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**Hearing on “Beyond Mother’s Day: Helping the Middle Class  
Balance Work and Family”**

Thank you, Chairman Harkin, Ranking Member Enzi, and members of the Committee for the opportunity to testify on an issue that is so critical to America’s families and the well-being of America’s children—how we aid families in meeting their responsibilities at home and at work.

My name is Ann O’Leary. I am the Children and Families Program Director at The Center for the Next Generation, a non-profit, non-partisan think tank in San Francisco, and a Senior Fellow at the Center for American Progress. I come before you as an expert on the subject of work-family laws and policy. I have authored numerous scholarly articles and policy reports on the subject. My testimony today is drawn in part from a recent book chapter I authored, “Risk Sharing When Work and Family Clash: The Need for Government and Employer Innovation,” published in a volume I co-edited with Yale Political Science Professor Jacob Hacker, *Shared Responsibility, Shared Risk: Government, Markets and Social Policy in the Twenty-First Century* (Oxford University Press, 2012).

### **Changing Family Work Patterns**

The United States has built its economy and its social policies around the assumption that when a child needs care or a family member is ill someone in the family is able and available to be away from work to provide that care. This assumption has long been faulty as mothers have rapidly increased their participation in the workforce and their contributions to the family income, while employment benefits have remained stagnant—modeled on the male worker with a stay-at-home spouse—for the large majority of middle class and low-income workers.

It is a well-known fact, and a lived reality, that few families have a stay-at-home parent and the vast majority of families are relying on the labor market income of mothers. Today, just

25 percent of families consist of two married parents, with one parent at home and one parent in the labor force.<sup>1</sup> Earned income by mothers has become an essential component in order for families to sustain themselves—4 in 10 families rely on mothers to bring home all or at least half of the family income and another 2 in 10 families rely on mothers to bring home at least a quarter of the family income.<sup>2</sup> Male wages for full-time middle-income workers have stagnated since 1969 making the contribution of women's wages all the more important.<sup>3</sup>

## Changing Needs of Children

What is less well-known is that children are increasingly facing health and educational challenges that demand greater time and attention from parents. From 1994 to 2006 the prevalence of chronic health conditions in children—including asthma, obesity, and behavior/learning problems—doubled from 13 percent to 26 percent of children.<sup>4</sup> Any one of these health issues leads to missed school for children and missed work for parents. Take asthma as an example. The Center for Disease Control estimates that 10 million children in America have asthma. A child with asthma misses an average of eight school days a year.<sup>5</sup> This means parents must miss work to care for the child or to take the child to the doctor's office, find back-up care, or go to work and leave the child home alone.

The other trend impacting children is the rise in single-parent households, and the correlation between single-parent headed households and poor educational outcomes in the United States. In 1975, 9 percent of families were headed by a single employed parent; today it is 24 percent of families.<sup>6</sup> In fact, last year half of all births to women under 30 were to single mothers.<sup>7</sup> Unfortunately, on an international assessment of reading skills, U.S. children in single-parent households scored 23 points lower than their peers from two-parent families, even after accounting for socio-economic background. Yet other countries with similarly large populations of single-parent households, such as Chile, Switzerland, Portugal and Austria, did not see significant differences in the educational performance of children from single-parent and two-parent families. Researchers attribute the educational difficulties faced by children in the United States to our lack of pro-family policies that leave single parents without time and resources for their children, including a lack of paid maternity leave and lack of any universal family or child allowance.<sup>8</sup>

## Changing Need of Elders

The need for time to care for and guide the education of children is not the only family responsibility pressing on working parents. They are also facing increasing responsibilities to care for ailing and elderly parents.

The U.S. Census Bureau predicts that the 65-and-older population will more than double from nearly 35 million in 2000 to over 71 million in 2030, going from 12 percent to nearly 20 percent of the population.<sup>9</sup> This increase is due both to the aging of the baby boomers and to more Americans living longer thanks to advances in overall health and medical care. At the

same time, the population of typical caregivers—adult children ages 45 to 65—is expected to only increase by 25 percent during this time period.<sup>10</sup> The math just doesn't add up in terms of the ratio of caregivers to older Americans. In addition, most family caregivers are combining work and care, making the challenges of caring for an elder parent or other relative extremely challenging.

Not only are Americans living longer, but the health conditions they face in later life are changing. The incidence of Alzheimer's and other dementias is expected to increase. By 2050, researchers predict that as many as 16 million individuals age 65 and older will be living with Alzheimer's disease, triple the number living with the disease today.<sup>11</sup> What's more, today's generation of Alzheimer's caregivers face unique challenges. With many women giving birth later in life, 37 percent of today's female caregivers are caring for both a family member with Alzheimer's disease and children under 18 years of age still living at home.<sup>12</sup>

## Unchanged Workplace Policies

With few adults left at home to attend to unexpected family caregiving needs combined with increasing health and educational needs of children and an increasing need to care for aging relatives, workers need greater flexibility to combine their responsibilities at home and at work.

Yet the United States has no laws requiring that employers provide paid sick days or provide workers with a right to receive or even request flexible work hours.<sup>13</sup> Middle-income workers do not receive the same pro-family workplace policies as their professional counterparts. Between one-quarter and one-third of those workers making middle-income wages have no access to paid sick days.<sup>14</sup> In addition, middle-income workers commonly have highly rigid work schedules that hold workers to a strict absentee policy regardless of the reason for needing to be absent, which can lead to loss of jobs when a worker must miss work due to an unavoidable family conflict.<sup>15</sup>

Only half of the American workforce has the right to take unpaid family and medical leave with a guarantee that they won't be fired for doing so.<sup>16</sup> While the policy of unpaid job-protected family and medical leave, guaranteed to eligible workers through the Family and Medical Leave Act, is most likely to benefit middle-income workers,<sup>17</sup> the hit to their family income can still be quite dramatic and can discourage the primary breadwinner (often the man) from taking time off upon the arrival of a newborn or to care for a sick child because the family simply cannot afford it.

While 91 percent of the world's nations (178 countries) guarantee paid maternity leave under national law, the United States does not. We have no national social insurance to provide wage replacement when a worker needs to take leave for family or medical reasons, and employers that offer these benefits tend to provide them almost exclusively to professional and high-end workers.<sup>18</sup>

Despite increased federal investments in the last several years, direct support for child care and elder care reaches few families, and provides limited assistance for those it does reach.<sup>19</sup> And our government health programs—Medicare for the elderly and disabled and Medicaid for the poor—have policies that favor family care over institutional care, operating on the assumption that family members are available to provide such care.<sup>20</sup> These policies are good for patients and welcomed by family members, but in order for them to be effective workers must be able to take time away from work without losing their job to provide this care.

## Consequences for Workers and Families

The primary risk to families when work and care clash is the loss of steady income workers experience when they lose their job or cut back their hours to address the family caregiving needs. Many workers are unable to replace earned income with employer-provided paid leave, government assistance, or family savings. An additional financial burden families face is the high cost of providing care while family members work—for example, a spot at a child care center or a paid caregiver to assist with an ailing parent. Middle income families face unique difficulties because they are often without government aid, without employer policies to support them, and without enough family income to afford high quality child care or family care for an ailing relative. The other detriment to family is the missed time with their child or ailing relative, which has negative health and educational impacts as well as intangible effects on parents and children.

### *Decrease in Family Incomes Due to Work-Family Clashes*

Families use different strategies for managing work and care, many of which lead to lower incomes (and sometimes no income). For some families negotiating work and caregiving, one member works part-time—more often the woman in a two-parent family.<sup>21</sup> Other workers adjust their work schedules to deal with caregiving conflicts that may ultimately reduce their income, including going to work late or leaving early.<sup>22</sup> Other strategies directly lead to lower incomes, including refusing overtime work or turning down a promotion.<sup>23</sup> Finally, some workers simply leave their jobs because they cannot combine work and care.<sup>24</sup>

These decreases in labor market participation have short-term and long-term consequences for family economic security, including loss of income, loss of health insurance, loss in retirement earnings, and negative impacts on future earnings potential.<sup>25</sup>

### *Inability to Afford Child Care and Elder Care*

The additional risk that workers face in combining work and care is the inability to afford paid care for children, sick family members or aging relatives. Low-income workers and lower middle-income families are much more likely to spend a significant percentage of their income on child care expenses. A single mother working full-time for minimum wage will need to spend approximately 32 percent of her family income on child care expenses, and a two-parent family with both parents working full-time minimum wage jobs will end up spending about 18 percent of their family income on child care expenses.<sup>26</sup> Lower middle class families are also

much more likely to rely on child care provided by relatives, including another working parent—termed “tag-team parenting” as one person provides care to the children while the other works, and then they trade shifts.<sup>27</sup> These informal or within-family child care arrangements are more prone to break down, causing workers to miss work.

### *Lack of time with children and ailing relatives has negative impacts*

In addition to the quantifiable loss of family income and inability to afford child care, a lack of ability to take time away from work when a family member needs care or support has real negative impacts on their well-being. In the first years of a child’s life, a child’s overall physical, cognitive, and behavioral outcomes are better when his or her parents have sufficient time off work after the birth or adoption of a child.<sup>28</sup> Further, parental workplace flexibility during the first year of a child’s life, including a significant amount of time off and/or flexibility in scheduling, can have positive developmental effects for children.<sup>29</sup> And according to a research review conducted by the Institute for Women’s Policy Research, parents play a critical role in helping children improve their health after a hospitalization and in helping children cope with chronic illnesses, including asthma and diabetes, both of which lead to better educational outcomes for children.<sup>30</sup>

## **Government Response**

The political rhetoric and policy proposals to address “work-family conflict” have been strikingly similar across the decades. Since the 1960s, Presidential Commissions and reports have recommended various forms of workplace flexibility, including increased government investments in child care and paid maternity or paid family leave.<sup>31</sup>

Despite many years of consistent recommendations there is no comprehensive national strategy to address the mismatch between workplace rules and family responsibilities. Instead, the government has addressed problems of work-care conflict by requiring employers to offer workplace benefits that aid workers in providing unpaid family care and in accessing benefits that could be used for paid maternity leave but only if the employer otherwise has a short-term disability policy; by directly offering subsidies or benefits to allow low-income families to purchase child care; and by offering now limited cash aid to our lowest income parents as long as they agree to work for the cash aid. I will focus only on the first two strategies in this testimony.

### *Employer Policies*

The government plays an active role in incentivizing and mandating certain employer-provided benefits. While the government does not require employers to provide paid family leave, paid sick days, or short-term disability benefits it forbids employers from discriminating on the basis of gender in the provision of employee benefits.

This antidiscrimination law—Title VII of the Civil Rights Act of 1964, as amended by the Pregnancy Discrimination Act of 1978 (PDA)<sup>32</sup>—has had its strongest impact on the

provision of paid leave for pregnancy and childbirth for highly-educated female workers. Title VII only requires employers to offer benefits to all employees on the same terms; it does not proactively require employers to provide paid maternity leave or paid family leave. For college-educated women workers, the law has made a big difference because many employers of professional workers were already offering short-term disability insurance and paid sick days. The PDA effectively required those benefits to be made available for the purposes of pregnancy and child birth. From 1961 to 1965, only 14 percent of college-educated women workers received paid leave before or after the birth of their first child.<sup>33</sup> This number dramatically increased to 59 percent of college-educated women workers in the immediate period after passage of the PDA, and holds at 66 percent of professional workers in 2008.<sup>34</sup> For less-educated workers, the law has made little difference with regard to employee benefits because these workers are less likely to have access to any paid leave.<sup>35</sup> For workers with less than a high school degree, the access to paid leave after child birth remained nearly constant from 1961 to 2008 fluctuating between 18 and 19 percent.<sup>36</sup>

In addition to the Title VII requirement of equal access to employer-sponsored benefits required, the government also affirmatively requires some employers to offer job-protected family leave to workers. The Family and Medical Leave Act of 1993 (FMLA) mandates that certain employers provide unpaid leave, regardless of gender, to care for family or medical needs. FMLA provides qualified employees with the right to take up to twelve weeks each year of job-protected unpaid leave for the birth or care of the employee's child, care of an immediate family member with a serious health condition, or for an employee's own serious health condition.<sup>37</sup> This law provides critical economic security to eligible workers because it requires that the worker get his or her job back upon returning from leave. It also prevents employers from dropping or reducing an employee's health insurance benefits because the worker took FMLA leave: employers are required to maintain the same group health plan coverage before and after a worker has taken FMLA leave.<sup>38</sup> As important as these benefits are, only about half of the workforce is covered under FMLA.<sup>39</sup> Furthermore, many people caring for ailing relatives do not qualify for FMLA because workers may only take time off to care for a spouse, child or parent. For example, 40 percent of Alzheimer's caregivers are providing care to a relative who would fall outside the allowable family members for whom a caregiver can take leave under the FMLA, including grandparents, siblings, in-laws, and aunts and uncles.<sup>40</sup>

Too many lower and middle income families work for employers that do not offer benefits to all workers that would allow mothers to access them on an equal basis and many employees do not qualify for FMLA.

### *Child Care Support*

The government provides child care support both in the form of subsidies to low-income working parents and tax credits to middle income parents. In both instances, the aid barely scratches the surface of need. While Congress infused federally-supported child care programs with \$4.1 billion extra dollars as part of the economic recovery package, the funding did not bring the program back to the number of families it was serving five years ago. With more and

more states unable to provide state funding to support child care, many workers struggle to afford child care while they work.<sup>41</sup>

## Conclusion

As Mother's Day approaches, it is fitting to think of the challenging job we are asking mothers to do. For too many mothers, we are asking them to raise their children on their own with no time off even for the child's birth or early days. For other mothers, we are asking them to provide the best care and attention to a child with a chronic health condition and allowing them no flexibility to schedule work and doctor's appointments to make that possible. For too many, we are asking them to subsist on a minimum wage that barely provides poverty wages and offering them no help to afford quality child care. Of course, mothers are not alone—it is also fathers who face these same challenges.

These challenges will not be addressed by a quick fix, but if we don't tackle these hard problems—by increasing parental income, providing true pro-family workplace policies, and ensuring that our country has affordable, quality child care—we will be leaving a generation of parents feeling unable to meet the needs of their children and a generation of children less healthy and educated than they deserve to be.

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<sup>1</sup> See Bureau of Labor Statistics, *Economic News Release: Table 4. Families with Own Children: Employment Status of Parents by Age of Youngest Child and Family Type, 2010-11 Annual Averages*, prepared by the Bureau of Labor Statistics, U.S. Department of Labor, 2012, available at: <http://www.bls.gov/news.release/famee.t04.htm>.

<sup>2</sup> Sarah Jane Glynn, "The New Breadwinners: 2010 Update. Rates of Women Supporting Their Families Economically Increased Since 2007," Center for American Progress, April 2012.

<sup>3</sup> Michael Greenstone and Adam Looney, "Have Earnings Actually Declined?" The Brookings Institution, Hamilton Project, March 4, 2011 (stating that in 2009 the median full-time male worker aged 25-64 brought home \$48,000—roughly the same as in 1969 after adjusting for inflation).

<sup>4</sup> Jeanne Van Cleave, et al., "Dynamics of Obesity and Chronic Health Conditions in Among Children and Youth," *Journal of American Medical Association*, 2010; 303(19):1915.

<sup>5</sup> Asthma and Allergy Foundation of America, "Asthma Facts and Figures," available at: [http://www.aafa.org/print.cfm?id=8&sub=42#\\_ftn20](http://www.aafa.org/print.cfm?id=8&sub=42#_ftn20)

<sup>6</sup> Institute of Education Sciences, *Indicator 18: Parent's Employment, Employment Status of Parents with Own Children under 18 Years Old, by Type of Family: 1975 to 1993*, prepared by the Institute of Education Sciences, U.S. Department of Education, 1996; Mark Mather, "U.S. Children in Single Mother Families," Population Reference Bureau, Data Brief, May 2010.

<sup>7</sup> Jason DeParle, "For Women Under 30, Most Births Occur Outside Marriage," *The New York Times*, February 17, 2012.

<sup>8</sup> Suet-Ling Pong, et al., "Family Policies and Children's School Achievement in Single- Versus Two-Parent Families," *Journal of Marriage and Family* 65 (August 2003); 681-699.

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<sup>9</sup> U.S. Census Bureau, “State Interim Population Projects by Age and Sex, Table B1, Interim Projections of the Population by Selected Age Groups for the United States and States: April 1, 2000 to July 1, 2030,” available at <http://www.census.gov/population/www/projections/files/SummaryTabB1.pdf> .

<sup>10</sup> Katherine Mack and Lee Thompson with Robert Friedland, “Data Profiles, Family Caregivers of Older Persons: Adult Children” (Washington: The Center on an Aging Society, Georgetown University, 2005).

<sup>11</sup> L.E. Hebert and others, “Alzheimer’s Disease in the U.S. Population: Prevalence Estimates Using the 2000 Census,” *Archives of Neurology* 60(2003):1119-1122, p. 1121.

<sup>12</sup> Ibid.

<sup>13</sup> Ann O’Leary and Karen Kornbluh, “Family Friendly for All Families,” in *The Shriver Report: A Woman’s Nation Changes Everything*, ed. Heather Boushey and Ann O’Leary (Washington, DC: Center for American Progress, 2009), 91-93.

<sup>14</sup> Bureau of Labor Statistics, Table 6. Selected Paid Leave Policies: Access, National Compensation Survey, March 2011 (showing that 34 percent of private sector workers making the second lowest 25<sup>th</sup> percentile of average wages did not have access to paid sick days and 26 percent of workers making the second highest 25<sup>th</sup> percentile of average wages did not have access to paid sick days).

<sup>15</sup> Joan C. Williams and Heather Boushey, “The Three Faces of Work-Family Conflict: The Poor, the Professionals, and the Missing Middle,” The Center for American Progress and WorkLife Law, January 2010.

<sup>16</sup> *Family and Medical Leave Act, U.S. Code* 29 (2000), §§ 2601-2654; Jane Waldfogel, “Family and Medical Leave: Evidence from the 2000 Surveys,” *Monthly Labor Review* 124(9) (2001): 19-20.

<sup>17</sup> United States Department of Labor, “Balancing the Needs of Families and Employers: Family and Medical Leave Surveys,” 2000 Survey, Table 3.3. Demographic Characteristics of Leave Takers by Eligibility Status (showing that 55.2 percent of FMLA eligible leave takers make between \$30,000 and \$75,000).

<sup>18</sup> Workplace Flexibility 2010 and Berkeley CHEFS, “Chapter 2: Temporary Disability Insurance,” in *Family Security Insurance: A New Foundation for Economic Security* (Washington: Workplace Flexibility 2010 and Berkeley CHEFS, 2010) (hereinafter “Family Security Insurance Report”).

<sup>19</sup> Peter S. Goodman, “Cuts to Child Care Subsidy Thwart More Job Seekers,” *New York Times*, May 23, 2010.

<sup>20</sup> See Andrew E. Scharlach and Amanda J. Lehning, “Government’s Role in Aging and Long-Term Care,” in *Shared Responsibility, Shared Risk: Government, Markets and U.S. Social Policy in the Twenty-First Century*, ed. Jacob S. Hacker and Ann O’Leary (New York, NY: Oxford University Press, 2011).

<sup>21</sup> Bureau of Labor Statistics, *Women in the Labor Force: A Databook*, prepared by the Bureau of Labor Statistics, U.S. Department of Labor, 2009, “Employed persons by full- and part-time status and sex, 1970-2008 annual averages, Table 20,” (showing that just under 25% of women work part time compared to just over 17% of men).

<sup>22</sup> MetLife Mature Market Institute, National Alliance for Caregiving, and Center for Productive Aging at Towson University, *The MetLife Study of Sons at Work Balancing Employment and Eldercare* (Westport, CT: Mature Market Institute MetLife, 2003) (showing that 78 percent of men and 84 percent of women reported coming in late or leaving early as a result of an elder care conflict) (hereinafter Sons at Work Study); “Alzheimer’s Association Women & Alzheimer’s Poll, 2010,” Ann O’Leary, “What’s the Workplace Impact?,” in *The Shriver Report: A Woman’s Nation Take on Alzheimer’s*, ed. Angela Timashenka Geiger et al. (Washington, DC: Alzheimer’s Association, 2010) (hereinafter Women & Alzheimer’s Poll) (finding that 61 percent of female and 70 percent of

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male working Alzheimer's caregivers reported needed to go in late or leave early from work as a result of caregiving conflict).

<sup>23</sup> MetLife, *Sons at Work Study* (showing 8 percent of women and 8 percent of men turned down a promotion due to an elder caregiving conflict; and showing that 16 percent of men and 24 percent of women turned down overtime work as a result of caregiving responsibilities); "Women & Alzheimer's Poll" (showing that 11 percent of women and 14 percent of men turned down promotion due to caregiving conflict; and showing that 11 percent of women and 8 percent of men lost a job benefit as a result of caregiving).

<sup>24</sup> *Sons at Work Study* (showing 20 percent of women and 11 percent of men considered quitting their jobs due to an elder caregiving conflict); "Women & Alzheimer's Poll" (showing that 12 percent of women and 8 percent of men had to give up working entirely due to caregiving conflict).

<sup>25</sup> Gillian Lester, "A Defense of Paid Family Leave," *Harvard Women's Law Journal* 28 (2005): 21-22.

<sup>26</sup> Kristin Smith and Kristi Gozjolko, *Low Income and Impoverished Families Pay More Disproportionately for Child Care* (Durham, NH: Carsey Institute at the University of New Hampshire Policy Brief No. 16, 2010).

<sup>27</sup> "Nearly Half of Preschoolers Receive Child Care from Relatives," U.S. Census Bureau press release, February 28, 2008 (noting that among the 11.8 million children younger than 5 whose mothers were employed, 30 percent were cared for on a regular basis by a grandparent during their mother's working hours and another 25 percent received care from their fathers during the mother's working hours).

<sup>28</sup> Christopher Ruhm, Parental Employment and Child Cognitive Development, 39 *J. Hum. Resources* 155 (2004); Jeanne Brooks-Gunn, Wen-Jui Han & Jane Waldfogel, Maternal Employment and Child Cognitive Outcomes in the First Three Years of Life: The NICHD Study of Early Child Care, 73 *Child Dev.* 1052 (2002); Christopher Ruhm, Parental Leave and Child Health, 19 *J. Health Econ.* 931 (2000); Pauline Hopper & Edward Zigler, The Medical and Social Science Basis for a National Infant Care Leave Policy, 58 *Am. J. Orthopsychiatry* 324 (1988).

<sup>29</sup> Jeanne Brooks-Gunn, Wen-Jui Han & Jane Waldfogel, First-Year Maternal Employment and Child Development in the First Seven Years, 75 *Monographs of Soc'y for Res. in Child Dev.* 1, 35-49 (2010).

<sup>30</sup> Institute for Women's Policy Research, "Denver Paid Sick Days Would Promote Children's School Success," October 2011.

<sup>31</sup> For a review of government action, see O'Leary and Kornbluh, "Family Friendly for All Families," 78.

<sup>32</sup> *Civil Rights Act of 1964*, U.S. Code 42 (2006) § 2000e-2; *Pregnancy Discrimination Act*, U.S. Code 42 (2006) § 2000e(k).

<sup>33</sup> Lynda Laughlin, *Maternity Leave and Employment Patterns of First Time Mothers: 1961 – 2008*, (Washington, DC: U.S. Census Bureau, October 2011), 12 (Figure 3).

<sup>34</sup> *Ibid.*

<sup>35</sup> Workplace Flexibility 2010 and Berkeley CHEFS, *Family Security Insurance Report*, Chapter 2.

<sup>36</sup> *Ibid.*

<sup>37</sup> *Family and Medical Leave Act*, U.S. Code 29 (2000) §§ 2601-2654.

<sup>38</sup> *Ibid.*, §§ 2601, 2614(c).

<sup>39</sup> Jane Waldfogel, "Family and Medical Leave: Evidence from the 2000 Surveys," *Monthly Labor Review* 124(9) (2001): 19-20.

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<sup>40</sup> Alzheimer's Association, "Women & Alzheimer's Poll" (2010).

<sup>41</sup> Goodman, "Cuts to Child Care Subsidy Thwart More Job Seekers."