



**Understanding Attitudes on Paid Family Leave: Discussions with Parents and Caregivers in California, New Jersey and Rhode Island**

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**ABSTRACT +**

To learn directly from potential users of paid leave benefits in the United States, our study facilitated several discussions with existing parent and caregiver support groups in California, New Jersey, and Rhode Island. These groups served to gauge the public's awareness of paid leave laws, and to understand perceived benefits and barriers to taking paid leave. In total, we conducted seven groups – four caregiver groups and three parent groups – in the three states with existing paid leave laws (California, New Jersey, and Rhode Island). Per the existing literature and from the discussion groups, we found that awareness of paid leave benefits was consistently low amongst both parent and caregiver discussion group participants across all three states. However, less than half of the discussion group participants had recently been employed or had a partner who had recently been employed in a setting where they would have learned of the opportunities to take paid leave. We also found that once individuals reviewed information on their state's paid leave law, they were generally pleased to learn that the benefits were available to them. Participants identified that the time allowed away from work with some income replacement was a benefit that might provide both mental and physical relief for both caregivers and parents. However, caregivers and parents alike identified many potential barriers to utilization such as concern for workplace reprisal, inadequate time-off allowed, and insufficient wage replacement. In particular, caregivers of family members with long-term illnesses worried that existing paid leave benefits were an inadequate solution for the challenges they faced. Participants generally recognized the overall positive impact to both families and employment and were interested in taking advantage of the benefit if the opportunity arose.

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## INTRODUCTION +

### Background and Objectives

With the 1993 enactment of the Family and Medical Leave Act (FMLA), the United States established workers' rights to 12 weeks of job-protected leave to care for a close family member who has a serious health condition, to care for oneself in the case of a serious health condition, to bond with a new child, or to care for any qualifying exigency arising from a close family member being on active duty or call to cover active duty status<sup>1</sup>. Since that time, a number of states have extended FMLA by providing rights to unpaid leave to additional employees or for longer periods of time, and three states (California, New Jersey, and Rhode Island) have implemented family leave laws that provide a period of paid leave for new parents and others needing leave due to their own or family members' illness. While there is some broad research to date about the effects of paid leave on parental leave uptake and parent and caregiver labor market effects – some of which is specific to the paid family leave laws<sup>2</sup> – there is little research on individual-level barriers to uptake and benefits to new parents and caregivers of having paid family leave.

In order to gain a better understanding of the public's attitudes toward paid leave benefits, L&M Policy Research conducted formative research with participants in the three states that provide for paid leave. As the research was formative and therefore exploratory in nature, it was meant to provide a general appreciation of the current attitudes, and to serve as a mechanism to identify more specific and future research ideas, as presented in this paper's discussion. This work specifically addresses questions related to the public's attitudes toward the paid leave taking and paid family leave policies in order to: (1) gauge awareness of paid leave laws and its benefits in each state, (2) identify perceived benefits that might drive utilization of state paid leave policies, and (3) identify perceived barriers that might impede utilization of paid leave policies.

### Approach

In order to learn directly from the public about their attitudes toward paid leave laws and leave taking, the research team sought to include individuals whose personal or family situations may increase their likelihood of taking advantage of paid leave benefits in California, New Jersey and Rhode Island. We focused on reaching existing support (discussion) groups for the target audience of paid leave – new parents and informal caregivers of elderly loved ones – in each state, as they likely contain members who could benefit from the paid leave laws. Because we decided to

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<sup>1</sup> Employees must be covered by FMLA if their firm is a covered employer (private sector employer with 50+ employees for 20 or more weeks during the current or preceding calendar year, public agencies and public and private elementary and secondary schools regardless of the number of employees). Employees must have worked for the employer for at least 12 months, must have worked at least 1,250 hours during the immediate 12-month period prior to the event necessitating the leave, and must have worked at a location where the employer had 50 employees working within 75 miles to qualify for FMLA: <http://www.dol.gov/whd/regs/compliance/whdfs28.pdf>.

<sup>2</sup> Several studies have already been published discussing CA PFL's labor force effects on young women and/or new parents: Das and Polaceck, 2014, Byker, 2014; Baum and Ruhm, 2013, Rossin-Slater, Ruhm, and Waldfogel, 2013, Curtis, Hirsch, and Schroder, 2015, Espinola-Arredondo and Mondal, 2010; two articles under this same DOL contract by Bartel et.al (2015) and Morefield et.al. discuss the California PFL's effects on paternity leave and NJ and CA PFL's effects on labor force outcomes of caregivers to the elderly.

approach this task by working directly with existing support groups, we did not actively recruit participants.

In total, we met with seven support groups; we spoke with one new parent group and one caregiver group in New Jersey and Rhode Island, and in California, we spoke with one new parent group in Southern California<sup>3</sup> and one caregiver group in both the southern and northern part of the state. The table below provides a summary of key discussion group characteristics. Because we did not formally recruit participants, we were unable to collect demographic information from each individual, so the table presents information at the group level rather than at the individual level.

**Table 1. Discussion Group Characteristics**

|                                | GROUP NAME  | OBJECTIVE AND CHARACTERISTICS   |
|--------------------------------|---|---|
| <b>Parents/ Mothers Groups</b> |   |   |
| <b>Rhode Island</b>            | Rhode Island Parent Information Network (RIPIN) Support Group | Support group for Spanish-speaking parents of children with special needs. <sup>4</sup><br>Group meets once a month; focused on providing resources and support for parents with children who have special needs.<br>Group characteristics: More than half of the group consisted of mothers. |
| <b>New Jersey</b>              | Postpartum Support Group                                      | Support group for mothers who have experienced postpartum depression after the birth of a child.<br>Group meets once per month.<br>Group characteristics: All participants were women. Most had given birth within the last two years.  |
| <b>Southern California</b>     | Black Infant Health (BIH) Program Support Group               | Support group for African American expecting and new mothers.<br>Group meets weekly; focused on helping BIH clients develop life skills and build social supports.<br>Group characteristics: All participants were women and were new or expecting mothers.                                   |
| <b>Caregiver Groups</b>        |   |   |
| <b>Rhode Island</b>            | Alzheimer's Caregiver Support Group                           | Support group for adults who are providing care to a family member or spouse diagnosed with Alzheimer's disease.<br>Group meets weekly.<br>Group characteristics: Most group members were caring for a spouse or a parent.  |

<sup>3</sup> The team contacted over 40 support groups in Northern California to participate in this research, and was not able to obtain a commitment from a support group to participate in this research.

<sup>4</sup> Although this group focused on providing support to parents, the parents sometimes identified more with caregivers than with the new parents groups. Their children tended to be older and the parents' paid leave needs focused on providing intermittent, longer-term care, rather than bonding.

|                            | GROUP NAME                                  | OBJECTIVE AND CHARACTERISTICS   |
|----------------------------|---|---|
| <b>New Jersey</b>          | Friends and Relatives of the Elderly (FARE) | Support group for caregivers of elderly family members.<br>Group meets twice monthly; provides peer support and education about the aging process and resources available for caregivers.<br>Group characteristics: Nearly all participants were women caring for an elderly parent.  |
| <b>Southern California</b> | USC Family Caregiver Support Center         | Support group for caregivers of both elderly and young family members.<br>Groups meet twice a month; focused on sharing experiences and providing support to caregivers. This group is not specific to any one-disease state or health condition.<br>Group characteristics: More than half of the participants were women. The participants were a mix of spouses caring for their loved one and parents caring for their older (not newborn) children. |
| <b>Northern California</b> | Lodi Health System Support Group            | Support group for caregivers of elderly family members.<br>Groups meet monthly; focused on helping caregivers cope with the challenges of providing care to adult family members. This group is not specific to any one-disease state or health condition.<br>Group characteristics: Nearly all participants were women and were adult children providing care for an elderly parent.   |

### ***Identification of Discussion Groups***

To identify support groups in each state, we conducted an environmental scan to search for relevant existing groups in California, New Jersey and Rhode Island. We researched both state- and national-level organizations that provide information on support groups for new parents and individuals who provide care for an ill or elderly family member. We also reached out to large health systems, which commonly connect health consumers to support groups for a range of different health-related circumstances, including the birth of a new child or caregiving to elderly family members. We made efforts to select groups such that our participant pool would include a range of economic backgrounds.

Once we identified appropriate discussion groups in each of the states, we discussed the goals of the research with the support group leaders, and asked if the leaders and participants would be interested in adding L&M to the agenda of an already-scheduled support group meeting. To encourage participation, we offered to answer questions about the paid leave law at the end of the session and offered gift cards of nominal value (no more than \$75 for each participant) to those interested in participating in the discussion.

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### ***Managing the Discussion Groups***

The discussion groups were structured to allow the members to organically discuss each of the topics, so researchers sought to refrain from steering the discussion. The research team created a guide that was used for each group that served as a roadmap for the discussions; facilitators allowed participants to fully explore and discuss topics, which naturally lead to some divergence from the guide (see Appendix). The guide was organized according to the three goals of the research: gauging level of awareness, identifying potential barriers to taking paid leave, and understanding the factors that drive individual utilization for paid leave policies. The discussions were led by a senior researcher experienced in conducting qualitative group research, with a second researcher assigned to take detailed notes of the discussion.

### ***Analysis of Discussions and Reporting Results***

The research team reviewed discussion notes and identified common themes across all of the groups, as well as differences that arose across the two participant types (parents and caregivers) or the geographical regions (Northern and Southern California, New Jersey, Rhode Island). We used a combination of qualitative analytic methods to identify key themes from the data, as captured in written notes, including a grounded theory (or “bottom-up”) approach for open-ended discussions. Our analysis began by having each researcher review transcribed notes of the discussions he/she moderated and edit notes, as needed, to ensure accuracy and completeness. Using the edited notes, each researcher worked independently, to identify discrete terms and phrases participants used in the discussion groups and generated initial codes to group like terms and phrases together. This supported the analytic process of theme identification from a within-group perspective. We reviewed the coded notes to determine whether these topics continued to dominate or shape the discussion, identify dominant themes and dissenting views, and incorporated these observations into our within-group findings. Together, the researchers identified similar categories of codes across the groups, and further refined the analysis and added a between-group perspective.



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## FINDINGS FROM PREVIOUS RESEARCH +

### Introduction

To provide context for our discussions with individuals likely to use paid family leave benefits, we summarize some of the paid family leave literature. First, we provide an overview of the existing federal and state policies that support leave-taking. Second, we discuss utilization trends associated with state-based paid leave laws. And finally, we delve into barriers to use of these paid leave benefits. Notably, key studies show that awareness of the benefit is low and the primary barriers to use include: concerns about job protection, inability to afford time off, and social stigma associated with leave-taking. Overall, caregivers tended to have more serious reservations about the ability of paid leave policies to address their needs than did parents.

### Policies that support leaving-taking

Despite documented benefits such as improved labor force outcomes for new parents<sup>5</sup>, decreased stress for families providing care<sup>6</sup>, improved behaviors that support child health<sup>7</sup>, and increased bonding leaves taken for new parents<sup>8</sup>, there is only a patchwork of state and federal laws that support families taking leave to provide care. These laws include the Family and Medical Leave Act (FMLA) (federal level); and paid family leave laws in California (Paid Family Leave), New Jersey (Family Leave Insurance) and Rhode Island (Temporary Caregiver Insurance).<sup>9</sup>

The FMLA solely provides job protection for up to 12 workweeks of leave (that may be intermittent or allow for shorter workdays) within a 12-month period for employees in covered private sector and all public sector positions. Access to the FMLA is restrictive, however. To be eligible, employees must have worked for at least one year, supplying at least 1,250 hours in the previous 12 months, for any public agency or a private employer with 50 or more employees living within 75 miles of the employer.

State-based paid family leave laws go beyond the FMLA by allowing time away from work with some income replacement. California implemented the first state-based paid family leave law in the United States in 2004, New Jersey followed with its own law in 2009, and Rhode Island implemented its law in 2014.<sup>10</sup> The basic structure of the three laws is the same: a benefit that provides employees with some wage replacement when they take time away from work to bond with a new child or provide care to an ill family member. However, the laws differ in some important ways. For example, workers in California receive a lower percentage of their wages during leave (55 percent) compared to New Jersey and Rhode Island (approximately 67 percent

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<sup>5</sup> Das and Polacheck, 2014; Byker, 2014; Baum and Ruhm, 2013, Rossin-Slater, Ruhm, and Waldfogel, 2013

<sup>6</sup> Silver, Mederer, and Djurdjevic, 2015

<sup>7</sup> Gombay and Pei, 2009; Silver, Mederer, and Djurdjevic, 2015; Appelbaum and Milkman, 2011; McBrayer, 2015

<sup>8</sup> Rossin-Slater, Ruhm and Waldfogel, 2013; Baum and Ruhm, 2013; Bartel, et al. 2015

<sup>9</sup> The California Family Rights Act and New Jersey Family Leave Act provide similar leave with similar eligibility requirements to FMLA. Rhode Island also enacted a paid family leave law in 2014, allowing for four weeks of time off with job and health benefits protection. Washington State also passed paid leave legislation through the Washington Family and Medical Leave Insurance Act in 2007, but the law has not been enacted.

<sup>10</sup> For continuity, in this document, the RI and NJ benefits are referred to as paid family leave; however, the law in Rhode Island is called Temporary Caregiver Insurance (TCI) and the law in New Jersey is called Family Leave Insurance (FLI).

and 60 percent, respectively). The cap on benefits available also varies by state: as of January 2016, it was \$1,129 per week in California, \$615 per week in New Jersey, and \$795 per week in Rhode Island. California expanded leave-taking in 2014 to cover extended family members, including grandparents, siblings, and in-laws; this is a wider range than in New Jersey or Rhode Island. Importantly, Rhode Island's paid leave comes with job protection; this benefit is only available in California and New Jersey through the federal FMLA and similar statewide laws. For a comparison of the state laws allowing for paid leave, see Table 2 below.

**Table 2. Family Leave Laws**

|   | CA   | NJ  | RI   | FMLA  |
|---|--|---|--|---|
|   | PAID FAMILY LEAVE  | FAMILY LEAVE INSURANCE (FLI)  | TEMPORARY CAREGIVER INSURANCE (TCI)  | FAMILY AND MEDICAL LEAVE  |
| <b>Provides payment for leave</b>                     | Yes  | Yes   | Yes  | No  |
| <b>Provides job protection</b>                        | No   | No  | Yes  | Yes   |
| <b>Reasons for leave<sup>11</sup></b>                 | Bond with a new child (including a new foster care placement). Care for a family member with serious health problems | Bond with a new child (including a new foster care placement). Care for a family member with serious health problems  | Bond with a new child (including a new foster care placement). Care for a family member with serious health problems | Bond with a new child (including a new foster care placement). Care for a family member with serious health problems, or for own disability |
| <b>Definition of family member</b>                    | Child, parent, spouse, domestic partner, grandparent, grandchild, sibling, parent-in-law                             | Child, parent, spouse, domestic partner, civil union partner  | Child, parent, spouse, domestic partner, grandparent, parent-in-law  | Child, parent, spouse   |
| <b>Maximum length of leave per year/12 mo. period</b> | 6 weeks  | 6 weeks   | 4 weeks  | 12 weeks <sup>12</sup>  |
| <b>Minimum Unit of Leave</b>                          | Hourly increments  | 1 day increments for caregiving; bonding leave must be for a period of more than 7 consecutive days, unless employer permits the leave to be taken in non-consecutive periods | 7 day increments   | No minimum  |

<sup>11</sup> Paid family leave laws are an extension of existing state temporary disability benefits. The existing disability benefits allow paid leave for workers to recover or care for their own illnesses as well. This disability leave is allowable for pregnancy in CA and NJ, but not in RI.

<sup>12</sup> Workers may take up to 26 weeks to care for a military service member with a serious injury or illness.

|                                       |   |   |   |                          |
|---------------------------------------|---|---|---|--------------------------|
| <b>Employee earnings requirements</b> | \$300 gross wages; state disability plan deductions were withheld in base period <sup>(a)</sup> | \$168 per week for 20 weeks during the base period, or \$8,400 in the base year* <sup>(b)</sup> | \$11,520 in either (1) the first four of the last five completed calendar quarters before the claim start date (base period) or (2) the last four completed calendar quarters before the claim start date. <sup>(c)</sup> | No earnings requirements |
| <b>Benefit amount</b>                 | 55% of weekly salary  | 66.7% of weekly salary  | 4.62% of the wages paid in the highest quarter of Base Period (about 60.1% of weekly salary)  | N/A                      |
| <b>Benefit maximum</b>                | \$1,129 per week (as of Jan. 2016)  | \$615 per week (as of Jan. 2016)  | \$795 per week (updated Jul. 2015)  | N/A                      |

*Sources:* Government websites provide information on each of the laws. More information on CA, NJ, RI, and FMLA, is available + (in order) at [edd.ca.gov](http://edd.ca.gov); [lwd.dol.state.nj.us](http://lwd.dol.state.nj.us); [dlt.ri.gov/tli](http://dlt.ri.gov/tli); [dol.gov](http://dol.gov).

*Notes:* (a) The base period is a 12 month period that always starts at the beginning of a quarter, e.g., if a claim is filed in April, May or June 2016, then the base year is Jan 2015 – Dec 2015.

(b) Base year is the 52 weeks leading up to the paid leave claim.

(c) If the employee hasn't earned \$11,520 in the time frame described, they may qualify for paid leave if they earned \$1,920 in one of the base period quarters, their total base period taxable wages are 1.5 times the highest quarter of earnings, or their base period taxable wages are at least \$3,840.

### Utilization: Participation Trends

Utilization of paid family leave programs in both California and New Jersey has grown steadily since implementation. As of 2014, California's paid family leave program has approved about 1.8 million claims (Andrew Chang, 2015). The program has grown from SFY2004-05 and SFY2013-14 an annual (compounded) growth rate of 4.6 percent (Andrew Chang, 2015). New Jersey's paid family leave program, implemented in 2009, has approved about 215,000 claims (New Jersey Department of Labor and Workforce Development, n.d.).<sup>13</sup> The New Jersey program has experienced a 1.6 percent annual (compounded) growth rate between 2010, the program's first full year of operation, and 2015. Rhode Island's program is too new to discern growth over time. Paid family leave utilization numbers may continue to increase: A 2012 nationwide survey of employees estimated that 2.1 percent of all workers have an unmet need<sup>14</sup> for leave to bond with a new child or care for a parent, spouse or child (Klerman, Daley, and Pozniak, 2014). Although this research points to a growth in paid leave program utilization, an overwhelming lack of awareness of the benefits (discussed in the *Barriers to Use of Paid Leave Benefits* section of this report), may negatively impact the overall utilization of the benefits.

<sup>13</sup> FLI Program Statistics (see [http://lwd.dol.state.nj.us/labor/fli/content/fli\\_program\\_stats.html](http://lwd.dol.state.nj.us/labor/fli/content/fli_program_stats.html))  
[http://lwd.dol.state.nj.us/labor/fli/content/2015\\_monthly\\_report\\_fli.html](http://lwd.dol.state.nj.us/labor/fli/content/2015_monthly_report_fli.html) !

<sup>14</sup> According to Klerman, Daley, and Pozniak (2012), those with an 'unmet' need for leave needed to take a leave for ! an FMLA-covered reason, but were unable to, regardless of cause. !

**Table 3. Types of Leave by State and Gender, 2014**

|   | CA      | NJ     | RI    |
|---|---------|--------|-------|
| <b>Claims Submitted for Bonding Leave</b> | 200,524 | 28,133 | 2,847 |
| <b>% Male</b>                             | 32.7%   | 13.5%  | 31.6% |
| <b>% Female</b>                           | 67.1%   | 86.5%  | 68.3% |
| <b>Claims Submitted for Care Leave</b>    | 27,306  | 6,563  | 1,023 |
| <b>% Male</b>                             | 33.6%   | 26.1%  | 27.8% |
| <b>% Female</b>                           | 66.0%   | 73.9%  | 72.2% |

*Data from: California Employment Development Department, n.d., New Jersey Department of Labor and Workforce Development, n.d. and Rhode Island Department of Labor and Training, n.d.*

Despite similar reported need for leave among both caregivers and new parents in each state (Klerman, Daley, and Pozniak, 2014), claims for bonding leave comprise an overwhelming share of total paid family leave claims. Among the three states, California had the highest percentage of bonding claims in 2014 (88 percent), compared to New Jersey (82 percent) and Rhode Island (74 percent) (California Employment Development Department, n.d.; New Jersey Department of Labor and Workforce Development, n.d.; Rhode Island Department of Labor and Training, n.d.).

As shown in Table 3 above, women disproportionately use paid family leave across all three states for both bonding and care leave. Still, the proportion of bonding claims made by fathers has increased over time, at least in California where fathers represented 20.7 percent of bonding claims in SFY2006-07 and 32.7 percent in SFY2013-14 (California Employment Development Department, n.d.).

Finally, family income also plays a role in the utilization of paid family leave. In California, men and women in higher income brackets are more likely to use paid family leave than those in lower income brackets (Andrew Chang, 2015; Lindsey and Hunt, 2015). This complements findings across all three states that demonstrate lower awareness of the availability of paid leave benefits in lower income groups (Appelbaum and Milkman, 2011; Silver, Mederer, and Djurdjevic, 2015; Houser and White, 2012; DiCamillo and Field, 2015). Further, the proportion of California claimants in the highest income brackets has increased significantly over the life of the program, while the proportion of claimants making less than \$24,000 per year has decreased as shown in Table 4 below.

**Table 4: Proportion of California paid leave claimants ' by income and claim type, 2005 and 2013**

|   | BONDING CLAIMS |       | CAREGIVER CLAIMS |       |
|---|----------------|-------|------------------|-------|
|   | 2005           | 2013  | 2005             | 2013  |
| <b>Claimants make more than \$72,000 annually</b> | 13.8%          | 26.3% | 16.1%            | 30.8% |
| <b>Claimants make less than \$24,000 annually</b> | 29.7%          | 21.1% | 16.7%            | 10.8% |

*Data from: Lindsey and Hunt, 2015.*

The trend toward higher income applicants is more pronounced in men, particularly for bonding claims. Women across the income spectrum are similarly likely to take leave to bond with a new child, while higher income men are more likely to take bonding leave than men in lower income brackets (Andrew Chang, 2015; Lindsey and Hunt, 2015).

### **Barriers to Use of Paid Leave Benefits**

Despite the increase in paid family leave benefit use in California and New Jersey, researchers have identified several barriers to program participation. Reasons workers may not apply for the benefit include: lack of awareness, affordability (paid family leave only offers partial wage replacement), fears of negative repercussions at work or job loss, difficulty understanding the application process, and social stigmas around accepting pay for leave (Andrew Chang, 2015; Houser and White, 2012; Appelbaum and Milkman, 2011; Silver, Mederer, and Djurdjevic, 2015).

#### **Lack of awareness**

Awareness of the paid family leave program is low in all three states – it is likely that less than half of the overall population in each state knows that the benefit is available. Appelbaum and Milkman (2011) conducted a survey of California workers that indicated that fewer than half (48.6 percent) knew the program existed in their state. A similar study of Rhode Island workers found that just over half were aware of their paid family leave program (Silver, Mederer and Djurdjevic, 2015). Both the Rhode Island and California surveys referenced drew from a sample more likely to know about the law than the general population and, as such, may overstate general awareness<sup>15</sup>. Finally, a poll of New Jersey voters found that six in 10 had not “seen or heard anything” about paid family leave (Houser and White, 2012). Similar to participation in the program, awareness in the three states varies across demographics. Lower income people, minorities and those with less education are less likely to be aware that the paid family leave benefit exists (DiCamillo and Field,

<sup>15</sup> The population surveyed in California had all experienced a life event within the previous four years that would have made them eligible for PFL, and the majority of the Rhode Island population surveyed was selected because they had accessed the state’s temporary disability system (which administers the state’s PFL benefit); thus, both the Rhode Island and California surveys referenced drew from a sample more likely to know about the law than the general population and, as such, may overstate general awareness.

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2015; Appelbaum and Milkman, 2011; Houser and White, 2012; Silver, Mederer, and Djurdjevic 2015).

Even those aware of paid family leave may not understand the benefit well enough to take full advantage of it. New parents participating in California focus groups were unaware of the ability to take the bonding benefit intermittently, a benefit that was particularly interesting to new fathers (Andrew Chang, 2015). According to research conducted in all three states, fewer people are aware that the benefit can be used to care for a sick relative than are aware that the benefit can be used to bond with a new child (DiCamillo and Field, 2015; Appelbaum and Milkman, 2011; Andrew Chang, 2015; Houser and White, 2012, Silver, Mederer, and Djurdjevic, 2015). Among those who are aware that the benefit can be used to care for a sick family member, few in California know that the benefit expanded in 2014 to include care for extended family members, such as grandparents (DiCamillo and Field, 2015).

While employees expect to learn about paid family leave benefits from their employers (Andrew Chang, 2015), employers are not always equipped to provide needed information. Appelbaum and Milkman (2011) found that employers were an important source of paid family leave information for leave-takers in California; just over half (50.6 percent) of those surveyed who had used paid family leave benefits received their application directly from their employer. However, research in California specifically shows that employers are not effectively communicating information about these benefits (Andrew Chang, 2015). This could be in part because employers are not well educated about the benefit. Interviews with California human resource professionals and New Jersey employers found that human resource professionals are somewhat confused about their state's paid family leave program and unaware of the provisions (Andrew Chang, 2015; Lerner and Appelbaum, 2014). Rhode Island workers (most of who had interacted with the Rhode Island paid leave program in 2014) reported that they were more likely to hear about the program from family and friends than their employers; other sources of information cited were co-workers and health care providers (Silver, Mederer, and Djurdjevic, 2015).

### ***Lack of affordability***

Each state offers partial wage replacement during leave, as shown in Table 2. Workers interviewed and surveyed across states indicated that not being able to afford to take leave – and live on only a portion of their wages – was one reason they may not apply for the benefits (Andrew Chang, 2015; Silver, Mederer, and Djurdjevic, 2015; Lerner and Appelbaum, 2014). Based on a survey in New Jersey, respondents were also worried about their ability to afford health insurance over the leave period (Houser and White, 2012).

### ***Employer-employee relationship***

Research conducted with California workers and employers suggests that lack of job protection is an important factor in deciding whether to apply for paid family leave benefits, and many employees were less worried about taking leave when they learned of FMLA protections (Andrew Chang, 2015). While FMLA provides job protection to many workers, a 2012 national survey found that only 59 percent of respondents were covered by FMLA (Klerman, Daley and Pozniak, 2014). Though the Rhode Island paid family leave program provides job protection, a survey of employees revealed concerns about negative job repercussions and fear of job loss from taking



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leave (Silver, Mederer, and Djurdjevic, 2015). Fears about negative employment outcomes when taking leave, like upsetting their employer or not receiving a promotion, echoed across paid family leave states and in a national survey (Klerman, Daley and Pozniak, 2014; Appelbaum and Milkman, 2011; Houser and White, 2012; Andrew Chang, 2015). Perhaps feeding worker concerns, prior to the passage of the California law, many groups representing employers were vocally opposed to their adoption, and employer groups nationwide still oppose federal paid leave legislation (Appelbaum and Milkman, 2011; Kurtzleben, 2015). However, the literature shows that, once employers have experience with paid leave laws, they are generally supportive of paid leave and indicate that paid leave laws have had negligible to positive impacts on employer metrics such as productivity and morale (Appelbaum and Milkman, 2011; Bartel et. al., 2016; Lerner and Appelbaum, 2014).

### ***Application process***

Another possible impediment to program participation is the application process. Focus groups conducted in California revealed that likely users of the benefit (except biological mothers) found the application process difficult (mothers are common users of the paid family leave benefit, and California sends them an application following pregnancy-related disability leave) (Andrew Chang, 2015)<sup>16</sup>. This same study also found that several non-English speaking communities described the informational materials as difficult to understand and, in some cases, poorly translated. Although, in another study, researchers reported that survey respondents found that the application in California were relatively easy to complete and processed in a timely manner (Appelbaum and Milkman, 2011). In Rhode Island, a recent survey found that respondents were generally satisfied with the application process; however, individual interviews with a subset of survey respondents uncovered that some found the application confusing and struggled to reach people who could help them over the telephone (Silver, Mederer, and Djurdjevic, 2015).

### ***Social Stigma***

Despite a recent focus on the stigma associated with leave-taking, the literature in this area is scant. Broadly, a nationwide survey found that 1.6 percent of people who need to take leave for an FMLA-covered reasons did not apply because they were concerned that they would be treated differently because of their reason for leave-taking (Klerman, Daley, and Pozniak, 2014). California focus groups composed of several different minority segments found various stigmas including: cultural beliefs that new fathers should work and provide for their families; stigmas against taking time off work in general; and stigmas against taking “handouts” (Andrew Chang, 2015). Other work found concern that flexibility required by individuals providing elder care may negatively impact the way that employers and coworkers perceive devotion to work and employee responsibility (Williams, Loy, and Berdahl, 2013).

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<sup>16</sup> Other segments evaluated were: biological fathers seeking bonding leave, foster/adoptive parents seeking bonding leave, those seeking leave to provide acute care, and those seeking leave to provide chronic care.

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## DISCUSSION GROUP FINDINGS +

### Introduction

The discussion group findings are presented according to the three main areas of study: 1) level of awareness of the paid leave laws, 2) perceived benefits that might drive use of state paid leave policies, and 3) perceived barriers that might impede use of paid leave policies. For each research question, this chapter highlights the common findings shared across all of the discussion groups and then notes the key differences by group type (parent and caregiver) and geographical region (Northern and Southern California, New Jersey, and Rhode Island). Because we decided to speak with existing discussion groups and did not actively recruit participants, our findings are reported at the group level with some references to contributions made by individual participants, when appropriate.

### Level of Awareness

#### ***Across all participants, awareness of paid leave and FMLA is low***

During each group, facilitators began by gauging awareness of the general term “paid leave.” After a discussion of the general concept of paid leave, facilitators later asked about familiarity with the specific law in each state (called “Temporary Caregiver Insurance” in Rhode Island, “Family Leave Insurance” in New Jersey, and “Paid Family Leave” in California). Awareness of paid leave was very low amongst all the discussion groups. Although some participants said they were familiar with the phrase “paid leave”, many associated the term with sick leave and vacation time – any time away from work for which they received payment.

Not surprisingly, due to their association of the term “paid leave” with sick leave and vacation, the vast majority of participants were unaware of their state’s paid family leave law, which mirrors the literature showing a pervasive lack of awareness of paid family leave benefits (Appelbaum and Milkman, 2011; Rand, 2010; Silver, Mederer, and Djurdjevic, 2015; Houser and White, 2012). Only two participants showed any familiarity with their state’s paid leave law: a mother in California who used the paid leave benefits after the birth of her first child and a caregiver in Rhode Island who read about efforts to pass the law. Similarly, the group organizers who tended to be a source for information and resources relevant to caregiving and parenting were unfamiliar with the paid leave laws; only one of the group leaders was aware of paid leave due to her previous work experience as a branch/operations manager responsible for posting state information for employees.

Participants were only slightly more familiar with FMLA than with paid leave. Many had heard the acronym FMLA, but few could accurately describe the program. Those who had taken advantage of FMLA in the past explained that it provided unpaid leave with job protection. Generally, however, participants were unfamiliar with the details and conflated paid leave laws with FMLA and with other workplace benefits like paid sick leave, paid-time off or short-term disability. For example, a member of the mother’s support group in New Jersey and a parent in the Rhode Island group believed FMLA offers paid leave.



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### ***There is little variation in awareness across states and groups***

Because California's law has been in effect for more than a decade, New Jersey's since 2009, and Rhode Island's only since 2014, one might expect higher awareness among groups in California and New Jersey than in Rhode Island. However, with only a few exceptions in California and Rhode Island, each of our discussion groups showed a lack of awareness of paid family leave laws in their state.

There was also no meaningful difference in awareness of paid leave by group type. With a few exceptions, the vast majority of both parents and caregivers had no knowledge of the specific paid leave laws effective in their respective states.

### **Benefits that may Drive Utilization**

During the group discussions, we aimed to identify the participants' perceived benefits of paid leave in their states. To identify which paid leave benefits participants considered most important to them, we asked two key questions of the participants: 1) how would they describe "ideal support" from their employer, when defining "ideal support" as allowing for a balance of work and caregiving responsibilities and 2) after providing a basic description of the paid leave law in their respective states, we asked the participants what aspects of the law they considered most helpful given their situations (see the Appendix for an example of the materials provided to participants). Both questions allowed us to gather a more nuanced, richer understanding of attitudes about paid family leave.

### ***Ideal supports: across all groups, participants described longer leave times and flexibility***

Before participants read descriptions and asked questions about the laws, they were asked a warm up question to gauge their needs around bonding or caregiving; participants described "ideal support" from their employers around their bonding or caregiving needs<sup>17</sup>. In some cases, the ideal amounts of time, money and type of support that participants identified were beyond the scope of the state laws.

When asked about their ideal support scenarios for balancing work and caregiving, many participants mentioned longer amounts of leave than the laws provide. One parent participant who had worked abroad felt that a full year of paid leave was optimal. After hearing a range of ideas discussed, a new parent in the New Jersey group volunteered that new mothers should have at least three months of leave after childbirth. She said:

"I know that's asking a lot, [but] I feel 12 weeks paid would be [best] because how many kids by three months are starting to regulate their system?" She continued: "by three months, that's when [the baby] finally got normal...Thank God I was able to take the 12

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<sup>17</sup> Although paid family leave benefits are provided by the states in question not by employers, this question was not designed to focus participants on who was providing benefits but rather on what needs groups found most important. Because employers provide other forms of paid leave, and participants are familiar with vacation and sick leave, we referred to employers in asking this question.

weeks because if I had to go back to work at eight weeks, I would have been in the hospital.” - mother in New Jersey

A few mothers in the Southern California group discussed how having shorter leaves, six weeks for example, does not coincide with when their children will receive their first vaccines, and many day care providers require proof of vaccination before accepting a child into their care.

Like parents, caregivers also mentioned the need for more time than was offered. However, caregivers tended to speak about time in the context of needing to take smaller increments of leave on an ongoing, long-term basis. Many caregivers in the groups cared for chronically ill loved ones, a situation that requires taking time off on a semi-regular basis. The ideal form of support for these caregivers was a situation where employers could offer a work arrangement that allowed for flexible-leave taking on a regular basis.

Another theme emerged from discussions about ideal support: the flexibility to take leave to manage unexpected health-related events. For example, caregivers suggested that the ideal form of support would be:

“Being able to change your hours around when you need to.” – caregiver in New Jersey

“It would be good to have paid leave when you need it.” – caregiver in California

Two of the parents in the Rhode Island discussion group with older children (the parents needed similar support as caregivers), also mentioned unexpected leave as a needed form of support from employers.

***Positive reactions to law descriptions: across all groups, participants note time and money as key benefits***

After reading summaries of their respective states’ paid leave laws, participants often cited the obvious benefits: time and money. Parents and caregivers alike perceived the laws as a much-needed opportunity to take time away from work – with at least some pay – to handle parental or caregiving responsibilities. The benefits of time and money led both caregivers and parents to specifically mention the mental and physical relief the paid leave laws seemed to provide.

Some caregivers discussed that a key benefit to the paid leave laws – as described in the summaries – is allowing regular, smaller amounts of leave to care for a chronically ill loved one without the burden of losing potential earned. Caregivers discussed the constant stress they are under trying to balance job and caregiving responsibilities. After hearing about the existence of the paid leave laws:

“If I’m getting paid to actually take time, that’s a big weight off my shoulders. Through all this caregiving stuff, there are a lot of things that I need to think about. [For example] if you do this, you can’t do that...it’s one less stress.” – caregiver in New Jersey

“I could use it and not have to sweat it as far as work, and I get to spend time with my family.” – caregiver in Rhode Island

Parents also often expressed relief that it would become more affordable to take the time needed to recover from childbirth and meet all of the demands involved with caring for newborns, while reducing the daily stress of work. The financial burdens of not working caused one mother in New Jersey to go back to work before she felt she should have:

“I felt like I had to be at work. Then it’s like I am working so I can provide a better life for her, because I’m working. Why...have kids then if you’re having to go back to work and miss it all to pay someone else to raise them?” – mother in New Jersey

Finally, across all groups, many participants indicated they believed another major benefit of state paid leave laws was the availability of job protection in addition to receiving wage replacement during leave. After reading a description of the laws, a few caregivers reacted positively:

“If you need to take time...you don’t get penalized from your employer and then also you get paid for it.” – caregiver in New Jersey

“You wouldn’t have as much pressure on you. It’s hard enough to know you have to take care of someone and now you don’t have to have the worry of losing your job or losing money.” – caregiver in California

However, neither the New Jersey nor the California laws offer job protection for workers taking leave, although the Rhode Island law does offer four weeks of job-protected leave.

### ***Participants perceived benefits vary little by state***

As noted above, group participants in all three states identified time, money, job-protection, and flexibility in leave taking as basic benefits of the paid leave laws. This is supported by findings in the literature, which suggest that the availability of paid leave decreases stress for families, by making it easier to arrange child care (Appelbaum and Milkman, 2011; Silver, Mederer, and Djurdjevic, 2015), and there has been reported improvements to physical health, decreased overall stress, and the ability to maintain financial stability during and after leave-taking (Silver, Mederer, and Djurdjevic, 2015). Although the last two benefits discussed by group participants – job protection and leave flexibility – were of value to participants in every state, not every state provides them. The states’ laws are not uniform. The key difference we noted is not between the participants’ reactions, but between the specific details in the laws of each state.

### ***The perceived benefits varied by group type due primarily to differing priorities***

Although both caregivers and parents valued the time paid family leave laws offered them to handle their respective situations, the participants characterized the time needed very differently. As noted above, when we asked participants to describe a situation of “ideal support” – caregivers were more likely to emphasize the need for a long-term arrangement of leave flexibility, while parents of newborns were more interested in having time around one acute event (the arrival of a new child). In California, one caregiver emphasized the lack of the long-term, flexible arrangement she would benefit from when she reacted sarcastically to the six-week paid leave law (to be taken over a 12 month period of time): “It probably doesn’t cover the 10 to 20 years you’ll need for your parent.”

All four caregiver groups engaged in discussions about the need for employer flexibility around leave-taking to meet the ongoing demands of long-term caregiving. Some caregivers volunteered alternative policy suggestions, such as a formal arrangement allowing for “flex time” or “job-sharing” (where two employees typically – working part time – split the job responsibilities for one full time position). Others supported policies that would make it easier for family members to care for their loved ones and compensate them for it; similar to current Medicaid programs available in some states that allow family members who are providing personal care services to low-income elders to be reimbursed for their caregiving<sup>18</sup>. The organizer of the Rhode Island elder care support group said:

“They need more programs to pay loved ones for taking care of their family. That is what they need because right now, even with long-term care insurance, I have a client that quit her job thinking that she could take care of her mom...but long-term care insurance won’t pay her because she is the daughter.”

Caregivers were more likely to mention unexpected leave as a potentially crucial benefit to any paid leave program than were parents. A few participants in the support group for parents of disabled children, who shared qualities of caregivers as most of their children were grown and had intermittent care needs, discussed the need for and the benefit of taking leave unexpectedly. One mother in this group cited “flexibility of time” as an ideal form of support:

“We understand that with our children, things arise unexpectedly and we have to tend to them. [We’d like] to have the job’s understanding in order to address the issue without consequences.” – mother in Rhode Island

A caregiver who had been able to arrange for an informal “flex time” arrangement said it was a crucial part of her fulfilling her caregiving responsibilities:

“I feel bad for people who don’t have that. At my job, if I don’t get stuff done, I can just come in on Saturday or work until 9:00 at night. I feel bad for people in the corporate world who have to stay with a 9 to 5.” – caregiver in New Jersey

In contrast to the caregiver groups, most participants in the parent groups focused instead on the amount of time needed to recover from childbirth. This issue was most important for the two support groups organized around new mothers. Although some of the discussions focused on how the paid leave laws do not allow for enough time out of work, all the discussions focused on needing segments of time out of work either to heal or to take adequate care of a newborn, for example:

“I wish that it was extended, because six weeks is not a lot of time. Maybe you get a couple extra weeks if your doctor is nice. But six weeks is not a lot of time to go back to work [after having a baby]” – mother in California

<sup>18</sup> <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/self-directed-personal-assistant-services-1915-j.html>

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## Barriers

Throughout the life cycle of many publicly funded programs, there are structural barriers to potential utilization. Structural barriers may include eligibility requirements, eligibility determinations, complicated and sometimes lengthy applications, waiting periods, and the affordability/generosity of benefits. Paid leave laws are not immune to these structural barriers and participants across states and in both group types touched on these as barriers to using the paid leave benefits. In addition to these structural barriers, participants discussed ones that are unique to paid leave. These are discussed in turn below.

### ***Participants noted lack of awareness and limited information about paid leave as key barriers across all groups***

The most obvious impediment to broader use of the paid leave benefits is the lack of awareness of their states' paid leave laws and benefits. In some groups, participants had to be reminded throughout the discussion that the paid leave laws had already been enacted in their state. When asked about factors that limit use of the paid leave benefits, at least one participant in every group mentioned not knowing about the law. One caregiver said the chief barrier was:

“Just getting the information to people. I didn’t know about this on the job. Are people made aware of benefits and what is available to them? I don’t know.” – California caregiver !

The lack of paid leave information provided to employees by their employers was commonly discussed during the groups as one of the reasons behind the general unfamiliarity with the paid leave benefits. Participants cited employers' self-interest or lack of knowledge as reason for not making employees aware of the benefit. This reflects lessons learned in the literature that employers are expected to be – but are not often – the source of paid leave information (Andrew Chang, 2015; Lerner and Appelbaum, 2014). Some participants acknowledged that they might have overlooked a posting at their workplace or a notice when they began their jobs. But more frequently, participants mentioned lack of employer communication as a barrier. One parent commented:

“I’m pretty sure there are people who don’t know about it, and there are employers who don’t want to tell them about it. It’s just like consideration and decent humanity. It’s like we need to take that break.” – mother in California

Besides the overall lack of awareness, the perceived adversarial relationship between employers and employees was one of the most common barriers cited by participants across groups. Both caregivers and parents mentioned job-related consequences for taking time off as a reason they would be less inclined to take advantage of the benefits. Across the groups, participants expressed a need to avoid situations that would create conflict with employers. The specific reasons ranged from discomfort with being viewed as less productive by an employer to fear of demotion, replacement and even firing.

“As an employer, I wouldn’t want my employee to know about this.” – caregiver in New Jersey

The feelings of vulnerability were discussed in more depth in the Spanish-speaking parent group in Rhode Island, where one participant felt that employers could sometimes use the “language barrier” against employees “as a weapon.”

Across groups, confusion about the paid family benefits may create a barrier to proper and maximized use of the benefits. There was confusion amongst participants about how FMLA and paid family leave differed and how each program might benefit a potential beneficiary. For example, in the California parent group, one of the participating moms wanted to know if she could use FMLA and paid family leave contiguously, so she would in effect have either protected (12 weeks) or paid leave benefits (6 weeks) for a total of 18 weeks. In the New Jersey caregiver group, in addition to confusion about how FMLA and paid family leave benefits intersect, there was also some misunderstandings about the eligibility for the benefits and how and if eligibility differed between the two programs. During the New Jersey caregiver group, there was a discussion focused on how one participant believed he would not be eligible for paid leave, since the firm he worked for had fewer than 50 employees; he was confusing the FMLA requirements with New Jersey’s state paid leave requirements.

Another barrier to proper use of paid leave benefits was that some participants were confused about the differences between benefits offered through their employer such as vacation and sick time and other programs like disability and maternity leave. Some participants noted that this confusion and other misconceptions about paid leave could be mitigated by public education and support, such as advertisements on television or radio, or a state-funded telephone information hotline. During the Rhode Island caregiver discussion, participants had a particularly challenging time giving a clear example of the paid leave law in their state. One participant described paid leave as “when you use your sick days from your sick bank” to take time off from work. Some parents from the Rhode Island Spanish-speaking group similarly mentioned instances where they had to take off a day or two from work because of an illness as an example of paid leave. Once information on the specific paid leave laws were provided by the moderators, it spurred more questions and confusion about how it works, who provides it, and who is eligible for it.

***Across groups, participants identified the scope of benefits as a barrier***

Finally, some caregivers and parents from each state expressed dissatisfaction with either the amount of time allotted for leave, the amount of wage replacement offered, or both. However, with a few exceptions, based on what they learned about the laws during the discussion groups, most participants said they would take advantage of the benefit even with the barriers they identified. Although a few caregiver participants in California acknowledged that they might not take paid leave due to the perceived risks of forced transfers and reduced opportunities for promotions. When discussing why some people might not take paid leave, a mother in California said,

“Because you don’t get paid as much as you were, I think it is 80% of your pay is what you get.” – mother in California

***There is no variation in the barriers identified by participants across the three state***

Participants from the three states tended to mention the same barriers: lack of awareness, employer-employee miscommunication, and fear of employer reaction were all mentioned in each



state. All of the state laws require that employers post a notice or hand out a brochure about paid leave benefits. The discussions suggest that the public posting requirements are in some cases not effectively reaching employees.

***The group types viewed different barriers to using paid leave benefits, likely due to their unique perspectives***

Employer attitudes

Perceived employer attitudes around leave emerged as a barrier for both groups of participants. While both parents and caregivers were concerned about employer reactions to taking leave, it was the caregiver groups where these sentiments were voiced most frequently. Across the four caregiver groups, a full-range of negative consequences were discussed: being viewed poorly, being passed over for a promotion, being demoted or punished in some way, or being fired. A caregiver from Rhode Island with years of experience juggling work and caring for her elderly father felt that employers could find ways to punish workers who, from the perspective of the employer, take too much leave – “...whether they say you are not enough of a team member, or lack of productivity, [or use another] catch phrase.” Fears of negative repercussions at work were also commonly cited as barriers to taking advantage of paid family leave in previous research (Silver, 2015; Andrew Chang, 2015; Appelbaum and Milkman, 2011; Houser and White, 2012).

The reason caregivers more often voiced concern about workplace reprisals may be due to caregivers feeling particularly vulnerable to their employers’ reaction to needing incremental and sometimes unplanned paid leave. Parents who take leave to bond with a new child have a more predictable leave, giving them the opportunity to work with their employers to prepare for their absence. A caregiver in Rhode Island mentioned that she was concerned that her employer would replace her altogether since she needs to take time away from work unexpectedly for caregiving responsibilities. Another caregiver said he would be concerned about backlash from coworkers and missing out on opportunities to advance his career. During a discussion on employer attitudes towards leave-taking, one participant in the Rhode Island parents group summed up the sentiments of the group around employers and leave:

“Let’s be clear...what company would want to give their earnings to their employees? So the employees have to be their own lawyers and fight for their rights. The employer is not going to like that the employees know this law. So even if there is human resources, it’s my still my responsibility” to understand the law and use it. – Mother in Rhode Island

While the parent groups included some mentions of employer reactions, they mostly involved speculation about how employers might feel and might be impacted by leave rather than an expectation of retaliation. The one parent group that did involve discussions of employer retaliation was the group of Spanish-speaking parents in Rhode Island, who felt a more fundamental sense of inflexibility and lack of respect from employers. A few parents recalled their employers expressing disapproval when they or a co-worker unexpectedly had to take time off of work because of an illness or to tend to a sick child. A few mentioned instances where people they knew were fired for wanting to apply for FMLA. As an example, one participant who was fired suspected that it was because she had asked her employer about options for taking leave to care for her child. Later, after she took sick leave, she was fired.

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## Flexibility

With regard to the amount of flexibility offered, caregivers were more likely than parents to mention flexibility as a potential reason the law was not suited for them. For example, in the Rhode Island caregiver group, the group leader explained how the state’s paid leave law is not ideally suited for long-term caregiving:

“It is only 4 weeks though. I don’t see people taking advantage of it. I think this would work well in a crisis situation where you are transferring someone to a nursing home or somebody going to the hospital. So you are really only looking at early onset illnesses, and people who are in a medical crisis for only a short period of time...I mean four weeks out of 52 is nothing...This is a Band-Aid. This is not really a solution.” – caregiver in Rhode Island

Another caregiver in Rhode Island felt that the job-protected four weeks of leave was not enough even for a more “acute” event like finding a nursing facility for a parent. When asked whether he would use paid leave for such a situation, he said:

“Yeah, if there was a situation like transferring my mother...and needing help for a short period of time. However, 4 weeks! It should be a heck of a lot longer than that. It’s not like you can find a nursing home in just 4 weeks.” – caregiver in Rhode Island

This participant – along with others in the group – eventually acknowledged that they would take advantage of the law because it’s “better than nothing,” but they also emphasized the alternative policies around long-term flex time, job sharing, and caregiving compensation as better solutions.

## Societal Norms Around Types of Leave

The groups provided some evidence that societal norms make it easier to take leave from work to care for new children than for elderly loved ones. Caregivers were more likely to mention judgments from co-workers around taking time away from work than parents. One Rhode Island caregiver managed to negotiate an informal arrangement to take small amounts of time during the week to care for her father. Although she was able to come to an understanding with her employer, her co-workers were not always receptive. She said, “there are negative consequences. People will view you differently at work, and treat you differently.”

The difference may be a simple reflection of existing benefit structures. Maternity leave is an established category of leave at workplaces in the United States. However, leave taken for elder care or care for a loved one is something that has not been formalized in workplaces. Currently, workers taking leave to care for loved ones either take time without pay, or use vacation time.

## **Other Findings of Interest**

### ***Participants suggested improving communications to boost awareness***

The vast majority of participants were unaware of the paid family leave laws in their states. After learning about the laws, participants organically shared ideas and insights about how to better communicate paid leave information to potential beneficiaries. In many of the groups, participants



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suggested that employers should provide information at the “right time” for users to be able to retain and use it. By “right time,” they were referring to receiving the information near any event that might necessitate leave taking. For example, more than one participant felt that employees should be made generally aware of a paid leave benefit upon starting work and should later be provided additional details when the need arises.

Some participants provided more specific ideas for improving employer communication efforts. Caregiver participants in Northern California suggested that employers require new employees to receive training on paid leave laws and sign a statement that they understand the benefits available to them. They also suggested that employers offer refresher benefit trainings on an annual basis. In the Spanish-speaking parents group in Rhode Island, participants noted that impersonal employee information sessions are not enough to make all employees aware of new benefits. They argued that paid leave should be delivered in a clear and comprehensible manner in order to keep employees from ignoring the information.

Others felt that employers themselves should receive training in new benefit programs. Participants in the California parents group recommended that employers need to be further educated about the paid leave law so they could more effectively and accurately educate their employees. The group also suggested specifically that employers need more education on how to work with their expectant parents to plan for their time out of the work and how to work with parents once they return to work.

Other suggestions for improving the awareness and communication about paid leave laws were focused on ways state and local governments could educate the general public. For example, during the California parents group, there were suggestions to run commercials on the radio and/or on television. In both the New Jersey parent group and one of the California caregiver groups, suggestions were focused on the importance of using government resources and staff to provide information when needed. There were suggestions that the state (or even county) should have a paid leave hotline or a benefits advocate or social worker to help employees gather information about and understand paid leave benefits. There was also discussion that the benefits advocate could ultimately help employees navigate the application process. Finally, the New Jersey parents group suggested that the government work with health care providers – specifically obstetricians – to provide key information to expectant mothers since these providers have regular contact with mothers and see them well before the need for leave arises.

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## DISCUSSION

### Introduction

The paid family leave laws in each state share a basic purpose: to provide employees with some level of wage replacement during leave from work to bond with a new child or provide care to a loved one due to illness. However, the laws differ in some important respects. Rhode Island, unlike California and New Jersey, offers some job protection; employers are required to hold the employee's position or an equivalent position until he or she returns from leave (in all three states, job protection may be available through FMLA if the employee and employer meet program criteria). California offers leave to care for a wider range of family members than do New Jersey and Rhode Island. California has the lowest earnings threshold to qualify for the benefit. However, New Jersey and Rhode Island offer higher wage replacement (as a percent of the employee's weekly salary) than California. Finally, California's law has been in place since 2004, longer than New Jersey's (2009) and Rhode Island's (2014).

Given these differences, one might expect to also find some differences between potential recipients in each state with regard to their level of awareness and attitudes about the benefits and barriers to use. Our findings, though limited by a small participant sample, suggest that the eligible populations in each state might lack awareness of these laws. The lack of familiarity and awareness observed in the discussion groups is consistent with findings from interviews with Californians in 2015 (Chang, 2015). Their attitudes about the benefits and the barriers to use were also largely similar across the states. Participants appreciated the opportunity to have paid time away from work and would be inclined to take advantage of the benefit. Still, some participants in all three states mentioned they anticipated some level of retribution from employers if they took paid leave – from simple frustration with an employee to outright firing.

While our discussions revealed a basic lack of awareness and some common attitudes shared across each state, some important differences emerged between those who would likely use it for caregiving as opposed to bonding. When asked to describe a situation of “ideal support,” caregivers were more likely to emphasize the need for a long-term arrangement of leave flexibility, while parents of newborns were more interested in having longer amounts of time around one acute event – the arrival of a new child.

### Awareness

Previous research has found awareness of paid leave laws low in California and New Jersey; less than half of each state's population was aware of the laws. Discussions we conducted revealed that the vast majority of our participants, across all states, were largely unaware of the laws. This was true for both parents and caregivers. More of the participants were aware of FMLA and understood that it allowed for leave for certain reasons, but most were unable to articulate the specifics of the law.

The lack of awareness observed in the discussion groups across the three states and discussed in the literature plays a central role in the low participation documented by previous research. Awareness is a prerequisite of increased uptake in each state. If those eligible are not aware of the benefit, they will not use it. Given limited awareness of the programs, uptake is likely to remain low.

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Our research has implications for future paid family leave laws. Our findings around awareness suggest that the legal requirement that employers share brochures or post information about the benefit has not raised awareness among workers in the three states. Moreover, participants in our discussions mentioned that they would look to their employers to provide information regarding the benefit. Any laws formulated in the future should not ignore the fact that when it comes to paid leave laws, posting requirements on employers may not be enough to reach all of the individuals eligible for the benefit. In addition, as long as uptake remains low, it will be difficult to conduct research to accurately measure and interpret effectiveness of such programs.

### ***Barriers and Benefits***

Lack of awareness is the most fundamental barrier to use of paid family leave. After we educated participants about the laws, participants in every group raised a few issues that they said might impede their ability or desire to take advantage of paid leave. Regardless of state residency, and regardless of status as a caregiver or new parent, participants were concerned about employer reprisals for taking leave, the appropriateness of time allocations for leave, the level of wage replacement, burdensome paperwork, and confusion around how paid family leave works, or doesn't work, with other benefits, including FMLA, maternity leave, vacation time and sick time.

Despite these issues, once participants were able to digest some of the details around the benefits, they were both surprised and pleased to learn that the benefits were available in their state and suggested they would be willing to take advantage of the benefit. Participants across groups and states appreciated that the leave allowed them to spend time caring for oneself or one's family thanks to partial income replacement. Participants mentioned a sense of mental and physical relief knowing they would be able to concentrate on what they felt were their familial obligations. Although participants did identify that the benefit offers a formal way to take leave with replacement income, participants did often anticipate potential unhappiness of employers and possible reprisals from using paid leave.

Though the basic ability to take time was generally welcomed by all participants, caregivers were much more likely to volunteer that the structure of the benefit seemed less appropriate for their challenges. Caring for elderly loved ones often requires the need to respond to unexpected events (e.g. a fall) or take small amounts of leave on a long term, regular basis. Leave for bonding, by contrast, is a planned event and is often taken all at once, after the birth or adoption of a child. Based on their need for unexpected leave and the likely need for long term, chronic care, caregivers felt the paid family leave benefits in each state were not as helpful to them. Least helpful of all was the Rhode Island law's requirement that leave be taken in week-long increments. Caregivers ideally need the flexibility to take one day at a time (as New Jersey allows) or even one hour at a time (as California allows).

Participants generally recognized the overall positive impact to both families and employment and were interested in taking advantage of the benefit if the opportunity arose. However, to generate a higher rate of uptake, any future law should address the barriers raised by all groups – as well as the time and flexibility barriers specific to caregivers. Perhaps most importantly, future efforts around paid family leave should carefully examine how best to raise awareness of the laws and enact policies that would guarantee a larger proportion of eligible workers are aware of the law and its basic benefits. Ideally, by improving awareness, addressing these barriers and highlighting

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the aforementioned benefits, the DOL and states can help ensure that as many workers who are eligible for paid leave can take advantage of it.

### **Benefits and limitations of the research**

In order to learn directly from the public about their attitudes toward paid leave laws and leave taking, the research team sought to speak with individuals whose personal or family situations may increase their likelihood of taking advantage of paid leave programs in California, New Jersey and Rhode Island. The open-ended, group discussion format allowed for a level of nuance and a range of views that is impossible to glean from a survey. Surveys, while valuable in generating quantifiable observations that can be generalized to a larger audience, do not easily allow for the elicitation of ideas that are not directly asked about. Surveys also do not allow for the nuance that is often involved in attitudes about public policies.

In addition, the study involved input from a wide range of individuals. The team held groups with both caregivers and parents, as these groups can be quite different in their demographics and their need for support can vary. The research team was also able to obtain input from individuals in California, New Jersey and Rhode Island as they discussed the paid leave topic. Also, as with any research approach that allows for multiple persons to participate in a discussion, the team benefited from hearing from a diversity of individuals, and we had the opportunity to listen to participants share their caregiving experiences with each other, while thinking out loud about the perceived benefits and barriers to using paid leave.

Although there are benefits to this research design, there are also limitations. There is always the risk of “group think” occurring during groups, where some participants are likely to go along with whatever others are saying in order to keep the harmony of the group. It is also difficult to delve deep into any one topic as the moderator is managing a discussion amongst a group of participants. For this particular research, the largest limitation was how the participants were identified. We focused on reaching existing support (discussion) groups for the primary paid leave target audiences in each of the states, as they likely contain membership that could benefit from the paid leave laws. Although working with support groups allowed for us to have a ready audience for the discussions, we were not able to manage or require certain participant characteristics, which would make the outcomes easier to interpret. For example, we were not able to require that participants had used paid leave in the past, were currently working, or had worked previously.

### **Research topics for further exploration**

This section presents the research team’s recommendations to the DOL for possible future research priorities.

- Through our research, we observed distinct differences between the parent and caregiver populations. There was some question among caregivers of how useful paid leave benefits would be when caring for a relative with certain chronic conditions. To increase the literature on policies that would better serve this population, consider conducting a series of small focus groups using OMB clearance to mindfully recruit caregivers by illness/disability, employment status, and whether they have taken paid leave. The purpose of this research would be to understand the differences between various segments within

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the caregiver population when it relates to utilization, and perceived barriers and benefits. The DOL should also consider exploring the different informal leave taking agreements between caregivers and their employers to get an understanding of which arrangements seem to be effective and well received, e.g., job sharing, use of flex time, allowing for part-time employment, etc.

To complement the understanding of the caregivers, and their varying needs, the DOL may consider better understanding the time use, and potential time constraints of the caregiving community. The American Time Use Survey allows the identification of eldercare providers, and has demonstrated the heterogeneity of this population. Better understanding differences in typical time use of these populations may provide insight into how leave policies should adapt to better suit the needs of this heterogeneous population.

- Our research uncovered a common feeling of anxiety among workers about how employers would respond to leave-taking. A few of the group discussions involved particularly pointed anecdotes emblematic of a deeper adversarial dynamic between employer and employee. Some members of the groups felt that employers would purposely choose not to inform them of the existence of the paid leave benefits. We suggest research to examine how paid leave benefits are used and perceived among workers with service, blue-collar, and white-collar jobs. A study could examine the similarities and differences in the employer-employee relationship across these three types of employment and determine if any differences are correlated with differences in uptake and use. In addition, the research would have to account for factors that are correlated with those job categories such as income and the requirement of being physically present in a workplace to fulfill their job responsibilities.
- One of the key findings from our research is that there is a lack of awareness of paid leave in California, New Jersey, and Rhode Island, which is supported by a lack of awareness documented in previous research across all three states (Appelbaum and Milkman, 2011; Houser and White, 2012; Silver, Mederer, and Djurdjevic, 2015). In order to increase the literature and knowledge about how paid leave information is currently communicated and disseminated to key stakeholders, and consider ways to improve this communication, we suggest conducting a series of interviews with employees and employers focused on assessing the various protocols/policies and materials used to communicate and disseminate leave taking information in California, New Jersey, and Rhode Island. In order to dig deeper into the employer perspective, it would also be valuable to interview employer associations and human resource professional associations (e.g., California Employers Association, and Society of Human Resource Management) to assess their level of awareness, gather information about the education of business professionals (owners, human resource professionals, etc.) on paid leave, as well as to gain further information about the dissemination of leave taking information. To gain more insights into the employee perspective, we would also recommend interviewing caregiver advocacy organizations – such as the National Center on Caregiving (NCC) and a Better Balance – to learn more about awareness, education and dissemination of possible benefactors of paid leave.

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- Through the paid leave literature and as discussed earlier in the literature review, researchers are aware that there is a low uptake of paid leave policies in California, New Jersey, and Rhode Island. One way to understand the factors that support and hinder utilization of paid leave laws in the workplace is to identify employers that have a *relatively* high utilization of paid leave among employees, and employers that have a *relatively* low utilization, and conduct an analysis on how these employer groups vary by key characteristics. Researchers would need to identify employers – likely from the states directly – with both varying levels of utilization of paid leave and with employee populations likely to benefit from paid leave. Once the employers were identified, the employers could be compared to assess if there were observable differences in utilization by employer type (e.g., industry, average wage levels, employer size, etc.). If the descriptive analysis suggests some differences between the relatively high and low utilization employers, formative interviews could be conducted with representatives from various employer groups to understand their perspective on paid leave utilization and to assess possible reasons for the differences (e.g., awareness, education, culture, etc.), with the goal of isolating ways to improve policies that increase utilization.



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## **APPENDIX A: CALIFORNIA MATERIALS**

## **Paid Family Leave (PFL)**

In 2002, legislation (Senate Bill 1661) extended disability compensation to individuals who take time off work to care for a seriously ill child, spouse, parent, domestic partner, or to bond with a new child or a child in connection with adoption or foster care placement. In 2013, legislation (Senate Bill 770) expanded eligibility to also include the following family members: parent-in-law, grandparent, grandchild, and sibling. Workers who contribute to the California State Disability Insurance fund are entitled to six weeks of partial pay each year.

An employee may file a claim for PFL benefits for the following reasons:

- To care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- To bond with a new child.
- To bond with a child in connection with the adoption or foster care placement of that child.

A medical certificate is required when a PFL claim is filed to provide care for a seriously ill family member. For bonding, PFL is limited to the first year after the birth, adoption, or foster care placement of a child. Supporting documentation will be required.

Workers do not need to take all six weeks consecutively. PFL can be taken intermittently on an hourly, daily, or weekly basis as needed. There is a seven-day waiting period before benefits are paid. In addition, the employer may require the employee to use up to two weeks vacation leave or paid time off (PTO) prior to receiving benefits. The first week of vacation or PTO will be applied to the waiting period.

**FOR MORE INFORMATION, PLEASE VISIT THE EMPLOYMENT  
DEVELOPMENT DEPARTMENT AT [WWW.EDD.CA.GOV/DISABILITY](http://WWW.EDD.CA.GOV/DISABILITY) OR  
CALL 1-877-238-4373.**

## **APPENDIX B: NEW JERSEY MATERIALS**

## **Family Leave Insurance (FLI)**

Beginning July 1, 2009, New Jersey's Temporary Disability Benefits Law gained Family Leave Insurance (FLI) provisions that extended disability compensation to individuals who take time off work to care for a seriously ill child, spouse, parent, domestic partner, or to bond with a new child or a child in connection with adoption or foster care placement. Workers who are covered under the New Jersey Unemployment Compensation Law and earn \$7,300 or more during the previous calendar year are entitled to six weeks of partial pay each year.

An employee may file a claim for FLI benefits for the following reasons:

- To bond with a new child (biological, adopted, or foster child, stepchild, legal ward, or domestic partner's or civil union partner's child).
- To care for a family member with a serious health condition (family member defined as a child, parent, spouse, civil union partner or registered domestic partner).

For bonding, FLI is limited to the first year after the birth, adoption, or foster care placement of a child. Supporting documentation will be required. For caring for a family member with a serious health condition, a health provider must certify the condition.

Workers do not need to take all six weeks consecutively. FLI can be taken intermittently on a daily or weekly basis as needed. There is a seven-day "waiting week" before benefits are paid. The employer may require an employee to use up to two weeks of paid sick leave, paid vacation time or other leave at full pay during the period the employee is claiming Family Leave Insurance benefits.

For more information, please visit the Department of Labor and Workforce Development at <http://lwd.dol.state.nj.us/labor/fli/fliindex.html> or call (609) 292-7060.

## **APPENDIX C: RHODE ISLAND MATERIALS**

## **Temporary Caregiver Insurance Program (TCI)**

The Temporary Caregiver Insurance program (TCI), signed into law by Governor Chafee in July, is effective as of January 5, 2014. The TCI program provides up to four weeks of wage replacement benefits to workers who need to take time from work:

- To care for a seriously ill child, spouse, domestic partner, parent, parent-in-law or grandparent or
- To bond with a newborn child, adopted child or foster child. Bonding claims may be requested only during the first 12 months of parenting. Proof of a parent-child relationship is required.

Applicants are responsible for obtaining the required medical documentation from the Qualified Healthcare Provider (QHP) of the seriously ill family member/care recipient. This includes obtaining the care recipient's signature on any QHP-required release-of-information forms.

The Department of Labor and Training Fraud Unit and the Department of Health work together to prevent and detect any potential misuse of program funds. If you suspect and/or would like to report fraud, please call (401) 462-1522. You may remain anonymous.



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## Ley de Permiso Médico y Familiar (FMLA, por sus siglas en ingles)

La ley Federal de Permiso Médico y Familiar, otorga a empleados elegibles el derecho a pedir permisos no remunerados (sin pago) por ciertas razones familiares o médicas, sin poner en riesgo su empleo. Durante los permisos de ausencia, el puesto de trabajo y la cobertura de salud están protegidos (bajo los mismos términos y condiciones que el empleado hubiera tenido si hubiese seguido trabajando). Los empleados elegibles tienen derecho a:

- 12 semanas de ausencia del trabajo por:
  - el nacimiento de un hijo(a) y para el cuidado del recién nacido durante los primeros 12 meses después del día de nacimiento del niño(a)
  - la adopción de un niño(a) por parte del empleado y para cuidar al niño(a) durante los primeros 12 meses de adopción
  - para cuidar a un padre, hijo(a), esposo(a), o pareja domestica registrada que tenga una condición de salud seria
  - una condición de salud seria que le impida al empleado llevar a cabo las funciones esenciales de su trabajo
  - una "exigencia que califique" y resulte del despliegue militar de el esposo(a)/pareja domestica, hijo(a), o padre del empleado
- 26 semanas de ausencia del trabajo durante un periodo único de 12 meses para cuidar a un miembro del servicio militar herido o que sufre de una condición de salud seria. El miembro del servicio militar debe ser el cónyuge /pareja domestica, hijo(a), padre, o pariente cercano del empleado elegible.

## **APPENDIX D: FAMILY MEDICAL LEAVE MATERIALS**

Note: The following materials were provided at all discussion groups.

## Family and Medical Leave Act

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

- Twelve workweeks of leave in a 12-month period for:
  - the birth of a child and to care for the newborn child within one year of birth;
  - the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
  - to care for the employee's spouse, child, or parent who has a serious health condition;
  - a serious health condition that makes the employee unable to perform the essential functions of his or her job;
  - any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" **or**
- Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

# When Can I Use FMLA Leave?

If you work for an employer that is covered by the FMLA, and you are an eligible employee, you can take up to 12 weeks of FMLA leave in any 12-month period for a variety of reasons, including:

## Serious Health Condition

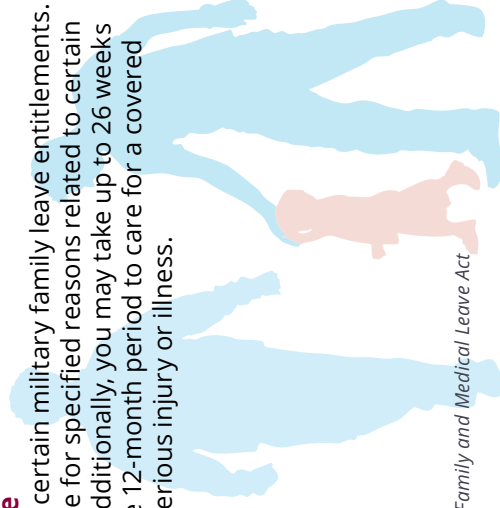
You may take FMLA leave to care for your spouse, child or parent who has a serious health condition, or when you are unable to work because of your own serious health condition.

The most common serious health conditions that qualify for FMLA leave are:

- 1) conditions requiring an overnight stay in a hospital or other medical care facility;
- 2) conditions that incapacitate you or your family member (for example, unable to work or attend school) for more than three consecutive days and require ongoing medical treatment (either multiple appointments with a health care provider, or a single appointment and follow-up care such as prescription medication);
- 3) chronic conditions that cause occasional periods when you or your family member are incapacitated and require treatment by a health care provider at least twice a year; and
- 4) pregnancy (including prenatal medical appointments, incapacity due to morning sickness, and medically required bed rest).

## Military Family Leave

The FMLA also provides certain military family leave entitlements. You may take FMLA leave for specified reasons related to certain military deployments. Additionally, you may take up to 26 weeks of FMLA leave in a single 12-month period to care for a covered servicemember with a serious injury or illness.



## Expanding Your Family

You may take FMLA leave for the birth of a child and to bond with the newborn child, or for the placement of a child for adoption or foster care and to bond with that child. Men and women have the same right to take FMLA leave to bond with their child but it must be taken within one year of the child's birth or placement and must be taken as a continuous block of leave unless the employer agrees to allow intermittent leave (for example, a part-time schedule).

### Parent

*Parent* means a biological, adoptive, step or foster father or mother, or any other individual who stood *in loco parentis* to the employee when the employee was a child. This term does not include parents-in-law.

### Son or Daughter

*Son or daughter* (or *child*) means a biological, adopted, or foster child, stepchild, legal ward, or child of a person standing *in loco parentis*, who is either under age 18, or age 18 or older and "incapable of self-care because of a mental or physical disability" at the time that FMLA leave is to commence.

### Spouse

*Spouse* means a husband or wife as defined or recognized in the state where the individual was married and includes individuals in a common law marriage or same-sex marriage.

### In Loco Parentis

A person stands *in loco parentis* if that person provides day-to-day care or financial support for a child. Employees with no biological or legal relationship to a child can stand *in loco parentis* to that child, and are entitled to FMLA leave (for example, an uncle who cares for his sister's children while she serves on active military duty, or a person who is co-parenting a child with his or her same-sex partner). Also, an eligible employee is entitled to FMLA leave to care for a person who stood *in loco parentis* to that employee when the employee was a child. (See *Administrator's Interpretation No. 2010-3 and Fact Sheets 28B and C.*)

# What Can the FMLA Do for Me?



If you are faced with a health condition that causes you to miss work, whether it is because of your own serious health condition or to care for a family member with a serious health condition, you may be able to take up to 12 weeks of job-protected time off under the FMLA.

If you take FMLA leave, your employer must continue your health insurance as if you were not on leave (you may be required to continue to make any normal employee contributions).

As long as you are able to return to work before you exhaust your FMLA leave, you must be returned to the same job (or one nearly identical to it). This job protection is intended to reduce the stress that you may otherwise feel if forced to choose between work and family during a serious medical situation.

Time off under the FMLA may not be held against you in employment actions such as hiring, promotions or discipline.

You can take FMLA leave as either a single block of time (for example, three weeks of leave for surgery and recovery) or in multiple, smaller blocks of time if medically necessary (for example, occasional absences due to diabetes). You can also take leave on a part-time basis if medically necessary (for example, if after surgery you are able to return to work only four hours a day or three days a week for a period of time). If you need multiple periods of leave for planned medical treatment such as physical therapy appointments, you must try to schedule the treatment at a time that minimizes the disruption to your employer.

FMLA leave is unpaid leave. However, if you have sick time, vacation time, personal time, etc., saved up with your employer, you may use that leave time, along with your FMLA leave so that you continue to get paid. In order to use such leave, you must follow your employer's normal leave rules such as submitting a leave form or providing advance notice. Even if you don't want to use your paid leave, your employer can require you to use it during your FMLA leave. For example, if you are out for one week recovering from surgery, and you have two weeks of paid vacation saved up, your employer can require you to use one week of your vacation time for your FMLA leave. When you use paid leave for an FMLA-covered reason (whether at your request or your employer's), your leave time is still protected by the FMLA.