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AN ECONOMY THAT PUTS FAMILIES FIRST

Expanding the social contract to include family care

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In two-thirds of families with children, both parents work. A typical child today is just as likely to live in a family with a working mother as with a working father. These facts herald a startling change that has occurred over a remarkably short period of human history—in only a few decades we have experienced a revolution in how we raise our children. Yet it is a revolution with which our government and public policies have not kept pace. Parents have made enormous changes in their lives with little help or support, and the strains are showing. Two-thirds of working parents feel they do not have enough time to spend with their families (Gallinsky, Bond, and Hill 2004), and 1.3 million children below the sixth grade (age 11) spend at least some time each day in self care (Afterschool Alliance 2003).

The most common family type with children today is the two-earner couple (47% in 2005) (Bureau of Labor Statistics 2007). These parents typically juggle multiple forms of child care and two work schedules. Perhaps one parent drops off a school-age child at a neighbor's before school to get an early start to work, while the other takes a pre-school child to a child care center or family day care home. Each proceeds to a job, and then they do it all in reverse at the end of the day, one stopping by the school to pick up the older child at an after school program while

TABLE OF CONTENTS

the other swings by the day care center to retrieve the younger child. One of the parents might stop for groceries on the way home; somehow dinner will be made or picked up and eaten, housework and homework done, the children bathed and put to bed, with the routine repeated the next day. Or the parents might stagger their work shifts so as to minimize the need for paid child care, in which case they rarely have the opportunity to eat a family meal together.

Now imagine how much harder it is if there is only one parent in the family, or if the parent must use public transportation rather than an automobile, or if the family lives in substandard housing in an unsafe neighborhood. What happens when the daily routine breaks down because the child care provider gets sick, the car won't start, the furnace breaks, or the school wants to hold a parent-teacher conference? What happens when a child or parent is ill? What if the parent works at a job where he or she must punch a clock and has no flexibility to arrive late or leave early or to work at home while an ill child recovers? What if one parent has a serious illness and loses income while recuperating because the employer provides no paid sick days, as is the case for half of American workers today?

Today's typical family does not have an "extra" adult to deal with these emergencies, to stay home with a sick child or take a child to the doctor. Nor does it have an "extra" adult that can go into the labor force to maintain a family's income when the primary earner cannot work; virtually all adults are *already* working. Between 1970 and 2000, the typical two-parent family increased their annual work schedules by 500 hours (Bernstein and Kornbluh 2005).

These are the issues parents face every day, and parents are not the only ones with family care responsibilities. Many workers care for elderly parents or other family members on a regular or occasional basis, and all workers must take care of their own health needs. Current public policies fail to protect our workers and families in these ordinary life circumstances. We all know that workers must deal with these needs, but we rarely think consciously of how that is accomplished; we simply take it for granted. Some workers, especially those in professional and managerial jobs, take advantage of employer accommodations, often without fully realizing that paid sick days and the ability to arrive late, go home early, or work at home are simply not available to all workers in the United States.

New Policies Needed for Today's Families

The United States has far fewer family-friendly policies and public supports than most other countries with advanced economies (Europe, for example, see Gornick and Meyers 2003; Heymann 2006). To catch up with our competition, and more importantly to meet the needs of our workers and get our children off to a good developmental start free of poverty, the United States needs to institute a comprehensive family policy program consisting of three main features:

- greater flexibility on the job so that workers can better mesh family care needs with their work responsibilities (see page 6),
- paid leave for care giving so as to ensure income continuity for workers (see page 9), and
- subsidized child and elder care (see page 11)

The U.S. family-care regime is one that, compared with Europe or Scandinavia, or the British Commonwealth countries (which are more like the United States than are the other wealthy countries), relies more on individuals fending for themselves in the marketplace and less on government programs. While some families at the top of the income distribution are able to meet their needs in the marketplace, the market-based system provides insufficient help to most, leaving moderate- and low-income families with very limited options and perpetuating costly burdens on most adults striving to combine paid work and care giving.

Indeed, much policy making in the United States today reflects a view of families as private entities, each one responsible for securing its own well-being—as if our society at large has no interest in seeing that children are born and well raised, that the sick, disabled, and elderly are tended with care, and that strong, healthy personal relationships within and between generations are nourished. Of course, it is not true that these matters are not important to society—they are in fact the core of society, *the reason for society*. It is within families that the basic human values of care and concern begin and are nurtured. Families give individuals the foundation for contributing to the economy, to civil society, to politics, and to the arts. No facet of life is more appropriate for public support than family life. All societies must balance public interest in well-functioning families that reproduce our species with the need for personal privacy in intimate space. Most advanced nations have recognized this by dedicating more of their public resources to help families with the tasks of child and elder care than we do in the United States.

Only gradually have U.S. public policies responded to changes in how Americans live and work. Such policies have been adopted in fits and starts and have left huge gaps in which many needs go unmet. With the enactment of Social Security in 1935, our largest public program, the United States recognized that, in an era when life expectancy was growing and the agrarian way of life had all but disappeared, elders would no longer be able either to work until they died or to be supported financially by younger family members. Medicare was added in 1965 to meet the acute health care needs of seniors, but the long-term care of the frail elderly was omitted from coverage, as was the cost of prescription drugs (until 2006). The United States is known for its historically early commitment to universal public education for children aged six and above, but public programs for younger children and for young adults are nowhere near fully funded, leaving individual families to bear much of the financial burden of both pre-school and higher education. Today, as the global economy continues to require ever-more education and skills, children must be nurtured longer, at the same time that adult women as well as adult men are needed to contribute their skills and abilities as paid workers outside the home. Because American society aspires to equal opportunity for all, and the early childhood years are increasingly understood as key in shaping one's lifetime opportunities, the early care and education of children must now, like the care of the elderly and older children, be recognized as an important realm for public investment. Individual families should not bear the responsibility and cost alone, nor should women bear the disproportionate share of family care since doing so generally reduces their own economic security.

As women have entered the labor market, increasing their participation and commitment to paid work to a level comparable to men's, their responsibility for family care has not declined in proportion. Societies traditionally assign the essential responsibility of family care to women, and social institutions, such as the labor market and schools, incorporate gendered norms about family care into their structures. Typically, women's work in the market pays less than men's, and women face greater barriers to upward mobility. This situation in turn reinforces women's role as caregivers, because any couple making decisions about who will seek employment and who will provide care must pay attention to the fact that the man likely out-earns the woman.

Families strategize about these issues seemingly on their own, but they do so within an overall system that is largely determined by public policy. Simply put, public policies shape people's lives: they allow or forbid employment discrimination; they can require employers to make accommodations for family care (or not); policies can provide financial support for child care and elder care or they can expect families to meet these needs on their own; tax policy can either reinforce or challenge gender-based patterns of employment and family care; and so on.

A progressive family policy must begin by recognizing the government's appropriate role in strengthening and supporting families and in helping workers meet their personal and family needs. This requires confronting the intended and unforeseen consequences of past and current policies, or policy vacuums, that affect women and men differently and workers at various income levels differently, as well. We must find a set of policies that will share the costs of care more widely through public funding, while valuing the work done within families, redistributing it more equitably, and easing the burden on those who combine that work with paid work.

Equal opportunity as a family-friendly policy

By design, this Briefing Paper focuses on the policy gaps that must be filled to make U.S. workplaces more family friendly, but we should also recognize that other aspects of labor market policy not usually considered "work-and-family" issues are nevertheless central to how families fare. Among these are the right of workers to fair representation through collective bargaining (addressed in papers by Shulman and Kochan 2007 and Shaiken 2007) and equal employment opportunities. It is well-known that women have not yet achieved parity in the labor market: the typical woman worker with a full-time, year-round schedule earns only 77% of what the median male earns, or only $31,858 compared with $41,386 in 2005 (U.S. Census Bureau 2006). Women are the mainstay of retail, clerical, and personal-care work as well as representing the vast majority of teachers and nurses, while men predominate in the construction trades, police and fire fighting, wholesale, and top management. Women earn less than men even when they have similar education and work experience and work in jobs that require equivalent skill, effort, and responsibility in equally demanding conditions (not to mention the discrimination they face when working side by side with men).

Women's lower earnings are a problem for both married and unmarried mothers. Among married couples, as noted above, women's lower earnings contribute to child care and family work being done disproportionately by women, since the family typically loses less money if the wife, rather than the husband, reduces work hours to provide family care. Lower earnings and shortened work time leave many women with substantially lower lifetime incomes (Rose and Hartmann 2004), reducing their long-term economic security, especially if the marriage dissolves or the wife outlives her husband, which is typically the case. Unmarried mothers (24% of families with children in 2005)—who often go without child support payments from absent fathers—struggle to raise children on just one rather than two salaries, and a lower female salary at that. A disproportionate share of poverty falls on families headed by women alone: 29% of these families are poor compared with 5% of families headed by married couples (U.S. Census Bureau 2006). Moreover, the cost and time burden of rearing children falls on parents when they are relatively young and have fewer financial resources. Overall, approximately 18% of U.S. children are poor. The burdens of low pay and poverty also fall disproportionately on people of color, especially women. Thus, while 10% of white children are poor, 29% of minority children are poor (U.S. Census Bureau 2006). And while white women earn 73.1% of what white men earn, African American women earn only 63.2%, Hispanic women earn 52.4%, and Native American women earn 59.8% of what white men earn (Institute for Women's Policy Research 2007).

These figures make clear the necessity of achieving equal opportunity in the labor market. The progressive vision for America is one in which each person's talents and abilities are fully developed, each is able to contribute according to her or his ability, and each receives fair compensation. As long as women and minorities are subject to discrimination in access to jobs and in pay, benefits, and other conditions of employment, people's decisions about investing in their education, careers, and working time will be skewed and will not result in the most productive uses of their skills and abilities. What is needed in this arena is stronger enforcement of existing anti-discrimination law and new law to make it clear that comparable jobs should be paid equitably. And because affirmative action in education, employment, and contracting is increasingly under attack, new measures are needed to strengthen equal access for those who have been traditionally excluded.

Our concern for equal access for all also extends to educational opportunities. Education is the cornerstone of the American dream of upward mobility, yet we do a very poor job of equalizing access to quality education. Public investment should truly guarantee good educational opportunities for all our children, starting with preschool programs and continuing through post-secondary vocational training, college, and graduate school. Many gender-based assumptions about appropriate study and work roles that are played out in school settings contribute to women's employment disadvantages later in life. The same can be said for minority men. Equal opportunity must be a fundamental part of our *new social contract*. Furthermore, this new social contract would be inadequate without the family supports that can help make this dream of equal opportunity a reality.

Family policy as anti-poverty policy

The family policies discussed in this paper should also be recognized as an essential element of progressive anti-poverty policy. Research by the Institute for Women's Policy Research and others shows that ordinary lifecycle family events, for example the birth of a child or an illness, often push people into poverty (Spalter-Roth et al. 1995; Heymann 2000). When illness or childbirth leads to income and job loss because of a lack of mandated paid sick leave, the only alternative for some low-income mothers may be welfare, which typically provides families with below-poverty level income. The much-applauded EITC (Earned Income Tax Credit) payment shrinks if a minimum-wage earning mother must take unpaid time off from work to take care of a sick child. Another job-related safety net, unemployment insurance, is also typically not available to workers who leave jobs for family reasons, something women do much more than men (Yoon, Spalter-Roth, and Baldwin 1995; Emsellem, Allen, and Shaw 1999). Finally, the many parents who work in the low-wage labor market cannot, even with the EITC, lift their families above poverty if they must pay for child care, and current child care subsidy programs reach only about 20% of income-eligible children. In arguing for new, universal public programs that subsidize child care and provide paid leave from work, we note that, like Social Security, universal programs help everyone, but they help those at the bottom most. To be sure, a successful anti-poverty strategy requires other policies, such as higher minimum wages, housing assistance, and health insurance, all of which are addressed in other Agenda for Shared Prosperity Briefing Papers (see the forthcoming Bernstein paper on poverty and Hacker's *Health Care for America* report). But these policies do not constitute a complete poverty eradication strategy without the essential elements of family policy discussed in this paper. Without paying attention to the specific family needs of workers and to the different gender roles of parents, it is not possible to eliminate poverty or reduce inequality substantially. It is worth noting that the countries that have done the most to eliminate poverty also have the most well-developed family policies.

What a Comprehensive Family Policy Agenda Would Look Like

A comprehensive family policy agenda in the United States requires three sets of programs.

One set of programs should help families balance work and family needs by creating incentives for employers to provide what only they can provide: job security, flexibility of work schedules, and fair treatment of adults with family care-giving responsibilities. Workers should not have to choose between doing their jobs and taking care of urgent family needs. Put another way, a family emergency should not lead to job loss. Work schedules, typically controlled by employers, should offer workers flexibility wherever possible; workers who accept part-time schedules offered by employers should not be penalized with lower hourly wages or lack of fringe benefits. Caregivers should not face discrimination in the terms or conditions of employment. This set of policies requires influencing employer behavior.

A second set of programs would provide income replacement when workers must be absent from work to provide family care, including absences due to child birth and adoption as well as to the illness or frailty of family members. Included in this set, because the United States lacks it, is wage replacement when workers are ill and must be absent from work to recuperate from their own illnesses.

A third group of programs would subsidize the costs of care so that family members have help from outside of their family to meet the costs of providing care. The two most important types of care that are beyond the means of many families are the care of young children and long-term care for the frail elderly.

Public policy should make care giving easier for workers: it is a public good and as such the marketplace by itself will not produce the correct pricing of care work or allow for the correct amount of care giving needed. Employers may not see care giving by their workers as useful to their bottom line, no matter how much it is needed by society. Parents' care of children, for example, has very significant externalities that are crucial to a well-ordered society—well-reared and well-educated children are a benefit to their neighbors and the larger society, whereas poorly reared or poorly educated children impose costs on others for years to come. The market fails to capture these benefits and costs well—they are simply beyond the scope of a profit-motivated market system. Thus, we have traditionally used the tax system to support public education. Increasingly, other areas of family care, including health care, child care, pre-kindergarten, and income and nutrition support, are subsidized with public dollars. Elder care, too, can be seen as a public good, one for which the market also does not work well, since most Americans agree that older people should not be left destitute if their own working lives have not equipped them to live above poverty. Through both social insurance and general tax revenues, many needs of the elderly are currently being met through public spending, yet long-term care for those of modest means has still not been addressed.

Perhaps more important than the market failure perspective, however, is a broader view of the kind of communities we want to live in and the role of government in helping us create them. Societies not only *can* plan carefully to produce the quality of life people want, but they have a *responsibility* to do so. A progressive vision of our future must be one that places caring for others at its center. These are the values learned in families and these are the values that we want our communities to embody. These values come primarily but not exclusively from women because it is women who have done the majority of care giving and relationship building in our communities. We in the United States have yet to adequately grapple with the revolutionary changes in care giving that have accompanied women's fight for economic equality. As women have "voted with their feet" to work more in the labor market and less in the home, and as the labor market has demanded their services, there is a need and an opportunity to share care giving more widely beyond individual families and more equitably between women and men within families. Neither markets nor individuals can devise new strategies for care giving without the assistance of government. The scale of the supports needed, the impact on other people, and the desire to express our values in community makes this, without question, an issue requiring collective decision making.

Influencing employer behavior to increase worker security and flexibility

Employer behavior can be influenced in a variety of ways, including financial incentives (tax breaks) or penalties for compliance failure (as well as other enforcement mechanisms such as Equal Employment Opportunity, for example). Some means are relatively costless to the government, except for the need to finance enforcement mechanisms, while others may be very expensive to the taxpaying public. Although the United States is often perceived as being committed to a relatively unregulated labor market, government intervention in employers' actions is not uncommon and a perfectly legitimate avenue for pursuing public policy goals, especially where market signals simply do not incentivize employers as a group to provide for society's needs.

The United States has the weakest leave laws for illness and childrearing of any wealthy country (Gornick and Meyers 2003; Heymann 2006). In most of the wealthy countries, leaves for many purposes are paid and are part of the social insurance system that also provides the unemployed and retired with income. In the United States, Social Security covers illnesses and disabilities that last longer than one year, while income to cover shorter-term illnesses is for the most part left to the discretion of each individual employer (except in the five states that have mandatory Temporary Disability Insurance (TDI) programs; paid leave is discussed further below).

The United States has two federal provisions aimed at influencing employer behavior regarding leave. The Pregnancy Discrimination Act of 1978 requires employers who provide leave (either paid or unpaid) to workers with medical conditions to also provide the same type of leave to pregnant women for conditions related to pregnancy and childbirth. This law had a huge impact on enabling women to keep their jobs after childbirth. (Prior to 1978, the most typical maternity "leave" was for a woman to exit her job before childbirth and not to be offered re-employment afterward.) The 1978 law also required those states with TDI plans to cover pregnancy and childbirth on the same terms as other short-term conditions, generally increasing the benefits available to child bearing women under the plans.

The Family and Medical Leave Act of 1993 (FMLA) requires employers to provide up to 12 weeks of unpaid leave and continuation of health insurance during the leave on the same terms that are offered when working, as well as reinstatement in the same or an equivalent job (in firms with 50 or more workers). To be eligible to use the leave, an employee must have one year of job tenure at 60% time or greater. It is available for one's own medical condition or to take care of a newly born or adopted child, a seriously ill child or spouse, or a parent needing assistance. One of the strengths of the FMLA is that it is available on gender-neutral terms and includes leaves for one's own illness (which men use as much as women) as well as family-care leaves. While the FMLA seems like the barest of protections, getting it passed was a hard-fought battle that took nearly 10 years, and some employers are currently calling for its use to be restricted. Despite the lack of pay for time taken off, the FMLA does ensure a very important right—the right to return to the same or an equivalent job when the leave is completed.

These two federal mandates are also an important expression of the public's interest in facilitating the work of having babies, raising children, and—in the case of the FMLA—assisting in the care of ill or frail members of the community. While most critically offering immediate relief to employed women and men, they also signal our shared support for the values of care and community. These public signals can help move us toward a more thoughtful public conversation about care work, a conversation that may lead us to better policy making and an enhanced quality of life.

Expanding current protections. The current FMLA law needs to be extended to smaller firms, preferably to all firms engaged in interstate commerce. This is the employer standard used in the Fair Labor Standards Act (which establishes the federal minimum wage and requires a 50% wage premium for overtime hours) and would extend FMLA benefits to the vast majority of workers (more than 90% versus the somewhat less than 50% of U.S. workers covered currently). The care relationships covered by the FMLA are also too limited to reflect how care work is actually performed in the United States and should be broadened to include all of our richly diverse family structures. For example, elder in-laws and step-parents often require care but leaves to care for these people are generally not covered now. Neither are leaves needed to care for same-sex partners. Another useful extension of FMLA-type leave is very short-term leave for "small necessities," which would enable parents to attend meetings at school, for example, without fear of losing their jobs.

Requiring paid sick days. A new federal proposal, the Healthy Families Act (HFA), first introduced in 2004 would require employers of 15 or more workers (the size standard used for Title VII of the Civil Rights Act) to provide up to seven paid days per year for either the employee's own illness or to care for a family member who needs medical attention. The bill, introduced by Senator Edward Kennedy and Representative Rosa de Lauro and developed with the assistance of the Institute for Women's Policy Research (IWPR) and other groups, extends protections to a broader range of workers than does the FMLA, covering those who work about 40% time or more, and a broader range of family members, because it includes any significant person who is in a close family relationship with the worker. This proposed law will obviously help parents, but like the FMLA, it is by no means limited to only parents. Currently, excluding federal military and civilian workers, one-half of American workers have no paid sick days (Lovell 2004). IWPR research finds that, by reducing turnover, the HFA would actually save employers about $ 2.8 billion per year (Lovell, Gault, and Hartmann 2004).

Valuable extensions of this bill would be to increase coverage to all firms engaged in interstate commerce and to increase the number of days available to 10 per year. A strong grassroots campaign for paid sick days, currently active from coast to coast, experienced its first major victory in November 2006, when San Francisco voters endorsed a paid sick days standard for all employers with at least one worker. Like the federal bill, it covers absences for care of others as well as absences for the worker's own illness. Paid sick days for short-term needs are proposed here as an employment standard aimed at changing employer behavior rather than as social insurance, because the typical worker misses only a few days each year for illness or family care. (Income replacement for longer absences is addressed later in this paper.)

Increasing flexibility—adjusting working time to better meet workers' needs. The United States also needs to encourage employers to create more family-friendly jobs in other ways. International models range from Dutch and German employees' right to request a reduction in their contractual hours (with no obligation to provide a reason for the change) to the Australian New South Wales Anti-Discrimination Law, which makes it unlawful to discriminate against employees with family-care responsibilities and also puts an obligation on employers to accommodate (if possible) an employee's need for alternative work schedules because of their care-giving responsibility. In between is the United Kingdom "soft-touch" statute that provides employees with the right to request any change in their contractual working arrangements—be it flextime, fewer hours, or work from home—but limits this right to parents of young children and those who have family care-giving responsibilities for adults. None of these laws provides absolute rights to flexible work—the employer is obligated to take the request seriously but can deny it for a business purpose (i.e., because their business will be harmed). The evidence so far suggests that these modest policies have been reasonably successful in creating a more positive climate for alternative work schedules, with the majority of requests being accepted by employers (Bourke 2004; Burri, Opitz, and Veldman 2003; Hegewisch 2005; Kornbluh 2005; Levin-Epstein 2005). Although more women than men make use of these rights, both genders rely on them. And even though some of the laws are limited to parents or care givers, they also appear to have opened up greater possibilities for flexible work to employees not directly covered by the rights.

As a first step toward greater accommodation on the job, the United States should enact a law like the British "soft touch" statute that would apply to all employers engaged in interstate commerce and to employees seeking accommodation for family care reasons. In addition, an executive order more narrowly focused on federal contractors should be promulgated to require them to provide family-friendly accommodations and to report annually on the usage of these accommodations by different types of workers at various levels of responsibility, much like affirmative action in employment opportunities, along with reporting, is already required of federal contractors.

Workers in the United States not only lack flexibility on the job, but they also put in more hours than workers in any other wealthy country (Mishel, Bernstein, and Allegretto 2006). Reducing work hours is an important family-friendly policy that makes it easier for workers to combine work and family care obligations. There are four major ways to reduce work hours:

- Reduce the standard work week for everyone from the 40-hour norm common in the United States to something less, for example 37.5 or 35 hours per week;
- Increase time off through setting standards for required paid vacation time and paid holidays, which are common in most countries but non-existent in the United States (e.g., the minimum required paid vacation time in the European Union is 20 days per year; a beginning standard of 10 days might be appropriate in the United States);
- Require that jobs with reduced work hours be offered without wage or benefit penalties (this would be especially valuable to parents and other care givers, but would also be helpful to all those who would like to combine work with other pursuits, such as mountain climbing, acting, or community service for example); and
- End mandatory overtime (again, this would especially help parents who, when required to work overtime on short notice, must scramble to cover their child care needs). Nine states have already passed legislation to restrict mandatory overtime for nurses, and labor unions are working on a bi-partisan federal initiative.

Ironically, some U.S. workers suffer from the opposite problem: they can find only part-time jobs and must double up to get full-time hours. Sometimes they simply cannot find enough hours of work. Many employers, especially in retail trade and personal services, offer numerous part-time jobs, either as a way to match work hours to consumer demand cheaply, or in order to avoid paying for benefits offered to full-time employees. The third policy mentioned above—requiring employers to ensure equity in pay and benefits for part-time jobs—would prevent the overuse of part-time jobs by employers but would also likely increase demand for part-time jobs by workers. High-quality part-time jobs are currently rare in the U.S. economy (Hartmann, Yoon, and Zuckerman 2000), but they are certainly desired by many parents of young children as well as by others who prefer time to income.

A final area of policy affecting work hours is mentioned here for convenience, although it does not involve employer behavior. Much U.S. tax policy (as well as popular social insurance programs, such as Social Security) was developed in an era when the typical family consisted of a male breadwinner and a stay-at-home mom. Even then, of course, many families did not fit this norm; now that supposed norm is even rarer. Many tax and benefit provisions discourage wives from working for pay through higher tax rates for married couples with two equal or near-equal earners (this phenomenon is known as the marriage penalty in the federal income tax) and/or lower benefits for taxes paid (as in Social Security). All such policies need to be reviewed and modernized to make it easier for all workers to combine paid work and care giving.

Reducing employment discrimination against caregivers. Discrimination against employees with family care giving responsibilities is widespread in the United States (Budig and England 2001; Williams and Segal 2003). The last decade (1996-2005) has seen a 400% increase compared to the previous decade (1986-1995) in the number of legal cases filed by employees who allege that their employer has discriminated against them because of their care-giving responsibilities (whether for children or adult family members) or pregnancy (Still 2006). These cases range from demotion or dismissal of pregnant women to withdrawal of flexible work schedules in retaliation to discrimination against men who need leave to care for their children or spouses. They provide ample examples of the type of prejudice and workplace discrimination faced by employees with family responsibilities, but also suggest that there has been a shift in what is perceived as unacceptable, and, perhaps more importantly, legally challengeable behavior by employers. The majority of such cases were lodged by non-professional employees. Such Family Responsibility Discrimination cases (a term coined by the University of California Hastings Center for WorkLife Law) have drawn on a broad range of laws, including the Family and Medical Leave Act, Title VII of the Civil Rights Act, the Equal Pay Act, the Americans with Disabilities Act, and the Employee Retirement Income Security Act, and these cases have had a higher success rate than any other category of employment law cases. With average awards of $100,000 for successful cases, this type of discrimination suit already poses a significant risk for employers. Further legislative development in the form of an explicit protection forbidding discrimination against people with family responsibilities would help create greater clarity for both employers and employees. A model is provided by the Australian New South Wales Anti-Discrimination Act, which explicitly includes family care-giving responsibilities as a protected category alongside race, age, sex, marital status, etc., but goes beyond this by including an obligation for "reasonable accommodation" by employers to positively consider an employee's need for alternative work schedules to accommodate family responsibilities (Bourke 2004).

Replacing earnings through social insurance programs

Providing income replacement when workers forego paid work to provide care is the second major type of policy needed in a comprehensive strategy to increase the family friendliness of the U.S. economy. The United States relies on social insurance systems for income replacement in several different situations, all of which provide models for how to devise a paid family care leave program. One is, of the course, the Social Security system, which provides partial wage replacement for retired and disabled workers (and their dependents) and surviving dependents of deceased workers. The vast majority of these benefits go to older people. The program is nationalized in that eligibility standards and benefits are determined and implemented at the federal level, as is the collection of premiums (via a payroll tax). Medicare, the medical insurance program for those aged 65 and older, is supported by both payroll taxes and premiums paid by retirees as well as general revenues. While it does not provide income replacement *per se*, its availability certainly shields retirees' incomes from many medical expenses. The federal-state unemployment insurance program is another large and well-known social insurance program; it provides partial wage replacement for workers who have become unemployed, generally through no fault of their own. A portion of the payroll tax collected is earmarked for a federal fund used to support workers when unemployment is high. The program's requirements and benefit levels are set by the states, and state agencies collect the payroll taxes from employers and administer the funds.

Another income-replacement model is provided by state-based Temporary Disability Insurance (TDI) plans, which provide partial wage replacement in the event of a worker's non-work related illness and are modeled roughly on unemployment insurance, though without a federal component. Five states currently require participation in such plans.

California, one of the five, recently extended its TDI plan to include a family care component of up to six weeks paid leave per year using the same eligibility standards and benefit levels as for its TDI plan. It is the first jurisdiction in the United States to implement paid family leave for the general workforce. Premiums for both California programs are paid for solely by workers through payroll deductions (which are collected by employers). The Family Care Leave premium averages $46 per worker per year. Legislators and activists in a number of other states are exploring the option of providing paid family care leaves through a TDI-type plan. Washington State has recently enacted a more modest form of paid family leave, providing a fixed sum of $250 per week for up to five weeks for parents of newborn or newly adopted children, for employees who meet a minimum hours standard in the previous year (currently set at 680 hours). The revenue source for this new benefit is yet to be determined.

The advantage of social insurance programs, compared with direct provision by the employer, is, of course, that spreading the risk over a large pool of workers and employers prevents a particular employer from being hit with very high costs due to the demographics or bad luck of its workforce. It helps to reduce discrimination against any group that is perceived as likely to use more leave. Such a broad public program also stands as a societal recognition of the importance of care work and of public commitment to supporting that work. In most U.S.-based social insurance plans that replace income, wages are partially replaced, roughly in proportion to earnings, in a way that results in lower earners generally receiving a proportionately higher income-replacement rate. In other countries, family-care leave benefits, especially for extended time periods beyond one year of leave for mothers, are often provided at a fixed benefit level for all mothers, regardless of their past earnings. These countries often combine a long period of fixed benefit with a shorter period of earnings-related wage replacement surrounding childbirth.

The slow spread of TDI plans across the states makes them an impractical model for state-based paid family care leaves, unless they become much more universally adopted. Currently, even including the five states with mandates, only about 40% of private sector workers have TDI plans available on their jobs. A new federal program could incentivize states to set up mandatory plans and include paid family care leaves of up to 12 weeks—the current FMLA standard—for care of newborns, newly adopted children, or ill or frail family members (14 weeks is the current ILO standard for maternity leave). In exchange for a federal subsidy for setting up a plan, the states could be required to meet minimum eligibility and benefit standards (e.g., covering part-time workers, including employers of one or more worker; keeping required earnings levels for determining eligibility low; requiring employers to provide re-employment in similar jobs; splitting premiums equally between workers and employers; etc.). While state-based plans would mean benefit levels would vary across the states, given the relatively short length of these leaves (compared with Social Security) and the variety of causes that would trigger eligibility, states might prefer to implement and monitor the plans locally. Alternatively, a federal plan and administrative structure, like Social Security, would ensure uniformity of benefits and rules across the country and might serve to minimize administrative costs. States might be given the option to use the federal plan or run their own. Even at roughly double the California program's cost because of the longer length of leave offered, this new program would cost less than $100 per year per worker to provide a wage replacement of about 55% (Paid Family Leave Collaborative 2005). Over time it would be desirable to increase the wage replacement level.

An alternative model for providing paid family-care leaves, recently proposed by Myra Marx Ferree (2006) from the University of Wisconsin, uses the existing Social Security system. Her plan would allow workers with at least five years of employment to "borrow" future retirement income when they are raising children or providing other care (based on the current redistributive formula for calculating benefits linked to earnings). Workers who used some of their benefits early would then need to build their earnings credits back up by working longer (to participate for at least 40 years in the system) or simply take reduced benefits when they retire. Or, to prevent many caregivers from having lower retirement benefits, care giving credits could be added to the Social Security system, awarding earnings credits when caregivers were not working (or working less) because of providing family care. A proposal such as this would go a long way toward modernizing the Social Security system, which currently provides higher benefits to traditional breadwinner/homemaker families than it does to dual-earner couples. This proposal would provide cash benefits to young workers who are taking time out of the labor market for care giving, thus increasing their buy-in and loyalty to the Social Security system.[1] This approach would also have the virtue of making paid family-leave benefits a uniform, national program rather than provided by multiple and diverse state-based programs.

Ideally, men and women would share care giving responsibility equally. (And, as examples from Europe show, the way the benefit system is framed can play at least a small role in increasing men's role in care-giving tasks. Fathers in Sweden use more parental leave since families lose a portion of their allotment if men fail to use it. A government public relations campaign touting the image of young dads giving care has also contributed to this change in behavior.) Virtually all the U.S. proposals award credits to individual workers, not families, so that they are "use it or lose it." The most common U.S. model (FMLA, TDI, California's paid family leave) is also universal (though FMLA applies only to larger employers) and provides paid leave for more than parenting or maternity leave; parenting is not privileged over other forms of care giving (as it is in most countries, where most paid leaves are either for maternity alone or for care giving by either parent). Despite our gender neutral model, however, it is women who make the main adjustment in paid employment hours in response to care giving tasks. Even though labor force participation among women in the United States is comparatively high, women still are twice as likely as men to work part time and are much more likely (51% versus 16%) to have significant breaks in their employment history (Rose and Hartmann 2004). The current Social Security system makes no allowance for this different pattern and hence punishes working women in their old age because of lower lifetime earnings. Europe and Canada provide examples of ways to give retirement credit for time spent out of the labor market as a result of care giving. Any paid care-giving programs developed in the United States should preferably not reduce retirement income.

Subsidizing the cost of care for children and elders

Subsidized child care, universal pre-kindergarten, and before- and after-school care. The most expensive part of a family-friendly policy program addressing parents' and children's needs is providing early care and education and after-school care to children through the age when they still require supervision. Currently, many working parents use a variety of arrangements to cover their needs throughout the workday. As noted earlier, parents might employ a babysitter before school, an after-school program, and a child care center when they have both pre-school and school-age children. Infant care is especially labor intensive and thus costly. Several countries provide paid parental leaves of a full year in order to enable parents to put in the intensive effort required to care for infants (Morgan 2006).

Among the issues that need to be decided in designing a national program of universal early care and education are the hours of service, quality standards, characteristics of allowable providers (e.g., whether licensed family day care homes should be included in the system), and the degree of subsidy to be provided. It is also important to decide which level of government should provide the subsidy. Currently, state, local, and federal programs—along with federal and state income tax credits and deductions for parents—provide a crazy quilt of benefits that, despite multiple sources, nevertheless reach only about 20% of the income-eligible families. Increasing the amount of benefits and bringing greater order and reliability to the patchwork system we have now would be highly desirable. As noted above, because child care is a service that benefits many besides parents, parents are unlikely to spend the correct amount on child care (from the point of view of society), thus necessitating public subsidies to ensure that sufficient child care services are provided. Many parents, too, because of low earnings, are unable to pay for child care that meets a minimal quality standard, another reason to subsidize child care. With reliable child care, more parents, especially mothers, will be able to work, raising their families' income and living standards (Boushey 2006; Lee 2004).

Most public funding of elementary and secondary education comes from local sources, often property taxes, supplemented by state equalization funds. On the one hand, it would be logical for early care and education to be funded the same way, and many governors who are currently instituting "universal" pre-kindergarten programs (generally part-day programs for three- and four-year olds) are relying on state and local funding sources, as well as partial payments from parents. On the other hand, just as federal funding sources are being increasingly tapped for schools in order to ensure that basic services are provided and minimal quality standards met—especially in low-income areas—it makes sense to tap federal sources for early care and education, as well. In 2005, about $12 billion in federal and state funds were spent on child care and an additional $7 billion on Head Start. The federal dependent-care tax credit adds another $3 billion in federal funds for child care (Administration for Children and Families 2006; Joint Committee on Taxation 2006; U.S. House Ways and Means Committee 2004).

Suzanne Helburn and Barbara Bergmann (2002) estimate that it would cost $26 billion annually in additional public funds to provide subsidized child care for all children who are likely to use it from infancy to age 12, at an average quality level, that would be affordable for their parents. The program would operate as a voucher system, and incentives to increase quality are included in the form of higher reimbursement rates to providers who meet or exceed the standards specified by the program. Parents at all income levels would be expected to pay no more than 20% of the portion of family income above the federal poverty level (for their family size and composition) for child care (about $23 billion), with current and new subsidies picking up the rest of the cost. For poor families, child care would be free. Subsidies end at a 2000 family income of about $75,000 for a family with two children in full-time, center-based care. Helburn and Bergmann posit that some costs would be borne by state and local governments that provide pre-kindergarten and other forms of child care already, and some by the existing federal programs; the rest of the new costs, they suggest, should be paid by the federal government from general revenues. A program such as this could easily be expanded to further improve the quality of care,[2] to expand availability,[3] or to reduce the cost share paid by parents. This proposed voucher program embodies the progressive universalism used by the British and noted by Jared Bernstein in his forthcoming Briefing Paper on poverty. It is a universal program open to all, but those with higher incomes pay more for using the program (in this case, those with the highest incomes pay full costs). Recent work by Robert Lynch (2007) demonstrates that the large costs of such a program would yield a strong return on investment to the economy in terms of better educational outcomes, lower crime rates, lower criminal justice and prison costs, better health outcomes, reduced public assistance costs, and higher productivity and incomes.

Universal pre-kindergarten programs are growing in popularity as awareness of the importance of early childhood education has grown. A progressive family policy should include meaningful pre-kindergarten programs that provide sufficient child care for parents to be able to work. Thus pre-kindergarten programs, like elementary school programs, require wrap-around (i.e., both before and after school) child care services to make them useful for parents (Gault et al. forthcoming). Like elementary school programs, the pre-kindergarten programs should be provided free to parents. While these programs are being phased in, parents could be expected to pay a reasonable amount of their income for the wrap-around child care services. Pre-kindergarten programs themselves should observe the same standards as our public schools, employing certified teachers with four-year college degrees. (The Helburn-Bergmann cost estimate includes wrap-around child care as well as after-school care for older children.)

Over time, as suggested by Bergmann (1999), state and local governments may pick up more of the costs for children aged three and four in free pre-kindergarten programs, while federal funds could be focused on providing subsidies to parents with children under three. The need for wrap-around child care surrounding school hours could be reduced if schools continue to lengthen the school day and/or if working hours are cut for workers, as suggested above.

Subsidized elder care/long-term care. Medicare currently covers nursing home care for older Americans only insofar as it is necessary to rehabilitate patients after an acute illness. But long-term care is needed for those requiring significant help every day for the rest of their lives, approximately 7 million people aged 65 and older in 2003. The bulk of this care is provided by unpaid family members. After middle-class elders have spent down all their assets to meet eligibility criteria, Medicaid covers about half of the elder care that is paid for. Those living in nursing homes paid for by Medicaid see all their Social Security benefits go to the nursing home to defray Medicaid's costs. Medicaid tends to favor institutional care rather than the home-based care that most elderly prefer, though programs in several states provide payment to family members caring for the income-eligible elderly. A program to provide the long-term care that elders need would cost more than double the approximately $200 billion now being spent (Howes 2006). While this number dwarfs the child care cost estimates, some countries are facing reality and meeting the needs of their elderly. The Japanese have recently added an entitlement to their public retirement program guaranteeing that all of Japan's elders will receive the care they need. The topic of long-term care of the elderly and others who need such daily assistance is a complex one worthy of considerable thought and development. It is mentioned here, albeit briefly, because as the U.S. population ages, the need for elder care will surely dominate the family care debate.

Conclusion

A comprehensive family policy program is needed to make the U.S. economy more family friendly and to enable workers to combine work and family responsibilities more easily. Such a program is part of a new social contract that should spread the costs of family care beyond the immediate family and help redistribute the burden of care more equitably between men and women within the family. The comprehensive program laid out throughout this Briefing Paper is ambitious and complex. Here we offer our priorities for policy making in the United States during the next five to 10 years. We present these priorities using our framework of three types of policies: those that subsidize the cost of care; those that provide income replacement while workers are providing care; and those that lead employers to change their behavior and make the jobs they offer more family friendly. We select these priorities based on need and practicality. In virtually all cases workable models exist. Most are not especially expensive, costing less, for example, than the deductibility of mortgage interest costs on owner-occupied housing in the federal personal income tax system.

Subsidizing the cost of care

We place priority first on expanding federal funds to provide child care for all families that are income eligible under the federal/state block-grant program, the Child Care and Development Fund (CCDF). Currently this program reaches only 20% of income-eligible children through age 12, but it could be extended to the full number of income-eligible children likely to use the program for a cost of $13 billion in new federal funding (estimated in 2000 dollars by Helburn and Bergmann (2002)). This program includes: subsidized wrap-around child care for children in pre-kindergarten or other existing part-day programs; subsidized full-day care for all other children below school age; and before- and after-school care for all children through age 12. Second, this progressive, universal voucher program could be extended to the middle class, who would pay no more than 20% of the amount by which their family income exceeds the poverty level, for a further new cost of $13 billion. To the extent that states continue with their efforts to provide pre-kindergarten services to three- and four-year olds, federal outlays would be reduced. A wise use of federal funds would be to encourage states to develop such programs by providing seed money and technical assistance to facilitate the start-up process.
Third, we urge that subsidies for long-term care be extended beyond the population that qualifies for Medicaid, but we recognize that such action should be undertaken in conjunction with broader health care reform.

Providing paid care-giving leaves

We recommend first the extension of Temporary Disability Insurance (TDI) plans to all states. This could be accomplished by a federal/state program that sets up a federal program and provides cash grants to states to initiate programs that would meet federal eligibility and benefit standards (one standard would be to provide benefits up to one year; another would be to require employers to provide job reinstatement for leave of up to 12 weeks, the current FMLA standard). States would have the option of starting their own plan or simply enrolling in the federal plan. TDI plans provide partial income replacement through social insurance funded by payroll taxes. As such they cover pregnancy and child birth as well as workers' other non-work-related illnesses or temporary disabilities, and they form an important base on which to build paid family-care leaves, much as California has just done with its existing TDI program to provide up to six weeks of paid care leave annually.

Our second priority in this area is, accordingly, to extend these plans to include family-care leave of up to 12 weeks. States that are able and willing to provide both benefits (disability and care) would be encouraged to include both benefits in their plans from the beginning. The federal care plan would be phased in within three years of the start up of the federal TDI plan.

Influencing employer behavior

Certain protections for workers who become ill themselves or need to take care of ill family members can only be provided by employers. Reinstatement in the job they were doing prior to taking leave is one of the options that employers generally control. Hours of work and conditions of employment, such as wages and benefits, are others, and all are subject to some regulation already. In our view, regulations need to be extended to ensure that the family care needs of workers are met. These needs have generally been excluded from consideration by employers based on the now-outdated notion that one adult remained in the home to take care of these needs. Such is now rarely the case. Employers and public policies must adjust to this reality.

Our first priority is the passage of the federal Healthy Families Act, which would require all employers with 15 or more workers to provide up to seven paid days per year to be used for the employee's own illness or to enable the employee to care for a family member. As noted above, research shows that employers would gain more in reduced turnover than the added paid sick days would cost them. Our second priority, which should also be relatively costless to employers, is the passage of a federal soft-touch law, modeled on those in several other wealthy nations. These laws empower workers to request a work schedule accommodation by requiring the employer to seriously consider and implement the request if it is compatible with business goals. These mild laws have been surprisingly effective in changing workplace policies and in raising awareness of workers' needs for flexibility (Hegewisch 2005). Research on providing flexible work arrangements has also often shown employer savings (Corporate Voices 2005). Eventually the United States needs to also mandate a minimum vacation standard, reduce the length of the standard work week, and provide pay and benefit parity for part-time jobs.

Policies such as these will go a long way toward placing care at the center of our economic and community life and enabling us to fill some of the most glaring gaps in public policy in the United States. These changes would expand and modernize our social contract, bringing it into line with how families live today.

One question we would like to raise in parting is whether it is possible for government to go overboard in implementing family-friendly policies, enacting them in such a way that other goals, such as increased equity between women and men, are undermined. Despite the relative lack of family-friendly policy in the United States, there is a lively on-going debate among feminists here about whether providing too much family friendliness, which would tend to be taken advantage of more by women workers than men workers, would hold women back economically. Might such policies actually serve to keep women in their family care giving role? For example, long paid leaves after childbirth could conceivably entice women to exit the labor market or retard their career advancement. The United States has more women in top leadership positions in the private sector than some other wealthy countries do, perhaps because of its strong ideology of individualism and choice in a "free market" economy and the absence of a viable "mommy track." In the United States, a successful woman with high income can often purchase services or hire workers to substitute for her own family care so as to enable her to work the long hours required in such demanding leadership positions and minimize the time she spends away from her job. In contrast, in some of the countries with well-established parental leave policies, such as the Scandinavian countries, women who did not take a full year off from work after childbirth would be viewed as rather odd.

In our view these concerns are overblown in the United States' context. Because we have such scant family policy as it stands now, the United States has a lot of room to act before we need worry that we are doing too much to support families and, therefore, discouraging women from working outside the home. Yet, we should also pay attention to the disincentives embedded in current tax policies that do tend to discourage paid work, especially by married women. Policies such as those we recommend here would likely *increase* women's labor force participation, because currently many women are discouraged from remaining in the workforce after child birth by the lack of paid family leave, the high cost of child care, and inflexible job arrangements. Paid leave, up to a point, is a demonstrated way to increase workers' attachment to their jobs (Boushey 2005). Workers are far more likely to return to their former jobs after an absence if they had at least some paid leave while out. Greater flexibility of work schedules is another proven technique that increases tenure on the job and also saves employers money by reducing turnover and improving productivity (Corporate Voices 2005).

In closing, we would like to address two additional issues, both of which are essential for a comprehensive family policy. First, the full range of reproductive rights and health services must be made available to all. It is not possible for men or women to plan their education and work lives if women do not have access to the full range of birth control, including abortion, and basic sex education. The encroachment of conservative ideology into public policy related to private sexual behavior is placing all youth, especially young women, at risk. Second, we would like to stress that *all families* need support. Policies that seek to disenfranchise some family forms, such as those with same-sex partners or nontraditional combinations of relatives (grandparents and grandchildren, for example) are antithetical to any real effort to promote individual and family well-being. Linked to these two is the recognition that forming families and bearing and raising children is a fundamental human right. It is this human right that underlies the politics of placing care at the center of our economic life.

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Endnotes

1. A Social Security retirement program based on retirement eligibility after 40 years of work could also deal with the issue of blue-collar workers needing to retire earlier than many professional workers do. With the loss of defined-benefit pension plans, which often let workers retire well before age 65 if they had enough years of employment and their benefits were high enough, many workers now feel the need to stay employed in order to accumulate more pension assets in their 401(k) accounts. Yet health-wise, and given their shorter life expectancy, earlier retirement would be extremely desirable for this group. A person who started work at age 18 could retire at 58 with full benefits and not at 62 with reduced benefits as now. Many U.S. workers, however, do not have even the 35 years of participation on which their benefits are currently based. By age 62, the most common retirement age, only 71% of men and 31% of women have earnings in the full 35 years (Center for Retirement Research, personal communication). For women, time out for family care accounts for a large share of the missing years, for men the more likely reason is unemployment. An important reform to bolster workers' retirement benefits would be to require that when workers are receiving unemployment benefits, workers' compensation, TDI, or Paid Family Leave benefits, the benefits received include payment of Social Security premiums to correspond to their prior earnings level.
2. Three billion dollars in new federal subsidies are already earmarked for quality improvements in the Helburn-Bergmann plan.
3. It is likely that, as subsidized child-care programs become available, more parents would enroll their children.

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