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**ECONOMIC SECURITY and OPPORTUNITY INITIATIVE**

**FACT SHEET**

Security & Stability

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Paid Family and Medical Leave and Its Importance to People with Disabilities and their Families

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This document is a summary of the Fall 2017 report, *Security & Stability: Paid Family and Medical Leave and Its Importance to People with Disabilities and their Families*. Full report and related materials available at ht[tp://www.thearc.org/paidleave](http://www.thearc.org/paidleave) and <http://www.georgetownpoverty.org/issues/tax-benefits/pfml/>.

**Paid family and medical leave** (PFML or “paid leave”) empowers workers with the freedom to balance competing personal, financial, and workplace responsibilities. Research has demonstrated that access to paid leave can be transformative[[1]](#endnote-1) for health, employment, and socioeconomic well-being.

Like all workers, workers with disabilities may need to access paid leave to welcome a new child, provide care for a family member with a serious medical condition, or if they experience their own serious medical condition. However, workers in the U.S. who need paid leave the most are often the least likely to have access to it. And despite policymakers’ apparent interest in both paid leave[[2]](#endnote-2)and in increasing[[3]](#endnote-3)employment and economic security among people with disabilities, the two issues are rarely discussed together.

[Start of Text Box 1]

**WHAT IS PAID LEAVE?**

Paid family and medical leave[[4]](#endnote-4) (PFML) refersto the ability of workers to receive partial or full compensation for job-protected short- to long-term leave while providing or receiving care/rest for:

■ One’s own or a family member’s serious and/or chronic health condition, or

■ Caring for a newborn or newly adopted child.

[End of Text Box 1]

Here are some key facts from the report[[5]](#endnote-5) about the importance of paid family and medical leave for people with disabilities and their families:

■ **The need for paid family and medical leave is universal.** In the U.S. workforce, **only 1 in 7 workers** has access to paid family leave to care for a family member with a serious health condition. Roughly 2 in 5 workers report they lack access to any paid leave.

■ **The prevalence of disabilities across the lifespan and demographic changes indicate the need for more comprehensive policies that can address the realities of modern work-family balance needs.** Nearly [**1 in 5 people**](https://www.census.gov/prod/2012pubs/p70-131.pdf) in the U.S. have a disability,[[6]](#endnote-6) and **over 1 in 4 households** includes[[7]](#endnote-7)at least one person with a disability. Physical, mental, and sensory disabilities affect people of [all ages](http://www.thearc.org/file/public-policy-document/Paid-Leave-Report.pdf),[[8]](#endnote-8) including around 3.7 million children, 26.3 million working-age adults, and 17.4 million seniors.

■ **Paid leave boosts economic security and opportunity.** People with disabilities and their families often experience greater financial insecurity[[9]](#endnote-9)and are more likely to face barriers to employment that can render the financial impact of unpaid time off particularly devastating. Job-protected PFML can reduce poverty[[10]](#endnote-10)and mitigate the potential for workforce discrimination and exclusion. It can also positively affect wages[[11]](#endnote-11) and allow[[12]](#endnote-12) families to plan, adjust their spending, and avoid premature depletion of savings.

and their Families

■ **Paid leave helps workers, including people with disabilities and their families, care for themselves.** Addressing one’s own illness is the most common reason[[13]](#endnote-13) U.S. workers take unpaid leave, making up **55 percent of all leave taken**. Paid leave increases opportunities to take time off for a serious medical condition without seeing a sharp drop[[14]](#endnote-14) in income or putting one’s job or employer-based health insurance[[15]](#endnote-15)at risk. In addition, it can increase[[16]](#endnote-16) access to preventive care, such as going to doctor’s appointments, and lead to better overall health and well-being.

■ **Paid leave helps workers care for family members with disabilities.** Approximately **2 in 5 adults** report[[17]](#endnote-17) caring for an adult or child with significant health issues. This caregiving is most often unpaid[[18]](#endnote-18)and can impact[[19]](#endnote-19) one’s own employment.[[20]](#endnote-20) Access to PFML can help workers balance their personal care needs while working and providing support to a family member.

■ **Paid leave improves family well-being and health.** For a parent, PFML can have positive effects[[21]](#endnote-21)on one’s own emotional health as well as the physical and emotional health of one’s child. By empowering[[22]](#endnote-22)families with more flexibility and resources,[[23]](#endnote-23) paid leave may even help mitigate[[24]](#endnote-24)the impacts of gender and race on family-work expectations and arrangements. Women of color,[[25]](#endnote-25) who disproportionally lack any paid leave, may especially benefit from increased access.

■ **Access to paid leave is particularly limited for individuals with disabilities and their families**— especially those who are low-income,[[26]](#endnote-26) women, [young](https://www.americanprogress.org/issues/economy/reports/2015/12/10/126840/broader-paid-leave-would-provide-opportunity-and-security-for-millennial-caregivers/) people,[[27]](#endnote-27) LGBTQ, and/or people of color. **Workers with disabilities** are more likely to be in **part-time**, low-wage jobs that often don’t offer even basic benefits—much less paid family and medical leave. Over 2 in 3 part-time workers don’t have even one sick day. Workers with disabilities are twice as likely as workers without disabilities to be part-time.

■ **The U.S. has no national paid family and medical leave program, and lags far behind peer nations in the world,** who typically offer robust national paid family and medical leave programs. National momentum for paid leave is growing, with a handful of states leading the way. **Over 3 in 4 voters** and 7 in 10 small businesses[[28]](#endnote-28) support[[29]](#endnote-29)creating a national PFML program.

■ **A national system of universal and equitable paid leave that fully includes people with disabilities and their families** should include measures that expand coverage and job protections; increase stability and security; and ensure robust, accessible public outreach and education.

**Endnotes**

1. Schuster, Mark A., et al. “Perceived Effects of Leave from Work and the Role of Paid Leave Among Parents of Children with Special Health Care Needs.” 2009. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661484/>. [↑](#endnote-ref-1)
2. See for example MacGuineas, Maya. “SSDI Solutions Initiative.” 2017. Available at <http://www.crfb.org/project/ssdi-solutions-initiative>. [↑](#endnote-ref-2)
3. Quinton, Sophie. “States Work to Help People With Disabilities Find Work.” 2015. Available at <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/09/17/states-work-to-help-people-with-disabilities-find-work>. [↑](#endnote-ref-3)
4. For more extensive discussion on various types of leave, see “What’s the Difference? Paid Sick Leave, FMLA, and Paid Family and Medical Leave.” 2016. Available at <https://www.dol.gov/sites/default/files/PaidLeaveFinalRuleComparison.pdf>. [↑](#endnote-ref-4)
5. Grant, Kali, et al. “Security & Stability: Paid Family and Medical Leave and Importance to People with Disabilities and their Families.” 2017. Available at <http://www.georgetownpoverty.org/wp-content/uploads/2017/10/Georgetown_PFML-report-hi-res.pdf>. [↑](#endnote-ref-5)
6. Carlson, Steven, Brynne Keith-Jennings, and Raheem Chaudhry. “SNAP Provides Needed Food Assistance to Millions of People with Disabilities.” Center on Budget and Policy Priorities, June 2017. Available at <https://www.cbpp.org/research/food-assistance/snap-provides-needed-food-assistance-to-millions-of-people-with>. [↑](#endnote-ref-6)
7. Of all U.S. households, 28.9 percent have at least one member with a disability. Grant, Kali, et al. “Security & Stability: Paid Family and Medical Leave and Importance to People with Disabilities and their Families.” 2017. [↑](#endnote-ref-7)
8. Ibid. [↑](#endnote-ref-8)
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10. Vallas, Rebecca and Shawn Fremstad. “A Fair Shot for Workers with Disabilities.” Center for American Progress, 2015. See also Isaacs, Julia et al. “Paid Family Leave in the United States.” 2017. Available at <https://www.americanprogress.org/issues/poverty/reports/2015/01/28/105520/a-fair-shot-for-workers-with-disabilities/>. [↑](#endnote-ref-10)
11. Houser, Linda and Thomas P. Vartanian. “Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses and the Public.” 2012. Available at <http://www.nationalpartnership.org/research-library/work-family/other/pay-matters.pdf>. [↑](#endnote-ref-11)
12. Omang, Joanne and Ellen Bravo. “In Their Own Words: Working People and the Need for Policies that Provide Economic Security.” 2017. Available at <http://civilrightsdocs.info/pdf/reports/economic-security-2017-web.pdf>. [↑](#endnote-ref-12)
13. Klerman, Jacob Alex, Kelly Daley, and Alyssa Pozniak. “Family and Medical Leave in 2012: Technical Report.” 2012. Available at <http://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>. [↑](#endnote-ref-13)
14. Unsurprisingly, income stability, employment, and ongoing access to health insurance all have a well-documented association with positive health outcomes. Goodman, Nanette. “The Impact of Employment on the Health Status and Health Care Costs of Working-Age People with Disabilities.” 2015. Available at <http://www.leadcenter.org/system/files/resource/downloadable_version/impact_of_employment_health_status_health_care_costs_0.pdf>. [↑](#endnote-ref-14)
15. Sommers, Benjamin D., et al. “Health Insurance Coverage and Health — What the Recent Evidence Tells Us.” 2017. Available at <http://www.nejm.org/doi/full/10.1056/NEJMsb1706645#t=article>. [↑](#endnote-ref-15)
16. Ben-Ishai, Liz, Zoe Ziliak Michel, and Alex Wang. “Paid Leave Necessary for an Ounce of Prevention Paid Leave and Access to Preventive Care.” 2017. Available at <http://www.clasp.org/resources-and-publications/publication-1/PreventiveHealthPaidLeave.pdf>. [↑](#endnote-ref-16)
17. Fox, Susannah, Maeve Duggan, and Kristen Purcell. “Family Caregivers are Wired for Health.” 2013. Available at <http://www.pewinternet.org/2013/06/20/family-caregivers-are-wired-for-health/>. [↑](#endnote-ref-17)
18. Each year, “working families in the United States lose out on at least $28.9 billion in lost wages because they lack access to affordable child care and paid family and medical leave. This hidden cost includes $8.3 billion in lost wages due to a lack of child care and $20.6 billion in lost wages due to a lack of access to paid family and medical leave.” Glynn, Sarah Jane and Danielle Corley. “The Cost of Work-Family Policy Inaction: Quantifying the Costs Families Currently Face as a Result of Lacking U.S. Work-Family Policies.” 2016. Available at <https://www.americanprogress.org/issues/women/reports/2016/09/22/143877/the-cost-of-inaction/>. [↑](#endnote-ref-18)
19. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, NSCH 2011/12, retrieved 2017. Available at <http://childhealthdata.org/browse/survey/results?q=1634&amp;r=1>. [↑](#endnote-ref-19)
20. Affordable and quality professional direct support is largely out of reach in the private market for all but the wealthiest families. Dastur, Nina, et al. “Building the Caring Economy: Workforce Investments to Expand Access to Affordable, High-Quality and Long-Term Care.” 2017. Available at <http://www.georgetownpoverty.org/wp-content/uploads/2017/05/Building-the-caring-economy_hi-res.pdf>. [↑](#endnote-ref-20)
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