family or personal needs would harm their ability to advance on their job (Bond and Galinsky 2011).

²⁶ Puerto Rico, which is not a focus of this paper, enacted TDI in 1968.

²⁷ Job protection means that a worker’s job—or equivalent one—is maintained, along with health insurance (the employer and employee continuing to pay their share) (USDOL/WHd 2012).

²⁸ The survey defined lower-income as below the median family income, imputed at \$62,500 (Klerman et al. 2013).

²⁹ Another study concluded that women who took paid leave and then returned to work were substantially less likely (by 39 percent) to receive federal or state public assistance in the year following birth than were those who returned to work but did not take any family leave (Houser and Vartanian 2012). They were also more likely to use smaller amounts of public assistance. The study used National Longitudinal Survey of Youth data (1997-2009) and attempted to control for factors such as wages and hours, income, education, health, age, race, and marital status. Because the data did not include employer attributes, it appears some risk of selection bias remains.

³⁰ This included workers who were not in covered firms, workers who were in covered firms but were themselves ineligible, workers who wanted to take leave for reasons that were not covered by the FMLA, and workers who were eligible but for other reasons did not actually take leave. The most common reasons for wanting leave among the “unmet need for leave” group were their own illness (somewhat over half), care of a child or other

family member's health condition (about 38 percent), or related to a new child (about 10 percent) (Klerman et al. 2013).

³¹ For example, one study notes that fewer than 20 percent of California's public sector employees are covered by that state's TDI or paid family leave programs (Milkman and Appelbaum 2013).

³² Among workers in higher-quality jobs, 78 percent said they learned about the program from their employer, while in lower-quality jobs, 57 percent did, suggesting that perhaps lower-wage employers are less informed and/or less assertive in publicizing the program to employees (Milkman and Appelbaum 2013). Further, the study authors note that higher-wage employers already providing benefits have a particular incentive for their employees to use PFL, thus subsidizing their benefit costs.

³³ Respondents could cite more than one reason. The authors caution against reading too much into these results without further exploration because the subsample numbers were relatively small, although these reasons generally mirror those the FMLA study identified.

³⁴ A series of issue briefs focused on implementation lessons from San Francisco, Seattle, and Connecticut has also been produced by the Center on Law and Social Policy, a national advocacy and research organization (CLASP 2013; Ben-Ishai 2013; Gilliam and Ben-Ishai 2013). The Institute for Women's Policy Research, also an advocacy and research organization, has conducted cost-benefit analyses of proposed paid sick leave policies in a number of jurisdictions (see, for example, Williams 2013a and 2013b).

³⁵ The federal government has undertaken a substantial workforce flexibility program for federal employees, including alternative work schedules, telework, and leave programs. Among cities, Houston, for example, has been cited for its Flexible Workplace Initiative Program.

³⁶ In addition to this legislation, bills have also been introduced to expand the reach of the FMLA.

³⁷ This draws from Damme (2011), National Partnership for Women and Families (2013), Gillebrand (2013), and from the legislation itself. It is intended to be current as of January 1, 2014.

³⁸ The Working Families Flexibility Act of 2013 would allow employers to pay workers in compensatory time rather than overtime pay (a similar bill was introduced as "The Family Friendly Workplace Act" in 2009). Despite their titles, the 2013 bill primarily addresses the option for employers to provide compensatory time in place of overtime pay.

³⁹ In 2000, DOL issued regulations that would have allowed (but not required) states to use their UI systems to provide up to 12 weeks of birth or adoption unemployment compensation (BAA-UC) in the year after childbirth or adoption (Vroman 2001; USDOL 2000). Fifteen states introduced legislation, but no program was enacted before the regulations were rescinded in 2003 (Franco 2004). Under the 2009 Family Leave Insurance legislation cited above, DOL would have contracted with the states which, in turn, could have used their UI or other systems to provide paid family and medical leave (alternately, it would have allowed SSA to administer the program at state request).

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Appendix

Summary of Work-Family Policies in the U.S. and Selected Other Countries (as of January 1, 2014)

Policy or Program Name	Location	Nature of Policy	Year Enacted	Eligibility and Exclusions	Benefits	Financing and Administration	Additional Resources
Unpaid Family and Medical Leave							
The Family and Medical Leave Act (FMLA)	National	Access to unpaid leave for care of: newborn, adopted, foster, or ill child (including nonbiological "son or daughter"); serious health condition of immediate family member (including same-sex spouse); serious health condition of worker; or for needs related to active military duty of immediate family member. Job-protected leave with continuation of health insurance.	1993. Military family member additions enacted in 2008, "son or daughter" in 2010, and same-sex spouse in 2013.	Workers with 1,250 or more hrs at covered firms (with at least 50 workers within a 75-mile radius who meet eligibility requirements), and at least 12 mo cumulative tenure at organization. Eligibility requirements exclude about 41% of workers. Fathers also eligible.	Up to 12 wks/yr of unpaid leave.	Federal employer mandate. Administered by U.S. Dept. of Labor, Wage and Hour Division.	http://www.dol.gov/whd/regs/statutes/fmla.htm http://www.dol.gov/asp/evaluation/fmla/fmla2012.htm http://www.dol.gov/whd/regs/compliance/whdfs28f.htm http://www.dol.gov/whd/regs/compliance/whdfs28mc.htm
State expansions to FMLA coverage and eligibility	12 states (CA, CT, DC, HI, ME, MN, NJ, OR, RI, VT, WA, and WI)	Covers smaller organization size, broader family definition, and/or more conditions and activities than FMLA.	Varies	Varies	Unpaid, in some locations length longer than FMLA.	State employer mandate. State agencies (e.g. state depts of labor).	http://www.dol.gov/whd/state/fmla/ http://www.nationalpartnership.org/site/DocServer/StatesandunpaidFMLLaws.pdf?docID=968
State Temporary Disability Insurance¹							
Disability Insurance (DI)	California	Partial wage replacement due to mother's disability from pregnancy and/or	1946 ²	Employees who earned at least \$300 in prior base period (5-17 mos) and paid	Typically up to 10 wks (4 wks prior to birth, 6 wks after),	Employee payroll tax (mandatory) into state-administered fund.	http://www.edd.ca.gov/disability/

¹ Paid leave for mothers at childbirth. Fathers and other partners are excluded because wage replacement covers disability due to pregnancy and/or childbirth.

² With passage of the federal Pregnancy Discrimination Act in 1978, all state TDI programs were amended to cover normal pregnancies.

Policy or Program Name	Location	Nature of Policy	Year Enacted	Eligibility and Exclusions	Benefits	Financing and Administration	Additional Resources
Pregnancy Disability Leave		<p>childbirth. One part of two-part State Disability Insurance (SDI) program (Paid Family Leave Insurance (PFL) is other).</p> <p>Coverage through state or approved private plan.</p> <p>DI usage (not specific to childbirth): Avg total mnthly claims 59,456 (2013); 26% of claims due to pregnancy/childbirth (2012); avg wkly benefit \$472 (2013).</p>		into SDI (federal employees and certain others are ineligible).	though potentially longer for additional health conditions up to 52-wk maximum. 55-60% of highest quarterly earnings during base period; benefit up to \$1,067/wk (2013).	<p>Employee deduction of 1.0% of wages, up to maximum taxable base of \$100,880/yr per employee for SDI (includes financing for both DI and PFL) (2013).</p> <p>Administered by the CA Employment Development Dept (EDD).</p>	<p>http://www.edd.ca.gov/About_EDD/Quick_Statistics.htm</p> <p>Milkman and Appelbaum 2013</p>
Temporary Disability Insurance	Hawaii	<p>Partial wage replacement due to mother's disability from pregnancy and/or childbirth.</p> <p>Coverage through private plan or employer self-insurance.</p> <p>Leave is not job-protected.</p>	1969	Employees with at least 14 wks work in state; during each wk employee was paid for at least 20 hrs and earned at least \$400 in prior 52 wks. The 14 weeks need not be with single employer or consecutive. Some workers ineligible (federal employees and certain domestic/family workers).	Up to 26 wks. 58% wkly earnings up to \$535 (2013).	<p>Contributions from employers and employees (if employer requires). Employee contribution of up to 0.5% of wages up to maximum base of \$922/wk (2013).</p> <p>Administered by the HI Dept of Labor and Industrial Relations.</p>	<p>http://labor.hawaii.gov/dcd/home/about-tdi/</p> <p>http://labor.hawaii.gov/dcd/files/2013/01/TDI-highlights.pdf</p> <p>http://labor.hawaii.gov/dcd/files/2013/01/New-Wage-Base.pdf</p>
State Temporary Disability Benefits Program	New Jersey	<p>Partial wage replacement due to mother's disability from pregnancy and/or childbirth.</p> <p>Coverage through state or approved private plan.</p> <p>TDI Usage: Total eligible TDI claims</p>	1948	All employees covered by state Unemployment Compensation Law (except in local government where coverage is optional) who have earned at least \$7300 or worked at least 20 calendar wks, earning at least \$145/wk in the prior 52 wks.	Typically up to 10 wks (4 wks prior to birth, 6 wks after), though potentially longer for additional health conditions up to a 26-wk maximum. 66% wkly earnings up to \$584 (2013).	<p>Employee/employer payroll tax (mandatory) into state-administered fund. Employee deduction of 0.36% of wages up to maximum taxable base of \$30,900/yr (2013).</p> <p>Employer contribution from 0.10% to 0.75% of</p>	<p>http://lwd.dol.state.nj.us/labor/tdi/worker/state/sp_clt_menu.html</p> <p>http://lwd.dol.state.nj.us/labor/tdi/content/faq.html</p> <p>http://lwd.dol.state.nj.us/labor/tdi/worker/state/sp_clt_menu.html</p>

Policy or Program Name	Location	Nature of Policy	Year Enacted	Eligibility and Exclusions	Benefits	Financing and Administration	Additional Resources
		101,627 (2011); 23% of claims due to pregnancy/childbirth (2011); avg total TDI benefit \$4,240 (2011).				taxable wage base (2013). Administered by NJ Dept of Labor and Workforce.	i.us/labor/forms_pdfs/tdi/ANNUAL_FLI-TDI_REPORT%202011.pdf
Disability Benefits	New York State	Partial wage replacement due to mother's disability from pregnancy and/or childbirth. Coverage through private plan, employer self-insurance, or New York State Insurance Fund.	1949	Employees or recent employees of covered employer who worked at least 4 consecutive wks. Employer of 1 or more persons on each of 30 days in any calendar year is covered 4 wks after the 30th day of such employment. Some workers ineligible (government employees and certain others).	Typically up to 6 wks (8 wks for cesarean) though potentially longer for additional health conditions up to a 26-wk maximum. 50% wkly earnings up to \$170 (2013).	Contributions from employers and employees (if employer requires). Employee contribution of 0.5% of wages, up to the first \$17,680 earned during policy period, but not more than \$.60 per wk per employee. Administered by the NY State Workers Compensation Board.	http://ww3.nysif.com/DisabilityBenefits/ClaimantServices/ClaimFAQs.aspx http://www.wcb.ny.gov/content/main/offtjob/IntroToLaw_D_B.jsp http://www.wcb.ny.gov/content/main/TheBoard/DB_BenefitGuide_P20.pdf
State Temporary Disability Insurance	Rhode Island	Partial wage replacement based on mother's disability from pregnancy and/or childbirth. Coverage through state plan.	1942	Employees who earned at least \$9,300 in base or alternate base period (4 of 5 most recent quarters) and some others meeting certain income and work requirements. Some workers ineligible (federal, state, and some local employees and certain others).	Typically up to 6 wks, though potentially longer for additional health conditions up to a 30-wk maximum. 60% wkly earnings up to \$752 (as of July 2013). Employees with dependent children may also receive modest dependency allowance (\$10 or 7% benefit).	Employee payroll tax (mandatory) into state-administered fund. Employee deduction of 1.2% of wages up to maximum taxable base of \$61,400/yr. Administered by RI Dept of Labor and Training.	http://www.dlt.ri.gov/tdi/ http://www.dlt.state.ri.us/tdi/QuickRef4emp.htm
State Paid Family Leave Programs							
Paid Family Leave (PFL)	California	Partial wage replacement for covered workers to care for: newborn, newly adopted or foster children; family member (defined as child,	2002 Unemployment Insurance	Employees who earned at least \$300 in prior base period (5-17 mos) and paid into SDI (most government employees ineligible but may	Up to 6 wks leave. 55- 60% of highest quarterly earnings during base period, up to \$1,067/wk	Employee payroll tax (mandatory) into state-administered fund (part of SDI system). Deduction	http://www.edd.ca.gov/disability/paid_family_leave.htm http://www.edd.ca.g

Policy or Program Name	Location	Nature of Policy	Year Enacted	Eligibility and Exclusions	Benefits	Financing and Administration	Additional Resources
		<p>parent, spouse, or registered domestic partner) with serious health condition. Employees not covered for own health conditions.</p> <p>Leave not job protected (other laws—e.g. FMLA, CA Family Rights Act, or State Fair Employment and Housing Act—job-protect certain workers).</p> <p>Benefits may be used upon recovery from a pregnancy-related disability covered by SDI (above).</p> <p>PFL usage: 87% claims for bonding with new child (183,421 of 210,167 total claims). 71% child bonding claims by women, 29% by men; 67% family care claims by women, 33% by men. Avg. claim duration 5.4 wks, avg. wkly claim \$497. (SFY 2011-12)</p>	Code Section 3301 SB 1661	<p>have access to other paid leave).</p> <p>Fathers and domestic partners eligible (in addition to biological mothers, up to 12 weeks for couple).</p>	(2013).	<p>of 1.0% of wages, up to taxable wage base of \$100,880/yr/ employee (for both DI and PFL) (2013). Total estimated benefit cost \$527.1 million (SFY 2011-12).</p> <p>Administered by CA Employment Development Dept (also administers UI).</p>	<p>ov/About EDD/Quick Statistics.htm (2013)</p> <p>Milkman and Appelbaum (2013)</p>
Family Leave Insurance Program (FLI)	New Jersey	<p>Partial wage replacement for covered workers to care for: newborn or newly adopted children, or family member (defined as child, spouse, domestic partner, civil union partner, or parent) with serious health condition. Employees not covered for own health conditions.</p>	2008 PL 2008, Ch.17	<p>Employees covered by state Unemployment Compensation Law, including those working for small businesses (no local government exemption). Must have earned at least \$7300 or worked at least 20 wks, earning at least \$145/wk in prior 52 wks (same as TDI).</p>	Up to 6 wks per 12-mo period. 66% wkly earnings up to \$584 (2013).	<p>Employee payroll tax (mandatory) into state-administered fund. Deduction of 0.1% of wages up to maximum taxable base of \$30,900/yr (annual maximum deduction of \$31) (2013). Total estimated benefit costs \$74.7 million</p>	<p>http://www.nj.gov/oag/dcr/law.html#FLA</p> <p>http://lwd.dol.state.nj.us/labor/fli/content/program_info_menu.html</p> <p>http://lwd.dol.state.nj.us/labor/fli/content/fli_faq.html</p>

Policy or Program Name	Location	Nature of Policy	Year Enacted	Eligibility and Exclusions	Benefits	Financing and Administration	Additional Resources
		<p>Coverage through FLI or approved private plan.</p> <p>Leave not job protected (other laws—e.g. FMLA and NJ Family Leave Act —job-protect certain workers).</p> <p>Benefits may be used upon recovery from a pregnancy-related disability covered by TDI (above).</p> <p>FLI usage: 80% claims for bonding with new child (24,621 of 30,701 total claims). 89% bonding claims by women, 11% by men; 75% family care claims by women, 25% by men. Avg. total claim duration 5 wks, avg total claim benefit \$2,426. (2011)</p>		Fathers and partners eligible, in addition to biological mothers.		(2011). Administered by NJ Dept of Labor and Workforce Development.	http://lwd.dol.state.nj.us/labor/forms_pdf/tdi/ANNUAL_FLI-TDI_REPORT%202011.pdf
Family Leave Insurance Program	Washington State	<p>Partial wage replacement for covered workers to care for a newborn or newly adopted child. Employees not covered for care of other family or own serious health conditions.</p> <p>Job protection for certain employees.</p> <p>Implementation delayed 3 times since 2007 due to funding constraints and lack of administrative home. Currently scheduled for</p>	<p>2007</p> <p>(Not implement)</p> <p>Ch. 49.86 RCW.</p>	<p>Employees who have worked at least 680 hours in previous year. Job protection requires at least 1 year with current employer with at least 1,250 work hours.</p> <p>Biological parents and domestic partnerships eligible.</p>	Up to 5 wks per 12-mo period. \$250/wk flat rate for full-time workers. Pro-rated for part-time workers.	TBD	<p>http://apps.leg.wa.gov/rcw/default.aspx?cite=49.86</p> <p>Washington State Legislature 2007 Washington State Legislature 2013 (SB 5159 and SB 5292 respectively)</p>

Policy or Program Name	Location	Nature of Policy	Year Enacted	Eligibility and Exclusions	Benefits	Financing and Administration	Additional Resources
		2015.					
Temporary Caregiver Insurance	Rhode Island	Partial wage replacement for covered workers to care for: newborn, newly adopted, or new foster child; or to care for a seriously ill child, spouse, domestic partner, parent, parent-in-law or grandparent. Job protection for employees on leave	2013; (Jan. 2014 implement) H 5889	Expected to be similar to TDI eligibility (above).	Up to 4 wks. Benefits expected to be similar to those of TDI (above).	Employee payroll tax (mandatory) into state-administered fund. Expected to be similar to TDI financing and administration (above). Administered by RI Dept of Labor and Training (also administers UI).	http://www.dlt.ri.gov/tDI/ http://webserver.rilin.state.ri.us/BillText13/HouseText13/H5889.pdf
Selected International Paid Parental Leave Programs							
Paid Parental Leave	Australia	<u>Parental Leave Pay</u> : Financial support to care for newborn or adopted child. <u>Dad and Partner Pay</u> : Financial support for working fathers or partners (including same-sex). <u>Baby Bonus</u> : Payment to defray costs of newborn baby or adopted child less than 16 years. Bonus accrues to child, not parent. To be abolished and replaced with lower payment structure in March 2014.	2011 2013 (for Dad and Partner Pay) 2002 (for Baby Bonus)	<u>Parental Leave Pay/Dad and Partner Pay</u> : Parents must: (1) work for at least 10 of 13 mos before birth or adoption, (2) work for at least 330 hrs in 10-mo period, with no more than 8-wk gap between two consecutive working days. Individual adjusted taxable income of \$150,000 (AUD) or less in yr before birth or adoption, or date of claim (whichever is earlier), and meet residency requirements. <u>Baby Bonus</u> : Estimated combined adjusted taxable annual income of \$75,000 (AUD) or less in 6 mos after birth or entry into family. Parent may work while receiving bonus; may not receive parental leave pay for same child.	<u>Parental Leave Pay/Dad and Partner Pay</u> : Up to 18 wks. National minimum wage (\$622.10 (AUD)/wk, 2013). Up to 2 wks for Dad and Partner Pay. <u>Baby Bonus</u> : Payment of \$5,000 (AUD) per eligible first child, \$3,000 for additional children, in biweekly payments over 26 wks. (July 2013) (1 AUD=.96 USD)	<u>Parental Leave Pay/Dad and Partner Pay</u> : National government funded (pay typically provided by employer). <u>Baby Bonus</u> : National government payment. Administered by Australian Dept. of Human Services	http://www.humanservices.gov.au/customers/services/centrelink/parental-leave-pay http://www.humanservices.gov.au/customers/services/centrelink/dad-and-partner-pay http://www.humanservices.gov.au/customers/services/centrelink/baby-bonus http://www.formerministers.dss.gov.au/13027/baby-bonus-changes-pass-parliament/
Statutory Maternity Pay (SMP) and	United Kingdom	<u>Statutory Maternity Pay</u> : Wage replacement for late pregnancy, childbirth, and	1992 2003 (paternity)	<u>SMP</u> : Parents must (1) work for employer continuously for at least 26 wks (up to the	<u>SMP</u> : Up to 39 wks. 90% of avg wkly pre-tax earnings for first	<u>SMP</u> : National government and employer funded.	https://www.gov.uk/maternity-pay-leave/leave

Policy or Program Name	Location	Nature of Policy	Year Enacted	Eligibility and Exclusions	Benefits	Financing and Administration	Additional Resources
Statutory Maternity Leave Paternity Pay and Leave		<p>care of newborn/ infant.</p> <p><u>Statutory Maternity Leave:</u> 26 wks Ordinary Maternity Leave; 26 wks Additional Maternity Leave (employees <i>must</i> take 2 wks leave after birth (or 4 wks if factory worker)). Leave is job protected.</p> <p><u>Maternity Allowance:</u> Usually paid to parents who don't qualify for Statutory Maternity Pay.</p> <p><u>Paternity Pay and Leave:</u> Wage replacement for childbirth and care of newborn.</p> <p>(Statutory Adoption Pay is also available with similar benefits.)</p>	leave)	<p>15th wk before due date week); (2) earn avg of at least £109/ wk (and provide correct notice and proof of pregnancy).</p> <p>All "employees" eligible (certain "workers" excluded) for SMP. Most "workers" ineligible for SMP qualify for Maternity Allowance</p> <p><u>Paternity Pay and Leave:</u> Father, husband or partner of the mother (or adopter), child's adopter. For Pay, must have worked for employer continuously at least 26 wks by end of 15th week before due date, be employed by employer up to birth, earn at least £109 a week (policy differences for adoption).</p>	<p>6 wks; 90% of avg wkly earnings or £136.78 (whichever is lower) for 33 wks. (2013)</p> <p><u>Maternity Allowance:</u> Up to 39 wks. 90% avg wkly earnings or £136.78/wk (whichever is lower). (2013)</p> <p><u>Paternity Pay:</u> 1 or 2 work wks, taken at one time. Pay same as maternity. (1 Pound=\$1.61 USD)</p>	<p><u>Maternity Allowance:</u> National government funded.</p> <p>Administered by Dept. for Work and Pensions</p>	<p>https://www.gov.uk/maternity-allowance/what-youll-get</p> <p>http://www.dwp.gov.uk/publications/specialist-guides/technical-guidance/ni17a-a-guide-to-maternity/</p> <p>https://www.gov.uk/paternity-pay-leave/eligibility</p>
Employment Insurance (EI) Maternity and Parental Benefits	Canada (except for Quebec) ³	Partial wage replacement for late pregnancy, childbirth, and care of newborn/infant (both paid maternity leave and paid parental leave).	1971 (15 wks for mothers), 2000 (50 wks total)	Employees who have worked at least 600 "insured hours of work" in prior 52 weeks, or since prior claim, whichever is shorter; paid into EI; wkly earnings reduced by more than 40%; meet certain other criteria.	Up to 15 wks paid maternity; 35 wks paid parental (total of 50 wks between parents). Typically 55% wage replacement, up to maximum of \$501/wk (2013). Up to 80% wage replacement rate for low-income families.	<p><u>EI:</u> Social insurance, employee and employer contributions.</p> <p>Administered by Employment and Social Development Canada</p>	<p>http://www.servicecanada.gc.ca/eng/sc/ei/benefits/maternityparental.shtml</p> <p>http://www.statcan.gc.ca/pub/75-001-x/00303/6490-eng.html</p>

³ Quebec has a separate maternity, paternity, parental, adoption benefits program (Quebec Parental Insurance Program).

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State or Local Paid Sick Leave Programs⁴							
Paid Sick Leave Ordinance	San Francisco	Paid leave for employees' own medical care or care of family member, domestic partner, foster child, or other ward or "designated person."	2006 Administrative Code Chapter 12W	Full-, part-time, or temporary (or Welfare to Work) employees working in San Francisco.	At least 1 hr of paid leave for every 30 hrs worked. For small businesses (less than 10 workers), accrued paid sick leave max of 40 hrs/yr; for others max of 72 hrs/yr.	Local employer mandate. Administered by City and County of San Francisco Office of Labor Standards Enforcement.	http://www.sfbos.org/Modules/ShowDocument.aspx?documentid=45824 http://sfgsa.org/modules/ShowDocument.aspx?documentid=1309
Accrued Sick and Safe Leave Act of 2008	District of Columbia	Paid leave for employees' own medical care or care of family member (child, grandparent, parent, siblings, parent-in-law, child-in-law, sibling-in-law, spouse, registered domestic partner, and committed partner). Also for absences associated with domestic violence or sexual abuse.	2008 D.C. Code Secs. 32-131.02. et seq.	Full-, part-time, or temporary employees with organization for at least 1 yr during which they worked at least 1,000 hrs.	Between 3 and 7 days, depending on firm size (3 days, fewer than 25 employees; 5 days, 25-99 employees; 7 days, 100 or more employees)	Local employer mandate. Administered by the DC Department of Employment Services/Office of Wage-Hour.	www.dcregs.dc.gov/Notice/Download.aspx?NoticeID=405089
Paid Sick/Safe Leave Ordinance	Seattle	Paid sick leave for employees' own medical care or care of family member (child, grandparent, parent, parent-in-law, spouse and registered domestic partner). Paid safe leave for workplace, school, or child care closures due to public health hazard, or reasons related to domestic violence, sexual assault, or stalking that affect employee or family member.	2011 Ordinance # 123698	Full-, part-time, or temporary employees working in Seattle. Occasional workers covered if they work more than 240 hrs in Seattle within calendar yr. City employees covered but not federal, state, or other local government employees.	Tiered leave policy by employer size (number of FTE workers): Tier 1– 4 to 49 FTEs/avg/wk/calendar yr; Tier 2 – 50 to 249 FTEs/avg/wk/calendar yr; Tier 3 –250+ FTEs/avg/wk/calendar yr. Tiers 1&2: At least 1 hr leave every 40 hrs	State employer mandate. Administered by Seattle Office for Civil Rights	http://www.seattle.gov/civilrights/documents/pdfFAQPSL122111.pdf

⁴ The city of Newark, NJ, also approved a paid sick days ordinance, in January 2014, after the timeframe for this study.

Policy or Program Name	Location	Nature of Policy	Year Enacted	Eligibility and Exclusions	Benefits	Financing and Administration	Additional Resources
					work. Tier 3: At least 1 hr leave every 30 hrs work.		
An Act Mandating Employers Provide Paid Sick Leave to Employees	Connecticut	Paid leave for employees' own medical care or medical care of family member (child, spouse, or domestic partner). Also for absences associated with domestic violence or sexual assault; or for workplace, school, or child care closures due to public health hazard.	2011 Public Act 11-52	Service workers employed by firms with 50 or more workers and paid hourly. Use of leave may begin after 680 th hr of service (if worked average of at least 10 hrs/wk in most recent quarter). Manufacturing firms, nonprofits, salaried, temporary, and day workers exempted.	1 hr paid sick leave for each 40 hrs worked up to 40 hr annual maximum.	Local employer mandate. Administered by Connecticut Department of Labor.	http://www.ctdol.state.ct.us/wgwkstnd/SickLeave.htm http://www.cga.ct.gov/2011/BA/2011SB-00913-R01-BA.htm
Protected Sick Time	Portland (OR)	Paid leave for employees' own medical care or the medical care of a family member (child or spouse). Also for absences associated with domestic violence, stalking, or sexual assault, or for workplace	2013 (2014 implement) Chapter 9.01	Workers at organizations within the City of Portland with 6 or more employees (where fewer than 6 employees, eligible for <i>unpaid</i> sick leave).	1 hr paid sick leave for each 30 hrs worked up to 40 hr maximum/yr for workers at organizations with more than 5 employees. Workers with employers with 5 or fewer employees accrue 1 hr <i>unpaid</i> sick leave for each 30 hrs worked up to 40 hr maximum per year.	Local employer mandate. Administration may be by Oregon Bureau of Labor and Industries under contract to the city.	http://op.bna.com/dlrcases.nsf/id/kpin-95ssv6/\$File/portland%20sick%20leave%20Ordinance.pdf
Earned Sick Time Act	New York City	Paid leave for employees' own medical care or the medical care of a family member (child, spouse (including same-sex spouse), registered domestic partner, parent, or the parent or child of a spouse or domestic	2013 (2014 implement) Title 20 Ch. 8	Workers within NYC who have worked more than 80 hrs/calendar yr. Those employed by organizations with 20 or more employees earn up to 40 hours of <i>paid</i> sick leave/yr; those at organizations with under 20 employee earn up to 40 hrs	1 hr paid sick leave accrued for each 30 hrs worked up, to 40 hr maximum usage/yr (paid or unpaid, depending on firm size). Accrual begins with start of work or law's	Local employer mandate. Administered by City Dept of Consumer Affairs.	http://legistar.council.nyc.gov/LegislationDetail.aspx?ID=655220&GUID=8FEF6526-0C00-45D5-BD0B-617353F90F06&Options=ID Text &Search=97

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		partner. Also for public health emergency.		<i>unpaid</i> leave a year. (In 2015, organizational size threshold decreases to 15 workers.) Government and some other workers are exempt.	effective date, but leave can't be used during first 120 days.		http://www.abetterbalance.org/web/images/stories/Documents/sickdays/factsheet/PSDchart.pdf
Paid Sick Time Ordinance	Jersey City (NJ)	Paid leave for employees' own medical care or the medical care of a family member (child, spouse (including same-sex spouse), domestic/civil union partner, parent, the parent or child of a spouse or domestic partner, grandchild, grandparent, sibling).	2013 (2014 implement) City Ordinance 13.097	Workers within Jersey City who have worked at least 80 hrs/yr. Those employed by organizations with 10 or more employees earn up to 40 hours of <i>paid</i> sick leave/yr; those at organizations with under 10 employees earn up to 40 hrs <i>unpaid</i> leave a year. Government employees exempt.	1 hr paid sick leave accrued for each 30 hrs worked up, to 40 hr maximum/yr (paid or unpaid, depending on firm size). Leave can't be used during first 90 days of employment.	Local employer mandate. Jersey City Dept of Health and Human Services.	http://www.cityofjerseycity.com/uploadedFiles/Public_Notices/Agenda/City_Council_Agenda/2013/2013_Ordinance_2nd_Reading/Agenda%20Document(14).pdf http://www.abetterbalance.org/web/images/stories/Documents/sickdays/factsheet/PSDchart.pdf
Workplace Flexibility Initiatives (U.S. and Selected International)							
Flexible Working Arrangements	Vermont	Specifies a process for employer-employee negotiations, including worker requests for flexibility, employer allowable refusal reasons, and appeals processes. Employees have right to request; employers are required to consider.	2013 (2014 implement) An Act Relating to Equal Pay (H.99/S.57)	Female and male employees. ⁵	Types of flexible arrangements include: job sharing, working from home, schedule, # hrs worked. Employees may make 2 requests/yr. Denial must be based on inconsistency with business operations and/or contractual or legal obligations. Prohibition on retaliation against employee.	Mandate on employers for process.	http://www.leg.state.vt.us/docs/2014/Acts/ACT031.pdf

⁵ Other eligibility requirements are not specified in legislation.

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Family Friendly Workplace Ordinance	San Francisco	Specifies a process for employer-employee negotiations, including worker requests for schedule flexibility and/or predictability, employer allowable refusal reasons, and appeals processes. Employees have right to request; employers are required to consider. Prohibits employment discrimination based on caretaker or parent status.	2013 (2014 implement) Ordinance	San Francisco employees who are caretakers or parents, have worked for organization for at least 6 mos, and regularly work at least 8 hrs/wk. Firms under 10 workers exempt.	Types of flexible arrangements include: change in start or stop times, job sharing, working from home, part-time or part-yr schedules. Predictability entails knowledge of work schedule with advance notice sufficient to make necessary caregiving arrangements. Denial must be based on bona fide business reason.	Mandate on employers for process. City Office of Labor Standards Enforcement.	http://www.sfbos.org/Modules/ShowDocument.aspx?documentid=45824 http://www.sfbos.org/ftp/uploadedfiles/bd-supvrs/bosagendas/materials/bag100113_130785.pdf
Flexible Working	United Kingdom	Specifies a process for employer-employee negotiations, including worker requests, employer allowable refusal reasons, and appeals processes. Employees have right to request; employers have statutory requirement to consider.	2003 Flexible Working Act	Parent or other caretaker of a child, or caretaker of adult. Must have worked continuously for the same employer for prior 26 weeks	Types of flexible arrangements include: job sharing, working from home, part-time schedule, compressed hours, flexible time, annualized hours, staggered hours, phased retirement.	Mandate on employers for process.	https://www.gov.uk/flexible-working/overview http://scholarship.law.georgetown.edu/legal/12/
Right to Request Flexible Working Arrangements	Australia	Specifies a process for employer-employee negotiations, including worker requests, employer allowable refusal reasons, and appeals processes. Employees have right to request; employers have statutory requirement to consider.	2009 Fair Work Act	Parent or caretaker of a child under school age or under 18 with disability, who has worked full- or part-time for employer for at least 12 mos, or as long-term casual employee with “reasonable expectation” of ongoing employment.	Types of flexible arrangements include: job sharing, part-time, changing start/finish times, compressed hours, taking time off more flexibly, changing work location, or working at home. Employers must	Mandate on employers for process.	http://www.fairwork.gov.au/BestPracticeGuides/01a-The-right-to-request.pdf

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					seriously consider request but may refuse on "reasonable business grounds."		