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Paid Family and Medical Leave Improves the Well-Being of Children and Families

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CHILD EVIDENCE BRIEF

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American families are changing. More children live with two working parents or a single working parent. At the other end of the life cycle, adults are living longer and working longer. These trends have increased the need for paid family and medical leave, which allows workers to fulfill important caregiving responsibilities without having to give up their paid employment. To address this need, seven states and the District of Columbia have enacted paid family and medical leave insurance laws, and many other states and the federal government have these programs on their legislative agendas. The evidence from these states and from other countries that have enacted paid leave laws strongly suggests that paid family and medical leave enhances families' economic well-being; increases fathers' engagement; and improves infant, child, and maternal health.

Most Individuals Need Paid Family or Medical Leave at Some Point in Their Lives

The need for paid family and medical leave is widespread. Nearly every worker will experience childbirth or a serious illness themselves or in their family at some point, requiring time off work. Almost half of working adults in the United States say they needed leave to care for a seriously ill family member or anticipate needing such leave in the future, and 10% say they needed leave but were unable to take it.¹ In the absence of paid leave, the typical U.S. mother returns to work within three weeks after childbirth, and the typical father takes just one week off work.^{2,3}

The need for leave has accelerated in recent decades because most American families no longer have a stay-at-home caregiver who can take care of a new child or a seriously ill family member.^{4,5} Children today are nearly twice as likely as were in 1967 to live in a household where both parents work.⁵ Balancing the competing needs of work and family is more difficult for single-parent families and low-income families.^{5,6} Paid family and medical leave policies have emerged as a potential solution to enable workers to provide needed care for their children and other family members while remaining in the workforce.

Paid Family and Medical Leave Laws Have Been Implemented Successfully

In the United States, the Family and Medical Leave Act (FMLA), which went into effect in 1994, provides jobprotected unpaid leave to about 60% of workers.⁷ Some workers (nearly 40%) have access to employer-

sponsored paid family leave, with low-income, part-time, and Hispanic workers much less likely to be covered by such policies.⁸

In other countries, paid family and medical leave has long been provided as part of the social insurance system. On average, countries in the Organization for Economic Cooperation and Development provide nearly a year of paid parental leave, as well as paid medical and family care leave.

Although the United States currently lacks a federal paid family and medical leave insurance program, seven states and the District of Columbia have enacted paid family and medical leave laws, providing leaves of 4 to 12 weeks.⁹ Crucially, all the state programs are funded by payroll contributions by employees (or, in some instances, by employers) that go into a social insurance fund, so individuals who take leave and their employers do not have to pay directly for the leave. These programs replace a portion of employee wages (up to a maximum) for leaves that qualify, such as caring for a new child or one's own or a family member's serious illness. In 2004, California was the first state to implement a paid family and medical leave policy. In California, maternal leave claims grew from 50,000 (36.4% of new mothers) in 2004 to 125,000 (45.4%) in 2014. Although paternal claims are much less frequent, they increased proportionately more from 10,000 (4.4% of new fathers) in 2004 to 50,000 (8.9%) in 2014.⁽¹⁰⁾ The law also covers leave for seriously ill family members; such claims are about a tenth as numerous as claims for parental leave.¹⁰

Paid Family and Medical Leave Policies for Children and Families Have Many Benefits

A large body of rigorous research has found that paid parental leave policies benefit mothers, fathers, and infants,^{11,12} leading to:

- Increased leave-taking by both mothers and fathers: Several studies examining the effects of California's paid family leave found that leave-taking doubled among mothers, extending leave by an average of three weeks and longer among economically disadvantaged mothers. Among fathers, leave-taking increased 46% and was extended by an average of several days.^{2,3,13,14}
- Improved economic well-being for families: Access to leave increased employment for both parents and earnings for mothers. For example, mothers' wages rose 10% to 17%, and the number of hours and weeks worked also increased.^{2,3,13,14} More limited evidence found that paid leave may reduce families' use of public assistance.¹⁵
- Improved maternal mental health: In one study, paid leave reduced symptoms of depression among mothers with infants by nearly 30%.¹⁶

- Prolonged breastfeeding: Gaining access to leave increased breastfeeding by up to 18 days, with much larger effects—up to 65 days—among economically disadvantaged mothers.^{17,18}
- Increased engagement of fathers: Fathers with access to leave not only participated in more caregiving activities during the period of leave, but those who took leaves of two weeks or greater were more engaged with their children after the leave.¹⁹⁻²¹
- Reduced infant mortality and hospitalizations: Several studies found higher survival rates and more optimal health for infants under paid family leave laws, including reduced infant mortality and hospital admissions. Importantly, unpaid leave does not confer these benefits.²²⁻²⁷
- Reduced rates of children born pre-term or with low birth weight: Children whose mothers had access to paid leave were 6.6% less likely to be born pre-term, and 10% less likely to be underweight at birth.²⁴⁻²⁶
- Improved mental and physical health in childhood: Access to leave appeared to reduce the incidence of physical health conditions and ADHD, with notably larger effects for economically disadvantaged children.^{28,29}
- Improved child safety: In one study in California, hospital admissions for abusive head trauma, an indicator of child maltreatment, declined relative to hospital admissions in states without paid leave.³⁰

Caregivers, children, and elderly relatives also benefit from medical caregiving leaves:

- Children who are ill fare better when their parents stay home with them.³¹
- After California's paid family leave policy went into effect, use of nursing homes for elderly relatives declined by 11%.³²
- Women who did not have paid leave were less likely to return to work after caring for an elderly family member, implying that leave has a positive effect on employment for such caregivers.³³

The effects of paid family leave are often larger among disadvantaged families, including for breastfeeding,¹⁸ infant health,^{22,25} school achievement,³⁴ and overall rates of taking leave.^{3,13} Such results imply that paid family leave may help reduce economic and social inequalities.

Paid Family and Medical Leave Is Supported by the Public and by Employers

Beyond these benefits, paid leave has notable public support.^{1,35} According to a recent Pew Research Center study, 8 out of 10 Americans agree that mothers should have access to paid leave following the birth (or adoption) of a child, or for serious personal health conditions. Seven out of 10 support paid paternity leave

or leave to care for seriously ill family members.¹

These policies are also endorsed by employers. Surveys of employers in states with paid family and medical leave policies— focusing on small employers that are often missing from such surveys—reveal that two-thirds of employers are supportive.^{36,37}

Table 1: Elements of State Paid Family Leave Policies (2018)

	<i>California</i>	<i>New Jersey</i>	<i>Rhode Island</i>	<i>New York</i>	<i>Washington</i>	<i>Massachusetts</i>
<i>Date Implemented</i>	2004	2009	2014	2018	2020	2021
<i>Work Requirements</i>	Worker earned at least \$300 in wages over a 12-month base period	Worker earned at least \$169 in covered NJ earnings, or \$8,500 in the prior 52 weeks in covered employment	Worker earned at least \$12,120 in base period in RI with separate criteria for lower-wage workers	Worker employed full time for at least 26 weeks or part time at least 175 days	Worked at least 820 hours in base period (federal employees ineligible)	Wages in base period total 30 times the weekly unemployment insurance benefit rate
<i>Maximum Length of Leave (Parental Leave Claims)</i>	6 weeks	6 weeks, to increase to 12 weeks in 2020	4 weeks	8 weeks, to increase to 10 weeks in 2019, 12 weeks in 2021	12 weeks	12 weeks
<i>Wage Replacement Rate</i>	60-70% of average weekly wages, depending on income	67% of average weekly wages, to increase to 85% in 2020	60% of average weekly wages	50% of average weekly wages in 2018, 55% in 2019, 60% in 2020, and 67% in 2021	Sliding scale based on wages	80% of average weekly wages (for workers earning ≤50% of state average), 50% otherwise
<i>Maximum Weekly Benefit</i>	\$1,216 per week	\$637 per week, to increase to 70% of the state's average weekly wage in 2020	\$831 per week	\$652.96 per week	\$1,000 per week	\$850 per week
<i>Financing Benefits</i>	Payroll tax on employees (0.9%)	Payroll tax on employees (0.34%)	Payroll tax on employees (1.2%)	Payroll tax on employees (0.153%)	Payroll tax on employees and employers (if more than 50 employees)	Payroll tax on employees
<i>Job Protection</i>	No	No	Yes	Yes	Yes, with some exceptions	Yes, with some exceptions

Note. Adapted from the National Conference of State Legislatures (<http://www.ncsl.org/research/labor-and-employment/state-family-and-medical-leave-laws.aspx>) and the Urban Institute (https://www.urban.org/sites/default/files/publication/90201/paid_family_leave_0.pdf)

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