



RESEARCH REPORT

Paid Family Leave

Challenges and Experiences of Family Caregivers of Older Adults

H. Elizabeth Peters, Amelia Coffey, John Marotta, and Alex Carther

April 2021



ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is a leading research organization dedicated to developing evidence-based insights that improve people's lives and strengthen communities. For 50 years, Urban has been the trusted source for rigorous analysis of complex social and economic issues; strategic advice to policymakers, philanthropists, and practitioners; and new, promising ideas that expand opportunities for all. Our work inspires effective decisions that advance fairness and enhance the well-being of people and places.

Contents

Acknowledgments	iv
Paid Family Leave: Challenges and Experiences of Family Caregivers of Older Adults	1
Background	1
Methodology	4
Study Participants	5
Caregiver Responsibilities and Challenges Related to Managing Work and Caregiving	6
Challenges Maintaining a Paid Job while Caregiving	6
Quitting a Job or Retiring Early	8
Stress and Mental Health Challenges	8
Support for Caregiving	9
Experiences with Paid Family Leave	11
Patterns of Leave-Taking	12
Barriers for Taking Up PFL	13
Suggested Improvements and Looking Forward	18
Conclusions	24
Appendix	26
Notes	27
References	29
About the Authors	31
Statement of Independence	32

Acknowledgments

This report was funded by the Alfred P. Sloan Foundation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute’s funding principles is available at urban.org/fundingprinciples.

The authors are grateful to the leaders and staff of the New Jersey Area Agencies on Aging, the California Senior Centers, California Caregiver Resource Centers, and government agencies in each state who graciously shared their knowledge, time, and facilities; and to the women and men who generously shared their stories with us to help others understand the realities of their caretaking experiences. We could not have done this work without them. We also thank our colleague Richard Johnson for reviewing and improving the draft report. Any errors or omissions are our own.

Paid Family Leave: Challenges and Experiences of Family Caregivers of Older Adults

Population aging in the US has increased the demand for caregiving, much of which is provided informally by family members (Spillman et al. 2014). Research has shown that providing care can negatively impact caregivers' labor supply, economic well-being (Butrica and Karamcheva 2014; Fahle and McGarry 2018), and health (Pinquart and Sorensen 2007; Schulz and Martire 2004). Some researchers have suggested that the lack of policies providing work-family supports for caregivers in the US, such as paid family leave (PFL), may help explain these negative outcomes (NASEM 2016).

Although the US has no national PFL policy, since 2002 nine states and the District of Columbia have enacted laws that provide paid leave benefits to both new parents and family caregivers (i.e., those caring for parents, spouses, or other family members who have a disability or serious medical condition). Rigorous research on the impacts of these programs is still relatively limited and largely focused on new parents (Isaacs, Healy, and Peters 2017), but emerging evidence from established state programs suggests that family caregivers are less likely to be aware of and use the benefits (Tisinger et al. 2016).

This report is part of a larger project that focuses on family caregivers who provide care to spouses or aging parents in poor health. The project provides both quantitative and qualitative evidence about experiences with PFL and the impact of PFL on caregivers' economic, labor market, and health outcomes in California and New Jersey, the two earliest state adopters of PFL. This report analyzes the qualitative data we collected from caregivers, staff from caregiver support organizations, and policymakers involved in implementing PFL in those states, and it provides evidence about the role of PFL in managing work and caretaking responsibilities and barriers to program utilization.

Background

An analysis of the 2011 National Survey of Caregivers found that almost 18 million informal caregivers in the US provided care for people ages 65 and older. About 90 percent of those caregivers were family members, including spouses (21 percent), daughters (29 percent), sons (18 percent), and other relatives such as daughters-in-law, sons-in-law, or grandchildren (22 percent). A substantial share of these

caregivers worked for pay (44 percent), and women were more likely to be caregivers than men (62 percent versus 38 percent, respectively) (Spillman et al. 2014).

Care recipients' needs varied substantially, and the types of assistance that caregivers provided include help with household activities (e.g., shopping, housework, paying bills), transportation, self-care or mobility assistance, health system interactions, and health or medical care (e.g., shots or injections, dental care, foot and skin care) (Spillman et al. 2014). A recent report on caregiving conducted by the National Alliance for Caregiving (NAC) and AARP (2020) found that 30 percent of caregivers provided care for someone with a short-term physical condition compared with 63 percent who provided care for someone with a long-term physical condition. About a quarter provided care for someone with mental health issues, and 32 percent provided care for someone with memory problems (Alzheimer's or another dementia). Many caregivers were dealing with providing care for someone with multiple conditions. Different recipient needs lead to different care strategies, ranging from providing intensive help on a short-term basis to occasional help on a long-term basis to intensive help on a long-term basis.

These different caregiving strategies, in turn, have different implications for the ability to manage caregiving with paid work and the potential effectiveness of support like PFL to facilitate managing those two roles. Mudrazija et al. (2021) found that only 12 percent of working caregivers provided care every day compared with 23 percent of nonworking caregivers. Intensity and regularity of care also affect work outcomes for those who continue to be employed: employed caregivers providing high-intensity care on a regular schedule reported missing 32 hours of paid work a month because of caregiving responsibilities, compared with those providing nonregular low-intensity care, who report missing only about 9 hours in the past month.

Reductions in labor supply because of caregiving responsibilities can have many consequences for caregivers' well-being. Family caregivers, especially those with intensive caregiving responsibilities, report high levels of financial strain (NAC/AARP 2020). When caregivers reduce their work hours or leave the labor force altogether, there is a substantial opportunity cost as time spent on caregiving comes at the expense of career investments, wage growth, and retirement benefits (Fahle and McGarry 2018). Family caregivers are more vulnerable to poverty, are less likely to own a home, and experience less growth in their assets (Butrica and Karamcheva 2014; Lee and Zurlo 2014; Wakabayashi and Donato 2006). These stressors, in turn, are associated with poorer physical and mental health (Pinquart and Sorensen 2007; Schulz and Martire 2004).

To help employed family caregivers, as well as new parents and workers who need to attend to their own health needs, Congress enacted the Family Medical and Leave Act (FMLA) in 1993. Under this

legislation, eligible workers can take unpaid, job-protected leave of up to 12 weeks.¹ However, many potential caregivers are not covered by the FMLA because of various eligibility restrictions based on employer size, job tenure, and other factors (Klerman, Daley, and Pozniak 2014). Moreover, the FMLA provides only unpaid leave.

Lack of pay while on leave creates hardships for many families, and for some workers it is a barrier to taking leave at all. To address the FMLA's shortcomings, states are increasingly establishing paid leave programs. As of now, nine states plus DC have enacted PFL laws. Seven of these jurisdictions (California, District of Columbia, Massachusetts, New Jersey, New York, Rhode Island, and Washington) have already implemented PFL, and three (Colorado, Connecticut, and Oregon) will implement their laws during 2022–24. The first two states to implement PFL were California in 2004 and New Jersey in 2009; seven of these laws were enacted in the past six years.

Despite the increasing prevalence and importance of family caregiving, PFL research and policy debates have focused primarily on new parents' needs.² The needs of family caregivers are diverse, and they often differ from new parents' needs in important ways. For example, elder care is typically longer term, and, depending on the care recipient's needs, caregiving demands can be intermittent, unpredictable, and complex (DOL 2016). As more states adopt PFL and momentum grows around federal policy solutions, it is important to understand how PFL impacts the economic and health outcomes of family caregivers and the barriers to taking up these benefits. This grows in relevance as the workforce continues to age.

The possibility for PFL to improve caregivers' economic and health outcomes depends in part on caregivers' awareness and ability to access PFL programs. Previous research suggests awareness of California's and New Jersey's PFL programs tends to be low overall and lowest among disadvantaged subgroups (Houser and White 2012; Milkman and Appelbaum 2013; DiCamillo and Field 2015). However, recent research using California administrative data shows that take-up rates increased substantially between 2005 and 2014 (Bana, Bedard, and Rossin-Slater 2018). The authors also found that take-up is significantly lower among workers in small firms, those with low earnings, and those in the construction, accommodation, and food industries. Additionally, data from California and New Jersey show that the number of workers who receive PFL for family caregiving reasons is much lower than the number who receive PFL for being a new parent (Bedard and Rossin-Slater 2016; Morefield et al. 2016).

Given the high prevalence of caregiving for sick or disabled aging parents and/or spouses, these numbers suggest that the take-up rate for family caregiving leave is low relative to the need for this

support. In addition to low awareness, some evidence exists that confusion around eligibility rules and application processes, along with limited leave length and wage replacement rates, are barriers to caregivers' program use (Tisinger et al. 2016). Yet, research to date has not focused exclusively on barriers to access for caregivers, nor has it explored how barriers may vary by key attributes of caregivers and recipients, such as socioeconomic status and need for acute versus episodic and chronic care.

This report addresses the following research questions:

- What are the challenges that caregivers face in managing caregiving and paid work responsibilities?
- How can paid family leave provide support to manage those dual roles?
- How do caregivers experience PFL in California and New Jersey?
- What are the barriers to using PFL among this group?

We first provide an overview of our methodology and profile the caregivers we interviewed. We then share our findings on caregivers' challenges in managing caregiving and paid work, their experiences with PFL, and the barriers to obtaining that benefit. We end with suggestions for improvements and looking forward.

Methodology

We partnered with leadership at nine organizations serving seniors and caregivers (six in California and three in New Jersey) to recruit a purposive sample of caregivers and caregiver-serving staff to participate. Partnering organizations included four Caregiver Resource Centers and two Senior Centers in California and three Area Agencies on Aging in New Jersey. We instructed partner staff to invite participation from caregivers who met the following criteria: were age 50 and over and either caring for a parent or parent-in-law or a spouse or partner, or had a relative in one of these categories in need of care but who were not currently able to care for them.

The team conducted caregiver focus groups at seven partner organizations across the two states with a total of 35 caregiver participants during February and March 2020, before shutdowns associated with the COVID-19 pandemic. These interviews were supplemented with an additional eight in-depth interviews with California-based caregivers conducted over the phone. Our interviews focused on caregiving responsibilities, experiences managing work and caregiving, experiences taking PFL, and

suggested improvements to the benefit. We recruited phone interview participants by distributing email flyers about the opportunity through local partner organizations. All participants volunteered for the interviews and focus groups.³ Before each focus group and interview, caregiver participants were asked to complete a voluntary questionnaire to provide information on their demographics, work histories, and caregiving responsibilities. The profile questionnaires were anonymous and not linked to their interview or focus group responses. All 43 caregiver participants completed the profile questionnaire.

We also conducted individual and group interviews with 18 staffers at nine partnering organizations. These interviews focused on the needs and challenges of family caregivers of older adults, as well as their experiences helping caregivers access paid family leave and perspectives on the benefits and limitations of the paid leave policy in their state. Additionally, we conducted group and individual interviews with staff at two state government agencies in California and one in New Jersey responsible for administering aspects of each state's PFL policy. We asked these agency staff about implementation goals, achievements, challenges, and planned changes to the policies in each state.

Study Participants

We spoke with a group of caregivers with diverse backgrounds. Of those who chose to report this information on our participant questionnaire, the vast majority (81 percent) identified as female; only 19 percent identified as male. More than half (53 percent) reported being age 65 or older. A majority (58 percent) identified as white, 16 percent as Black/African American, and 19 percent as Asian or Pacific Islander; in addition, 23 percent identified as Hispanic/Latino.⁴ About 42 percent of caregivers reported being married or partnered while the rest were separated, divorced, widowed, or never married. Our sample was also more educated than the population as a whole; most (56 percent) reported they had completed college.

Caregivers we spoke with had varied work histories and caregiving responsibilities. More respondents reported that they were caring for a parent (35 percent) versus caring for a partner or spouse (21 percent), but a substantial number reported caring for a different family member or that they did not currently have caregiving responsibilities. About a third of our respondents reported that they were currently working either full time or part time in addition to any caregiving role. Two respondents reported they were not currently working but had worked part time at some point in that past 12 months. Most respondents (62 percent) reported they were not currently working and had not

worked at any point in the past 12 months. For that group, we focused on their experiences in the past when they had been working and providing care. See the appendix table for more detail on the sample.

The characteristics of caregiver participants in our study in part reflect challenges and limitations of our recruitment approach, some of which are inherent to engaging this population in research. Senior centers and caregiver support organizations we partnered with to recruit caregivers generally serve those who on average have greater and longer-term caregiving responsibilities, so many caregivers were no longer working because of those responsibilities. In a few cases, we also had to delegate recruitment responsibilities to staff at partner agencies, because their direct relationships with caregivers facilitated recruitment. However, this strategy sometimes resulted in participants who did not meet all of our recruitment criteria.

Caregiver Responsibilities and Challenges Related to Managing Work and Caregiving

Respondents discussed many challenges relating to managing paid work and caregiving. Some found that they could not do both and decided to quit their jobs or were fired, while others struggled to manage both roles. These caregivers discussed the need for support from family, nonprofits, other community-based organizations, and government programs. They also explained the need for support from their employers in allowing flexibility in work hours and responsibilities because of the intense, uncertain, and often changing responsibilities of caregiving. Our respondents also often mentioned stress and other mental health issues, which are common among caregivers but can be compounded when combining caregiving and paid work. Some of this stress came from financial problems that occur when caregiving results in reduced hours or leaving a job. This section describes these caregivers' experiences and details how the challenges differ depending on the nature of a caregiver's job, the caregiving needs of the parent or spouse they are caring for, and the types of supports available. It also illustrates the importance of different types of supports.

Challenges Maintaining a Paid Job while Caregiving

Paid work and unpaid caregiving are both time-consuming, and this can often lead to conflict and stress. This is particularly true for those with full-time jobs or those caring for a family member with intense needs. Our respondents often struggled to manage both. Some respondents felt that the quality of their work suffered when caregiving responsibilities intensified, because it was more difficult to focus on the

job. Problems also arose from the need for time off from work to take a sick parent or spouse to doctor's appointments or treatments. This need for the flexibility to take leave when necessary sometimes led working caregivers to reduce their hours. One respondent told us,

I have a part-time job. The challenging thing is I really need a full-time job, financially. I'm recently divorced, so I'm a single mom now. I have all these responsibilities, but I know the challenge is that I need that flexibility, like you mentioned, to take my mom to appointments.

Often employers did not support the need to take leave or became less supportive when the need for leave continued over a long period. One respondent, who worked as a teacher, described a conversation with the school principal:

My principal...says, "[Name], you've been takin' off a lot." My mother. I looked at her, and I was really angry. I said, "You know my mom's sick." I understand that she has to worry about the production of the school and the running of the school. There was no empathy for me. I said, "I make every effort to—I know, for the peak times where you really need me here, tomorrow you won't have me here until 12:00."

Sometimes managers were initially sympathetic and tried to help their employees find a way to manage caregiving with their work responsibilities. However, there were several cases where respondents ended up being fired for taking too much time off, often despite significant positive work history before their caregiving responsibilities complicated their work life. One respondent, who worked at a bank, recounted her experience:

My manager did try to help me to a certain degree, but, as the care increased, I was out of the branch more often. We tried to figure out ways how I could stay on board, but it ultimately ended in my termination, which was very deflating because—I'm getting emotional about this, still. Wow. I haven't talked about this in a while—because I really thought I was going to retire with the company. I was with them for over 15 years.

Despite these challenges, however, a few respondents spoke of their jobs as providing a positive outlet that gave some respite from the stresses of caregiving. One caregiver explained, "You're proud of yourself if you have a job. You're somebody." Another, who ended up leaving the workforce because of caregiving responsibilities, expressed regret at losing the worker role:

I did not realize how much of an escape, of a shelter it was going to work until my first week of being at home full-time of retirement. It was, like, "Oh, my goodness. What have I got myself into?...I would've been able to continue working with [PFL] and I could've worked shorter hours so I wouldn't have had to pay somebody so much to care for him; then, perhaps, I could've continued my job at just reduced hours. I think I would've enjoyed that but that just was never an option.

Quitting a Job or Retiring Early

In addition to those who were fired, some caregivers had to quit their jobs or retire earlier to provide care, and this had important financial consequences. Those respondents felt that this was the only option, especially when alternative types of care were either unavailable or too expensive. One respondent stated,

I had to take an early retirement because I could no longer afford to work and pay a full-time caregiver, so I had to quit my job to be here to care for him. My income was cut by more than half when that happened.

The type of job also mattered. Combining paid work and caregiving was particularly difficult for those with jobs that required long hours and high levels of responsibility. One respondent shared,

I had kind of a high-intensity job, and I just found that, from a practical standpoint, it was not flexible enough. They're paying me. They need a certain amount of hours. They need a certain amount of consistency. I need to be at meetings. If I'm gonna hold that position, I need to do the job. It just became completely clear to me that I couldn't do it, so I quit.

Some cited lack of flexibility to take time off or work different hours, particularly in the long term, as a reason why they could not continue working and caring simultaneously. For instance, one caregiver said,

When I was working...I had to quit my job, but I needed more flexibility. I needed leave. I needed time, and I didn't have that time.

Many respondents expressed a desire to work but saw it as incompatible with their caregiving responsibilities. Care recipients who had intense needs often could not be left alone. In those cases, caregiving became more than a full-time job. One respondent stated, "Yes, I need a full-time job, but no, I can't because of my responsibilities," while another told us, "Yeah. I couldn't work, because somebody [has] to be there with her 24 hours."

Stress and Mental Health Challenges

Caregiving can be overwhelming. Many caregivers mentioned mental illness, depression, the inability to take care of themselves, and high levels of stress. These issues can be exacerbated for working caregivers given their many competing responsibilities. One respondent described how the time crunch virtually eliminated any time to care for herself, leading to exhaustion and stress:

I felt I was working two full-time jobs and my only me-time was that 25-minute drive from my work to my home. I tried to unwind, de-stress from the day at work and try to come home...all chipper and happy to be a full-time caregiver for the rest of the evening. It was exhausting.

Support for Caregiving

Working caregivers may turn to family, employers, social services organizations, and government programs for support, and, if available, these supports can help to mitigate the mental and financial stress and other consequences of trying to manage paid work and caregiving.

FAMILY SUPPORT

Family members can help share the burden of caregiving, potentially reducing the need for taking leave from a paid job for any one family member. Some of our respondents received help from other family members including siblings, cousins, their spouse, and their children, but that support was often limited. Reasons for limited support mentioned by respondents included not having relatives living nearby, having relatives who are unable or unwilling to share in caregiving activities, or not wanting to heavily burden other family members. For example, one respondent reported,

My daughter helped 'cause I couldn't do it. I was going cuckoo myself. She helped...for about three years, and then she had to leave because she's young. She had to get a life of her own. We just had to break down and hire someone.

Another respondent shared,

Unfortunately, I don't really like to ask anybody to do anything. I have two brothers that I love dearly and are completely worthless. They show up three times a year and don't live very far away.

A few respondents gave examples of sharing caregiving more equally with other family members. We spoke with one caregiver who was retired. She shared caregiving with a sister who was also retired and with another sister who was working. Each sister was responsible for a 24- or 48-hour period every three days. Sharing caregiving responsibilities has allowed the third sister to continue working.

EMPLOYERS

Some employers provide paid leave benefits or allow schedule flexibility that enables workers to take some time off to care for a family member. One respondent explained that having a 9/80 work schedule (9-hour days, every other Friday off) helped her manage some caregiving responsibilities:

That extra day off a week, you know, would be helpful, because that would help schedule medical appointments and stuff. Or my sister also had that with the county...she had that too, so I was able to manage scheduling.

Others discussed the importance of having an understanding supervisor. One respondent from California who cares for her husband with a cognitive disability described it this way,

One thing, my manager was very nice in that she was just letting me—I could make up two hours a day like come in an hour early or leave an hour late on a different day or take half-hour lunches instead of one-hour lunches and she would let me if I had an appointment or something.

NONPROFITS AND SUPPORT GROUPS

Community-based nonprofit organizations provided many important services that mitigated the burden for caregivers, from providing meals and transportation to respite care and adult day care. One respondent talked about the importance of Meals on Wheels:

When I worked, I had—I worked, for at least almost two years, he had Meals on Wheels. I was workin'. That was nice—I knew he would have somethin' to eat instead of me tryin' to fix up food for him.

The availability of adult day care was also critical in supporting a caregiver's ability to work in a paid job as one respondent described:

I signed him up for Catholic Charities. Then, he could go during the day, a good part of the day, and then I could go to work. Then, we come back again...it's caregiving the morning, send him off, then I go to work. Then, he comes back and I come back. Then more caregiving until the end of the day.

However, the ability to take advantage of some resources depended, in part, on the care recipient's level of disability. One respondent described not being able to use transportation services because of her father's limitations:

I could just stop my dad doing Paratransit because he can't get down...the steps. They will not come and get him. I can't use Paratransit no more. He's stuck in his house.

Caregiver Resource Centers and support groups provided essential help for many of our respondents, both in terms of emotional support and providing information about available resources for caregivers:

With the support group, it's been my sanity because, again, I'm with people that know the struggle and the difficulty of caregiving. They understand and they believe what you're going through is valid because either they've gone through it or they just know how difficult and challenging it can be. Then, we do have some times where it's light. We can laugh. We can do things that give us a break, a short respite in our day.

Respondents also mentioned the role of these organizations in connecting them with resources:

There are many caregivers' alliance[s]. I really appreciated that they introduced me to a lot of resources that helped me through my workload.

Other respondents were unable to go to caregiver support group meetings because they lacked time or were unable to find a group that met at a time when they were available. This was especially a problem for working caregivers:

Then, I joined a support group at...when I was caring for my father, but it was hard, at the time because a lot of the support groups happen during midday, and I was working. They really didn't have support groups for working adults even though one college campus had one, but I was unable to get there at the time because I worked late.

STATE BENEFITS OTHER THAN PAID FAMILY LEAVE

Both New Jersey and California have programs that provide some support for people with low incomes who need care or for their caregivers. This support is generally in the form of respite care (e.g., short-term relief available to primary caregivers both with and without a job) and other supportive services. For example, California's In-Home Supportive Services (IHSS) program provides payments for housecleaning, meal preparation, laundry, accompaniment to medical appointments, and protective supervision for eligible people who are disabled or ages 65 and older. IHSS can pay family members for some of the hours they spend providing care or pay for services provided by a nonfamily member such as a home health or home care aide. One respondent said,

I get IHSS for taking care of him...They gave me 56 hours a month, which is not a lot, but it's better than nothing," and another commented, "Through [this program] there is a bit—there's an offset stipend. It's not much, but it helps. Every little bit helps.

However, many are not eligible for state programs or have trouble accessing them. Some care recipients have income above the eligibility cutoff. One respondent reported,

No. No, she doesn't qualify for anything. Income's too high. Yeah. She's not working, but between social security and a small pension from my father and her retirement accounts, yeah, she doesn't qualify for anything.

Sometimes the program requirements made it difficult to use the benefit. A respondent reported applying for the respite program and getting 50 hours approved, but those hours had to be used within a 30-day period. Unfortunately, her father had some medical issues in that time frame that made it difficult for them to use those hours.

Experiences with Paid Family Leave

The challenges faced by working caregivers, especially workers earning low wages, and the lack of schedule flexibility and paid leave from employers have prompted a number of states to pass paid family

leave policies. We focus on the first two states to enact PFL, California (effective 2004) and New Jersey (effective 2009). When we conducted the interviews in early 2020, two groups of people were eligible for PFL in both states: those caring for a new child (through birth, adoption, or foster care) and those caring for a family member with a serious health condition. The maximum duration of family leave in a year was 6 weeks for both states.⁵ In California, benefits ranged from 60 to 70 percent of wages, with a maximum monthly benefit of \$1,252. In New Jersey, the benefit rate was 66 percent of a worker's average weekly wage, with a maximum monthly benefit of \$650.⁶ In both states, job protection while on leave (i.e., the right to return to the job after a period of family leave) applies only to those covered by either the federal or state FMLA, which provides unpaid benefits to a more limited population than those eligible for paid benefits.⁷

The following section describes the experiences of caregivers, patterns of taking leave, and the barriers that kept many caretakers from using these benefits. Experiences may differ across the two states because of differences in PFL structure in each state and in the PFL implementation. Our discussion highlights the importance of some differences for respondents.

Patterns of Leave-Taking

One decision that working caregivers need to make when considering PFL is whether to take it all at once or intermittently. Most new mothers who take parental leave take the full amount of leave, which makes sense when the purpose is to bond with a new child (birth, adoption, or foster) who needs 24/7 care (Bana et al. 2018).⁸ However, family caregivers' needs are more heterogenous and less predictable, with some needing to provide occasional help such as taking a parent or spouse to a doctor's appointment and others needing to provide more continuous care—either for a short period (e.g., a parent or spouse recovering from an operation) or longer term (e.g., a parent or spouse with a serious chronic condition).

Few respondents we talked to had taken PFL. However, for those who had taken PFL, consistent with the idea of heterogenous needs, some respondents reported taking leave intermittently, while others reported taking it all at once. One person mentioned taking leave to see her father “mostly for emotional support” who was in and out of the hospital for chronic health issues. During this time, she would fly from Los Angeles to Albuquerque, where her father lived:

I was flying over there, back and forth. Rotating that with my sisters...but that was maybe just, like, maybe once a month I would go over there. This necessitated taking PFL, I mean maybe five days or six days, but not that long...

Another caregiver said,

[I had] to take time off to do appointments or whatever with my mom,” who had a health condition, “and I’d always—it would always take at least three, four hours to do one appointment with her, because it takes forever to get her in the car...You still work, but you do intermittent. That’s what I do.

Another caregiver gave her reason for taking leave all at once:

My husband was acutely ill, and he was in the hospital one year, 2014, almost all of August, admitted three times. Each time, they sent him home too soon. A problem occurred. He wasn't diagnosed correctly with what complication he had at home for a day or two, and then back in and very sick to the point where he almost died. I realized I could not work with him coming home in between.

One staff member explained that “none of [her clients] did take all six weeks straight. Again, it’s because of financial burden, and also because they’re afraid they will not have a job. You know?” We heard similar sentiments from multiple caregivers.

Barriers for Taking Up PFL

AWARENESS OF PFL

Overall, the literature identifies the public’s lack of awareness about paid family leave as an important reason for the low benefit uptake (Milkman and Appelbaum 2013). A state administrator told us,

I think most people, if they are aware of the law at all, they only think of it in terms of bonding with a new baby. In terms of caring for an older adult or an older family member, I think very few people have awareness that this is a—that this is available to them or that they’re contributing to a program that would allow that to happen.

When asked why this is the case, the state administrator explained,

I think the networks of parents that are stronger than, maybe, the networks of caregivers. I think that people—our culture is more accepting or normalize—we have normalized caregiving for a new baby versus we haven’t normalized that they may need to take off time from work to care for an older adult or older person.

Several interviewees noted disparate knowledge for those with different job types or income levels. One staff member said,

I’ve noticed that the ones that know more about it are working professionals—seem to be the ones that know—have more knowledge around that, but working class, I feel like they have no clue or no idea or think that they wouldn’t qualify. It hardly gets brought up.

Another example referenced differences in awareness by income level:

You know, the other problem is that caregivers of low income do not realize the programs that are available to them. They have this tax being taken out of their paycheck, and they don't even realize that they can take advantage of that.

Sources of information. The small number of caregivers who had used PFL reported having heard about it from a handful of common sources. A few caregivers said they had heard about PFL from their HR department at work, while others mentioned that they had heard about it from colleagues. One caregiver-serving staff member mentioned that caregivers she came across in her work were likely to be encouraged to use the program by friends:

Because I notice, during home visits, they'll mention, "Okay, my friend so-and-so...and she went to this place...and it was so good...so I'm gonna try it." She also mentioned that having friends who have used it can "take away that fear" about trying a new benefit or service.

A few service provider staff members mentioned that they occasionally tell clients whom they think might benefit about PFL:

I'll direct family caregivers to their HR department to find out more. I've given them the forms before, like the paid family leave forms, directed them to the website to read up on it on their own.

However, most staff were not very familiar with PFL themselves and therefore did not mention it. They also report that clients rarely ask about it. One staff member stated, "I don't know much about paid family leave. I don't know that I've had anybody ask."

Misconceptions. Some caregivers also had misconceptions about PFL. Few respondents were aware of what paid family leave was, and many conflated it with the federal and state Family and Medical Leave Act (FMLA), which provides unpaid but job-protected leave. Several respondents also conflated PFL with employer-provided leave. One staff member described these misconceptions this way:

I think...that this is one of the most confusing areas for the public...in understanding what works, what type of leave am I doing, the crossover between, how do I get paid, and how I do get a paid leave versus just how do I get my protected leave?

APPLICATION PROCESS

The application process for obtaining PFL benefits has several steps, which are broadly similar across California and New Jersey. These steps include (1) filling out a standard application form; (2) obtaining a signature from the care recipient; (3) obtaining a physician or practitioner's certification signed and completed by the care recipient's physician or practitioner; and (4) informing the employer.

This process can be complicated, and if any one piece is missing or incorrect, the claim will be denied until everything is corrected. Although many caregivers who reported getting PFL said the application

process was challenging, only a few said it had ultimately deterred them from taking leave. A number of caretakers mentioned that getting signoff from a medical provider could be difficult, presenting various logistical challenges, though they reported overcoming these with perseverance. One caregiver described a process that required multiple trips to the provider:

I'd have to take the form to his office out in Goleta, which is 10 miles from here...I would have to get out there before they'd close. They close at 5:00. Even though I now work 7:30 to 4:00, if you get stuck in a bunch of traffic, sometimes it's still close to try and get there...Then if he missed a part, then I'd have to go back and get him to refill it out. I don't know. I thought, also, it was confusing the way they have it set up to know what exactly—I missed one part altogether, because I didn't think it pertained to me, but apparently it did. Then they sent it all back. They sent it back three times.

Another caregiver who had successfully taken the leave said that the paperwork process was more difficult than it needed to be:

You have to fill your portion out. They [the medical provider] have to fill it out exactly correctly. If they don't say how much time they think your loved one needs you, if that doesn't jive with what you're saying, then you have to go back.

A few caregivers said that their HR departments had helped them with paperwork, which had made the process easier. One caregiver from New Jersey said, "Human resources was very good with doing the paperwork and just having me sign." Another caregiver from California reported,

Then I would go to our human resources department and talk to the person there that deals with the [PFL] paperwork and process...They would help me fill out the paperwork to apply for the [PFL]. Then they would also when it came time to reporting my absences using that time, they would tell me and my supervisor how to complete my absence reporting to include that.

Despite those success stories, staff from caregiving support agencies told us about the challenges faced by many who were not successful in getting paid family leave. One staff member commented,

They're so focused and zoned in on their caregiver role and managing all of the other things in their life that adding one more thing that they have to do that's not even like somebody does it for them—that they have to do—it's a lot. It overloads their plate...It's time-consuming, and one of the things that I hear a lot is that they have no time.

Another concern was for caregivers who were not native English speakers. One state administrator reported,

We have this discussion a lot. Right now, the challenge is what do we do with it when it comes in other language? We don't have the technology to then translate what they give back to us.

In addition, caregiver support organizations have limited resources and can't directly help caregivers fill out the forms. The state administrator added,

We don't have people who could help you fill it out, so if you wanted to go to a one-stop career center and have someone help you answer the questions, we don't offer that. We don't have any people who do that work.

BUY-IN FROM EMPLOYERS

Many caregivers, and service provider staff speaking about what they've heard from clients, reported a perception that they would be penalized for taking PFL, that their employer created the impression it wasn't feasible for them, or that employers provided incorrect information regarding eligibility and the process for accessing PFL. Some caregivers talked about unreasonable supervisors. One caregiver reported,

You know, nobody likes to—there's a stigma around leaving your job for whatever reasons, and people judge harshly if you are not—you know, they wanna know if you have a good enough reason to not be working, even if it's very personal. We come from a—our country has a pretty high, a pretty powerful work ethic.

In addition, the application process sometimes takes a while, and if the need for leave is mostly over then this may give the employer an excuse to put pressure on the employee not to take the leave. One state administrator explained how this scenario might play out:

The employer on the family leave side only gets a notice that we found them eligible but that's after they've applied. You have to have already gone through the full process of applying and waiting for a determination. You may be halfway through or fully through that person's illness or recovery period and caretaking period by the time your employer gets that notice because of the time lag that it takes all of these things to happen. I'm not sure that that letter, because of the way that it's all dated, would be enough of an incentive or a disincentive against putting pressure on the employee not to take the leave because it's already so far down the timeline.

However, not all employers created barriers. One caregiver told us,

I actually work for a nonprofit, and they're actually very compassionate and very understanding unlike the last company I had been at. Yeah, it definitely depends on where you work.

When asked whether they thought that the type of work an employee does might affect their ability to use the program, one caregiver responded,

Absolutely. It's like both ends of the spectrum. The lower you are on the totem pole, you're easily replaceable. People might fear that they won't have a job to come back. The higher you are up on the ladder is that you have so many responsibilities that to be out for three months can be really difficult on the company, and they might not be so willing to let you go for that amount of time.

BENEFIT DESIGN

Concerns about job protection. As discussed earlier, some employers are not very supportive of their employees taking leave to care for family members with a serious illness. Numerous caregivers noted this as an actual or potential reason for not taking PFL. One caregiver stated,

The job protection thing is my main concern. I'm not so concerned about gettin' paid, if it complicates things. Because even if you think things are stabilized, they're not. It's one crisis after another when you get up there in the 90s. I wanna make sure that I have my job protected so that if I have to take them for a doctor's appointment, I don't risk losing my job over it.

Other caregivers said that they would be reluctant to take all the leave they needed or were eligible for through state PFL programs out of fear of losing their job. Multiple caregiver-serving organization staff also thought that this would be a barrier for caregivers they served. One caregiver in New Jersey reported that they did lose the job:

When I was on [PFL], I saw my job posted...I was in shock. Then I found out that they dissolved my position.

This person ended up retiring at that point.

Insufficient benefit levels. Benefits for PFL recipients in California and New Jersey ranged between 60 (for those with higher wages) and 70 (for those with lower wages) percent of wages. Although some caregivers were more worried about losing their job and were even willing to take unpaid leave if necessary, others could not afford to receive less than their full wage.

Insufficient flexibility for intermittent leave. As discussed earlier, caregivers are not required to take all six weeks of leave at once. Instead, many caregivers report needing to take leave in shorter increments to take their parent or spouse to a doctor's appointment or run another type of errand on an intermittent basis. In contrast, employers often dislike intermittent use, because it makes scheduling more difficult.

New Jersey allows leave to be taken in one-day increments, but not shorter increments. In addition, intermittent leave was more complicated to apply for, because the applicant had to specify the intermittent schedule in the application, and changes from the specified schedule would require caregivers to submit a new application. In California, benefits can be taken in increments as short as one hour. However, a separate letter must be attached to the application for working caregivers who plan to take intermittent leave, and like New Jersey, at the time they submit the application, the applicant needs to specify the amount of time they plan to be off work each week.

Some caregivers who needed intermittent leave weren't able to take advantage of that flexibility, perhaps because they didn't know about it or because of the complexity in requesting it in the application process. One caregiver reported,

Also, in the six weeks or whatever, you can't take it just like an hour here or an hour there. You've got to take it at one time, but that really wasn't how I needed it. I didn't need to be gone for a surgery or something. I didn't need to be gone for two weeks or three weeks. I needed a little extra time each day.

Suggested Improvements and Looking Forward

Respondents suggested four principal ways of facilitating PFL use: increase awareness of PFL, streamline the application process, improve specific aspects of the benefit, and promote employer compliance and buy-in. In addition, several staff members from the California and New Jersey agencies that administer the PFL program reported on what their state has been doing or is planning to do, either legislatively or in terms of implementation, to address these issues. There was substantial overlap between caregiver concerns and suggestions and policymakers' efforts to improve the program and increase access. Below we outline caregivers' recommended improvements and describe the program changes already underway or planned.

AWARENESS EFFORTS

A wide consensus existed among caregiver and service-providing respondents that lack of awareness was a key barrier to using PFL, and they had many suggestions for ways community organizations, employers, and the government could address that issue.

Several staff members felt that nonprofits could be effective in getting the word out to caregivers. One staff member at a New Jersey nonprofit commented that more resources would allow the organization to engage in greater outreach: "We could if you have an outreach grant." A few respondents noted that the nonprofits would have to be the right fit. One caregiver in California noted, "It would have to be the right nonprofit with the right age group that could pass on that information." A New Jersey caregiving support staff member said that although their organization does not help with benefits, "The [nearby] adult daycare center would be a perfect place." A few staff members commented that information about PFL could be distributed at benefit fairs or during regular client interactions. On the other hand, some staff members noted that many nonprofit staffers did not know much about the benefit and would have to be better informed to effectively disseminate information to caregivers.

A number of respondents felt that medical providers could also play an effective role in raising awareness about PFL, and they suggested that posters and information pamphlets could be available in doctor's offices, hospitals, skilled nursing facilities, and rehabilitation centers. A few respondents suggested that the state should educate medical providers about the policy so they could pass on their knowledge about PFL to patients.

Several respondents said that employers could be important in communicating the details of PFL to employees and helping connect them to benefits. Respondents felt that HR departments were especially well-positioned to present the information in multiple contexts. A few mentioned that this could happen during employee orientations. One responded suggested,

Everyone has to go through a whole training session. Making it part of our onboarding session, because you're working more usually on a smaller-group scale. You're talking about a lot of requirements, and here's your benefits, and here's what you get.

Others felt that employers should make information readily available to employees when needs arise:

Yeah. If they published fliers and information like that, if the state did that stuff that HR and benefits departments could have access to, that they could print it out and, yeah, keep it on hand so that, when their employee comes in and says, "Oh, I have this issue," they have the information right there and say, "Okay. This is what's available to you."

A few respondents suggested that information about PFL should be posted in workplaces, and another mentioned that information about PFL could be shared, when appropriate, at the employee's annual review:

Hopefully, your employer is—knows about what's going on in your life, big events like that, having to take this—or, "Oh, I see you taking lots of time off. Is it for yourself?"...They don't have to ask details, but just that. They'll know.

The state government officials we talked to were also keenly aware of this issue and described efforts they had taken or were planning to take to increase awareness of PFL. In California, a respondent told us that their outreach efforts include a marketing campaign, extended outreach, and expanded information available on the website around the PFL program. They have also updated a poster that describes the PFL program to make it more visible and easier to understand. This poster is required by law to be posted by employers. In addition, they have developed specific types of presentations for different audiences tailored to each one's responsibilities, and as one respondent described, they "have gotten positive feedback from efforts." Most of their presentations are targeted toward those in HR or business offices or other employer stakeholders such as chambers of commerce, but they also reach out to nonprofits such as Legal Aid at Work, which works with employees.

In New Jersey, one respondent told us that until recently there was very little outreach around PFL from the state itself, but some outreach had been done by advocacy organizations. This respondent explained,

The law's been in place since...2009 [and] we only just started thinking about doing outreach two years ago when the administration changed.

New Jersey has been working with coalitions such as New Jersey's Time to Care Coalition to get their input on how to better communicate what the PFL program is and workers' leave-taking rights. One respondent said,

If we can build these conversations with the advocacy organizations about what is the message that needs to come from the state that would allow people to feel more secure when they went to their employer and said, "I have this right. I'm gonna take it." Having those conversations with the advocacy organizations is very helpful to help us really think about what's the message that we, as the state, need to give as the heavyweight in the conversation.

In addition, staff have been working with technology, digital, and communication experts to communicate to the "whole person," as one respondent explained,

You're gonna have to work with civil rights and integrate the way that you communicate about the money part with the job-protection part and there [are] some visual examples of ways you could explain this to people that would make more sense, given the questions when they come to your website.

APPLICATION PROCESS

Caregivers with experience applying for PFL mentioned that it would be helpful to simplify the application process to make things easier on caregivers. A few respondents suggested that some community organizations might be able to help people with the application process: "It would be helpful, I think, to have—if there is a nonprofit out there that could help people maybe complete an application." The advantages of having a navigator for benefit access has been noted in related literature (Isaacs, Katz, and Amin 2016).

The state government agencies that implement PFL have also been working to address issues related to the application process. California created a video on how to file claims and developed self-guided PFL trainings, which they included on their PFL website. New Jersey is in the process of redesigning the computer systems that run the PFL programs to make it more user friendly. A respondent explained,

We're running on a 30-year-old system and a web application that was not designed with users in mind. Part of this redesign of the database computer systems that run the [PFL] programs is also the way that the front-facing application would interact with the human applicant.

In addition to technology, agency staff in New Jersey addressed the issue of communicating about the timeline between applying for and receiving benefits. Caregivers had mentioned earlier that they weren't able to go to employers to talk to them about leave until they had gone through the application process to find out if they were eligible and would get paid. Sometimes that process took a long time, and by the time they learned they were eligible, the need for leave was almost over. One government respondent in New Jersey explained,

I think a lot of stress would be brought down if we were able to better communicate to the employee and the employer about, "This is what you should expect. This is the timeline. You're gonna apply on this. You're gonna submit your application on this day. On this day, you're gonna find out what you're gonna get paid and when you're gonna get paid and how often you're gonna get paid."

Caregivers also identified earlier how requesting intermittent benefits could complicate the application process. Although being able to take intermittent benefits can be helpful for certain caregiving responsibilities, workers don't like the forms that have to be filled out for intermittent leave. A government administrator from New Jersey described the problem and emphasized the need to resolve it:

That mostly has to do with you can't get paid from your employer at the same time that you get paid from the insurance fund. If there was a way to make that easier for the employee, I feel like that would be a win.

BENEFIT DESIGN

Respondents in both states pinpointed several areas where they felt the PFL program's design could be improved to better support caregivers. A few suggested expanding eligibility criteria to be more universal. Other caregivers specifically mentioned that the benefit should be extended to cover independent contractors.⁹ A widely held view was that the PFL law should include job protection for everyone who takes the leave. One caregiver in New Jersey commented, "I think since it is a finite amount of time that can be utilized...that there should be that job security." Respondents were also concerned about benefit levels. One respondent suggested,

I think it should be [all] or at least get the majority of their pay. Maybe not their full pay but the majority of their pay because that's the problem when you have a medical issue. It's usually a medical reason why people file for bankruptcy.

Several people mentioned that because the care recipient's issues were often chronic, they didn't think any amount of finite leave would be sufficient, but a few expressed that more leave would be helpful. One respondent in New Jersey explained,

[It depends] on how often you're having to take them somewhere—like my mom wound up at the wound care center...[and] I was having to take her in the beginning twice a week, then once a week until she got through the whole thing. I finally said, "Try and get an appointment as late in the afternoon as you can so that...I can just use less time away from work, but I can still take you, and then I can be on my own time." I don't know. Eight weeks is better than six, but it could still be better, I think. I don't know what the magic number is.

Since the PFL laws were initially enacted, both states have revised them to increase the amount and duration of benefits and expand eligibility for paid benefits.¹⁰ Benefit rates in California increased in 2018 from an average of 55 percent of wages to between 60 and 70 percent of wages, and the maximum length of leave increased in 2020 from six weeks to eight weeks. Beginning on July 1, 2020, benefit rates in New Jersey increased from 66 percent of wages to 85 percent of wages, and the maximum length of leave increased from 6 weeks to 12 weeks.¹¹ In addition, both California and New Jersey expanded eligibility for job-protected leave through amendments to the state FMLA.¹² Effective January 1, 2021, those working at establishments with five or more employees are eligible in California. Previously, coverage was limited to those working at establishments with 50 or more employees.¹³ New Jersey expanded eligibility for its job-protected leave in 2019 from those working at establishments with 50 or more employees to those working at establishments with 30 or more employees.¹⁴

ENFORCEMENT

Many caregivers described situations where they went to their employers to request PFL and were mistakenly told they weren't eligible for those benefits. One staff member from a caregiver support organization in California emphasized that the government needed to make the law and worker protections clear to employers to facilitate caregiver access:

I also think that the government needs to continually reinforce the statutes to the head of HR and anybody else, the board of directors and the CEO, so that there is an understanding that this is mandatory; that you can't retaliate; and if we get a grievance filed, that we are going to follow up on it in earnest. Right now, the employers don't care. They don't get fined. If they started hitting their pocketbooks, they may take a different approach.

Two responsibilities for employers that state laws in both California and New Jersey specify are that employers have to put a poster in their breakroom so people know family leave insurance is available, and they have to withdraw the contribution to the family leave insurance program from the employee's paycheck and give it to the state. However, one state administrator from New Jersey told us that state law doesn't include any proactive mechanisms such as inspectors or enforcement staff to make sure employers give workers the leave that they are entitled to. That staff member told us,

In our law, the challenge becomes that we don't have any mechanism to enforce that, so right now it's mostly an outreach mechanism where we start telling people about, "You have the right

to ask for this leave. You have the right to tell someone that you're gonna take this leave and that you can't be retaliated against by asking or seeking to use it."

One state administrator from California also described their outreach as a way to get employer buy-in:

We use the education outreach side to, hopefully, prevent [discrimination] from happening in the first place. We see that as, really, a strong, important goal to have that proactively happening so it's not just, file a complaint, damage has happened, see you down the road. We really hope we can prevent discrimination by raising awareness.

State administrators in both states described an increasing recognition of the need for more proactive enforcement of caregivers' rights to take PFL. One California state administrator told us that they had 6,169 right-to-sue complaints. They said, "The number's fairly large when you look across the board. It is an issue, certainly." California has some ability to proactively enforce the law, as one government staff respondent described,

I think the proactive side is definitely our enforcement, our injunctive relief measures to ensure that the discrimination ceases.

A state administrator in New Jersey suggested that workers who do not receive the benefits they are entitled to can go through the court system, which provides the potential for some enforcement but is not proactive:

Then, maybe the next part would be talking to the call centers about when you get these calls that are—that talk about that. What do we need to teach you in the call center to be able to give the person the piece of information that would enable them either to call a personal lawyer or to call because perhaps they're interrelated to call civil rights on that thing, who does have enforcement on related things.

Framing PFL as a civil right was another way that state administrators talked about enforcement. One state administrator in California said,

The work we do is within all the aspects of civil rights. I think approaching this conversation that [our agency] enforces the civil rights of California does, I think, elevate the importance and elevate, I think, everyone's protections of, this is something you get to use, that California wants you to use when you need it because it's protected.

A state administrator in New Jersey also mentioned the importance of this frame in communicating to employers and employees:

We had technologists, digital experts type of people come and help us understand if you wanna communicate to the whole person, you're gonna have to work with civil rights and integrate the way that you communicate about the money part with the job-protection part.

Conclusions

Combining work and caregiving for aging and seriously ill parents or spouses is challenging and can have negative consequences for a caregiver's economic well-being, labor market attachment, income, and health. Many caregivers we spoke with were trying to manage both paid work and caregiving roles and were using supports from family, employers, government, and nonprofit organizations to do so. However, many other caregivers were no longer able to manage both roles and had either quit their job or been fired. This outcome was more likely when the care recipient's needs were greater, when caregivers had less help from family, when caregivers had supervisors who were not understanding, or for those who were not able (or eligible) to access services or financial support from government or nonprofits.

Given the growing importance of family caregiving in an aging society, PFL has the potential to provide support for caregivers and facilitate managing paid work and caregiving roles. The results from this project's quantitative evaluation of PFL's impact on employment, caregiving, and health outcomes show that for women with a parent or spouse with a serious illness, living in a state with PFL increases the likelihood of combining paid work and caregiving and has positive impacts on mental health (Braga et al. 2021).

This report focuses on experiences of caregivers in the first two states to pass paid family leave in the US—California and New Jersey. With the growing interest in PFL at both the state and federal levels, these two pioneering states can provide important lessons for how this policy can address the multiple challenges working caregivers have in managing both roles and barriers to benefit take-up.

Barriers to accessing PFL include both implementation or administrative issues and program design issues that make the benefit less useful for working caregivers. Program design issues include the benefit level, the maximum duration of leave, who is eligible for PFL, and whether there is job protection. PFL is less helpful to working caregivers if the benefit levels or maximum duration of leave are too low or if taking leave puts them at risk of losing their job.

State administrators in California and New Jersey are aware of these limitations and have worked to expand benefits and coverage. The two states have passed new legislation to increase benefit levels and the maximum duration of leave and expand coverage for job-protected leave.

One of the most salient implementation issues is that potential recipients of PFL—and especially family caregivers, as opposed to new parents—are less likely to be aware that they are eligible for this benefit. Much of the outreach and social norms around PFL targets new parents, but there is less

understanding that benefits are also available for other types of caregivers, including those caring for seriously ill parents or spouses. Both California and, more recently, New Jersey have developed sophisticated, systematic, and robust outreach strategies to reach both employers and employees.

The complexity of the application process is another administrative barrier to taking up this benefit. The application requires documentation from a medical provider asserting the care recipient's need, and that is not always straightforward to obtain. Each state's outreach strategy has also tried to address this issue by simplifying and providing support for the application process.

The applicant also needs to decide whether they will take leave full time for a continuous period or take leave intermittently. The former is necessary to care for someone who needs full care 24/7, as in the case of newborn child or an aging parent who has an acute condition (e.g., recovering from an operation, a heart attack, or stroke). The latter reflects the situation of many caregivers of parents or spouses in poor health who have chronic conditions that need regular but not 24/7 care. These caregivers need leave on an intermittent basis. PFL allows for intermittent leave, but that leave is more complicated to request as part of the application process because the leave schedule needs to be anticipated in advance. In addition, employers do not like intermittent leave, because it makes scheduling more difficult.

Lack of enforcement of leave-taking rights is also a problem. Our respondents told us about many cases where they requested leave but were told (mistakenly or otherwise) that they were not eligible. California and New Jersey have tried to address this issue through outreach to employers and employees to inform both parties about the rights of employees, who pay into a social insurance system, to take leave without discrimination. Both states have framed this as a civil rights issue. However, proactive enforcement has been limited.

Because PFL's central purpose is to support working caregivers in managing both roles, buy-in from employers is essential for this policy to achieve its goal. State strategies to increase employer buy-in can include both carrots and sticks. The carrot is the outreach to employers explaining the benefits to employers from retaining their productive workers and reducing turnover by supporting those workers in managing caregiving challenges. The stick is emphasizing that workers have a right to these benefits (because they have paid taxes into the fund that supports the benefits), and employers can be liable if they discriminate against employees who take leave. So far there has been more emphasis on the carrot than the stick. Increasing employer buy-in is an essential and ongoing process for this policy's success.

Appendix

TABLE A.1

Study Participants' Personal Characteristics (N = 43)

Characteristic	#
Race	
White	25
Asian or Pacific Islander	8
Black/African American	7
Other	3
Ethnicity	
Hispanic/Latino	10
Non-Hispanic/Latino	30
No response	3
Gender	
Female	34
Male	8
No response	1
Age	
< 50	1
50–54	7
55–59	6
60–64	5
65 or above	23
No response	1
Marital status	
Married or living with partner	18
Divorced or separated	13
Never married	6
Widowed	4
No response	2
Highest grade completed	
Completed college	24
Some college	7
High school/GED	5
Less than high school	6
No response	1
Caregiving status	
Caring for a parent	15
Caring for a spouse/partner	9
Not currently playing a caregiver role	10
Other	5
No response	4
Employment status	
Currently working full time in addition to any caregiving role	9
Currently working part time in addition to any caregiving role	5
Not currently working but worked part time at some point in past 12 months in addition to caregiving role	2
Not currently working and have not worked at any point in the past 12 months	26
No response	1

Source: Profile questionnaires administered to study participants.

Notes

- ¹ They were entitled to 26 weeks if caring for an injured member of the military.
- ² Shirley Adelstein and Elizabeth H. Peters, “New Parents Aren’t the Only People Who Need Paid Family Leave,” *Urban Wire* (blog), February 7, 2018, <https://www.urban.org/urban-wire/new-parents-arent-only-people-who-need-paid-family-leave>.
- ³ Caregiver participants in the interviews and focus groups each received a \$25 gift card incentive. Researchers assured study participants that their identities would be protected. Interviews were primarily conducted in English. The team included a researcher who was able to conduct Spanish translation, which was done at one focus group that contained multiple participants with limited English proficiency.
- ⁴ These numbers do not add up to 100 percent because some respondents reported their race and also reported being Hispanic/Latino (e.g., it is possible to report being white and Hispanic/Latino or Black/African American and Hispanic/Latino), while others only reported being Hispanic/Latino and did not report any race category.
- ⁵ Note that the laws also include medical leave for one’s own disability, but we focus on family caregiving leave in this report. Both states also include eligibility related to an individual or family member being a victim of domestic or sexual violence (“State Paid Family Medical Leave Insurance Laws,” National Partnership for Women and Families, January 2021, <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/state-paid-family-leave-laws.pdf>). In July 2021, the maximum family leave increased to eight weeks in California and twelve weeks in New Jersey.
- ⁶ The maximum benefits for both California and New Jersey are from 2019. In New Jersey, after July 2020, the benefit rate increased to 85 percent of wages, and the maximum benefit at that point jumped to \$881: Aaron Hotfelter, “New Jersey Paid Family Leave,” Nolo, accessed April 1, 2021, <https://www.nolo.com/legal-encyclopedia/new-jersey-paid-family-leave.html#:~:text=As%20of%20January%201%2C%202020,benefit%20of%20%24881%20per%20week>.
- ⁷ “State Paid Family Medical Leave Insurance Laws,” National Partnership for Women and Families, January 2021, <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/state-paid-family-leave-laws.pdf>.
- ⁸ New fathers generally take less leave than mothers.
- ⁹ Note that if a worker is self-employed or classified as an independent contractor in California, then they are eligible to be covered under the Disability Insurance Elective Coverage option. In New Jersey, these workers are not covered by the PFL program.
- ¹⁰ California expanded PFL through legislation passed in 2013, 2016, 2017, and 2019. In addition to increasing benefits and duration of leave, the laws expanded the reasons for paid leave, broadened the definition of family member to include grandparent, grandchild, sibling, and parent-in-law, and reduced the waiting period for receiving benefits. New Jersey expanded PFL through legislation passed in 2019. In addition to increasing benefits and duration of leave, the laws increased worker and employer contributions to fund PFL and reduced the waiting period for receiving benefits. See “State Paid Family Medical Leave Insurance Laws,” National Partnership for Women and Families, for more details.
- ¹¹ “State Paid Family Medical Leave Insurance Laws,” National Partnership for Women and Families.
- ¹² Neither California’s nor New Jersey’s paid family leave laws provide any job protection. Rather, both states rely on the job protection provisions in the federal and state Family and Medical Leave Act (FMLA). Because eligibility for PFL benefits has generally been broader than eligibility for the FMLA, this has created a disconnect between being eligible for paid leave and having job protection when taking leave, with more workers eligible for the former than the later. However, both California and New Jersey recently passed legislation increasing

coverage for the state FMLA, thus reducing the discrepancy between being eligible for paid leave and being eligible for job-protected leave. Many states that have passed PFL more recently (specifically, Rhode Island, New York, Massachusetts, Connecticut, Oregon, and Colorado) have explicitly incorporated job protection in PFL so workers covered by PFL in those states are eligible to receive paid job-protected leave. See “State Paid Family Medical Leave Insurance Laws,” National Partnership for Women and Families, for more details.

- ¹³ Michelle Strowhiro and Lauren Ashley Zeigler, “California Expands the California Family Rights Act,” McDermott, Will & Emery, December 21, 2020, <https://www.jdsupra.com/legalnews/california-expands-the-california-25770/>.
- ¹⁴ Maxine Neuhauser and Alkida Kacani, “New Jersey Expands Paid Family Leave Laws to Cover More Employers, Double Leave Time, and Increase Uses,” *The National Law Review*, March 20, 2019, <https://www.natlawreview.com/article/new-jersey-expands-paid-family-leave-laws-to-cover-more-employers-double-leave-time>.

References

- Bana, Sarah, Kelly Bedard, and Maya Rossin-Slater. 2018. "Trends and Disparities in Leave Use under California's Paid Family Leave Program: New Evidence from Administrative Data." *AEA Papers and Proceedings* 108: 388–91.
- Bedard, Kelly, and Maya Rossin-Slater. 2016. *The Economic and Social Impacts of Paid Family Leave in California: Report for the California Employment Development Department*. Oakland: California Employment Development Department.
- Braga, Breno, Barbara Butrica, Stipica Mudrazija, and H. Elizabeth Peters. 2021. "Impacts of State Paid Family Leave Policies for Older Workers with Aging Parents or Spouses in Poor Health." Unpublished working paper. Washington, DC: Urban Institute.
- Butrica, Barbara, and Nadia Karamcheva. 2014. *The Impact of Informal Caregiving on Older Adults' Labor Supply and Economic Resources*. Washington, DC: Urban Institute.
- DOL (US Department of Labor). 2016. *Navigating the Demands of Work and Eldercare*. Washington, DC: US Department of Labor.
- DiCamillo, Mark, and Mervin Field. 2015. *The California Field Poll*. San Francisco: California Center for Research on Women and Families.
- Fahle, Sean, and Kathleen McGarry. 2018. "Women Working Longer: Labor Market Implications of Providing Family Care." In *Women Working Longer: Increased Employment at Older Ages*, edited by Claudia Goldin and Lawrence F. Katz, 157–81. Chicago: University of Chicago Press.
- Houser, Linda, and Karen White. 2012. "Awareness of New Jersey's Family Leave Insurance Program Is Low, Even as Public Support Remains High and Need Persists." New Brunswick: Center for Women and Work, Rutgers, The State University of New Jersey.
- Isaacs, Julia B., Olivia Healy, and H. Elizabeth Peters. 2017. "Paid Family Leave in the United States: Time for a New National Policy." Washington, DC: Urban Institute.
- Isaacs Julia B., Michael Katz, and Ria Amin. 2016. *Improving the Efficiency of Benefit Delivery: Outcomes from the Work Support Strategies Evaluation*. Washington, DC: Urban Institute.
- Klerman, Jacob A., Kelly Daley, and Alyssa Pozniak. 2014. *Family and Medical Leave in 2012*. Cambridge, MA: Abt Associates.
- Lee, Yeonjung, and Karen A. Zurlo. 2014. "Spousal Caregiving and Financial Strain Among Middle-Aged and Older Adults." *The International Journal of Aging and Human Development* 79 (4): 302–21.
- Milkman, Ruth, and Eileen Appelbaum. 2013. *Unfinished Business: Paid Family Leave in California and the Future of US Work-Family Policy*. Ithaca, NY: Cornell University Press.
- Morefield, Brant, Abby Hoffman, Jeremy Bray, and Nicholas Byrdr. 2016. *Leaving It to the Family: The Effects of Paid Leave on Adult Child Caregivers*. Washington, DC: L&M Policy Research.
- Mudrazija, Stipica, H. Elizabeth Peters, Barbara Butrica, and Breno Braga. 2021. "Characteristics of Caregiving and Work-Related Burdens for Adult Children Caring for Older Parents." Unpublished working paper. Washington, DC: Urban Institute.
- NAC (National Alliance for Caregiving), and AARP Institute. 2020. *Caregiving in the U.S.* Bethesda, MD; Washington, DC: NAC; AARP.
- NASEM (National Academies of Science, Engineering, and Medicine). 2016. *Accounting for Social Risk Factors in Medicare Payment: Criteria, Factors, and Methods*. Washington, DC: National Academies Press.

- Pinquart, Martin, and Silvia Sörensen. 2007. "Correlates of Physical Health of Informal Caregivers: A Meta-Analysis." *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 62 (2): 126–37.
- Schulz, Richard, and Lynn M. Martire. 2004. "Family Caregiving of Persons with Dementia: Prevalence, Health Effects, and Support Strategies." *The American Journal of Geriatric Psychiatry* 12 (3): 240–49.
- Spillman, Brenda C., Jennifer Wolff, Vicki A. Freedman, and Judith D. Kasper. 2014. *Informal Caregiving for Older Americans: An Analysis of the 2011 National Study of Caregiving*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation.
- Tisinger, Russell, Margaret Johnson, Abby Hoffman, Caitlin Davis, Maya Jean-Baptiste, and Myra Tanamor. 2016. *Understanding Attitudes on Paid Family Leave: Discussions with Parents and Caregivers in California, New Jersey and Rhode Island*. Washington, DC: L&M Policy Research.
- Wakabayashi, Chizuko, and Katharine M. Donato. 2006. "Does Caregiving Increase Poverty among Women in Later Life? Evidence from the Health and Retirement Survey." *Journal of Health and Social Behavior* 47 (3): 258–74.

About the Authors

Elizabeth Peters, an Institute fellow in the Center on Labor, Human Services, and Population at the Urban Institute and Professor Emerita at Cornell University, is a labor economist and demographer with more than 30 years of experience in social and family policy research. Her work focuses on family and social investments in children, the role of the family as a social safety net, and the impacts of public policies on family outcomes including father involvement and intergenerational transfers and caregiving. She is currently working on several projects that assess the impact and implementation of policies such as paid leave and schedule control that help workers manage paid work and family caregiving responsibilities. Peters received an MS in public policy and a PhD in economics at the University of Chicago.

Amelia Coffey is a research associate in the Center on Labor, Human Services, and Population at the Urban Institute, specializing in qualitative methods and project management. Her work focuses on research and evaluation of policies and programs intended to support financial stability and well-being for families and young people. Before joining Urban, Coffey spent several years at a nonprofit research center focused on improving child outcomes, where she gained experience designing and conducting evaluations of programs serving disadvantaged children and young people. Coffey received an MS in social policy research from the London School of Economics.

John Marotta is a policy associate in the Center on Labor, Human Services, and Population studying economic opportunity and skills—particularly how job training and work-based learning programs can lead to family-sustaining wages and viable career pathways. Marotta has developed and disseminated tools and resources for launching and expanding Registered Apprenticeships, and he has contributed to numerous mixed-methods research studies. Marotta holds an MPP from Georgetown University and a BA in economics from Hofstra University.

Alex Carther is a research assistant in the Center on Labor, Human Services, and Population. He is involved in research focusing on welfare and policies of the social safety net. Before joining Urban, Carther supported research in the Development and Early Education Lab at Northwestern University, where he earned his undergraduate degree in economics. His research interests include income inequality, unemployment, and the impact of race and gender on financial health and stability.

STATEMENT OF INDEPENDENCE

The Urban Institute strives to meet the highest standards of integrity and quality in its research and analyses and in the evidence-based policy recommendations offered by its researchers and experts. We believe that operating consistent with the values of independence, rigor, and transparency is essential to maintaining those standards. As an organization, the Urban Institute does not take positions on issues, but it does empower and support its experts in sharing their own evidence-based views and policy recommendations that have been shaped by scholarship. Funders do not determine our research findings or the insights and recommendations of our experts. Urban scholars and experts are expected to be objective and follow the evidence wherever it may lead.



500 L'Enfant Plaza SW
Washington, DC 20024

www.urban.org