Launching the Rhode Island Temporary Caregiver Insurance Program (TCI): Employee Experiences One Year Later

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on behalf of the

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EXECUTIVE SUMMARY

Rhode Island is on the forefront of a burgeoning national movement to enact paid leave legislation across the country, state-by-state. As the third state to pass paid leave legislation, the Rhode Island Temporary Caregiver Insurance Program (TCI), signed into law on July 11, 2013, has been available since January 2014. An extension of RI's Temporary Disability Insurance (TDI) program, TCI is fully employee-funded and provides eligible claimants up to four weeks of caregiver leave at a 60% wage replacement rate to care for a seriously ill child, spouse, domestic partner, parent, parent-in-law or grandparent, or to bond with a newborn child, new adopted child or new foster-care child. All Rhode Island private-sector workers who pay into the TDI system are eligible for TCI; thus approximately 80% of Rhode Island's workforce is covered. Workers who are not part of the TDI system include all Rhode Island state workers. A unique feature of the Rhode Island legislation is the inclusion of job protection; an employee's job is secure while out on caregiver leave. Since its launch in 2014, over 10,000 RI workers have used TCI.

This research, funded in 2014 by the U.S. Department of Labor and awarded to the Rhode Island Department of Labor and Training, was conducted by the University of Rhode Island to assess the launch of the new TCI program as well as its initial impacts for Rhode Island employees. To this end, URI researchers from the URI Schmidt Labor Research Center and the College of Business gauged awareness of the TCI program among Rhode Islanders, assessed the TCI application process and who was using the program, investigated its impacts on individuals, and examined potential barriers to TCI usage.

The findings are based on a survey, conducted in early 2015 of Rhode Island employees who had accessed the TDI system over the past two years, and who had had a life event that would have qualified them to apply for TCI, which garnered a final sample of roughly 800 respondents, both TCI and non-TCI users. Fifty of these were followed up with in-depth phone interviews to more fully explore survey topics. DLT TCI administrators and staff were also interviewed about their views on how the TCI program was operating.

Key Findings

Awareness

- Approximately half of those surveyed, both men and women, were aware of TCI and its intended usage. However, a substantially smaller portion of the sample was aware of the financial and legal aspects of TCI (i.e., the percentage of wages replaced, that it is employee funded, and that it offers job protection). These are crucial aspects of the program that, if more widely known, could increase uptake.
- Respondents were also most likely to hear about TCI from friends and family, and along with interview findings, suggest opportunities for program marketing, especially among employers.
- Men and women have similar TCI awareness levels. However, several gaps in awareness were identified, and included those with lower incomes, lower education, non-White populations, older workers, and those who work for smaller employers.

Application Process

- Survey respondents were generally satisfied with the TCI application process, including the ease of use of the DLT website, clarity of the instructions, amount of paperwork involved and benefit check processing. DLT administrators are also satisfied with the functioning of the program, but agree that the 30-day application deadline is onerous for many and results in errors and claim denials.
- Improvements to the process might include streamlining the paperwork processing, particularly as it relates to collecting medical documentation and birth certificates, easing the transition for new mothers between ending TDI leave and applying for TCI, and reviewing demographic trends in the application processing times and benefit payments.

TCI Usage

- Most TCI users are women, and the vast majority use it for the arrival of a new child. Most women take the full four weeks, and men less so.
- Those who take other types of leave are slightly more likely to use it for the care of an ill family member than for childbirth, as were almost all those who took no leave. Women who use TCI to care for an ill family member are equally as likely to be caring for a parent or in-law, spouse, or child, whereas other types of leave takers are more likely to use it to care for a parent or in-law.
- Increasing awareness about the availability of TCI for ill family care and understanding what some of the structural and cultural barriers might exist to ill (including elder) family care leave are important recommendations.
- TCI users report less stress and greater satisfaction across all indices than those who took other forms of leave. These include level of wage replacement, and satisfaction with the level of care provided, bonding, breastfeeding, child care arrangements, impact on family member's health, financial stability, and re-organizing their lives to be simultaneously effective workers and caregivers.

Impacts

- Work-related impacts include TCI leave takers reporting more wage increases after leave and fewer absences from work compared to other leave takers. For the majority of our respondents, having a co-worker go out on leave does not have an impact on them.
- Health-related impacts include TCI users reporting lower stress levels and better overall physical health, and slightly longer breastfeeding times and more well-baby visits.
- While many expressed the need for longer leave, in-depth interview respondents universally expressed overwhelming gratitude for the ability to take leave, whether for new child or ill family care. Other frequent themes were the reduction of stress the leave provided and the importance of the financial assistance.

Barriers

- Primary barriers to taking TCI leave include lack of awareness of the TCI program and, for all respondents, the inability to afford the loss of income. Fear of job loss and other negative work repercussions were also cited frequently as barriers to taking leave.
- Important considerations in reducing barriers include increasing awareness of the job security element of TCI, and promoting workplace cultures and managerial understanding that a supportive workplace culture responsive to the work-life needs of employees results in healthier, more effective employees and businesses.

In sum, our findings from both survey and in-depth interviews suggest that the TCI program is operating well, and that TCI leave is associated with positive work, family, health, and financial outcomes, more so than other types of caregiving leave. Findings from this research suggest tailored outreach strategies might benefit those populations who are underserved, including ill family caregivers, lower income earners, minorities, men, and those who work for smaller employers. As well, increased awareness about the financial aspects of the program, including that it is fully employee-funded, and that it provides job security, are vital pieces of information that could encourage greater uptake. Employers are key in increasing TCI awareness and usage, and should be apprised more proactively about the business and societal benefits of embracing family-friendly policies.

Note about reporting of findings*:* Statistical analyses will not be reported in this report, which is designed to provide a general overview of findings and trends for a general audience. In most cases, descriptive data are presented, showing numbers and percentages of responses across groups. In several cases, group sizes are very small, and are presented for illustrative purposes only. However, for many comparisons, statistical analyses have included t-test, single or multiple analyses of variance and co-variance, Pearson correlations, and chi-square tests. Where analyses have provided statistically significant results, they are referred to in the text as “significant” or “statistically significant” differences.

INTRODUCTION

Overview of the Research. The goal of this research, conducted from October 2014 to September 2015, was to examine the launch of Rhode Island's new Temporary Caregiver Insurance (TCI) legislation and to assess its early impacts on employees. Data from the program's first year provides the Rhode Island Department of Labor and Training (DLT) a valuable benchmark to track long-term progress and offer early opportunities to fine tune its organization and management in Rhode Island. Findings from this report may also be useful for states planning or implementing similar legislation.

Three main areas were assessed. First, from the employee perspective, how effective was the program launch? Second, what prompts employees to use the program and in what ways have they benefitted? Finally, to better promote the program and overcome existing hurdles to its use, what are the barriers to using the program? Specifically, questions addressed the following:

1. **Awareness:** What is the general level and depth of awareness of the program? How have people learned about it? How could DLT improve their program's promotion to eligible workers? Where are the gaps in awareness?
2. **Ease of Access/Application:** How easy is it to access information about the program? How easy/cumbersome is the application process? How timely are the claim responses?
3. **Impacts:** a) What are perceived *work-related* impacts? (e.g., absenteeism, length of leave, transition back to work, ability to balance home and work responsibilities; b) What are reported *health-related impacts* (e.g., general health, stress, ability to provide quality care, compliance with wellness protocols, etc.); c) What are perceived *family* impacts? (e.g., ability to re-organize family and work responsibilities; ability to bond or provide care for family member, breastfeeding, etc.); d) what are perceived *economic* impacts? (e.g., wage replacement, financial stability, income changes, employment, etc.)
4. **Facilitators/Barriers:** What contributes to or discourages uptake by eligible workers (e.g., lack of awareness, fear of negative job repercussions, insufficient wage replacement, fear of being fired, availability of other leave programs, claim rejection, etc.)? What is the level of supervisory support for taking leave and work-life supports in general and how does that impact work attitudes and paid leave usage?

METHODOLOGY

Survey Sample and Procedure: Researchers from the University of Rhode Island's Schmidt Labor Research Center and College of Business developed a survey which was initially administered by phone by DLT call staff to 2014 TCI users. Given the challenges associated with this method, the questionnaire was converted to an online survey. To gauge awareness across Rhode Island, survey invitations were sent to those eligible and non-eligible for TCI. To this end, a survey invitation was disseminated by email to the approximately 2,400 University of Rhode Island (URI) employees (who are not eligible for TCI), and to the approximately 25,000 RI workers who had accessed the Temporary Disability Insurance (TDI) system in some way during 2014. To be eligible to participate in the survey, individuals had to have experienced a life event (the arrival of a new child or the need to care for a seriously ill family member) for which they could have taken leave from work during the past year. This resulted in an initial sample of 1,087 individuals, including 83 URI participants, 162 phone participants, and 842 email participants. Participants were offered a $15 gift card for their participation. As the URI sample is not eligible for TCI, it was eliminated from all analyses except these Awareness questions. Additionally, comparisons of responses, especially those pertaining to satisfaction with the TCI program, between the DLT phone and email samples suggest potential social desirability response biases among the phone respondents. As such, the DLT phone sample was only included for the Awareness and Application Process sections. Thus, for methodological clarity, all remaining analyses were limited to the DLT email sample. Taken together, the Awareness and Application Process sections comprised a sample of 1,004 DLT phone and email samples, and all remaining analyses comprised 740 - 842 DLT email respondents, depending on the questions examined.

Interviews and Focus Group Sample and Procedure: Survey respondents were offered another $15 gift card if they would be willing to participate in follow-up phone interviews to explore survey topics in more depth. Researchers conducted 50 in-depth follow-up phone interviews. They also conducted five in-person TCI administrative staff interviews, and conducted one focus group of seven DLT call staff who handle the TCI claims.

General Demographics. The demographics across the three samples were similar. Females comprised 85% of the sample. The majority (81%) identified as White alone (compared to 85% statewide as of 2014), 7% identified as Hispanic/Latino (vs. 14% statewide), and 4% each identified as African American and Asian compared to 7.7% and 3.4% statewide).[1] Other ethnicities accounted for approximately 2% of the sample. Approximately half the sample earned a personal income under the sample median of $42,000, and half earned above the median. This is below the RI median individual income of $58,744 for those between 25 and 64 (which is 94% of our sample). About half (48%) had a Bachelor's degree or higher level of education (compared to 42.2% statewide)[2] while 12% had a high school diploma or less. Almost half (45%) of respondents work for employers with over 500 employees (though 75% of respondents indicated they worked for a company with more than one location, which could include out-of-state locations), compared to 34.5% statewide.[3]

PROGRAM AWARENESS

One of the goals of this research was to assess the level of TCI program awareness that existed among Rhode Island employees during the first year of the program, and to identify any gaps in awareness that may exist. This assessment enables the DLT to refine and tailor TCI outreach to target to those who are less aware. This section of the survey was divided into three parts. Respondents were first asked 1) if they had heard, seen or read anything about the TCI legislation, and, if so, if their employer offered TCI benefits. Only those who had some awareness of the TCI program answered the remaining awareness questions. These consisted of 2) five knowledge questions about details of the program and 3) a final question about where they heard about the program.

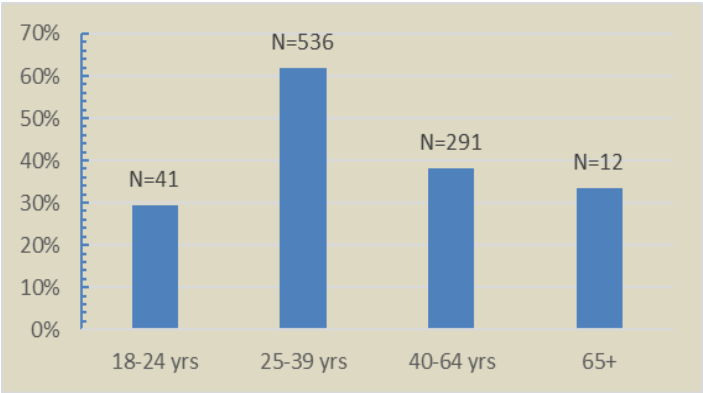
Awareness PART 1: General Awareness

Question 1. Have you seen, read, or heard anything about the Temporary Caregiver Insurance legislation, or TCI, that was recently passed in Rhode Island that offers paid leave to employees for caregiving needs? The 924 who responded to this question included 841 from the DLT email survey and 83 from the URI email survey. The DLT call list was not asked this question, as these respondents were all prior TCI users. As indicated in Table 2, overall, about half, or 51.4%, of all respondents had heard of the program. The DLT email sample showed much greater awareness, at 55.5%, than URI employees, at 9.6%, which is understandable as these are state employees, and ineligible for TCI benefits. Still, the fact that almost half (46.3%) of the DLT sample were unaware or not sure of the program suggests the need for more marketing.

Table 2. TCI General Awareness

	Aware		Unaware		Not Sure		Total	
Source								
DLT Email List	467	55.5%	301	37.7%	73	8.6%	841	91%
URI	8	9.6%	71	85.5%	4	4.8%	83	8.9%
Total	**475**	**51.4%**	**372**	**40.2%**	**77**	**8.3%**	**924**	

Figure 1. Awareness of TCI by Age Group



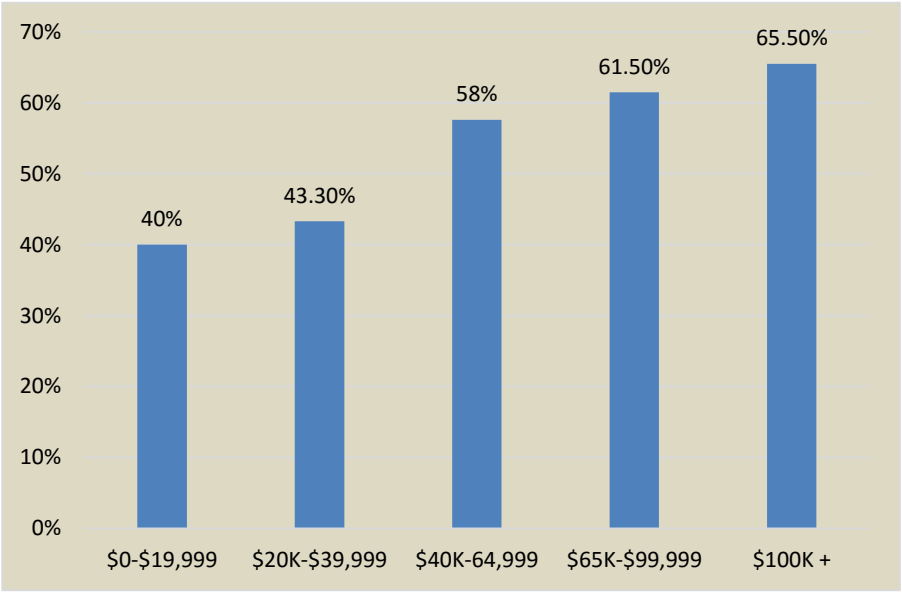
Gender and Age. Awareness of the program was similar for men and women, 51.6% for men and 51.4% for women. Awareness by age reflects the likely need to use TCI during modal childbearing years**.** As Figure 1 indicates, those between the ages of 25 and 39 made up the largest age group (N=536); 62% of these were aware of TCI, and they were significantly more likely to be aware of TCI than those older or younger.

Ethnicity. Table 3 shows that over half (54%) of those identifying as White had read, seen, or heard of TCI, followed by Asians at 47.5% and African Americans at 47.2%. Only about a third (32.8%) of Hispanic/Latinos were aware of TCI. This was also true for those identifying as Pacific Islanders, Native Americans and other race/ethnicities.

Table 3. TCI Awareness by Race/Ethnicity		
Race/Ethnicity	**N**	**Percent Who Had Read, Seen, or Heard of TCI**
White	750	54%
Asian	40	47.5%
African American	36	47.2%
Hispanic/Latino	67	32.8%
Other: *Pacific Islander (3), Native American (8), Other (24*)	35	34.2%

Income. Figure 2 provides an illustration of awareness by income. Those earning a personal income under $40,000 were significantly less likely to be aware of TCI compared to all other all income groups earning over $40,000 a year. There was no difference in awareness between the two income groups under $40,000 or the three income groups over $40,000. Therefore, for the remaining analyses, participants were combined into two income groups, those earning under the median sample income of $42,000, and those earning $42,000 and above and similar significant differences were found between these two collapsed groups. This difference held when removing the URI sample, who were disproportionally higher income, from the analysis.

Figure 2. TCI Awareness by Income Group



Education. Awareness generally increased with level of education (Table 4). The 442 of those in the total sample with a Bachelor's degree or higher were significantly more likely to be aware of the TCI program (60.6% average) than those 203 with an Associate's degree or less (42.6% average).

Table 4. TCI Awareness by Education Level

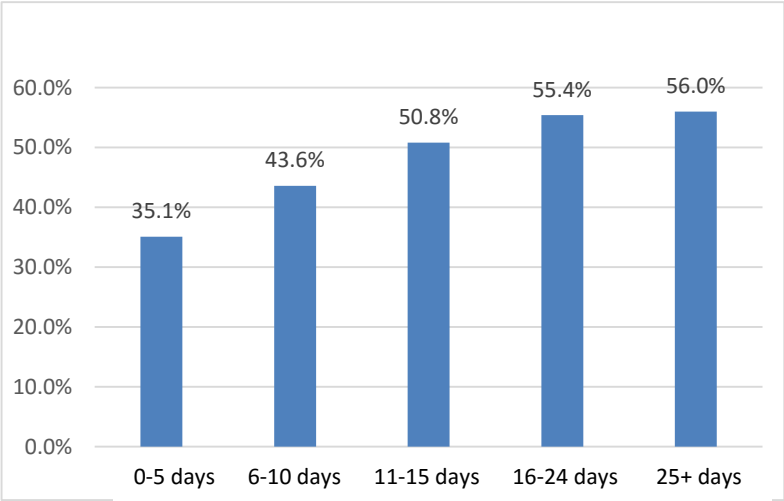
Level of Education	Percent Aware	N
Some high school	26.32%	5
High School or GED diploma	43.48%	40
Technical training post High School	34.29%	24
Some college	43.41%	79
Associate's degree	48.67%	55
Bachelor's degree	64.75%	169
Master's degree	55.12%	70
PhD or professional degree (MD, JD, etc.)	53.70%	29
Other	60.00%	3

Employer size and supervisors. Level of awareness also significantly differed by the size of employer, with employees in organizations of under 50 employees being less aware of TCI than employees in larger organizations. Of those with supervisory responsibilities (33%), slightly over half (52%) were aware of the TCI program.

Union membership. While the majority of the sample was non-unionized (N=873, 80.6%), a higher percentage of those not in unions (57.5%) had heard of TCI than the percentage of those who were in unions (31.1%). This may be due to the majority of URI employees, who are non-eligible for TCI, being union members.

Available employer benefits. Respondents were asked to report the number of days of paid vacation, sick, bundled, maternity, paternity, and other paid leave options available to them through their employer. As the amount of employer-provided paid leave increases, so does awareness of the TCI program, with only 35.1% of those with 5 or fewer paid days being aware, compared to 50% or more for those with more than 2 weeks of paid employer leave (see Figure 3).

Figure 3. TCI Awareness by Days of Paid Employer Benefits



Question 2. Does your employer offer TCI benefits? Of the 468 DLT email respondents who had heard of TCI, 260 (55%) reported that their employer offered TCI benefits.* However, 45% either did not agree or were not sure whether their employer offered TCI benefits. All of the respondents were registered in the DLT system as having accessed TDI and/or TCI in 2014 for some reason, suggesting more effort could be made to increase awareness of this benefit.

** URI employees were eliminated from this analysis, as only eight had heard of TCI. The DLT phone call list was not asked this question as they were all already TCI users.*

Awareness Part 2: Knowledge Questions

A series of five questions, some with multiple answer choices, were asked to gauge the level of knowledge of different aspects of the TCI program. The sample in this section included DLT email and DLT phone samples. Questions included:

1. How is TCI funded?
2. When can TCI be used?
3. Does TCI provide job security, so your job will be there when you return to work?
4. How many weeks of TCI leave are allowed per year?
5. What percentage of your regular pay is offered with TCI leave?

In general, as shown in Table 5, respondents who were aware of TCI knew what TCI could be used for, but were less aware of the financial aspects of the program, including how TCI is funded, whether it provides job security, and how much wage replacement is provided.

There were few group differences among gender, ethnicity, and income in awareness of the particular aspects of TCI. In general men showed a slightly higher awareness of most of the details of the program than women, and were significantly more aware than women that TCI provided job security and that TCI is funded by employee contributions. Also, in most cases those earning the median income of $42,000 or above were slightly more likely to be aware of most program components, and were significantly more aware of how the program is funded, compared to lower income employees.

Table 5. Knowledge of Aspects of the TCI Program

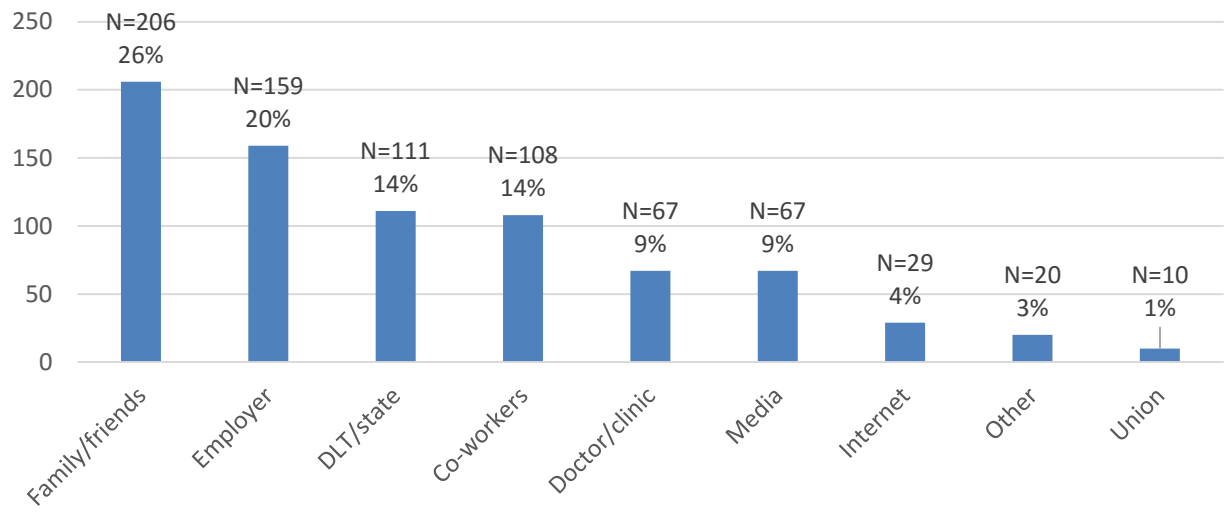
Questions	% Correct
Can be used for care of a newborn child	97.3%
Can be used by both men and women	97.1%
Can be used to care for a seriously ill family member	95.3%
Can be used to care for an adopted child	91.8%
Provides up to 4 weeks per year	81.7%
Can be used to care for a foster child	78.3%
Provides job security	57.0% *
Offers 60% wage replacement	43.5%
Is funded by employee contributions	28.2% **

*Men more aware (75% vs. 53.7%)
**Men more aware (41.3% vs 25.6% and ≥ $42,000 more aware (32.2% vs. 21.8%)

Awareness Part 3: Where Employees Heard about TCI

Respondents were asked where they first heard about TCI, and were able to choose multiple sources. This question was answered by 637 respondents, garnering 777 responses (see Figure 4). One-quarter (26%) of the respondents identified family and friends as a source. A fifth (20%) identified their employer. The DLT or the state was the third most frequent source at 14%, with over 78% of those responses specifically identifying the DLT website. Co-workers accounted for another 14% of the responses, with media and doctor/clinic accounting for 9%. Other sources and unions fell below 5%.

Figure 4. How Did You Hear About TCI?



Sub-group differences (Figures 5-8). Understanding where different demographic groups heard of TCI can also assist with future targeted TCI marketing.

Gender. Men and women differed somewhat in where they found out about TCI. Men were almost twice as likely as women to have heard about it from a media source, more likely than women to have heard about it from a co-worker, and less likely than women to have heard about it from a doctor or clinic. Men and women were equally as likely to have heard about TCI from family and friends, their employer, the internet and from other sources.

Ethnicity. There were few differences between White and non-White populations, except that Whites were more likely to have heard from family or friends and less likely to have heard from co-workers.

Income. Those making over the $42,000 median sample income were more likely to have heard from their employer, co-workers, and the media than those making under $42,000. Those in the lower income category were more likely to have heard from the DLT or a doctor/clinic than the higher income group.

Size of Employer. Twenty-four percent (24%) of those working for larger employers (50 or more employees) heard about TCI from their employer, versus 16% of those working for smaller employers. Those working for smaller employers were more likely to have heard about it from the DLT or a doctor/clinic.

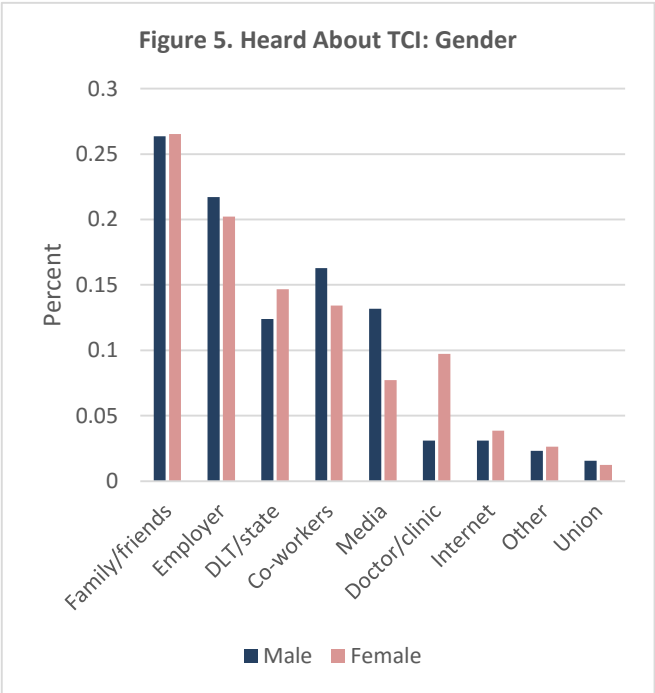


Figure 5. Heard About TCI: Gender
0.3
0.25
0.2
0.15
0.1
0.05
0
Percent
Family/friends
Employer
DLT/state
Co-workers
Media
Doctor/clinic
Internet
Other
Union
Male
Female

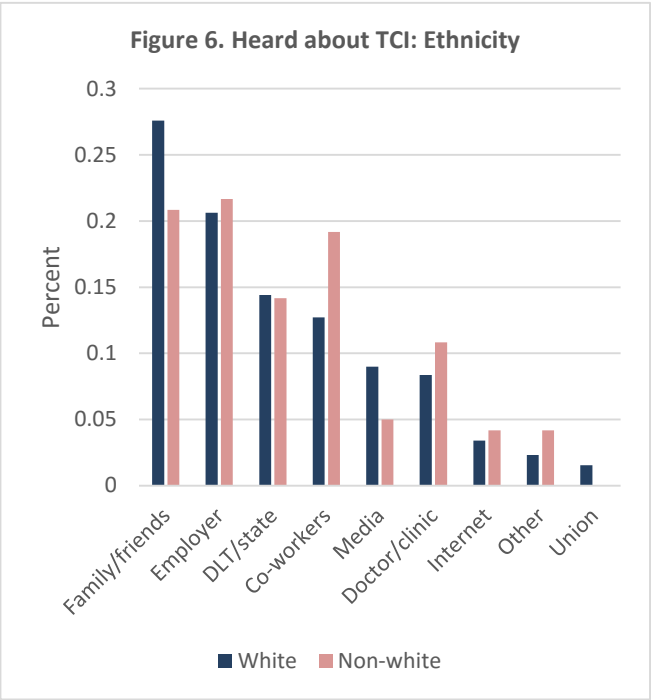


Figure 6. Heard about TCI: Ethnicity
0.3
0.25
0.2
0.15
0.1
0.05
0
Percent
Family/friends
Employer
DLT/state
Co-workers
Media
Doctor/clinic
Internet
Other
Union
White
Non-white

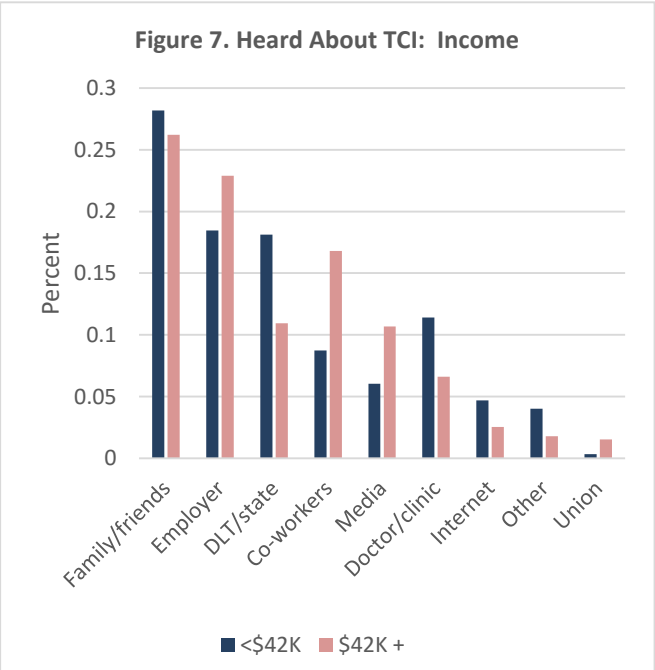


Figure 7. Heard About TCI: Income
0.3
0.25
0.2
0.15
0.1
0.05
0
Percent
Family/friends
Employer
DLT/state
Co-workers
Media
Doctor/clinic
Internet
Other
Union
<$42K
$42K +

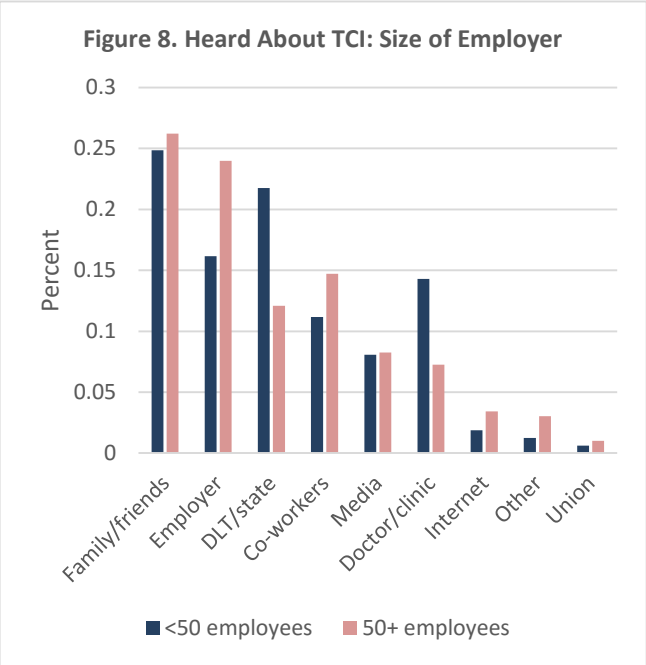


Figure 8. Heard About TCI: Size of Employer
0.3
0.25
0.2
0.15
0.1
0.05
0
Percent
Family/friends
Employer
DLT/state
Co-workers
Media
Doctor/clinic
Internet
Other
Union
<50 employees
50+ employees

RECAP - AWARENESS

GENERALLY, ABOUT HALF OF RESPONDENTS WERE AWARE OF THE TCI PROGRAM. THOSE WHO WERE LESS AWARE INCLUDED THOSE WITH LOWER INCOMES, EDUCATION, AS WELL AS OLDER WORKERS, NON-WHITES, AND THOSE WHO WORK FOR SMALLER EMPLOYERS.

MOST RESPONDENTS ARE WELL AWARE OF HOW TCI CAN BE USED, BUT LESS AWARE OF HOW THE PROGRAM IS FUNDED OR WHAT THE LEVEL OF WAGE REPLACEMENT IS. THEY ARE LEAST AWARE OF A UNIQUE ASPECT OF THE RHODE ISLAND PROGRAM: THE OFFER OF JOB SECURITY.

RHODE ISLANDERS ARE MOST LIKELY TO HEAR ABOUT TCI FROM FAMILY AND FRIENDS. INCREASING AWARENESS COULD INCLUDE SOME TARGETED MARKETING STRATEGIES FOR SPECIFIC POPULATIONS.

THE TCI APPLICATION PROCESS

The 582 email and phone respondents who applied for TCI were asked:

1. How many weeks did it take to have your TCI application approved?
2. How many weeks after your TCI application was approved did you receive your first benefit check?
3. How satisfied were you with aspects of the application process?

Weeks to TCI Application Approval

The distribution in number of weeks to application approval was similar across gender, ethnicity, and income (Table 6). Almost half of all respondents (48.9%) had their application approved in 2 weeks or less (21.7% in a week or less, and 27.1% in 2 weeks). It took 3 weeks for 15.2% of respondents, and 4 weeks or more for 30.2%. However, while the average wait time of 4 weeks or more was about a third, there was a notable difference by income, with 37.8% of those earning under $42,000 waiting 4 weeks or more, versus 25.4% of those earning $42,000 or more.

Table 6. Weeks to TCI Application Approval

Weeks to Application Approval	Overall	Male	Female	Non-White	White	<$42,000	≥ $42,000
1 week or less	21.8%	16.8%	22.7%	25.8%	20.8%	20.4%	21.3%
2 weeks	27.1%	26.3%	27.2%	22.7%	27.9%	22.7%	29.6%
3 weeks	15.2%	18.9%	14.4%	9.3%	16.4%	16.0%	14.3%
4 weeks or more	30.2%	30.5%	30.1%	35.1%	29.2%	37.8%	25.4%
I don't know	6.0%	7.4%	5.6%	7.2%	5.7%	3.1%	9.4%

Weeks to First Benefit Check

Over half of all respondents (54.8%) received their first check within 2 weeks after approval (Table 7). This was somewhat less likely for men than women, probably because women were already familiar with the filing process due to TDI childbirth claims. Another 18.7% took 4 weeks or more. Non-Whites and lower income earners were somewhat more likely to receive their first check within a week. However, Non-White respondents were also somewhat more likely (26.9%) to report taking 4 weeks or longer to receive a check compared to Whites (17%), which cannot be explained by type of claim, as each group were about equally likely to file a bonding (58.5% overall) or an ill family care (41.5%) claim.

Table 7. Weeks to First Benefit Check

Weeks to First Benefit Check	Overall	Male	Female	Non-White	White	<$42,000	≥ $42,000
1 week or less	19.0%	9.6%	20.9%	23.7%	18.4%	22.9%	16.0%
2 weeks	35.8%	33.0%	36.4%	29.0%	36.9%	36.8%	35.6%
3 weeks	16.4%	20.2%	15.7%	16.1%	16.6%	15.7%	17.1%
4 weeks	10.2%	14.9%	9.3%	14.0%	9.2%	9.9%	10.0%
5 weeks or more	8.5%	11.7%	7.9%	12.9%	7.8%	7.6%	8.5%
I don't know	10.0%	10.6%	9.9%	4.3%	11.1%	7.2%	12.8%

Satisfaction with Aspects of the Application Process

Due to group differences in levels of satisfaction between the DLT phone and email samples, the remainder of the analyses were conducted using only the DLT email sample. Briefly, statistical analyses revealed that phone respondents expressed significantly higher levels of satisfaction across most application process questions, as well as more positive reporting of impacts later in the survey, suggesting social desirability may have been an issue with respondents speaking in person to the DLT call staff.

DLT email TCI users (N=420) were asked to rate on a 1-5 scale how satisfied they were with five aspects of the application process:

1. Ease of navigating the TCI website
2. The amount of paperwork involved
3. The time to complete the application
4. The clearness of the instructions
5. The amount of time it took to have the application approved

Generally, over two-thirds of respondents were satisfied or very satisfied with the process, with a mean score ranging from 3.43 to 3.82. As can be seen in Figure 9, about 65% were satisfied or very satisfied with the ease of navigating the TCI website (M= 3.7), 70% with the amount of paperwork involved and the time it took to complete the application (M=3.8), 61% with the clearness of the instructions (M=3.6), and just over half, 54%, with the amount of time it took to have their application approved (M=3.4). Table 8 indicates satisfaction breakdowns by gender, ethnicity, and income. Except for time to application approval, Non-Whites were generally more satisfied with all other aspects of the application process than any other group.

Figure 9. Satisfaction with Aspects of the Application Process

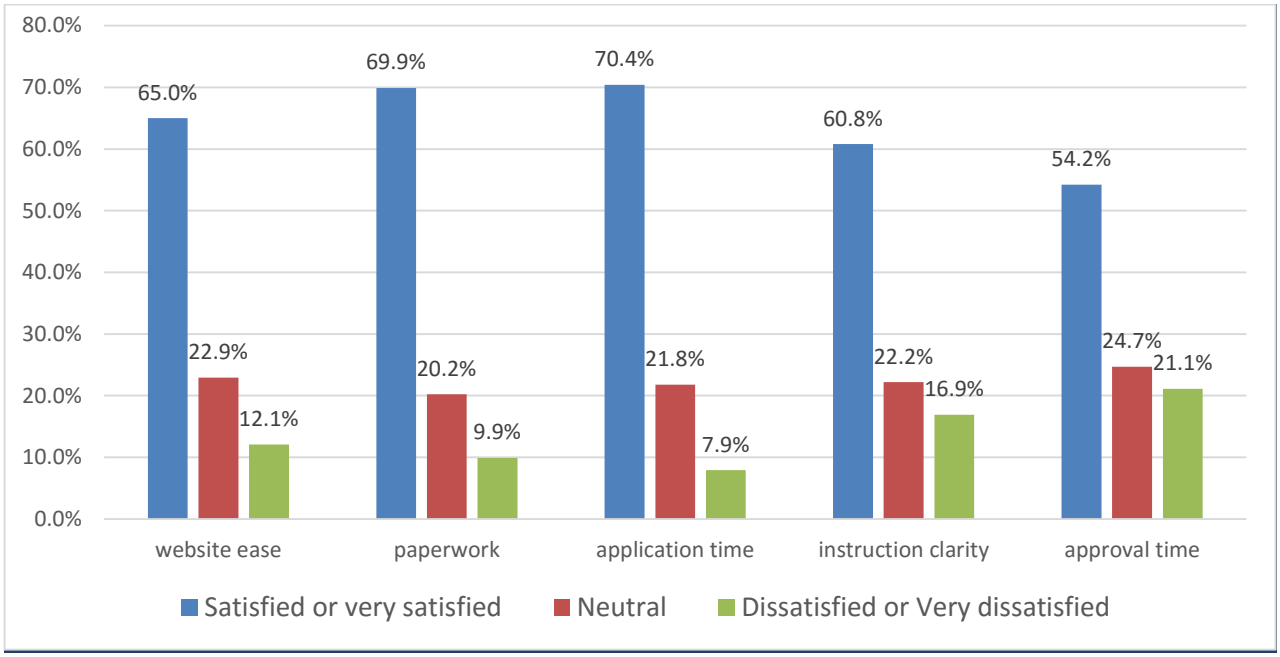


Table 8. Satisfaction with the Application Process by Demographics

% Satisfied or Very Satisfied with:	Overall	Gender		Ethnicity		Income	
		Male	Female	Non-White	White	<$42,000	$42,000+
Ease of navigating the website	65.0%	60.9%	65.7%	78.8%	62.5%	66.3%	64.5%
Amount of paperwork involved	69.9%	68.9%	70.1%	74.0%	69.0%	70.1%	69.3%
Time to complete the application	70.4%	72.4%	69.9%	74.0%	69.5%	71.7%	70.2%
Clearness of the instructions	60.8%	55.2%	61.9%	70.4%	58.6%	65.2%	56.6%
Amount of time it took to have application approved	54.2%	54.0%	54.2%	53.1%	53.7%	52.2%	55.0%
AVERAGE	64.1%	62.3%	64.4%	70.1%	62.7%	65.15	63.1%

RECAP – TCI APPLICATION PROCESS

ABOUT HALF OF RESPONDENTS HAD THEIR APPLICATIONS APPROVED IN UNDER 2 WEEKS, THOUGH NEARLY A THIRD HAD TO WAIT A MONTH OR MORE. WHILE WE DID NOT DIRECTLY ASK PARTICIPANTS, INTERVIEWS WITH THE DLT SUGGEST THAT THIS MAY BE A RESULT OF CLAIMS HAVING ERRORS AND PAPERWORK NEEDING TO BE RE-SUBMITTED. LOWER INCOME WORKERS AND NON-WHITE WORKERS WERE MOST LIKELY TO HAVE TO WAIT FOUR WEEKS OR MORE FOR APPROVAL. OVER HALF RECEIVED THEIR FIRST BENEFIT CHECK WITHIN TWO WEEKS. GENERALLY, PEOPLE ARE SATISFIED WITH ALL ASPECTS OF THE APPLICATION PROCESS, THOUGH LESS SO WITH THE TIME IT TAKES TO HAVE THEIR APPLICATION APPROVED.

IT MAY BE HELPFUL TO CONTINUE TO COLLECT DEMOGRAPHIC DATA ON APPLICATION APPROVAL TIMES AND RECEIPT OF FIRST BENEFIT PAYMENT TO DETECT ANY DEMOGRAPHIC TRENDS.

TYPE, REASON, AND LENGTH OF LEAVE

Respondents were asked about their life event, either the arrival of a new child or the need to care for a seriously ill family member, whether they took any leave for this life event, what type of leave they took, and the length of their leave.

TYPE OF LEAVE

Respondents were divided into the following three sub-groups: those who took TCI leave ("TCI Leave"), those who took any other form of leave, including paid and unpaid leave ("Any Other Leave"), and those who took no leave ("No Leave"). Of the 780 participants who responded to this question, half (50.4%) took TCI Leave; 36% took Any Other Leave, including unpaid leave; and 13.6% of respondents took No Leave to manage a life event (see Table 9). Both TCI Leave and Any Other Leave takers may have taken multiple kinds of other leaves, including TDI (66% of TCI Leave takers and 53.5% of Any Other Leave takers took TDI), and a variety of paid and unpaid leave options, primarily paid sick time, paid vacation time, and FMLA.

REASON FOR LEAVE (LIFE EVENT)

Over half of all respondents (N=454; 58.2%) reported the arrival of a new child as the reason they did or could have taken leave, compared to less than half (N=326; 41.8%) whose life event was the need to care for an ill family member (Table 9).

In general, both male and female respondents were very likely to take leave for the arrival of a new child. Of all bonding life events reported, about 95% (N=431) of respondents took some type of leave, with nearly three-quarters (70%) using TCI Leave. Conversely, 68% (N=223) of respondents who experienced a life event of a family illness took any type of leave. Further, 29% of respondents who cared for an ill family member did not take any leave. Moreover, of those who did take a leave for a seriously ill family member, less than one-quarter (23%) utilized TCI. As can be seen in Table 9, this caregiving group was much more likely to use any other leave than TCI for family care. These patterns of type of care use were similar between men and women.

Table 9. Respondents by Type of Leave

Type of Leave	Total		Bonding		Ill family care	
	N	% of total	N	% of bonding	N	% of ill care
TCI Leave	393	50.4%	318	70.0%	75	23.0%
Any Other (non-TCI) Leave including unpaid leave	281	36.0%	113	24.8%	148	45.4%
Other Paid Leave	*111*	*14.2%*	*46*	*10.1%*	*65*	*19.9%*
Unpaid Only	*110*	*14.1%*	*46*	*10.1%*	*64*	*19.6%*
Unsure what leave taken or no response	*60*	*7.6%*	*21*	*4.6%*	*19*	*5.8%*
No Leave takers	106	13.6%	10	2.3%	96	29.4%
TOTAL	**780**	100.0%	**454**	58.2%	**326**	41.8%

Comparisons between TCI users and Any Other Leave users. Proportionally, TCI users were much more likely to take bonding leave and less likely to take ill family leave than the other two Leave groups. It is noteworthy that over half of those who took Any Other Leave, whether paid or unpaid, and almost all of No-Leave takers cited care for an ill family member as their life event, and this care was most often for a parent or in-law. This evidence invites more exploration into why workers, beyond lack of awareness of TCI, are not as apt to access TCI for ill family care and are instead relying more on other types of leave or no leave to provide this care.

In summary, the type of life event across different leave groups reflects an inverse relationship (Figure 10). TCI users were much more likely to use TCI for bonding claims (81%) than for ill family care (19%), mirroring data collected by the RI DLT. Conversely, respondents who used other types of leave were more likely to use it to care for an ill family member (57%) than for bonding (43%). Those who took no leave almost exclusively (91%) were taking care of an ill family member while working at the same time.

Table 10 further illustrates the breakdown by gender, ethnicity, and income group for each type of leave. Because many of the cell sizes are very small, no assumptions can be made about how representative these proportions might be. However, it can be seen that the distribution of leave type by reason for leave is generally consistent across these demographic groups, with the widest spread being between lower and higher income groups and the use of TCI, again suggesting that lower income workers could benefit from increased TCI marketing.

Figure 10. Type of Leave by Life Event

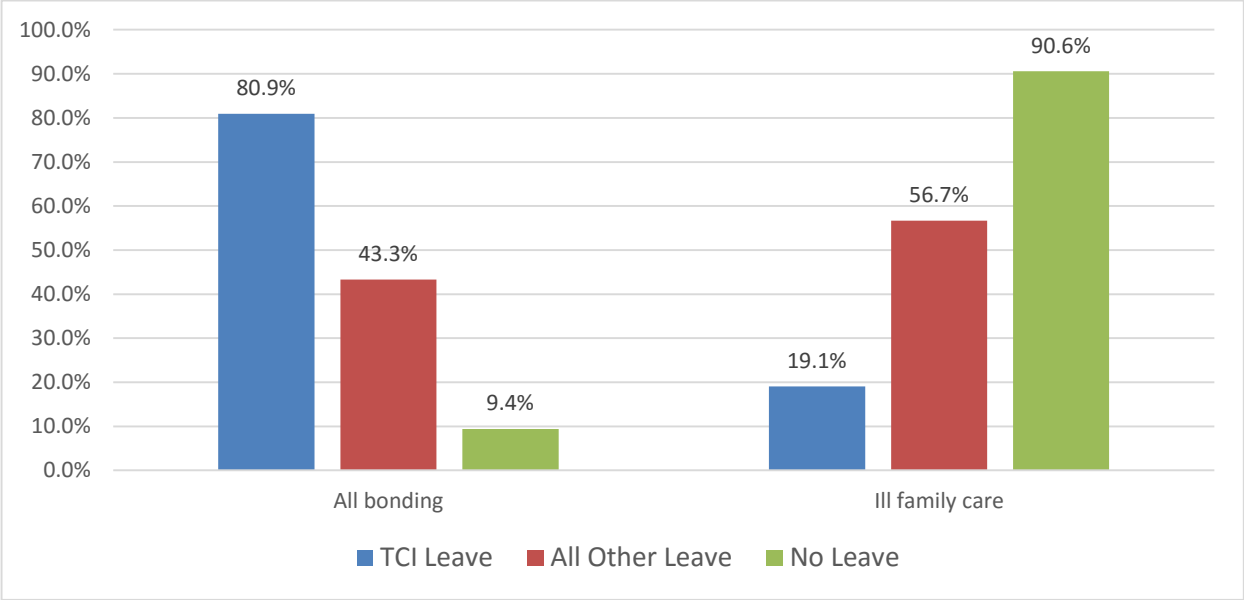


Table 10. Demographics of Each Leave Type

	Male	Female	Non-White	White	<$42,000	≥ $42,000
Bonding	**51**	**369**	**68**	**350**	**175**	**216**
TCI	41 (80%)	277 (75%)	47 (69%)	269 (77%)	120 (69%)	173 (80%)
Any Other Leave	8 (16%)	84 (23%)	18 (26%)	74 (21%)	47 (27%)	41 (19%)
No Leave	2 (4%)	8 (2%)	3 (4%)	7 (2%)	8 (4%)	2 (1%)
Ill Family Care	**44**	**256**	**53**	**252**	**134**	**140**
TCI	8 (18%)	67 (26%)	12 (23%)	62 (24%)	32 (24%)	36 (26%)
Any Other Leave	22 (50%)	107 (42%)	17 (32%)	110 (44%)	54 (40%)	64 (46%)
No Leave	14 (32%)	82 (32%)	14 (26%)	80 (32%)	48 (36%)	40 (28%)
Total	**95**	**625**	**121**	**602**	**309**	**356**

TCI - Length of Leave

The large majority of TCI Leave takers (85%) took the full 4 weeks of leave, about 90% of bonding claims and 66% of ill care claims. Further, 92% of new mothers took the full 4 weeks, but so did 68% of new fathers (Table 11). The full four weeks was taken for ill family care by 69% of women and 44% of men. Some, (12.7%) took more than 4 weeks, likely suggesting confusion between TCI and TDI leave, which was borne out in the in-depth interviews (see Appendix D).

Non-White respondents were only slightly less likely than White respondents to take the full 4 weeks for both bonding (83% versus 90%) and ill family care (61% versus 68%). Income did not appear to influence length of bonding leave, though lower income respondents were somewhat more likely to take the full 4 weeks to care for an ill family member (71%) than those earning higher incomes (61%)

Table 11. Four Weeks of TCI Leave by Type of Leave and Demographic Group

4 Weeks of TCI Leave	Gender		Ethnicity		Income	
	Male	Female	White	Non-White	≤ $42,000	≥ $42,000
Bonding	28 (68.3%)	269 (92.4%)	251 (90.6%)	44 (83.0%)	114 (87.7%)	156 (89.6%)
Ill Family Care	4 (44.4%)	51 (68.9%)	47 (68.1%)	8 (61.5%)	25 (71.4%)	25 (61.0%)
TOTAL	32	320	298	52	139	181

TCI - Reason for Ill Family Care

While the vast majority of TCI Leave was taken for bonding, over half of Any Other Leave takers, and nearly all of those who took No Leave were for ill family care. The distribution across gender and type of leave for the 41.4% of those who took ill family care leave is shown in Table 12. Because the male sample for ill family care is very small (N=32), these findings are not generalizable, and the overall distribution largely reflects women's use of leave. Women's use of TCI is fairly evenly divided across parent/in-law, spouse/partner, and child, but is more concentrated toward parents when using Any Other Leave.

Table 12. Reason for Ill Family Care Leave

	TCI			Any Other Leave (paid & unpaid)		
ILL FAMILY CARE Total N = 226	**Overall (N=73)**	**Men (N=8)**	**Women (N=65)**	**Overall (N=153)**	**Men (N=24)**	**Women (N=115)**
Parent or in-law	**25%**	(2) 25%	(16) 25%	**43%**	(8) 33%	(58) 50%
Spouse/Partner	**36%**	(6) 75%	(20) 31%	**21%**	(8) 33%	(24) 21%
Child	**33%**	---	(24) 37%	**12%**	(4) 17%	(15) 13%
G'parent, Other	**7%**	---	(5) 7%	**21%**	(4) 17%	(28) 24%

RECAP – TYPE, REASON, LENGTH OF LEAVE

PROPORTIONALLY, TCI LEAVE TAKERS, 84% OF WHOM ARE WOMEN, ARE MUCH MORE LIKELY TO TAKE BONDING LEAVE THAN OTHER LEAVE GROUPS. ONLY 20% OF TCI USERS TOOK ILL FAMILY LEAVE, COMPARED TO OVER HALF OF OTHER LEAVE-TAKERS AND ALMOST ALL OF NO-LEAVE TAKERS. WHILE TCI LEAVE-TAKERS ARE ABOUT EQUALLY LIKELY TO TAKE ILL FAMILY LEAVE TO CARE FOR A PARENT, SPOUSE/PARTNER, OR CHILD, THE MAJORITY OF OTHER LEAVE TAKERS TOOK LEAVE TO CARE FOR A PARENT OR IN-LAW, AND VERY FEW OF THEM TOOK LEAVE TO CARE FOR AN ILL CHILD. THE GREAT MAJORITY OF TCI BONDING LEAVE WAS 4 WEEKS, AS WAS ABOUT 60% OF ILL FAMILY LEAVE.

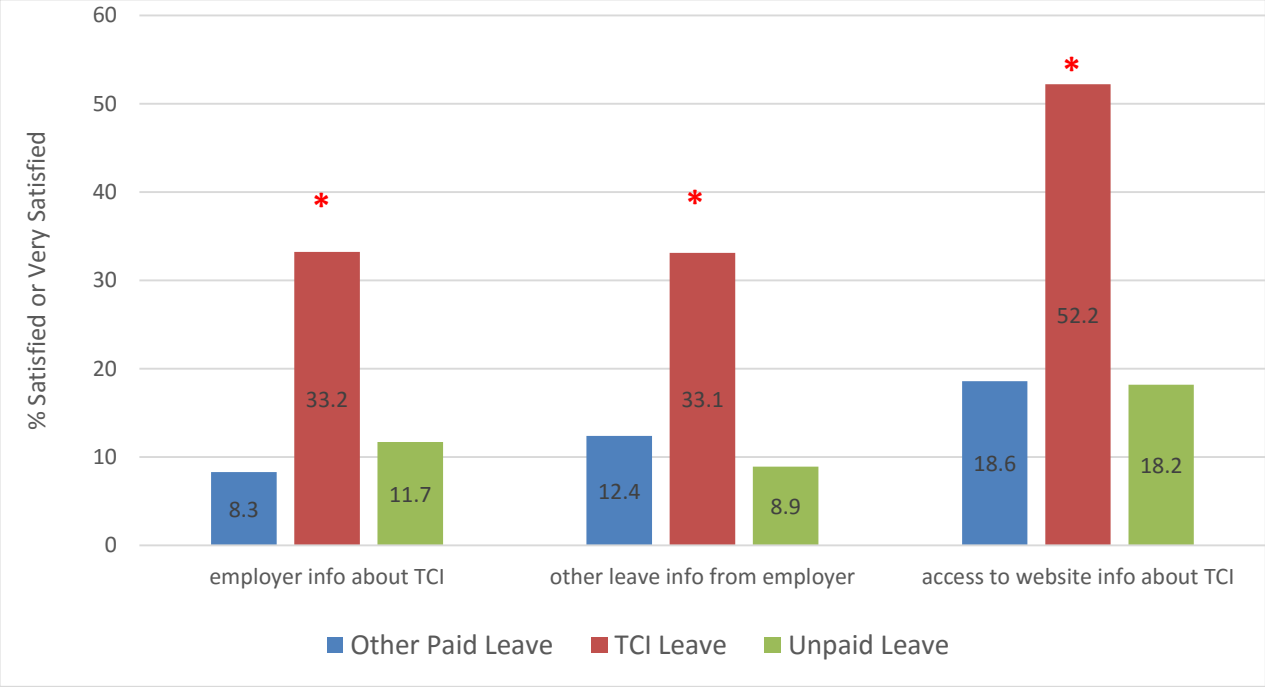
LEAVE TO CARE FOR ILL FAMILY MEMBERS MAY BE LESS UNDERSTOOD AND LESS RECOGNIZED AS LEGITIMATE REASONS TO REQUEST LEAVE. UNDERSTANDING WHAT WORKPLACE AND STRUCTURAL BARRIERS, SUCH AS THE REQUIRED 1-WEEK LEAVE INCREMENT, MIGHT EXIST COULD CONTRIBUTE TO TARGETED OUTREACH EFFORTS AIMED AT INCREASING USE OF TCI FOR ILL FAMILY CARE.

SATISFACTION WITH ASPECTS OF LEAVE ACROSS GROUPS

To better understand the variable experiences of taking leave from work, and to better equate the experiences of those on any kind of paid leave versus those on unpaid leave, participants who took any leave at all were re-organized into three leave groups: those who took "TCI Leave" (N=393), those who did not take TCI, but took some other kind(s) of paid leave ("Other Paid Leave," N=111), and those who took "Unpaid Leave" only, including FMLA (N=110). Paid leave included vacation, sick, personal, employer-provided family, maternity, or paternity leave. TCI-takers may have also taken other paid leave, and both paid leave groups may have also taken unpaid leave, as well.

Access to Information. Respondents were asked how satisfied they were with access to information about leave (Figure 11). While it is not surprising that TCI users were significantly more satisfied with access to TCI information and other leave information from their employer (indicated by an "*" in Figure 11), only about a third of the TCI group indicated that they were satisfied or very satisfied with employer-provided information. Also of note are the similarly low levels of satisfaction with information access for other paid leave takers and no leave takers, perhaps suggesting that employers in general need to do more to apprise their employees of the benefits available to them, including TCI. Again, not surprisingly, TCI leave-takers were most satisfied, and more satisfied than the other leave groups with access to website information about TCI, which currently only exists on the DLT website.

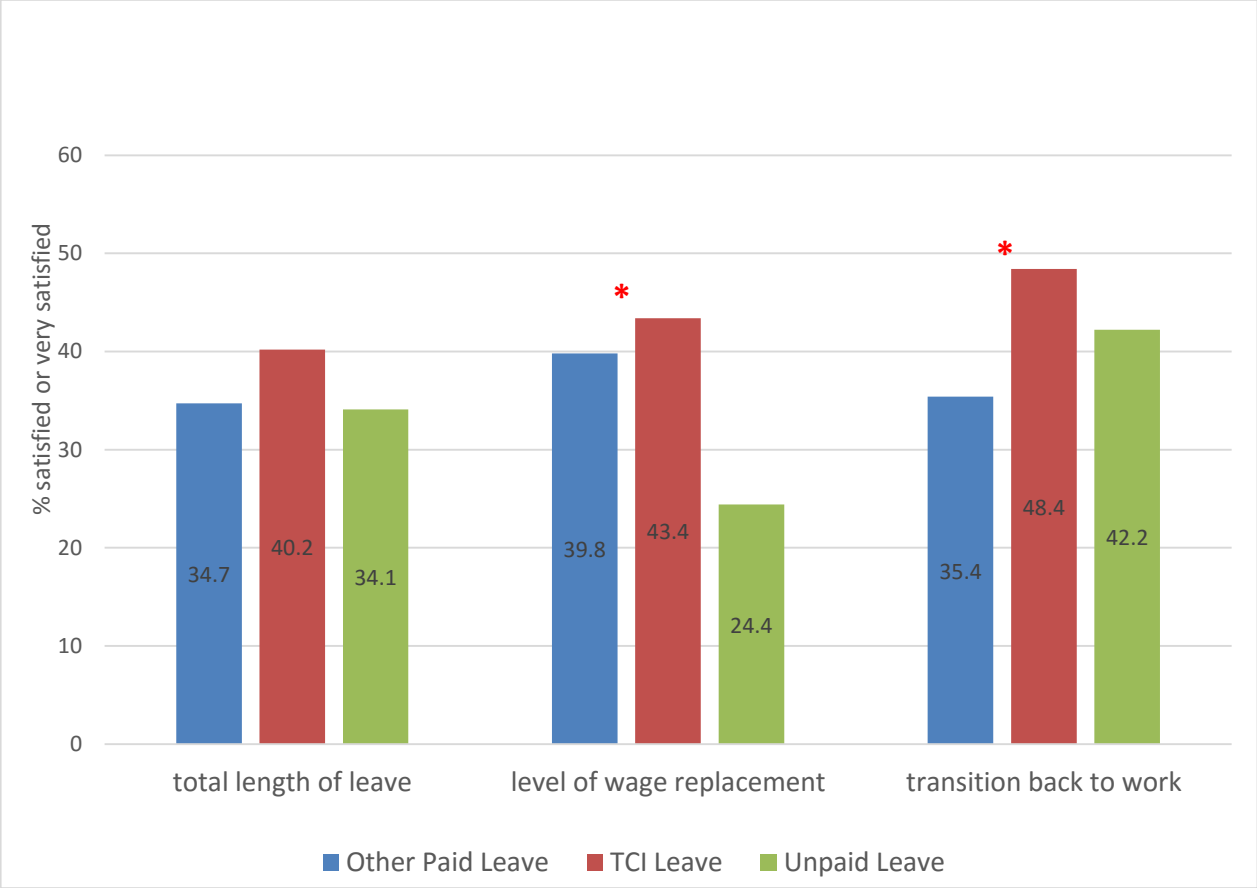
Figure 11. Satisfaction with Access to Information Across Leave Groups



Length of Leave. Data in Figure 12 may suggest that the majority of respondents would have preferred a longer leave. About 40% of TCI users and a little over 34% of those taking both Other Paid Leave and Unpaid Leave were satisfied or very satisfied with the length of their leave.

Level of Wage Replacement and Transition Back to Work. While there were no significant differences between TCI users and Other Paid Leave takers with their satisfaction with level of wage replacement, not surprisingly, Unpaid Leave takers were significantly less so than both paid leave groups. Still, it is noteworthy that over half of TCI users were neutral or dissatisfied with their level of wage replacement. TCI Leave takers were significantly more satisfied with their transition back to work than those receiving Other Paid Leave, though not more so than Unpaid Leave takers.

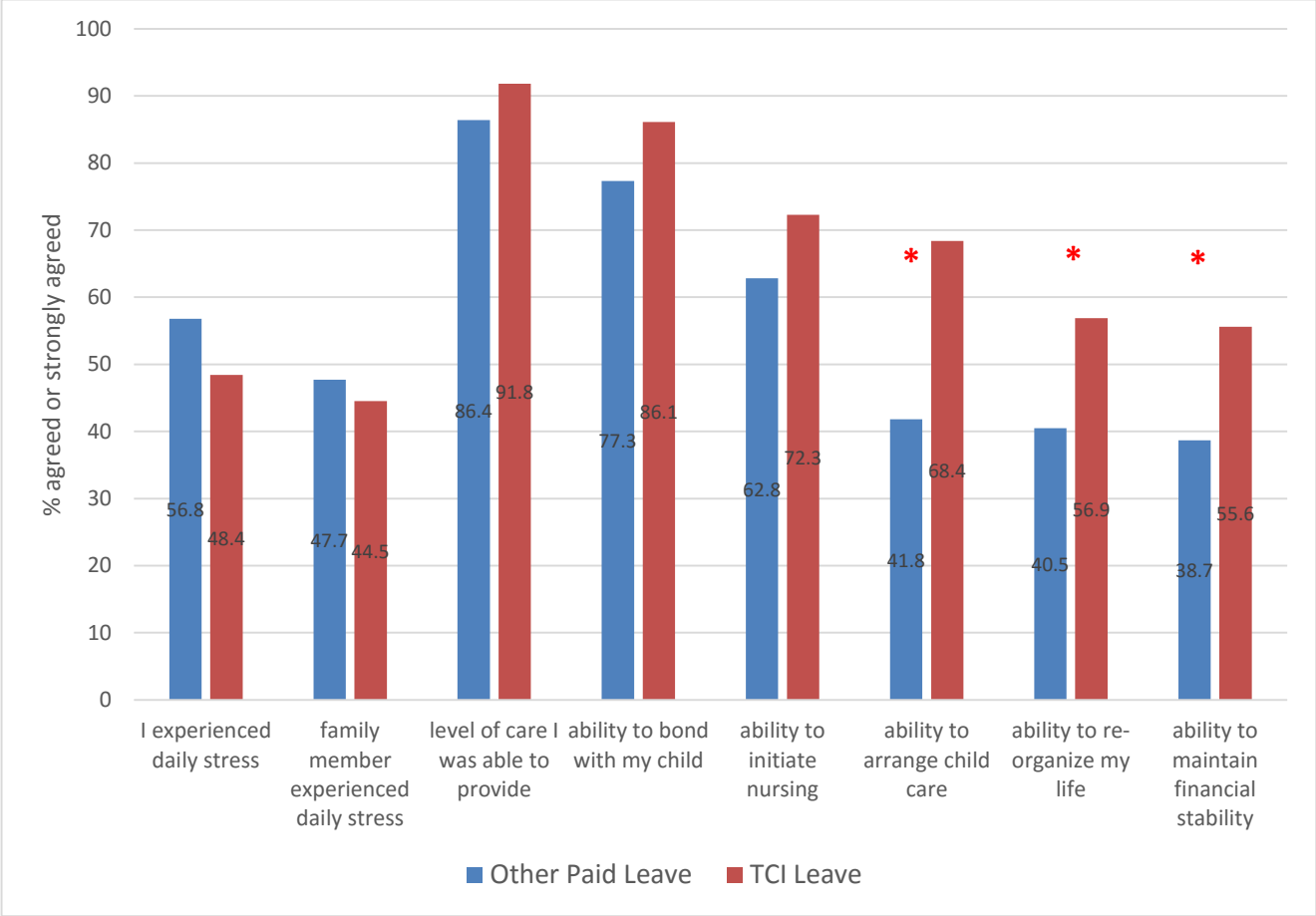
Figure 12. Satisfaction with Aspects of Leave Across Leave Groups



Satisfaction with Bonding Leave

Because so few respondents did not take any leave for the arrival of a new child, the No Leave group was eliminated from the following analyses. Those who took Other Paid Leave were more likely than TCI Leave takers to agree or strongly agree that they experienced daily stress, though not significantly so (Figure 13). TCI users were also more likely to agree or strongly agree that they were satisfied with their ability to provide care for their child, to bond with their child, to initiate breastfeeding, to arrange child care, to re-organize their lives to be both a worker and a caregiver, and to maintain financial stability. These differences reached statistical significance for satisfaction with ability to maintain financial stability, ability to arrange child care, and ability to re-organize life. Marginally significant differences were found for ability to bond with child and family member stress. Respondents were then asked the same questions as they applied to their long-term experiences following their leaves, and the same significant differences remained.

Figure 13. Satisfaction with Bonding Leave Across Leave Groups



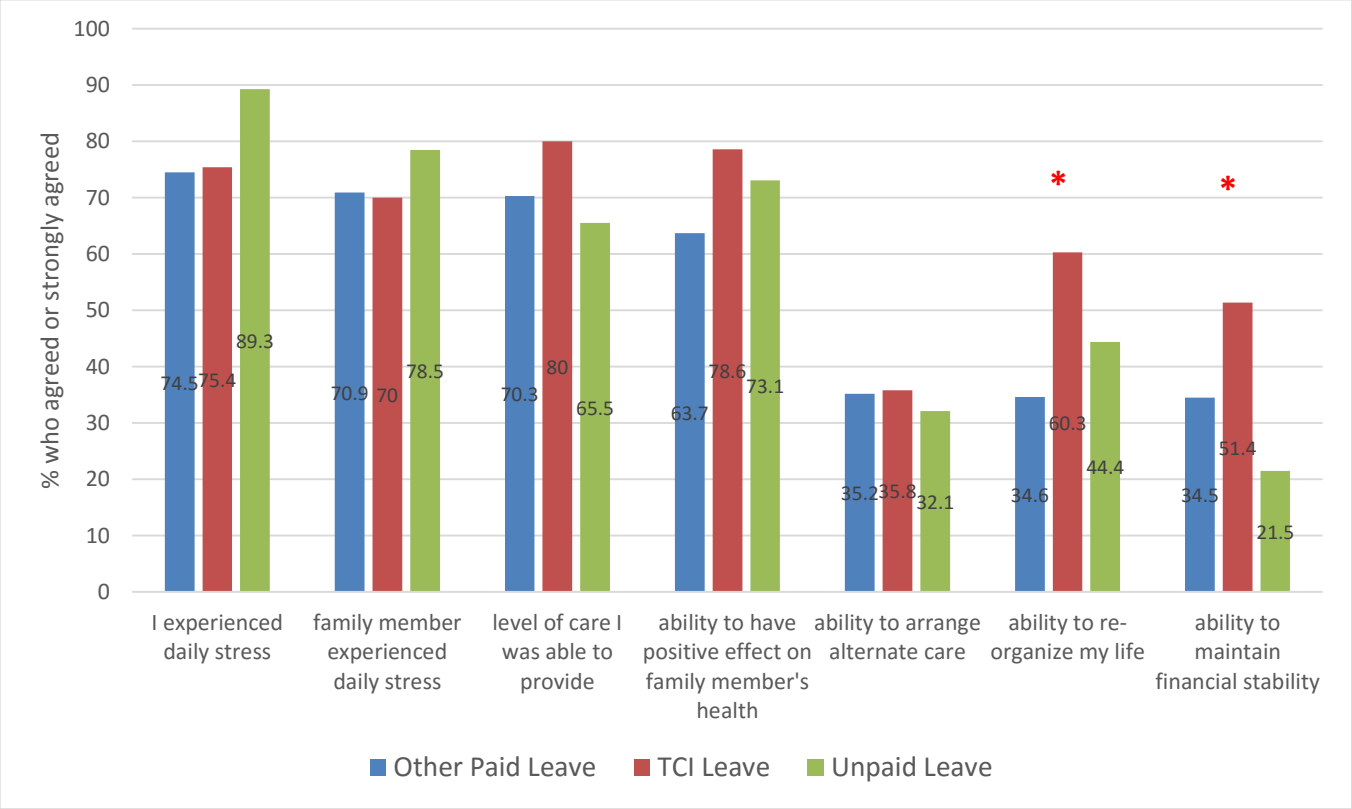
Satisfaction with Ill Family Care Leave

Respondents who took leave to care for a seriously ill family member, including about 73 TCI Leave takers, about 65 Other Paid Leave, and about 64 Unpaid Leave takers, were asked to rate their satisfaction with different aspects of their leaves. It is recognized that ill and elder family care can be stressful,[4] and so it is not surprising that in this sample the large majority of those needing to provide care for a seriously ill family member experienced high levels of stress, and though not statistically significant, the data suggest this may be more true for those who took only unpaid leave. Also, in general terms, the challenge of arranging alternative care for an ill family member may be evidenced here by the low satisfaction percentages across all groups.

Similar to those who took TCI to bond with a new child, those who took TCI to care for an ill family member were significantly more likely to be satisfied with their ability to re-organize their lives to both a worker and a caregiver than those using other kinds of paid leave (Figure 14). They were also significantly more satisfied with their ability to maintain financial stability than those who took unpaid leave, and marginally more satisfied than Other Paid Leave-takers. Other marginally significant trends include higher satisfaction among TCI users to provide care for their ill family member, and their ability to have a positive impact on their family member's health.

When asked about the long-term experiences of needing to provide this care, TCI users were significantly more likely to remain satisfied with their continued ability to maintain financial stability. Also significant, over the long term, those who took TCI leave reported continued satisfaction with their ability to provide care, more so than other groups.

Figure 14. Satisfaction with Ill Family Care Across Groups



RECAP – SATISFACTION WITH ASPECTS OF LEAVE

OVERALL, THOSE WHO TOOK TCI LEAVE WERE MORE SATISIFIED WITH ACCESS TO INFORMATION, COMPARED TO THOSE WHO TOOK SOME OTHER TYPE OF PAID LEAVE OR THOSE WHO TOOK UNPAID LEAVE. THOSE TAKING TCI LEAVE OR SOME OTHER TYPE OF PAID LEAVE, NOT SURPRISINGLY, WERE MORE SATISIFIED WITH THE LEVEL OF WAGE REPLACEMENT THAN THOSE WHO TOOK UNPAID LEAVE.

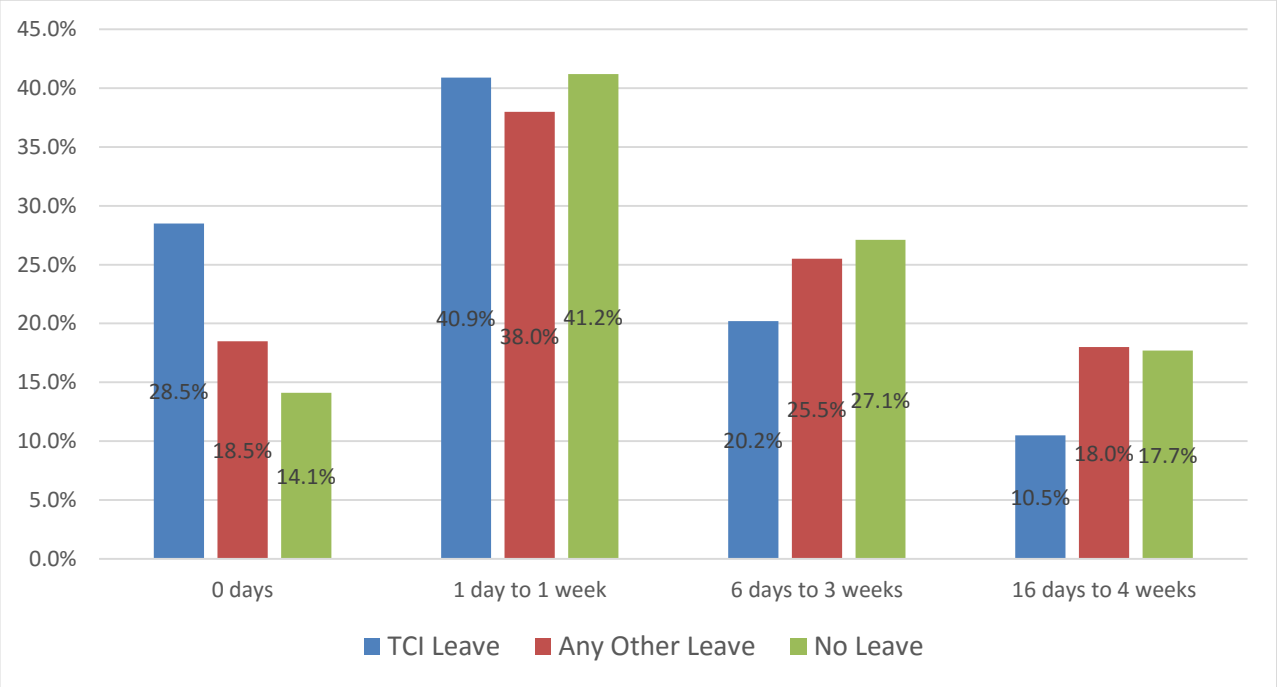
ON EVERY MEASURE, TCI USERS WERE MORE SATISFIED WITH ASPECTS OF THEIR LEAVE, FOR BOTH BONDING AND ILL FAMILY CARE, THAN THOSE TAKING OTHER FORMS OF PAID LEAVE, STATISTICALLY MORE SO WITH THEIR ABILITY TO RE-ORGANIZE THEIR LIVES, TO ARRANGE CHILD CARE, AND MAINTAIN FINANCIAL STABILITY THAN THOSE WHO TOOK OTHER TYPES OF LEAVE.

Work- and Economic-Related Impacts

Work-related impacts were measured by a number of single item responses, including some satisfaction items described above, as well as questions about absenteeism, employment status post-leave, and perceived impacts of co-workers taking leave. Importantly, for both bonding leaves and ill family care leaves, TCI leave takers, compared to other leave groups, were significantly more likely to report satisfaction with their ability to re-organize their lives to be both good workers and good caregivers (see Figures 13 and 14). Allowing an employee sufficient leave time to effectively re-structure and coordinate new family responsibilities alongside work responsibilities can be viewed as a contributor to employee effectiveness and a positive impact on business.

Impact of TCI Leave on Absenteeism. Participants were asked how many days they had been absent from work since returning from their leave. Examining absenteeism in categories from 0 to 20 days or up to 4 work weeks, those who took TCI Leave were absent significantly fewer days overall than those taking Any Other Leave, paid or unpaid, or No Leave takers. Figure 15 indicates that 28.5% of TCI users reported zero days absent compared to 18.5% of other leave takers, and 14.1% of No Leave takers.

Figure 15. Days of Absenteeism Across Leave Groups



Job Status and Working Hours. Job security is a hallmark of Rhode Island's paid leave law. Participants were asked what their job status was after their life event, and if their working hours increased, decreased or stayed the same. The most common responses are shown in Table 13. Two-thirds (66.7%) of Any Other Leave takers and three-quarters (75.7%) of TCI Leave takers returned to their job with the same hours. Even more, 81.6% of No Leave takers retained their same job and hours. About 19% of both leave groups (compared to only 5.8% of No-Leave takers) reported returning to work fewer hours. Most of these were new mothers, compared to No-Leave takers, who were almost all caring for an ill family member. Very few, about 6% of all leave groups, returned to work more hours. Also, TCI Leave takers were least likely (3.2%) to be let go from work compared to nearly 10% of Any Other Leave takers.

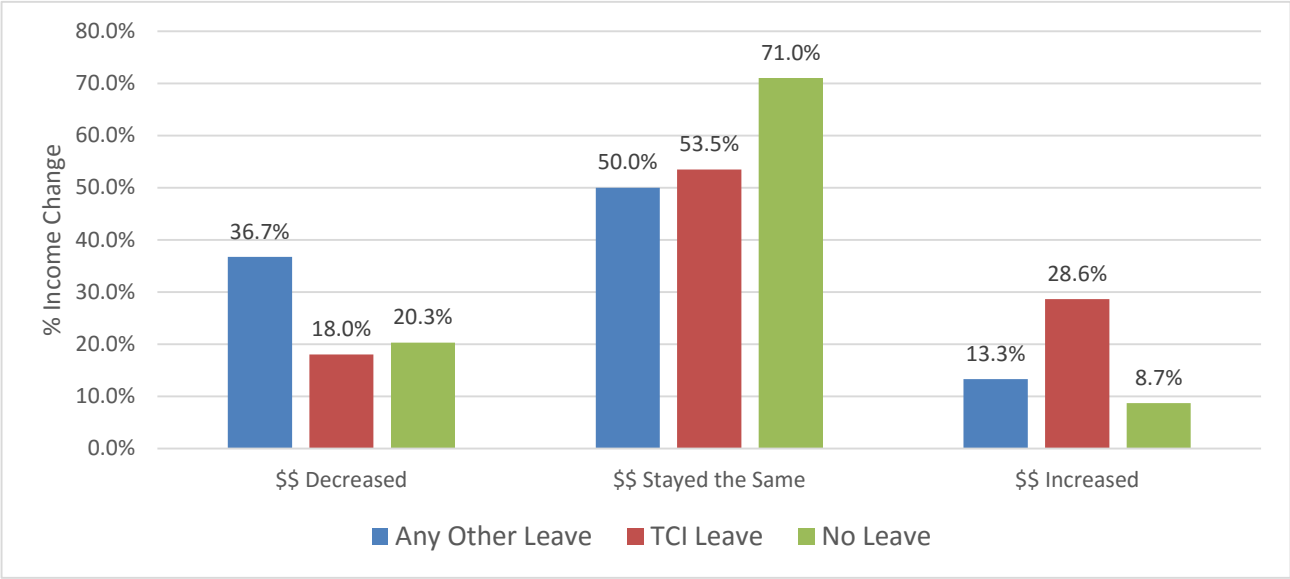
Table 13. Job Status After Life Event Across Leave Groups

	Any Other Leave	TCI Leave	No Leave
Yes, I am at the same job	66.7%	75.7%	81.6%
No, I was let go	9.6%	3.2%	5.1%
No, I chose to stop working	5.7%	4.3%	7.1%
Yes, but with a new employer	7.9%	7.2%	6.1%

Income Changes. More than Any Other Paid-leave and Unpaid Leave takers, TCI leave takers were significantly more satisfied with their ability to maintain financial stability both during their leave and afterwards for both bonding and ill family leave (see Figures 13 and 14 above). As well, they were more satisfied with their level of wage replacement (see Figure 12 above).

Chi-square analyses reveal significant variations in the expected income distribution across leave groups for those whose hours remained the same. As can be seen in Figure 16, TCI Leave takers were the most likely to see their personal income rise since their life event (28.6%), over twice the proportion of those taking any other kind of leave (13.3%) and over three times as likely as those taking no leave (8.7%). However, large percentages in all three groups, especially for those taking Any Other Leave, experienced a decrease in personal income, suggesting that major life events may impact earnings regardless of leave. Even so, while 36.7% of Any Other leave takers experienced a decrease in income, TCI Leave takers were half as likely to do so (18%). The most stable incomes were reported by No Leave takers, 71% of whom maintained their same income level, and who were least likely to see an increase.

Figure 16. Change in Personal Income Since Life Event



Work Coverage and Co-worker Leave. In any cost-benefit analysis of paid family leave, the impact on business operations when an employee takes an extended leave, particularly for small employers, has to be considered. While this research does not specifically focus on employer impacts, the following employee responses/perceptions are relevant to the issue.

All respondents who took any type of leave, TCI or otherwise, were asked how their work was covered while they were on leave. As shown in Table 14, the majority (57.7%) reported that co-workers took responsibility for their work duties. Hiring a temporary replacement (11.5%) and putting the work on hold (9.4%) were the next most commonly reported responses to workload coverage. A similar proportion, about 60%, indicated that they'd had a co-worker who took a leave for family reasons for more than a week within the past year. As a result of that co-worker taking leave, about the same percentage, 60%, reported having to take on additional work duties, and about a third (36%) indicated they had to work more hours than they normally would. Clearly, when an employee leaves for a period of time, co-workers often need to re-adjust. However, when asked what the impact was of that co-worker taking leave, 76%, indicated that it had neither a positive or negative impact on them, and only 12% said it had a negative impact.

Table 14. Work Coverage and Co-Worker Leave Impacts

Question	Co-workers (Work HRS)		Co-workers (OT)		Temporary Person		Work Put on Hold		Worked While on Leave		Other/ Unsure		Total N
	N	%	N	%	N	%	N	%	N	%	N	%	
How was your work covered while you were on leave?	425	57.7%	30	4.1%	85	11.5%	69	9.4%	43	5.8%	85	11.3%	737

Question	Yes		No		Unsure		Total *N*
	N	%	N	%	N	%	
At any time in the past year, did you have any co-workers who took a leave for more than a week for family or medical reasons?	425	59.9%	162	22.8%	122	17.2%	709
As a result of these coworkers taking leave, did you have to work more hours than you normally do?	148	35.8%	250	60.5%	15	3.6%	413
As a result of these coworkers taking leave, did you have to take on additional work duties?	245	59.6%	154	37.5%	12	2.9%	411

Question	Positive		Negative		Neither		Unsure		Total N
	N	%	N	%	N	%	N	%	
Do you think that your co-workers taking leave had a positive impact on you, a negative impact, or neither?	33	7.8%	51	12.0%	321	75.7%	16	3.8%	424

Impacts on Small Employers. A main concern about implementing paid leave is the potential negative impact on small employers, whose business operations may be disrupted if one employee is out of work, and so the leave coverage and co-worker leave questions were re-examined by size of employer (Table 15). In this sample, 155, or 23%, of respondents worked in organizations with under 20 employees, which approximates the state average of 24% of private sector employees.[5] Over half (56%) of this group said co-workers covered their work when they were on leave, similar to the overall average across all groups. A somewhat higher percentage, 17%, said a temporary hire was required than was reported in the other groups, and this percentage was more than double the amount for those with between 50-499 employees. Employees in small businesses of under 20 employees reported less ability than those in small to medium size organizations to have their work put on hold, but not more than organizations with over 100 employees. It does appear that the smallest businesses require more from co-workers when someone takes leave. In this sample, employees at the smallest organizations are more likely to report taking on more hours than they normally work, and having to take on additional work duties. However, while the percentage of these reporting neither a positive or negative impact of co-workers taking leave is slightly lower than those from larger organizations, still a large majority, 70%, reported no impact.

Table 15. Work Coverage and Co-Worker Leave

Number of Employees	How was your work covered while you were on leave (all leave groups)?			As a result of your co-worker(s) taking a leave (all respondents):		
	Co-workers (57.7%)	Temporary hire (11.5%)	Work put on hold (9.4%)	Work more hours than normally do?	Take on additional work duties?	% reporting no impact
1-19 (N=155)	56%	17%	8%	43%	72%	70%
20-49 (N=55)	48%	13%	13%	33%	62%	79%
50-99 (N=46)	54%	6%	19%	30%	54%	82%
100-499 (N=133)	65%	8%	6%	27%	51%	74%
500 + (N=-285)	62%	11%	9%	37%	60%	75%

Health- and Family-Related Impacts

Health- and family-related impacts include satisfaction questions with aspects of leave, a single item question about general physical health, a short version of a general life stress scale,[6] questions about new baby care, and breastfeeding (Table 16).

Health- and Family-Related Satisfaction with Leave. While not generalizable, the few women (N=17) who took Unpaid Leave only for the arrival of a new child reported less satisfaction than those who took TCI Leave with the ability to initiate breastfeeding, and to have family members experience less daily stress. Those who had Other Paid Leave options available did not differ significantly from TCI users on health-related satisfaction questions.

Satisfaction with family-related impacts include significantly higher satisfaction among TCI Leave takers than those taking Other Paid leave and also with those taking Unpaid Leave with their ability to re-organize their lives to be both a worker and a caregiver both for new parents and for ill-family caregivers, and with new parents' ability to arrange child care. Again, the benefits of having any kind of paid leave available, TCI or otherwise, is reflected in the lower satisfaction with the ability to bond with children for unpaid leave takers.

Physical Health. Respondents were asked to rate their overall physical health on a 0-100% scale. TCI users reported significantly better overall physical health (88%) than those who took Other Paid Leave, and those who took Unpaid Leave only. While it might be assumed that TCI takers are more likely to have higher incomes and thus more access to health resources, this effect remained when controlling for both personal and household incomes.

Stress. Also controlling for income, compared to both paid and unpaid leave takers (paid and unpaid leave takers reported the same stress levels) and those who took No Leave, TCI leave takers reported significantly lower stress levels on a 3-item short scale of generalized life stress, which included items such as "Aspects of my life are a source of frustration for me."

Table 16. Health Impacts of TCI Leave

	From 0 to 100%, how would you rate your overall physical health?	Mean stress levels, on a scale of 1 (low) to 5 (high)	How many well-baby visits has your baby had?	How many months did you (or do you) plan to breastfeed?
TCI Leave	88%	3.5	6.6	7.8
Other Paid Leave	80%	3.8	5.9	6.3
Unpaid Leave	77%	3.9	5.6	-
No Leave	82%	3.9	4	-

Breastfeeding and Well Baby Care. TCI users were more likely to report satisfaction with the ability to initiate breastfeeding than those with Unpaid Leave, but not more than those with Other Paid leave. New mothers who took TCI leave reported a mean of 7.8 months of breastfeeding, compared to 6.3 months for those who took Other Paid Leave, though this difference was not statistically significant. There were too few responses in the unpaid (N=4) and no leave groups (N=6) to calculate. In addition, compared to other leave takers, TCI users reported a higher number of well-baby doctor visits, which are regularly scheduled check-ups for a baby, than other leave groups.

RECAP – IMPACTS OF LEAVE

IN TERMS OF ECONOMIC AND WORK IMPACTS, COMPARED TO OTHER LEAVE GROUPS, TCI USERS WERE MORE LIKELY TO SEE INCREASES IN INCOME AFTER THE LIFE EVENT AND ALSO HAD FEWER ABSENCES FROM WORK. THEY ALSO TENDED TO BE SOMEWHAT MORE LIKELY TO RETURN TO THE SAME JOB WITH THE SAME HOURS.

TCI ALSO HAD IMPLICATIONS FOR HEALTH AND WELL-BEING. SPECIFICALLY, USERS EXPERIENCED GREATER OVERALL PHYSICAL HEALTH AND LOWER LEVELS OF STRESS RELATIVE TO OTHER LEAVE GROUPS. THEY ALSO REPORTED BREASTFEEDING 1.5 MONTHS LONGER THAN THOSE ON OTHER PAID LEAVE AND REPORTED SLIGHTLY MORE WELL BABY VISITS.

OUR DATA ALSO SUGGEST THAT FOR MOST INDIVIDUALS, COWORKERS TAKING A LEAVE FROM WORK DOES NOT HAVE A NEGATIVE IMPACT ON THEM, INCLUDING FOR THOSE WORKING FOR SMALL EMPLOYERS, AND THAT THE MAJORITY OF THE WORK IS COVERED BY CO-WORKERS DURING THEIR NORMAL HOURS.

BARRIERS TO UPTAKE

Identifying some of the major obstacles for those needing to take leave can help inform outreach strategies to increase program awareness and uptake by those underserved. Across all groups, the primary reasons leave, TCI or otherwise, would not be taken was the inability to afford the loss of income, and for non-TCI users, a lack of awareness of the program. The third most commonly cited barrier speaks to both lack of awareness of job security and an aspect of workplace culture: fear of job loss. Table 16 includes the top four reasons each group offered for not taking leave.

Those who took TCI Leave were asked whether they would have taken another type of leave if TCI had not been available to them. About half (49.8%) of TCI users indicated that they would have taken another type of leave, 51% of women and 43% of men. One-third of both women and men TCI users (32.1%) indicated they would have opted out of taking leave, with another 18.1% being unsure. Of those who would not

Table 16. Top Four Barriers by Leave Group

	TCI Leave Takers		All Other Leave Takers	No Leave
% who agree or strongly agree with the following reasons:	Why didn't you take the full 4 weeks?	If no TCI available, why wouldn't you have taken another type of leave?	Why didn't you take TCI leave?	Why didn't you take any leave?
Lack of Awareness	*Not asked*	*Not asked*	60.3%	67.4%
Couldn't afford loss of income	53.5%	83.3%	45.9%	80%
Don't have employer benefits	*Not asked*	55.9%		61.7%
Worried about losing job	*Not asked*	45.3%	34.5%	59%
Worried about negative work consequences	42.1%	43.8%	*Not asked*	*Not asked*
Didn't feel supervisor would be supportive	*Not asked*	*Not asked*	27.8%	
Felt uncomfortable being away from work (longer)	42.7%	*Not asked*		
Didn't need the extra time	31.6%	*Not asked*	*Not asked*	*Not asked*

have taken another type of leave, most indicated an inability to afford the loss of income (83.6%). This was true for 80.4% of those earning at or above the median income of $42,000 and 89.8% of those earning under the median. Over half of both men and women agreed they did not have employer benefits available. While almost half overall were worried about negative job repercussions, including losing their job, there were significant gender differences. Half of women (50.5%) agreed or strongly agreed they were worried about losing their jobs versus 25.8% of men, and 52.8% of women versus 35.5% of men were worried about negative job consequences. The fact that women's leaves were generally longer than men's may account for these differences. However, also of note is that women more strongly endorsed these reasons when their reason for leave was to care for an ill family member than to care for a newly arrived child, perhaps suggesting there may be cultural assumptions in the workplace about the legitimacy of ill family care versus new child care.

The approximately 15% of TCI users who took less than the full four weeks of leave were asked why. Over half (53.5%) agreed or strongly agreed they couldn't afford to take more time off work, and 42% worried about negative job repercussions, or were uncomfortable being away from work longer. Just under a third said they didn't need the full four weeks.

The loss of income was the reason 80% most strongly agreed with for No Leave takers, the great majority of whom were ill-family caregivers or new fathers. And, as noted earlier, over half of our sample were not aware of the TCI program, reflected in Table 16 for All Other Leave Takers and those who took no leave.

Potential "Workplace Culture" Barriers

Of interest is whether aspects of the work environment might encourage or discourage awareness and use of paid leave policies. While a full exploration of these influences is beyond the scope of this research, two constructs were included that might invite further study. Research suggests that supervisory support for work-life challenges, which arguably would include supporting the use of paid leave, is associated with positive workplace outcomes, such as job satisfaction and retention.[7] We included in the survey a managerial subscale of organizational work-life support,[8] which includes items such as "My supervisor works effectively with workers to creatively solve conflicts between work and non-work."

We also chose to measure people's perceptions of the level of organizational politics in workplaces, which generally distinguishes between work environments characterized by collaborative support versus those characterized by self-serving interests. The presence of organizational politics has been shown to have many adverse effects on workers, including organizational commitment and stress, among others.[9] We propose that a low level of organizational politics could also be associated with a supportive work-life climate, one that is conducive to an employee asking for leave and being supported by colleagues.
A short version of the Perceptions of Organizational Politics Scale[10] contains items such as "In my organization, there is a lot of self-serving behavior going on," and "People do what's best for them, not what's best for the organization."

Those who took TCI Leave, more so than those in both the Any Other Leave or No Leave groups, expressed significantly higher levels of supervisory support for work-life challenges (mean score of 3.4, with 1= strongly disagree and 5= strongly agree). Also, those who chose to take no leave expressed significantly more negative perceptions of organizational politics than those who took any other type of leave, TCI or otherwise. This is consistent with the additional finding that, when asked to identify reasons why they didn't take any leave, the worry about losing their jobs for No Leave takers was correlated with a lack of supervisory and colleague support for taking leave.

RECAP – BARRIERS TO UPTAKE

IN IMPROVING A PAID LEAVE PROGRAM, IT IS IMPORTANT TO CONSIDER STRUCTURAL AND CULTURAL BARRIERS THAT MAY EXIST. THE PRIMARY REASONS RESPONDENTS DIDN'T TAKE TCI WERE A LACK OF PROGRAM AWARENESS AND THE INABILITY TO AFFORD THE LOSS OF INCOME, REPORTED BY HIGHER INCOME EARNERS AS WELL AS THOSE WITH LOWER INCOMES. THE THIRD MOST COMMONLY CITED BARRIER WAS FEAR OF JOB LOSS, PARTICULARLY FOR WOMEN, WHICH SPEAKS TO THE NEED TO INCREASE THE AWARENESS OF THE JOB SECURITY FEATURE OF THE TCI PROGRAM. THE OTHER PROMINENT REASON FOR NOT TAKING ANY TYPE OF LEAVE WAS THE LACK OF EMPLOYER BENEFITS.

A WORKPLACE CULTURE THAT IS UNSUPPORTIVE OF EMPLOYEES' WORK-LIFE CHALLENGES MUST BE CONSIDERED AS A POTENTIAL BARRIER. THIS MAY BE A FACTOR FOR RESPONDENTS WHO TOOK NO LEAVE, AS THEY REPORTED HIGHER LEVELS OF NEGATIVE ORGANIZATIONAL POLITICS AND LOWER LEVELS OF SUPERVISORY SUPPORT. TCI LEAVE TAKERS, ON THE OTHER HAND, EXPRESSED SIGNIFICANTLY HIGHER LEVELS OF SUPERVISORY SUPPORT THAN BOTH OF THE OTHER LEAVE GROUPS.

INTERVIEWS AND FOCUS GROUP

The qualitative phase of this research included interviews with DLT personnel and in-depth interviews with a sample of 50 survey participants.

DLT Administrator Interviews

In March 2015, just over a year from the start of the TCI program, the TDI/TCI Administrator Fernanda Casimiro was interviewed about the launch of the TCI program and her impressions about successes, challenges, feedback she has received from others, and generally how the program is running. The full interview can be found in Appendix A.

In addition to the TDI/TCI Administrator, four other TCI managers were interviewed in March 2015 about their impressions of how TCI is going. Chief of Operations Ray Pepin oversees the managers of the different TDI/TCI units. Maureen Mooney is the Medical Unit Manager, supervising the medical records staff who review medical forms required for claims, and representing TDI/TCI on the Board of Review for denied claims. Nancy Berman and Rosalia Videira are both TDI/TCI Customer Service Unit Managers, overseeing the call staff, the application process and the customer service lines. A summary of their interviews can be found in Appendix B.

DLT Call Staff Focus Group

A focus group, facilitated by three URI researchers, was conducted with DLT TDI/TCI call staff following the completion of the URI TCI phone survey in March 2015. The 7 female participants were either benefit claims specialists or senior interviewers. Benefit claims specialists process medical and birth certificates, working with doctors' offices to ensure all paperwork is provided. Senior interviewers receive and review applications, and call claimants if there is missing information.

In summary, participants are generally happy with how the TCI program is running, noting that it started up more smoothly than anticipated, and their workload has not noticeably increased. They, did, however, express disappointment that they themselves were ineligible for TCI. All agreed that claimants are very grateful to have TCI and that there is little abuse of the program. The two primary complaints they receive concern the transition between TDI and TCI for new mothers, especially as it relates to acquiring the needed documentation in a timely manner, and the ineligibility of some types of caregivers. These were two changes they recommended, along with expanding the 30-day application limit, and increasing overall TCI awareness, especially from workers' employers. A more detailed review can be found in Appendix C.

In-depth Survey Respondent Interviews

Survey respondents were invited to participate in an in-depth semi-structured phone interview for an additional $15 gift certificate. Two researchers contacted 50 interviewees. All interviews, which lasted between 20 and 45 minutes, were recorded and later transcribed. There were technical recording problems with four of the interviews, leaving a final, transcribed sample of 46. The majority, 31, of respondents had a new child as their life event, and 15 needed to care for an ill family member. There were 37 women and 10 men interviewed. The types of leave taken varied. Not all took TCI. Respondents

either took TCI only, TDI only, or both TCI and TDI. In addition, a majority took some other kind of leave, often unpaid, either alone or in combination with TCI or TDI. The interview topics covered were designed to expand our understanding of survey topics, and included: program awareness, sources of TCI information, the experience with the application process, breastfeeding experiences, bonding experiences, perceptions about the level of income replacement, life organization, job stability and/or support, transition back to work, and general experiences including perceived impacts of leave. A summary analysis can be found in Appendix D.

DISCUSSION AND CONCLUSIONS

As of 2016, at least 15 other states are actively pursuing paid leave legislation or are laying the groundwork for such legislation[11] Also in 2016 California passed legislation to greatly expand their paid family leave program, and New York became the fourth state to offer paid leave by passing the most substantial paid leave legislation in the country. It is clear that paid leave is a social program whose time has come. The intent of this report is to describe the impacts of Rhode Island's TCI program to better understand some of the ways in which paid family leave benefits workers, and the ways in which the program might be modified to better serve all Rhode Islanders. We hope that Rhode Island's experience is helpful to other states that are crafting similar paid leave policies.

A primary goal of this research was to assess how well the TCI program was implemented in order to identify ways to increase its efficiency and extend its reach to potentially underserved populations. While the reported 50% program awareness rate during the first year of the program is not surprising, it is likely inflated, as the sample comprised employees who had already accessed the TDI system for some reason over the past two years, and therefore were arguably more likely to be aware than the general population. While this sampling limitation restricts the generalizability of our findings, we believe the awareness assessment provides enough insight to extrapolate beyond the sample and move forward. For example, gaps in awareness among certain demographic groups are likely present in the larger population and should be the focus of future outreach. These include men, minorities, particularly Hispanics, older workers, lower income workers, and those working for smaller employers. Outreach and publicity efforts to these groups and to all eligible Rhode Islanders would also raise awareness among the 20% of ineligible state workers, who could then contribute to future conversations about possible program expansion to ineligible workers. In our sample, for example, 90% of URI respondents, all TCI-ineligible state workers, were unaware of the existence of TCI.

The general satisfaction of all concerned with the TCI program, including interviewees, the DLT administrative staff, and survey respondents speak to the effective roll out and management of the program by the DLT. The overwhelming gratitude expressed throughout the in-depth interviews, and as reported by the DLT call staff, support this, along with the clear commitment of the DLT staff to help as many claimants as they can. However, while survey respondents and interviewees were generally satisfied with the application process, others found it confusing. Based on our interview and survey data, the waits by some for application approval, arrival of first benefit check, and the reasons for some claim denials are likely linked to delays and complications getting appropriate documentation in place within the narrow 30-day limit. The DLT staff are well aware of these issues and are committed to continue to fine-tune the program as it grows. Issues discussed or revealed in interviews that might contribute to efficiency include: 1) improved communication and clearer website information about eligibility criteria and the appropriate filing process, including shorter wait times on the phone by claimants who call for information, all of which would reduce processing times and claim denials, 2) investing in enhanced DLT office technology to speed claim processing, 3) streamlining the application process between a TDI childbirth claim and a TCI application, and 4) identifying more efficient ways to collect supporting medical documentation.

Extending the 30-day application period, emphasized by many interviewees as well as all DLT administrators, was a strong theme present throughout the interviews. As a legislative issue, this is beyond DLT's control, but would likely reduce claimant errors and claim denials. Other directions for program expansion that were offered by interviewees included expanding the coverage to a wider range of

eligible family members, particularly siblings and grandchildren, increasing the number of weeks allowable, and increasing the level of wage replacement.

A compelling finding from this study is that TCI is much more likely to be taken at the arrival of a new child than for ill family care. Because of worldwide population aging, the lack of TCI use for family care needs to be directly addressed in future program conversations. By 2030, there will be 70 million Americans over the age of 65, double the number today. In just a few years, by 2020, around 40% of the workforce will have caregiving responsibility for an elder relative, and that is predicted to rise to 66% in the next 10 years.[12] In our sample, the majority of the ill family care provided by non-TCI paid and unpaid leave takers was for a parent or a grandparent. The social welfare costs of institutionalized or formal care of elderly family members will strain every state budget in the near future, and encouraging employees to take paid family leave for elder care is an effective way of reducing these costs.

While it is likely that awareness of the availability of TCI for new child care is greater for new mothers already out of work on TDI leave for childbirth than for those needing leave for ill family care, there are other indications that cultural factors may also contribute to this difference. Assessing formal and informal barriers to using TCI for ill family care should be a top agenda item. Formal barriers may include the leave increment rules in TCI. Structuring leave in a minimum of one-week increments may not serve the needs of ill family caregivers, for instance. Informal barriers to TCI use for ill family care may include, on the one hand, our cultural perceptions that ill family care is just part of family life and not as deserving of leave, and on the other hand, workplace cultural barriers that define ill family or elder care as less leave-worthy than leave at the arrival of a new child. This is suggested in our findings by the greater fear of negative job repercussions reported by women taking leave for ill family care than new child leave.

Another broad goal of the paid family leave movement is to encourage more employed men to share caregiving through the availability of paid family leave. Like other paid family leave studies, a main finding from our study is that women are more likely to take leave for both bonding and ill family care than are men. Although Rhode Island's new father use of TCI compares favorably to fathers' uptake in other states during the first year of the program, new fathers remain significantly less likely to use paid family leave to care for a new child, even though such leave may be taken any time during the first year of the child's arrival. There are undoubtedly several reasons for this consistent pattern, among them, cultural norms that persistently hold fathers as responsible for breadwinning, despite empirical evidence that women now are co-or main-breadwinners in 40 percent of all families. [13] Other explanatory factors are that the 60 percent wage replacement rate might not be sufficient to keep families afloat, as was repeatedly evidenced as a primary barrier to taking leave or longer leave across all respondents, including those earning both below and above the median income.

However, we join an emerging conversation within the paid leave research community that the present linguistic framing of "bonding" to describe the purpose of leave at the arrival of a child also may be part of the explanation. "Bonding" connotes leave as a mostly individual mother/child "nesting" reason, has no real clear definition, and does not capture the broad societal purpose of providing time to reorganize workers' lives to enable them to be simultaneously good workers and good caregivers. We would like to see the "bonding" imagery change to emphasize the wider economic and societal purpose of paid family leave. In doing so, we can start to change cultural norms and values about the gendered nature of caregiving.

Traditional workplace cultures that do not support family-friendly practices for working caregivers are still common and are reflected in our respondents' concerns regarding fear of job loss, negative job

repercussions, lack of supervisory support, and other indicators that workplace cultures could be more supportive of the legitimacy of the need to take family leave. Shifting intractable cultural norms should be included in any paid leave educational and outreach effort by emphasizing to both employers and employees the legitimacy and economic benefits of caregiving, both by fathers and for ill family care. The fact that No Leave takers in our sample reported significantly higher levels of negative organizational politics, lower levels of supervisory support, and other workplace correlates, speak to the possible impacts of an unsupportive work environment. Supporting this are the strong positive relationships along these same indices for TCI users, and the in-depth interviews that link positive leave experiences and smooth returns to work with having supportive supervisors. The theme of dissatisfaction with employer-provided information about TCI across interviews and survey data strongly suggest that work culture and employers are pivotal in determining the rate of adoption and success of any paid leave program.

The oppositional argument raised in paid leave legislation debates warning of negative outcomes from enacting paid leave is not borne out in the expanding literature, including this study, that reports many positive business outcomes from work-life policies, including paid leave.[14] Likewise, it is not evidenced in our interviews with "on the ground" employees and DLT administrators, who concurred in perceiving that there is little to no abuse of the program and that TCI offers highly valuable assistance to new parents and people dealing with very serious family illness. In addition, our data strongly support that employees who use TCI are able to return to work as effective workers and caregivers. In this regard, this study fits into research that commonly finds positive connections between paid leave and worker loyalty and retention[15] – employees who are given time to incorporate caregiving become appreciative employees. As well, we think that data about the lack of negative (or positive) outcomes on co-workers may suggest that paid leave is becoming a normalized part of workplace practices that can lead to a culture of coverage, rather than resentment, among coworkers, which aligns with other research finding no or little negative impacts from California[16] and Rhode Island.[17]

The intent of paid family leave, and the main reason why all industrialized countries and all but a few countries worldwide offer paid family leave, is because caregiving is a social good, an activity that must be performed no matter if the caregiver is employed or not. And in the 21st century United States, most caregivers are also employed, and most employees will at some points in their work careers become caregivers for family members. Providing care to a new child ensures that the economy will have future workers with the human capital necessary to become effective workers. Our data, for example, suggest that breastfeeding and well-baby care are enhanced by having sufficient paid leave available. Providing care to present workers when they are ill helps them recover and return to the workforce. Caregiving provided to past workers is part of the fabric of our social contract; moreover, family care of elderly is cost-effective and preferred. In the broadest sense, paid family leave is integral to economic and social sustainability.

Thus, paid family leave policies need to be evaluated with regard to their broad purpose. In this study we directly ask workers about the impact of paid family leave on their ability to reorganize their lives to be both effective workers and effective caregivers, and the results offer compelling evidence that paid leave confers this ability on Rhode Island citizens. One main recommendation of this study then, is that this broad purpose of paid family leave needs to be highlighted as a vibrant part of future paid leave policy discourse.

APPENDIX A. INTERVIEW WITH TDI/TCI PROGRAM ADMINISTRATOR

In March 2015, just over a year from the start of the TCI program, the TDI/TCI Administrator Fernanda Casimiro was interviewed about the launch of the TCI program and her impressions about successes, challenges, feedback she has received from others, and generally how the program is running.

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Q: How much of what you do concerns TCI?
I am responsible for the processing and payment of TDI and TCI benefits – I spend about 1-2 hours per day on this now; when the program started, it was closer to 75% of the time.

Q: What have been the biggest successes with the TCI program? What is working well?
The entire program is working well – seeing how the program benefits people and how satisfied they are. It is gratifying to see outcomes. We get thank you notes and thank you emails. I speak to customers on the phone and they give feedback. Because I get involved in complicated claims, sometimes it is unpleasant at the beginning of the call, but I troubleshoot and fix what's wrong, and get to a positive outcome. Then I get to hear their gratitude at the end, and so while they start out unhappy, they are very happy at the end.

Q: What have been the biggest problems/glitches with the TCI program?
There really were no glitches getting TCI off the ground – it went smoothly. Obtaining the birth certificate has delayed us in paying claims. We can't pay until we get the birth certificate; sometimes it takes 1-2 weeks, but sometimes it can be 3-4 weeks. And sometimes there are other issues with the birth certificate that we have to troubleshoot. For example, a father who is claiming bonding isn't on the birth certificate because of a relationship issue or divorce, etc. There is nothing else we can use except a birth certificate. We have tried to think of other records, but there aren't any. However, we have told people if they can get some record from the hospital that would do. We use the same processes and eligibility requirements as TDI in order to keep it the process as simple as possible.

Q: What would you change if you could re-design the program or re-write the legislation?
If I had to change legislation, I would include siblings as family members who could be cared for. We have had a lot of inquiries for this. There is now a bill to expand coverage to include siblings. We also have had issues with the domestic partner piece – the definition is confusing to people. For TCI, "domestic partner" refers just to same sex couples, not people in a civil union (i.e., living together for 7 years and share bank account, mortgage, etc., but never got married). So to cover people in a civil union, we have an affidavit that may be used as proof of their civil union.

Q: Were you involved in the application design process? What do you think are the most important factors in the application design process?
I created the program myself with our team. I presented the plan to the management team, and they approved it. When I looked at the CA and NJ application, they appeared too complex. Simplicity is absolutely the most important aspect in the design process. I tried to cut down unnecessary pieces in the TDI application to make room for the TCI part – it is all on one form – the font is small but it's all on a double-sided one page. TCI is going really well. I have had to make some clarifications to the internet form – for example, drop-down boxes to explain Domestic Partner, etc. So we have changed the application to prevent continuous issues.

Q: What are the most challenging administrative and workload issues?
TCI is not difficult to manage at all – it is just like TDI. It is the same claim, and is paid out of the same balance of credits. We have cross-trained our staff, so they can handle both programs. They all do the same things. In the beginning, we tried to estimate up front how many additional staff would be needed. We added 6 new staff, 3 for customer service, and 3 for the medical unit to process birth certificates and medical notes. What has affected our workload most have been inquiries from the community in general, people who were not knowledgeable about program and just call to get answers, even though most answers are on the website, and people who aren't covered calling to see if they are. We still have a lot of informational calls –we have had to do overtime occasionally to try to keep up with workloads. However, as time goes on and people become more aware of the program, these kinds of calls will decrease – we are already starting to see it getting better.

Q: How many and what is the nature of any complaints you receive about the TCI program?
I can tell by emails and feedback from customer service – most complaints are about denials – people file when they are monetarily ineligible. People also complain who miss the 30-day window to file, then are denied because they miss the cutoff. If they have a good reason we make exceptions, but if not, we deny the claim. They can then appeal to the Board of Review, a neutral group appointed by the Governor. This Board reviews all denials from TDI and TCI. They can overturn our decisions – they hear about 4-5 cases a month.

Q: What other types of feedback do you receive from employers, legislators, or the general public?
There is a feeling amongst the state staff wanting TDI/TCI – we are trying to work with unions – there have been a lot of talks especially since TCI passed. I think we will see more on this topic in the future. There has been some discussion of overhauling TDI, and what many people don't realize is that they will be losing the TCI piece if TDI is dismantled. People only realize it when they need it and can't get it. People can now get TDI when waiting for workers' comp; TDI has no waiting period, unlike some other plans. What many employers don't realize is that TDI is less expensive than private employer benefits. TDI also covers pre-existing conditions and mental health illness.

Some employers have called upset with us – some say they will fire those using TCI, or lay them off when employees come back after leave. I tell them we did not create the legislation, that we are simply implementing the program as it stands. I try to tell them that the leave leads to greater productivity and a happier, more loyal employee, that a satisfied employee is productive employee. I try to get them to focus on the positives, that they are being a good employer. But they don't care about that, they are angry with us, and think that DLT created the bill. I remember talking to a restaurant owner – I said when your employee comes back from leave, they are going to be grateful and you are going to look like a million bucks – he didn't care. What is most upsetting to employers is the piece of the bill that guarantees job protection – and these are mostly the small employers. The larger companies are wonderful – many have asked Ray [Ray Pepin, Chief of Operations] to make presentations, as they want their employees to be informed. Ray has made multiple presentations to various companies.

Q: Are you satisfied with the number of people who have used TCI so far? Do you think anyone takes advantage of, or abuses, the program? What overall impact do you think that has?
I was expecting more people to apply for benefits, but was glad we weren't bombarded, so we had a chance to get organized up-front. So I was expecting more but am pleased at how it phased in slowly. Claims came in very staggered, so we weren't overwhelmed. As far as program abuse, there is an area of the program, the definition of "seriously ill," that is broad and open to interpretation. For example, we see a mother staying home for 2 weeks to care for a teenage boy with the flu. We can't get around it if a

doctor indicates this is required. But this is very minimal – it doesn't impact the program that much. We had to deny some claims for people going to Florida for 2 weeks to care for a grandmother, that also happens to be during school vacation weeks.

Q: How do you think the program will grow over the next 1 to 5 years? How could marketing be improved?
I think the program is going to continue to grow as the word gets out – we are a close-knit community and word of mouth is more powerful than media. People are getting reassurance that claimants are actually getting paid through the program. We don't do much advertising any more. We did at the very beginning. We have fliers that go out, and the Qualified Healthcare Provider (QHP) newsletter provides updates. We did mailings to employers in the beginning – it wouldn't hurt to do more marketing, but I think people are becoming aware through doctors' offices – every pregnancy TDI claim also includes TCI bonding, so they are aware of the program.

Q: Would you support expanding the TCI program?
I absolutely support expanding TCI to other groups. This could be worked out with the union contracts. I personally pay into Aflac, and I pay more than if it was TDI – I definitely think this will happen in the future. The Governor seems to be open-minded about this topic.

Q: To what extent is the program adequately resourced, and what types of resources would strengthen the program?
The way it is set up is perfect resource-wise. This coming November, if it's determined that more funds are required to support the program, the rate will increase. Last year the rate stayed the same. If the TCI program had not been implemented, the rate would have dropped. The rate has remained the same for 3 years. Next year it may increase or it may not. We have implemented many changes to TDI, and so the rate may decrease because of fewer claims processed. We are scrutinizing claims more carefully, and are questioning doctors more – we are calling on doctors for justifications. We are putting the brakes on a lot more and trying to prevent inappropriate claims. We are hoping the money we save will help with the TCI expenditures.

Q: Do you have any final statement about TCI?
This program is probably the greatest safety net ever for Rhode Islanders. They don't feel a huge financial burden, and it is there when they need it. Do you plan on having a car accident? Or your husband having a heart attack? You don't think you're going to need it, but when it happens, it's there. I keep a wall of thank you notes out in the hall to remind our staff of why we are here.

APPENDIX B. INTERVIEWS WITH TDI/TCI MANAGERS

In addition to TDI/TCI Administrator Fern Casimiro, four other TCI administrators were interviewed in March 2015 about their impressions of how TCI is going. Chief of Operations Ray Pepin oversees the managers of the different TDI/TCI units. Maureen Mooney is the Medical Unit Manager, supervising the medical records staff who review medical forms required for claims, and representing TDI/TCI on the Board of Review for denied claims. Nancy Berman and Rosalia Videira are both TDI/TCI Customer Service Unit Managers, overseeing the call staff, the application process and the customer service lines.

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Q: What are the big successes of TCI? What works well?
All agree that claimants are very happy to have TCI available to them. Maureen commented that they have been able to easily rectify filing claim errors, which can occur due to the specific documentation needed. "The certification from the doctor has to match the request from claimant." Maureen appreciated that most agencies she has worked with have been flexible in providing the proper documentation for clients, though sometimes working with out-of-state doctors requires more effort, as most are unaware of TCI. Nancy stated that customers are very happy that they have time to bond with their children, and always have a nice comment to offer. She noted that, prior to TCI, people often misunderstood that FMLA is unpaid leave, and now are grateful they won't have as much of a financial burden when taking bonding time. Ray and Rosalia both said they were happy there were very few start-up problems, mostly because the same system set up for TDI is used for TCI.

Q: What are the biggest problems so far?
When asked about the biggest challenged faced, the administrators had similar responses. Rosalia, Nancy, and Maureen said the application deadline needs to be extended, preferably to at least 60 days instead of 30. Rosalia says that this is an ongoing, almost daily issue. Maureen noted, "There is too much going on for new parents and caregivers during this time. In one year, I went to the board about 25 times for people who filed too late." However, the staff always reach out to denied claimants to ask if they wish to appeal the decision, if denied for this reason. They noted that they are not responsible for the law, so the best they can do is work with people to explain the law and help them apply in time or to re-apply. Nancy also said that it was sometimes difficult for new mothers to transition from maternity leave to a bonding claim in a timely fashion, noting that women can't apply for maternity leave and bonding leave simultaneously. However, because situations change and people change their minds about what kind of leave they want, TCI for bonding can't be submitted until after the TDI claim for recovery from childbirth has terminated. Another complaint that occurs is that often people don't know they need to provide a birth certificate or other proof of the parent-child relationship, such as an adoption certificate or proof of foster placement. Ray said the majority of complaints he receives are from smaller employers, who are not happy about the job protection piece of the legislation.

Q: What is working well or could be changed about the application process?
Rosalia said the application is well-designed, and as long as people read everything, the process should be easily understood. Maureen was involved in designing the application, and is glad that the application now does not require a birth certification number or social security number. Maureen also liked the work put into the FAQs on the website. She felt the application system was easy to understand and she had few

complaints about it. Ray was also involved in the application process, and stressed that the goal was to keep it as simple as possible. The process was set up so applicants apply for TDI or TCI in the same fashion, and select the proper program in the process. Ray also was an advocate of always trying to improve the system, and the TDI application was actually changed based on success with the TCI system. He noted that some claimants think the time to receive the first benefit payment takes too long, though 80% of the claims are paid within 3 weeks. Neither Nancy or Rosalia were involved in creating the application, but felt the process was clear and easy to use. Nancy stated that early on, people asked a lot of questions as they were not sure about some aspects of the program, but now "it just flows."

Q: How difficult is it to administer TCI? Has it affected your workload?
Maureen deferred to Fern on this question, but said that Fern has been on top of all of the review processes since the program began, and she and Ray set up the protocols so the program operates smoothly. TCI initially affected Maureen's workload, but once she got used to it there were no issues for her, or for her staff. Nancy agreed. Ray stressed that because TCI is part of the TDI system, it is not a hardship to administer. He commented that the biggest issue has been a lack of resources from their IT department. Changes to the program can sometimes take a long time, mainly because the wait list for IT projects is so long. All four agreed that the workload has increased a bit, about 10%, but once they got used to it there were no issues. Rosalia agreed with Ray on these points, and noted that because the DLT is financially limited, they have to work with older technology which slows processing times.

Q: Since they don't have access, what do your staff think of TCI?
Nancy noted that while the staff all think they should be able to pay into the TDI system, they do accumulate sick time, which is not available to some other agencies. Maureen said the staff complains about not having TDI or TCI once in a while, but are more worried about the proposed legislation letting employers opt out of TCI.

Q: What are the complaints you receive about TCI?
Maureen said the biggest complaint she's heard is the short window to apply (30 days). She also recognizes that when she hears appeals, many of the clients are in a rough point in their lives. Even if the clients are upset, she is always happy to help them. Ray, Rosalia, and Nancy agreed. Ray also remarked that he mainly hears calls from people not completing everything they were supposed to complete in the application, but those are easily resolved, and the staff is very supportive. Also, the phone wait time can be an issue. "We have busy phones, so we get complaints about having to wait on the phone. We advise people to call in the morning when phone traffic is lighter," noted Maureen.

Q: Do you think anyone takes advantage of, or abuses, the program?
Rosalia and Ray both noted that the majority of claims are straightforward bonding claims, and with the birth certificate requirement, there isn't much room for abuse. Ray noted that when looking at the illnesses that are coming back from the doctors, it's clear that they're taking care of people who are very seriously ill, including hospice. He doesn't feel the need to be concerned about abuse or misuse.
Nancy said, "I don't think so. You just have the 4 weeks. If you abuse it, it won't be there when you need it." Maureen believes there is no real intentional abuse, describing one claimant who went out of country to care for parent, which isn't covered by TCI, and so a hearing was held to resolve the claim.

Q: What other feedback do you get about TCI?
Maureen summarized well the feedback from claimants. "I walk out from the Board [of Review] with the claimant, so it's been very positive - it's just been a very positive experience. There are always some cranky people who are sick or stressed. But we're catching people at a rough time sometimes. We fix the

complaints. Then people are grateful. Some people are really sick, and they need some help in getting their forms completed. We understand they're in a situation they don't want to be in. Sometimes, medical duration guidelines are resented. In general, people really need TDI and TCI and are grateful for the benefits."

Q: Are you satisfied with TCI use so far?
Rosalia feels there are more and more people learning about the program, and is expecting usage to grow over the next 1-5 years. Nancy, Ray, and Maureen agreed, and all four administrators were happy with how many people are using TCI right now. Ray hopes usage may account for 15-20% of TDI claims within 5 years. Marketing in doctor's offices and having employers or human resource departments inform employees about TCI would be good ways to increase usage. Ray and Rosalia also said that employers had pamphlets mailed to them about the program, so employers and employees should be aware that TCI exists.

Q: How much legislative support does TCI have in Rhode Island? Do you think TCI expansion would have support?
Maureen thought there was not enough support for TCI, especially because employers have more power than the employees. She supported expansion to covering grandparents, but said employers might be too resistant to increasing the number of weeks allowed by TCI. Nancy thought there was no issues with TCI being repealed, but also agreed that expanding the program beyond 4 weeks may not get support. Ray wasn't sure about legislative support, but, along with Rosalia, thought the logistics of expanding TCI to state employees would be problematic because of the structure of the whole TDI system.

Q: How could marketing be improved so more employees and employers know about and use the program?
In addition to including information in doctors' offices, Rosalia, Maureen and Nancy all agree employers could do more, noting that many people say they don't get any information from their employer or their Human Resources department. Maureen noted that employers don't need to be experts, they just need to know where to point people to find out more – perhaps just a one-page flier or just tell employees to call TDI. Ray noted that the DLT sent out a newsletter to employers, and he has spoken at Rhode Island SHRM (Society of Human Resource Management) chapter meetings, which include about 100 or so HR managers, so he believes the word is getting out

APPENDIX C. TDI/TCI DLT CALL STAFF FOCUS GROUP

A focus group, facilitated by three URI researchers, was conducted with DLT TDI/TCI call staff following the completion of the URI TCI phone survey in March 2015. The 7 female participants were either benefit claims specialists or senior interviewers. Benefit claims specialists process medical and birth certificates, working with doctors' offices to ensure all paperwork is provided. Senior interviewers receive and review applications, and call claimants if there is missing information.

In summary, participants are generally happy with how the TCI program is running, noting that it started up more smoothly than anticipated, and their workload has not noticeably increased. They, did, however, express disappointment that they themselves were ineligible for TCI. All agreed that claimants are very grateful to have TCI and that there is little abuse of the program. The two primary complaints they receive concern the transition between TDI and TCI for new mothers, especially as it relates to acquiring the needed documentation in a timely manner, and the ineligibility of some types of caregivers. These were two changes they recommended, along with expanding the 30-day application limit, and increasing overall TCI awareness, especially from workers' employers.

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Call Staff Workload. Participants did not feel that the new TCI program increased their workload, saying that only about 10% of the claims they process are TCI claims, which are easier and faster to process than TDI claims.

Claimant Gratitude. Participants agreed that the people they spoke with often expressed much gratitude for the availability of TCI. One spoke of a mother who was caring for a son who had been in a car accident. Because of TCI and the wages it provided (he was also out of work on TDI), she was able to take the time to care for him.

All agreed that during the survey calls, many people expressed how happy they were to have had TCI. One woman said she couldn't have taken that time to be with her baby because her employer doesn't provide paid leave, and she could not have afforded to stay home without TCI. All others agreed and said they heard similar stories, and that access to leave is very much appreciated. One spoke of an employee who needed to spend time with dying parents, and who would have done it anyway, but it would have been much more financially difficult. Someone noted that most people don't have paid leave saved up.

Claimant Complaints. Participants were asked if they experienced any frustration or complaints from the people they contacted. Two primary complaints emerged. One complaint that has been heard from several is that it should be easier to transition from TDI to TCI when a mother finishes maternity leave, instead of having to file a separate application. It should be seamless. Currently, bonding claimants still have to verify that they haven't returned to work, and still need the birth certificate. This process could be linked a bit more. More publicizing that TCI is available after birth could help them plan ahead to apply.

The other complaint concerned lack of eligibility. Some people want to apply to take care of sick siblings. Also, grandparents have tried to apply to take care of grandchildren.

Lack of Access to TCI. The call staff expressed disappointment when asked how they felt about advising

people about TCI when they themselves don't have access to this program. One said, "I wish we had TDI. The private insurance we have is ridiculous, and it doesn't cover as much." Another said, "We have needs, too. It's not fair. We all have parents and children, we all get sick, we all have someone who's ill." One wondered if the rationale for denying them access to TCI was that if they were afforded TCI they might be able to abuse the system because they know it so well. One said, "All state workers get paid sick time once it is accrued. But a lot of private companies do the same, so why should it be any different?"

TCI Abuse? Participants agreed that they have experienced little to no abuse of the TCI program because it is so limited. Some thought abuse would be discovered eventually, noting that the call staff can't ask to prove the caregiving relationship, and must rely on the doctor's input. One participant noted, "There is no age limit for caregiving, and one mother applied last year for four weeks to care for her adult son who has ADD. She has applied again for this year for the same thing. It's funny how it happens on spring break every year." There was agreement that there is more abuse with TDI because it is so much broader.

How is the Program Running? In general, they agreed the program was running "pretty smoothly." They agreed that in the beginning they were anticipating more problems that didn't materialize, likely because the program started slowly enough to enable them to adjust. "At first, no one wanted the extra program, but it's worked better than feared. Everybody thought we would get inundated right away. It has built gradually over time. We've had time to work into it and get the bugs out." At first there were many claims submitted over the 30-day application deadline. But, as one noted, "We are getting the news out about the 30-day limit. People are hearing this, and now we don't get so many of these."

Advice About Needed Changes? All agreed that a better system is needed to get birth certificates to the DLT medical unit. One said, "Currently, all are hard copies, and they get put in folder and then there's a delay." There was wide agreement that more awareness is needed. Employers need to volunteer more information. One said, "Employers don't provide information. People hear from coworkers and doctors. Employers aren't going to advertise it because employees will be out for four weeks." Participants suggested billboards, fliers or pamphlets, and that employers be mandated to inform.

Suggestions for program changes include expanding who can qualify as an approved relative. While it was agreed that four weeks was a good amount of time, most agreed the 30-day limit is too short, and that perhaps 60 to 90 days for both the TCI and TCI program would be better. "It is a stressful time. People need more time."

Another problematic issue raised is that out-of-country doctors are not allowed to verify TCI claim; they have to be a U.S. doctor. One person noted that one reason for this is that the translation is very difficult.

APPENDIX D. IN-DEPTH EMPLOYEE INTERVIEWS

Survey respondents were invited to participate in an in-depth semi-structured phone interview for an additional $15 gift certificate. Two researchers contacted 50 interviewees. All interviews, which lasted between 20 and 45 minutes, were recorded and later transcribed. There were technical recording problems with four of the interviews, leaving a final, transcribed sample of 46. The majority, 31, of respondents had a new child as their life event, and 15 needed to care for an ill family member. There were 37 women and 10 men interviewed. The types of leave taken varied. Not all took TCI. Respondents either took TCI only, TDI only, or both TCI and TDI. In addition, a majority took some other kind of leave, often unpaid, either alone or in combination with TCI or TDI. The interview topics covered were designed to expand our understanding of survey topics, and included: program awareness, sources of TCI information, the experience with the application process, breastfeeding experiences, bonding experiences, perceptions about the level of income replacement, life organization, job stability and/or support, transition back to work, and general experiences including perceived impacts of leave.

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Program Awareness and Sources of Information

Similar to the survey findings, there was variation in how accessible information about TCI was to respondents. Many interviewees elaborated that they were not aware of their eligibility for TCI and that their supervisors and human resource departments were not main sources of information. Some quotes from participants were:

"*It was a 6 week leave of TDI, I have never heard of the TCI program. I had been working at lens crafters during that time, and they never told me anything about TCI.*"

"*When I was going out on my leave and was planning on my TCI. A lot of people had no idea about this program. Maybe since it started more people have become aware of it. I think more people need to know that it is an option.*"

"I would have taken the TCI option if my HR department had better informed me on this option."

Respondents reiterated that employers, especially, need to develop ways of disseminating information about the program. Some respondents also gave helpful suggestions, like including information about TCI once someone had been approved for TDI:

"*I think it needs to be advertised better. Whenever they send you the letter stating this is how much you have been approved for, for your maternity leave, or what you qualify for, and let them know that there is a TCI program as well. Especially if they know we qualify for it. Once they send you the benefit letter, they should stick a reminder that it's an option. Some people don't even know about it. Once I went back to it, and I did the survey, someone had asked what it was on Facebook and I had been able to tell her due to just hearing about it from the survey.*"

In general, it seems participants felt that TCI should be better advertised. Many felt it was a great program, but the lack of information limits how much people will use it to take leave.

"I just had another friend who was about to have a baby and I told him about it as well, I don't think it is very well advertised that you could access it. I would say more marketing is needed. I wouldn't know about it without my friend telling me about it, and my friend wouldn't have known without me telling about it. So having a way to advertise it more would be helpful. Even if it was just a piece of literature at the doctors where I spent a lot of time with my wife. Especially for a father or a partner to know about it is a huge help."

"I think there needs more proactive information to the employers, employees and hospitals. Everything I got, I sought out for it myself. My insurance was pretty much like your jobs secure for 13 weeks and that's it. I think that hospitals should give a packet with all the different options of leave for TDI and TCI and etc. It can be better advertised in general. I think it's a good thing, but the word isn't getting out there."

"I think it's a great thing, I think if you know it's there, it gives you a peace of mind. Especially with my generation where my parents are getting older and they may not be able to go into a nursing home or a place for care. It's something that gives people a peace of mind on whether or not they are going to be worrying about finances. I am glad somebody told me about it, but there should be more advertising. I am normally pretty educated on these types of things but I hardly knew anything. I think it should be advertised in parent magazines and local TV or within the news channels. I definitely think in doctors' offices, even just sending pamphlets to doctors in order for people to pick them up if they want."

Summary. There was variability in how aware interviewees were of the program, leaning towards many participants being unaware. Many interviewees remarked that their employers or human resource departments were not the main source of information when applying for TCI. In general, participants felt TCI needed to be better advertised. One suggestion was to place information pamphlets into doctor's offices or other healthcare-related areas. Another suggestion was to inform people of TCI every time a relevant TDI claim was filed.

Application Process

Respondents were asked how they might improve the application process, and were mixed in their assessment of how easy the application process was. Many were very pleased with the process, exemplified by this respondent: "The process was easy. . . I had a little glitch here and there but it was never a problem - the application process went very well. The TDI and TCI workers were so helpful . . ." or "Once I had the information it was very easy with respect to getting everything processed. They contacted my employer and HR got right back to them once they got the paperwork back. It went through pretty fast." They expressed comments about how "everyone I spoke with was able to help me," and "I was grateful there was not a second waiting period for funds when I switched from receiving TDI to receiving TCI." However, not every participant had a completely positive experience.

However, others were confused about the different processes and timelines applying for TDI versus TCI, including difficulties maneuvering the TDI website, and the waiting period for applying to TDI versus TCI. A few offered recommendations for the application process: "I think there should be like one sheet that states this is how you do everything. It was so confusing online I didn't know where to apply, whether it is for TDI or TCI, and I couldn't reach anyone on the phone." Several others agreed they had difficulties reaching TDI on the phone for help, "you can't go there, and no one will answer the phone." One woman

commented, *"I think someone needs to understand what it's like – to go on the website and actually try to apply for TDI in the middle of labor. No one is going to see the TCI part - you're thinking about how you're going to survive labor!"* Some of the more frustrated participants were concerned with the strict deadlines of when they were able to apply. One participant wrote:

"Applying was a whole different experience. I was very thankful for the time, but it was a pain to apply for it. I consider myself to be a very organized, proactive, on top of things type of person, well educated, and ambitious and enthusiastic, so I tried to learn about the programs before I went on leave. I found as much information as much as I could have, there were some things I learned. When I got the TDI paperwork, there was a change that came into effect two days after I delivered that said people in general, that you have to physically bring the paperwork to the doctor, they can't send it to the doctor. So I hobbled myself to the hospital two weeks after my C-Section, to the doctor, and to the medical records office, and still in pain, while my husband and my son waited in the car for me. So that was interesting! This was for TDI.

For TCI, I knew exactly when I wanted TCI to kick in, except when I wanted to apply; there was a window of 3 days of applying from when you wanted it to kick in. I wanted my TCI to begin on January 26th, and I tried 10 days prior, I went on the website and wanted to get my paperwork done, and a pop-up message came up saying that I had to wait and apply until 3 days prior of your effective date. I had to keep putting a reminder on my calendar for the 23rd to go in and apply. Then I had to assume that the paperwork was accepted and went through, because it takes a while for the paperwork to get approved. Those were interesting learnings that I found along the way that I hadn't found when I was researching prior to applying even though I was scouring the website ahead of time."

When issues with the process came up, the participants frequently offered suggestions on how to improve the process to avoid some of these frustrations. For example, one participant stated:

"The confusing part was all the applications here and there. The applications are online and I think there should be like one sheet that states this is how you do everything. It was so confusing online I didn't know where to apply, whether it is for TDI or TCI, and I couldn't reach anyone on the phone, so I had to get help from my workplace and they helped me - told me where to go and exactly what to do and how to go about filling out the forms. The process was super confusing and just not user-friendly at all. I don't if other people got better responses. But once I sent the application in, everything was totally fine; I got the checks in and everything was on time, so that was great. But as far as calling them to ask questions, there was no availability there. I could never get through to anybody on the phone though so that was frustrating. I didn't want to fill out the forms wrong and not get paid, but I couldn't get through to anybody. I know I filled out 2 separate applications, but maybe they were the same application each time and I checked a different box. I wish there was like a Step 1: "This is what you do before the baby," and Step 2: "this is what you fill out after the baby," etc. I just wish there was a clearer guideline on the process on what to do, where to go, and when to do it."

Another participant shared a similar frustration, but wished that the application could start before she had her child.

"You don't do your application until right before you go into labor, which is a very stressful time. It's a really weird process. You can't do it in advance, so for me, as a planner, when I had a quiet moment, I wanted to be able to go on and do the application and you can't, you have to wait and then the Doctor has to call in. The other glitch in the system is you can't do it in advance. So even if you could apply within 4 weeks of

your due date, most people are pretty safe within that time frame of their due date, when you have quiet, sane moment. But instead, you have people filling it out when they are going into labor, which is complete chaos."

Another suggestion was to link TDI and TCI together, especially in the case of a newborn child. Since users of the TDI program can continue their leave by switching to TCI at the conclusion of TDI, allowing participants to apply for both programs at the same time could increase user-friendliness of the program and reduce postpartum stress.

Concerning ill family leave, as opposed to bonding leaves, some participants also suggested there be a better way to link TDI users and caretakers using TCI to take care of the TDI recipients. There were some instances where relatives of TDI users tried to apply for TCI to take care of the TDI user, but were rejected. One participant's experience was:

"Speaking for my daughter-in-law, her mother just died for 4-5 weeks ago, and she had applied for TCI, she just got her payment for the first time after her mother had even passed. Part of the problem is between the department and their doctors. My daughter-in-law had applied for TCI and was rejected because she hadn't had enough time to file for TCI. They had denied it and then refiled it, which was one of the other problems with taking so long. She had to file for the TDI because her mom died suddenly, because she was under stress. Her mother was diagnosed with lung cancer, so it took a toll on her. The whole year she had anticipated it. Then she passed quickly. It didn't work out for her that way."

Summary. Based on the interviews, the TDI/TCI application process is going very well for many users. Some users may still find the application process confusing, which may be an ongoing process to optimize the application for all users. There were three main suggestions to improve the process which came out of these interviews. The first was to allow participants to apply for TDI and TCI at the same time, with an option to automatically switch over to TCI at the conclusion of TDI. The second was to allow pregnant women to apply for TDI/TCI prior to them going into labor, to alleviate some of the stress around having a child. The third was to find a way to better link TDI users and TCI caregivers, so that family members of people applying TDI can act as caregivers for them and not have to worry about being rejected for one or the two applications when acting as a caretaker.

Breastfeeding

While many mothers commented on how TDI/TCI impacted their decision to breastfeed, the outcomes of those decisions were mixed. One woman who took TDI but had not heard of TCI chose not to breastfeed because "*I didn't breastfeed because of the shortness of time. Six weeks isn't enough time.*" On the other hand, a university employee who was able to take leave (but not through TDI or TCI) remarked "*I am breastfeeding right now; I definitely think the leave allowed me to breastfeed for longer.*" Some women also commented that they would have breastfed regardless of having leave or not, saying "*It didn't effect whether or not I breastfed because I was willing to take the extra length to be able to get him to breastfeed. I would have either way regardless of the time length."* This may be due to the health benefits associated with breastfeeding, so women may choose to breastfeed regardless of circumstances.[18] Despite these different views, the general consensus among users who took both TDI and TCI was that the longer leave enabled them to breastfeed and breastfeed for longer periods, "*I breastfed for three months while I was out. I definitely would have breastfed for longer if I had longer leave. I was able to breastfeed for long because I had the leave*."

Summary. Many mothers made a decision to breastfeed depending on the length of their paid leave. Some felt that the amount of leave provided by just TDI was too short to breastfeed. Other mothers who had a longer leave chose to breastfeed because of the longer leave time. Some mothers chose to breastfeed regardless of their leave time, which may be due to their doctor's recommendations. Overall, it seems having both TDI and TCI helped many women choose to breastfeed and to breastfeed for a longer time period than those who did not use both TDI and TCI or another type of leave.

Bonding

Almost unanimously, new mothers said taking TCI helped them to bond with their new children. Some comments were: "*TCI really helped me to bond with my child. You are always worrying about so many things that you don't have to worry about the financials made it a really good experience for me*" and "*I used TDI and TCI during the time in order to bond with my baby. It was really good. I got to bond with the baby. My husband took the TCI too. It was good that he got to take the first 4 weeks with the baby. Someone was home with the baby until he was around 13 weeks.*"

More specifically, some women stated they appreciated how TCI either extended their bonding time or allowed them the one year of flexibility when to bond. One woman who needed a follow-up surgery after her C-section said "*I had a unique situation I suppose, but to be able to have the TCI for baby bonding, that additional time period was really valuable. I wish there was more of it because even 12 weeks total isn't enough.*" This woman's experience did not allow her to bond with hew new child during her TDI leave because she was either having or recovering from surgery. However, the extended leave from TCI did allow her to have some bonding time with her child before going back to work. Another woman who also had health complications after birth did not take TCI right away, but planned to use the leave later in the year after she recovered more. "*I am still experiencing some health issues from before my daughter was born. Although, I didn't take the leave for that reason, it also helped with that as well. Right now, I can actually take the bonding leave for her later in the year. I am bonding with my daughter wonderfully...*" The flexibility TCI allowed these two women seemed to be very beneficial for them, not only by allowing them to bond with their new children but also to bond when they recovered from their health issues.

Several participants also discussed the ability for men to bond with their new children as well. One woman said:

"*My husband did not take advantage of it, and he's kicking himself for it. All the holidays came up and he couldn't take it then, and now it's a new year and he never ended up taking it and he's really upset about it. It flew by on his chance. A father is so important in a baby's life, a mother is as well, and there is just a difference between the bonding between a mom and a baby.*"

A similar comment from another participant was: "*I think it's really good, not even just for us [new mothers] but for Dads to be able to bond with their children as well. It's very important for them to be able to.*"

Another male participant, who was a state employee and ineligible for TDI/TCI, said:

"*Being able to take one week wasn't a sufficient amount of time but that was all that was available. It was an impact because I was able to bond with both of my children as well as being able to assist my wife in the recovery of giving birth to my children. It is taxing physically so she needed a little help and to help her rest and be able to share and caregiving of her was a positive and vital experience. I think it should be afforded*

to everybody and anybody. I was able to take time for the initial doctors' visits. I think it was the 1 week, 1 month, and the 3 month checkups for 6 months for each child. I wanted to be there for them. I think it was good that they had both their parents support. For my first child, my wife couldn't take the TCI because it wasn't in effect yet. We accrue sick leave, family leave, and vacation time. If worse came to worse, I don't think that they would prohibit me to use vacation time if there was a need for it. It can be considered unexcused absence if you were to not get it approved beforehand. I don't think there would be any other repercussions."

A male TCI user said his experienced was:

"*More than anything me being able to be home and help my wife was the biggest impact, besides just having a new baby and bringing him home and getting everything situated with that. My wife took maternity leave through her work. The TCI paid 60% and her job matched to make it 100% for 12 weeks. It worked out great. The TCI was very valuable for both of us, 100%. Being home with him once he got home and bond with him was great for both him and my wife. It was definitely helpful between getting a routine set up and getting used to having an infant at home it was well worth it to have that time at home.*"

Reading these experiences about wanting men to take TCI, or men who did take some sort of leave, the it seems that there are strong benefits to having two family members bond with a child. Having two parents be able to set up a routine for the new child, have an extra person to make it to doctor's appointments, and being able to spend time with the new child as family were some of these benefits. Women said men having the time to bond with their new children was important. The male participants either wish they took leave, wish they had a longer leave, or had a positive experience as part of their leave. Since our findings suggest men tend to under-utilize TCI,[19] more outreach efforts should be made to encourage men to take this available leave when they are able.

Summary. Both men and women report TCI as helpful, positive way for them to bond with new children. Some appreciated the financial stability TCI provides while others appreciated the extra bonding time since they needed to recover from surgeries. Men reported that they wish they had taken TCI, or wish their leave time was longer. Almost unanimously across participants, TCI was a great way for them to bond with their new child. The only negative comment was the time of leave being too short to properly bond.

Income Replacement

Almost every respondent expressed gratitude for the income replacement that TCI provided:

"*It gives you a peace of mind that you don't need to be worried about how you're going to pay your bills while trying to take care of a baby. Had it been processed as quickly as it should have been, I wouldn't have had to make all those phone calls, but the fact that I got all that money all at once – it really helps you not worry about how you're going to pay your bills. It actually makes you feel that someone cares.*"

"*You don't have to worry about all the stress with not having any time saved up or losing out on money.*"

However, respondents who reported having economic challenges in general also spoke to the difficulty of losing 40 percent of pay during their leaves. Some experiences were:

"I would have loved the time off, but I wouldn't have been able to afford it with the money I was making on TDI. I had to go back to work to gain more pay. I think that TDI needs more people to help."

"*It would have been better if I was given more money. Its hard to lose any money especially during difficult times. More wage replacement would have helped. I have so many costs anyways because of medications that aren't covered by insurance. Maybe if it were case by case it would help. I found not really a lot of help with it when I needed it."*

"The amount of money also wasn't enough to be able to stay out of work for longer with no pay because I wouldn't be able to afford to financially without feeding for my children."

Some participants said without TDI/TCI income replacement, the caregiving experience would have been done without leave, unpaid leave, or shorter leave.

"*It wasn't until I took the 4th week of taking the TCI was the money, but I realized it when I was taking that week off with her that I really appreciated it. It made me want to take it even without the money just so I could spend time with her."*

"There wasn't much choice about this surgery, if I didn't have TDI, and I thought of someone being alone with no other income, it has to be very difficult for people without TDI. Since I had it, I don't know what I would have done. I had to have the surgery. It's not something I thought about really much because I had to have the surgery – that was it. There would be definitely financial issues. I am thankful for the TDI."

Summary. In general, participants were happy that they were getting some of their leave time with pay instead of taking an entire leave without pay. Many participants were going to have to take some sort of leave no matter what, so having the wage replacement could only help in those situations. However, some participants felt that the amount of income replacement was not enough, and that they would lose too much money if they stayed out of work for the entire leave. This could be due to differences in socioeconomic status, where participants who made less money might not be able to afford making 60% of an already low income during their leave.

Life Organization

Taking a TDI and/or TCI leave helped participants to organize their lives around the changes the participants were experiencing. The way this help occurred varied across participants. For example, new parents appreciated that leave helped them cope with getting less sleep and establishing a new routine with their child.

"I'm not totally sure if I would have been able to do my job since he didn't sleep until he was four months old, but I guess it's one of those things that would have been very far from ideal but you have to do what you have to do. TCI helped me so much with bonding, and organizing my life, but it helped enormously with stress. It was a very stressful time for both my husband and I especially in the first 3-4 months when the baby wasn't sleeping at night. Since I didn't I didn't have to be up in the morning to get ready at the same time as my husband, it made it much more manageable."

"Taking leave was definitely good for bonding and getting my life in order. It didn't impact my relationship with my spouse. It helped us realize that we both need to be involved and we needed to work together. We hadn't been living together before I had her, but we moved in together directly after she was born. We realized there was no way we could do it without living together and that we had to do it as a team, and having the leave was very evident. He works so much that he wouldn't have been able to take any more

time off to take care of her, so it was definitely necessary for me to be able to take the time off."

"It would have been impossible if I wasn't able to take the leave. TCI was definitely valuable for me. It allowed me to bond and allowed to reorganize my life and getting her ready."

"My baby is now 9 months old. If I hadn't been able to take leave I think it would have been a complete mess. I wish it would have been longer because I still felt unprepared going back to work after 13 weeks, but it was so much better. Even after two months I felt better, so taking the extra time definitely helped. I think 4 months would be ideal for sure. The extra leave definitely helped me to be able to get my life organized and less stressful. I had a C-Section during child birth because she was breached, so if I didn't have any leave I wouldn't be able to walk to work because I can't drive for however long they tell you. If I didn't have any leave I would have had to take unpaid time."

"It's such a huge adjustment, you are trying to figure out how to sleep and eat with a newborn, never mind everything else, like remembering what day of the week it is or figuring out bills and getting organized. It helped to get her on a schedule as well as keeping us on a schedule and keeping us intact. Being able to have that time to transition has helped. The leave definitely helped my stressed; it would have been very difficult for me to go back to work any sooner if I didn't have that leave."

Other participants mentioned that taking leave either helped, or would have helped, with their mental health, and due to the time off they were able to better prepare for stressors.

"If I hadn't been able to take a leave, I was getting really depressed and having anxiety attacks. I would have left my job because I was having so many anxiety attacks and I physically couldn't work so the leave was very helpful. When I took the leave I wasn't with my boyfriend so it didn't impact the relationship. I did breast feed for 6 weeks, but the baby was allergic so I had to stop. The TDI allowed me to figure out my life before heading back to work. But I would have taken TCI because I felt I had to go back to work too soon and it was very stressful. It's still hard to manage things sometimes, but I'm getting by – I have a little support from my partner."

"I think being able to care for a sick family member is something very good, because there is enough pressure with the fact that you are dealing with a sick person, who may be near the end of their life, and you shouldn't have to worry about the gas bill being paid because you are out of work and not being paid. That removes a big stress from a situation like that. It's also spiritually and ethically a good thing. You shouldn't have to make a decision 'do I take care of my sick mother who is dying or do I stay at work' because somebody says you can't take a leave. It relieves that."

Taking leave helped reduce stress in caregiving situations as well. Interviewees who needed to care for an ill relative either wish they had TCI, or were grateful they had the extra time. Interviewees felt this way not only for themselves, but for the peace of mind given to other family members as well.

"I had to take TDI for my back. However, I hurt my back due to taking care of my mom. I live with my mom and it takes a lot of assistance because my mom has arthritis. My daughter-in-law applied for the TCI program. The TCI program could apply to me because I take care of my mom. I had to be out for 6 months. I didn't have the added stress to keep up with my job, and caregiving. So the biggest part was not having that added stress. My mom and I are close to begin with, it has its ups and downs, and for the most part you become closer. You realize that life is short. I am grateful that I did have that time to spend with her. If I wasn't able to take the time off I would have had to resort to a nursing home, but luckily I didn't have to."

"The TCI would have helped my situation. Speaking on behalf of her daughter who was 19 turning 20, we knew that something was available, but we didn't quite understand it, but we were afraid to take it at the wrong time. My niece, his daughter, took some time from work, but was afraid to take TCI when he was in the beginning, and she didn't want to not have it when she definitely needed it later. But you can't predict how it is going to go. She was afraid that she was going to lose her job. It added some variety to her life when she was able to get away and come visit him. We encouraged her to keep her job and she did – she didn't take much time off. She and I would have benefited greatly - our family would have benefitted greatly – from having TCI especially with the significant loss of income that we experienced over the 7-8 months. We are recovering slowly from it."

"My wife had cancer, and then she passed away. I don't know what TCI is. If state employees participated in the program it would be awesome. I think it's appalling because it would have made a huge difference in my life because I took unpaid leave had no income for almost a year."

Summary. Participants endorse that taking a TDI or TCI leave helped get their lives organized. In the case of new parents, the leave helped them orient themselves to having a new child and establish new routines before heading back to work. Caregivers said that the leave either did help them reduce stress and allow for time with loved ones, or would have allowed for it if they had the time off. Across both groups, taking leave helped with mental health and coping with stress.

Job Stability and/or Support

The influences of taking leave on job stability, or how much a workplace supported taking a leave, seemed to be context dependent. In other words, some participants had very positive experiences while others were extremely negative, and some were in between these extremes. Some participants changed jobs, some quit working entirely, and others resumed working with no issues. An example of a positive experience was:

"I had an ideal situation. I had an absolutely fabulous arrangement. I know a large part of that was due to the culture of my department and very under the table arrangements, not necessarily due to the University policy. I know that our 6 week paid leave is better than what a lot of people get but it still stinks. I gradually came back to my job. I had always taught 5 days a week and I had asked my director for a 3 day/week class schedule instead partly because of what daycare costs. She was easily able to accommodate that. I had my full work load again but the prep part I could do from home when I didn't need to be in the office. It also helped that my supervisor and colleagues were supportive."

Unfortunately, not all participants were this fortunate. Two negative experiences were:

"I had a terrible experience. I'm still recovering from it, and then we were moving and you just never get caught up. I had my baby March 26th. She's 14 months now. They made me go through all these surveys, during my first week out of the hospital they made me take a survey, and they asked me twice if my pregnancy was an accident at work. They wanted to put me on worker's compensation. Honestly, I felt defiled; it was the worst experience of my entire life. My entire medical leave, the whole process, dealing with TDI and everything, you just feel so helpless. I was in labor and in the hospital for 9 days, 4 of those days I was on epidurals. I could barely walk. I was wheelchair bound when I came home. I was at home by myself, without any help, because my husband couldn't take any more leave. He had taken it when I was in the hospital for those 9 days. I was unable to get up with a newborn baby, in a second floor house, and the

clock was ticking. [My company] made me work until I was actually in active labor. So I was in labor on conference calls, in the hospital. And then when I went into active labor the clock started, but then I was in labor for a week. I had to have a doctor call saying I was in active labor, and prove them that I couldn't work. I had 6 weeks from that second."

"It has been quite challenging. Working out getting information from HR was really difficult. There was no piece of paper, no e-mail, no information that was given to me that would have been able to explain the information that I needed. I didn't have the information on TDI, TCI, short term disability, FMLA, what it all means and how it all works. It was just a verbal conversation that I had with HR that I had when I told them I was pregnant. I tried following up with them when I got closer to taking the leave to make sure I understood the time frame, how my pay would be impacted, who I needed to contact and when, and then at that point, that was when I put together my own checklist and contact information. I felt that I was doing a lot of leg work that so many other women were going through. I felt it was unfortunate that there wasn't that resource available to them."

Many participants were between these two poles, having workplace support and maybe some minor issues coming back to work, but nothing too serious. Some examples of this were:

"TCI also doesn't require them to keep my actual job; they can change to a job equivalent. It was an adjustment, but I have a job, so I can't complain much. My supervisor was different when I got back, but she was supportive because she was also pregnant."

"The leave was handled great at my workplace. My supervisor was supportive he totally understood the need for 13 weeks. Everyone covered for me while I was out and we all do it for everyone when they are out. I'm glad he understood so it was great. They were clear at what I get and how much I get."

"You have to inform your manager at least 30 days in advance. Then you have to submit paperwork and then within a week you have to tell whether or not it was approved. It wasn't stressful at all. I had support from my supervisors and departments. They were all excited. My co-workers covered my work while I was gone. There was no backlash or anything like that when I came back. I applied for a promotion when I got back, and ended up getting it, so there were no problems there as well."

Another common experience shared by participants was needing to use up vacation time or personal days before taking TDI or TCI. The participants sometimes remarked that they understood why the companies had this policy, even if they did not like it. Other participants stated they did not feel like they were completely "on leave" and still had to do some work or managing remotely.

"I had to schedule my vacation time, it wasn't like I was completely off. I still had to manage things from home and had to maintain some of the work. But it took a lot of stress and pressure off because someone else was able to pick up some of my work."

Summary. Workplace stability or support for taking leave varied across the interviewees. Some participants had a positive experience and felt a lot of support from their supervisors and colleagues. Others felt they were treated horribly, and ended up leaving their place of employment due to the experience. Many other participants fell somewhere between these two opposites, and had generally no issues. It seemed that participants who had no issues or a positive experience had understanding supervisors and company policies already set in place. The extremely negative experiences seemed to be workplace culture issues, which may be due to the specific company environments. It also seemed

common for participants to not be entirely on leave, and instead take a drastically reduced workload with involvement being restricted to e-mails or conference calls.

Transition Back to Work

Similar to job support or job security, the transition back to work varied by participants. Some had relatively smooth transitions, while others had transitions that could be described as rocky. The reasons for these variations seem to be related to the amount of workplace support for taking the leave, but future research would be needed to further validate that claim. One participants' experience in support of that idea was:

"My employer didn't even tell me about TCI, I would have taken it if I did. I went back to work too soon, so I did have problems. It was a problem transitioning back to work. My manager gave me a hassle when I did go back to work because she wasn't happy with how long I was out, so she took it out on me with work schedules and stuff like that. There was definitely backlash. I have the same job and the same pay, but only because I went to HR and got some support."

Other participants had negative experiences that seemed to be entirely out of their control. For example, one participant had their position change during the course of their leave because their department was restructured. Their experience when returning to work was:

"Returning, I ended up having a new boss who they hired 3 weeks before I went on leave. So I came back to a new boss. They also restructured the department, and I was given a new position, so it was a lot of change. I was open to change, but it was a lot of change coming back as a new mom. They think coming back it would have been like turning on a light switch and I should just know everything, but for me, it was a gradual transition. I was pumping three times a day in order to have enough breast milk for my son. It doesn't fit into the corporate lifestyle as much as it should. I actually just learned the day I resigned, they were going to downgrade my position from director to manager level, which I think is actually illegal. But the language in the law is unclear as to how much time a company has to wait before changing to a lesser role."

Participants who had positive experiences transitioning back to work definitely had employer support for taking a leave. This employer support provided help transitioning out of work and transitioning back to work in some cases. One participant described their experience as:

"My work was very supportive. Since I had it at the end of the year, I technically could have been out until the end of March because FMLA starts over, but I didn't want to take any unpaid time so I went back before I had to. They were very supportive, I had a leave counselor who worked with me and made it very easy. I work for a big auto insurance company, so it's something they have. Regardless of what type of leave you take, you have someone in HR to help you transition and out of work for their leave. They are the ones who talk to you while you're out rather than your supervisor and they relay the information. My supervisor and colleagues were supportive. They took over my projects and I didn't worry about leaving or coming back. I'm sure even if I stayed out longer it would have been fine. So there was no backlash or resentment. I was committed beforehand, I had been there for 10 years, and I don't plan on going anywhere else."

Another participant who did not have the counselor support described above described their experience somewhat similarly. Instead of counselor support, this participant had support of her colleagues, who helped her become re-established when returning to work.

"My supervisor is fantastic. She was so supportive, she gave me all the phone numbers I needed and everything I could possibly need. My supervisor told me about TCI, otherwise, I wouldn't have known about it. She really helped me with the whole transition. My colleagues and my work was really great, they actually re-trained me when I came back. I was really impressed with how they handled everything. We don't have many interactions with my colleagues, but they are as supportive as they could be. They just dispersed the work to everyone. We have around 200 people, so they probably wouldn't have even noticed they were getting some of my work. I am definitely more committed with the organization because they were so supportive. I try to do my best when I am there; it was nice to know that I had their support when I wasn't there. I was overall just really impressed."

In between these negative and positive experiences were also several neutral experiences, where participants described the transition as "relatively uneventful" or "a return to stress, but something they learned to cope with again quickly."

"My direct supervisor is wonderful to work for. To take leave, we have to call the HR center and request it. I don't feel like I was punished because I took leave and worked really hard to get things ready at work before I left. It was pretty smooth when I came back. There was no resentment or backlash when I came back. In fact, I felt more appreciated because they had to do more of what I did. Things they didn't know that I did before, they do now, so they appreciated me more. Other than being frustrated with the change in the company leave policy, I don't think I am any more or less loyal to the company. I think they could have done a better job with the payroll transition with it because I didn't get paid until well after that."

"The transition out of work was fine; you know I was concerned with the surgery. In my position, I have some responsibilities, I have people that work under me, so I made sure everything was set as it could be to leave. Then coming back there was some apprehension coming back. The first week or so, of leave you forget about the stress you dealt with while working there. You lose the stress that it's caused you. Going back you're thinking, I have to go back to this and that, and I hope this is okay and that's ok. Also during the time that I was out, there were several phone calls from work, if they ran into a problem they would call me and ask me what to do which I didn't mind. The stress was like, now I have to work 40 hours and the schedule has to be more finite. But it wasn't bad. There was no extra work when I came back because I handled things before the leave. I don't have a partner; I'm alone so I did it all on my own. You do what you have to do – that's how it is."

Summary. Similar to job support or job security, the transition back to work had wide variation across participants. Some participants reported negative experiences, others reported positive experiences, and some were overall neutral. It seems that a negative or positive transition back to work was related to the amount of workplace support there was for initially taking the leave. Future research may want to follow up on this idea to further validate this finding.

General Experiences and Perceived Impacts of Leave

Interviewees overwhelmingly elaborated myriad positive ways that TCI had helped them maneuver family caregiving. "I didn't have to worry," "It eased my stress," and similar positive phrases spontaneously were offered throughout almost all interviews. Of note were several strong statements about how TCI helped facilitate partner leave, and therefore, more division of caregiving within married or domestic partners. A number of new parent respondents spontaneously commented on how TCI had helped other children adjust to the arrival of a new child.

"Taking leave was definitely good for bonding and getting my life in order. It didn't impact my relationship with my spouse. It helped us realize that we both need to be involved and we needed to work together. We hadn't been living together before I had her, but we moved in together directly after she was born. We realized there was no way we could do it without living together and that we had to do it as a team, and having the leave was very evident. He works so much that he wouldn't have been able to take any more time off to take care of her, so it was definitely necessary for me to be able to take the time off."

"It would have been impossible if I wasn't able to take the leave. TCI was definitely valuable for me. It allowed me to bond and allowed to reorganize my life and getting her ready. It didn't impact my relationship either way. He was unemployed at the time because he's a seasonal worker. He got to stay home two months longer than I was able to. My 4 year-old was able to stay home with me so that was great, and she enjoyed that. He was able to get to know her baby sister so that helped."

Interviewed respondents cited many impacts of leave that were arrayed into the categories stated above. The data on job security impact was mixed with some respondents offering the perception that it negatively affected job stability, but more respondents indicating that the leave helped them return to their jobs. Likewise, data about workplace support revealed diversity of experiences surrounding the quality of communication and work coordination about leaves. There was no variation in how respondents felt TCI leave had impacted their ability to bond with their new child or increase satisfaction with their relationship with their ill family member. All respondents felt that TCI was instrumental in helping them negotiate the transition to caregiving more smoothly. "Very valuable," "Very appreciated," "wonderful," were common themes. One respondent commented on her ill family member's reaction: "They were very grateful, but sometimes they felt badly that they were imposing and being a burden, but I told them not to worry, and explained that I had the time. . ." The positive impact of TCI is perhaps best seen in how it helps individuals with difficult circumstances. For example, one male participant's experience involved his wife inducing labor and being up for two days straight before giving birth:

"More than anything me being able to be home and help my wife was the biggest impact, besides just having a new baby and bringing him home and getting everything situated with that. My wife took maternity leave through her work. The TCI paid 60% and her job matched to make it 100% for 12 weeks. It worked out great. The TCI was very valuable for both of us, 100%. Being home with him once he got home and bond with him was great for both him and my wife. It was definitely helpful between getting a routine set up and getting used to having an infant at home it was well worth it to have that time at home. It helped 100% with our financial stability. I had vacation time that I had stocked up because I knew the baby was coming. I used that first, and then the TCI. That allowed me for the 2nd week where I wasn't paid to get the payment from TCI. At the end of my wife's maternity leave that was around Christmas time, there was a week then that I filed for TCI and I had no vacation time left, so that allowed me to start our Daycare at the New Year instead of the holiday week beforehand. It absolutely impacted our relationship – it was very appreciated by my wife for me to be home. It was just great."

Another participant who took a leave and suffered from postpartum depression described the positive impact of her leave as:

"We were very excited and we had planned for her. She was our first child. I thought at the time that my work had a pretty decent policy. We received disability from my insurance company on top of the TDI from my company to make up the difference. I also got 2 weeks paid parental leave through my employer and then I took a week of vacation time. I put a combination of leaves together. I had a C-Section so I had 8

weeks of TDI and then 2 weeks paid parental leave, and then a week of vacation, altogether I took 11 weeks. I breastfed for a little while, it wasn't the greatest experience, I felt forced into it at the hospital. It had a very profound impact. I'm pretty sure I had postpartum depression and that made it worse. Because of my depression, I ended up only lasting about a month for breastfeeding. It would have been awful if I couldn't have taken this leave. I don't know how people do it with multiple children; I don't know how people do it without as much leave as I did. It was critical for me to be able to have the leave since I had a C-Section ad there was quite a bit of healing. I think if I had a little more time than I would have had a better handle on things. Right when I had to go back to work was when she started sleeping throughout the night. I would have enjoyed the time with her more. I felt that I missed everything because I have to work. So I'm glad to have at least had the time with her when she was just born. It was a financial help for us too. My husband's employer gave him a week of paid parental leave and then he took two weeks' vacation. I was in the hospital for 5 days. A lot of it was when we were in the hospital, but it was important. It definitely allowed for our relationship to become better. It helped with the stress of it all."

While these two situations describe how much TCI can help in extreme circumstances, the impact of TCI can also be seen in relatively ordinary circumstances. One couple who took both took TCI to help with the birth of the fourth child described their experience as:

"I used TDI and TCI during the time in order to bond with my baby. It was really good. I got to bond with the baby. My husband took the TCI too. It was good that he got to take the first 4 weeks with the baby. Someone was home with the baby until he was around 13 weeks. It didn't have an impact on my decision to breastfeed, but it definitely made it easier. He is my 4th child, and he was by far the easiest to breastfeed and get use to the pump. Since I was back earlier with the other children, I had to substitute with formula. Since I had this leave, I was able to breastfeed for longer and it was easier. I haven't had to substitute with formula at all. If I hadn't been able to take leave, I think it would be difficult with the breastfeeding aspect and not being able to bond with the baby. It definitely helped with the organization. It was easy to get him on a routine. It was good for my other kids too. It helped them bond with the new baby, so I wasn't overwhelmed. It also allowed for me to rest while they were at school."

Summary. The general experiences and impacts of TCI are invariably positive. Those who take leave generally agree that it helps them to bond with their children, to better organize their lives based on the changes (either for caregiving or with a new child), and allows them to focus on establishing new routines. In the case of new children, it also allows for mothers to breastfeed, for fathers to spend time with their new children, and for the couples to better divide up the new chores. In the case of some extreme circumstances, TCI greatly helps reduce stress to those involved. In the case of relatively normal circumstances, TCI is also a great benefit that helps parents, family, and loved ones better manage their lives during these transitional periods in their lives.

Endnotes

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