



**WORLD Policy
Analysis Center**

Paid Leave for Family Illness: A Detailed Look at Approaches Across OECD Countries

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CONTENTS

Overview of Paid Leave for Family Illness	1
Duration of Paid Leave	1
Evidence on Supporting Health for Family Members	1
Payment Level of Paid Leave	3
Poverty and Low-Income Workers.....	3
Gender Equality in Leave-Taking	3
Economic Feasibility	4
Providing Leave	4
Eligibility for Leave	5
Tenure Requirements	5
Self-Employed Workers	7
Employer Size.....	7
Making Leave Inclusive.....	8
Supporting Cooperative Care	8
LGBT Families.....	8
Single Parents	8
Flexibility in Leave.....	9
Methodology	10
Study Approach	10
Medical Review.....	10
Policy Measures	10
Analysis of Benefit Levels.....	11
Analysis of Economic Performance	12
Global Maps.....	12
References.....	13

OECD Maps, Figures, and Tables.....	16
Global Maps.....	38

OVERVIEW OF PAID LEAVE FOR FAMILY ILLNESS

- **Availability of paid leave:**
 - 28 of 34 OECD countries guarantee paid leave for children's health needs.
 - 22 of 34 OECD countries guarantee paid leave for adult family members' health needs.
- **Duration of paid leave:**
 - 17 of 34 OECD countries provide at least 3 months of paid leave for children's health needs.
 - 8 of 34 OECD countries provide at least 3 months of paid leave for adult family members' health needs.
- **Wage replacement rate of paid leave:**
 - 18 of 34 OECD countries have a maximum wage replacement rate of at least 80% for paid leave for children's health needs, and 15 provide this rate for adult family members' health needs, which supports gender equality in leave-taking and the needs of low-income workers.

DURATION OF PAID LEAVE^a

Although research and medical evidence point to the importance of allowing family members to provide care during serious illnesses, there is less research on the durations of leave that are needed to support health. Caregiving needs during childhood and end-of-life care are more straightforward, whereas it is less clear how much time would be needed to care for adult family members facing short-term limitations.

EVIDENCE ON SUPPORTING HEALTH FOR FAMILY MEMBERS

Below are examples of how recovery times might inform the amount of leave needed for different serious health conditions.

- ***Supporting the health needs of children***
 - Studies have found that having parents present has been linked to faster recovery from both inpatient¹ and outpatient procedures,^{2,3,4,5} and that parents with paid leave are significantly more likely to be able to care for their sick children themselves.^{6,7,8}

^a This report focuses on severe illnesses. Paid leave is also needed to enable parents to address more common health needs, such as the flu or stomach viruses. These health needs are important, and they can affect disease treatment and spread, health, parental productivity, and parental earnings. However, because such health needs are commonly approached with employer-based paid sick days, they are beyond the scope of this brief.

- Children with congenital heart disease may require 8 to 11 days of hospitalization for uncomplicated surgical repairs, and two- to five-fold more days with complications, plus additional time for recovery after hospitalization.^{9,10}
- Children with cancer have an average hospital length of stay (for all pediatric cancers) of 12 days, with 3 to 6 hospital admissions per year. In addition, children with cancer miss 25 to 31 days of school in the year after their first diagnosis for recovery from treatments.^{11,12,13}
- For children with mood disorders, the average length of admission may be up to a month in length and require regular outpatient therapy.¹⁴
- Hospitalization and missed school days for children with asthma and other respiratory illnesses are highly variable. Parental presence is needed at the hospital, during recovery at home, and for ongoing doctor appointments.^{15,16,17,18,19, 20}
- *Supporting health during the end of life*
 - The end of life is one of the most important periods for families to be able to be together.
 - Of the 2.5 million deaths that occur per year in the U.S., 45% occur in a hospice care setting.²¹
 - Beyond the fundamental importance to all involved, family caregivers are needed to help manage pain and other symptoms, help make end-of-life decisions, and provide logistical and emotional support.
 - In the vast majority (90%) of cases, the duration of hospice care is less than 6 months. The median length of care is 17 days.²¹
- *Supporting the health needs of adult family members*
 - Elderly adults have a 2.5- to 4.6-fold higher risk for hospitalization than non-elderly adults.²² The duration of these hospital stays is 5.6 days on average, but recovery is often lengthy. Only 65% of elderly adults will have recovered their functional status by the time they are discharged from hospital.²³
 - Nearly a quarter of elderly adults do not recover their full function status within 1 year after hospital discharge.²³
 - The amount of paid leave needed will depend on how sick the patient was when he/she was sent home, the extent to which legislation and family structure allow for multiple family members to share caregiving responsibilities, the extent of community support during recovery, and the availability of home health aides through health insurance.
- *Economic feasibility*
 - 28 OECD countries provide paid leave for family illnesses.
 - 17 countries provide at least 3 months for children's serious health needs.
 - 8 countries provide at least 3 months for serious health needs of adult family members.
 - 19 countries provide at least 1 month for children's serious health needs.
 - 9 countries provide at least 1 month for serious health needs of adult family members.

- OECD countries that provided at least 3 months of paid leave for children's health needs had no evident differences in labor force participation, unemployment rates, and GDP growth.
- Too few OECD countries have lengthy paid leave policies to care for adult family members to assess the relationship with economic outcomes. This is a critical gap as the global population ages.

PAYMENT LEVEL OF PAID LEAVE

The best available research evidence suggests that a wage replacement rate of at least 80% is needed to address poverty and promote gender equality in leave-taking. High wage replacement rates are economically feasible.

POVERTY AND LOW-INCOME WORKERS

Unpaid or low-paid leave is not affordable for those who need it most.

- *Unpaid leave*
 - According to the 2012 Family and Medical Leave Act (FMLA) Employee Survey, 46% of employees who needed to take a family or medical leave did not do so because they could not afford to take unpaid leave.²⁴
- *Evidence from California's 55% wage replacement rate*
 - Simulation models indicate that a single adult earning the minimum wage would fall even further below the poverty level while taking paid family leave in California. Meanwhile, higher-income families and dual-earner couples earning minimum wage would be able to stay out of poverty during paid leave.²⁵
- *Evidence on a minimum bar from other OECD countries*
 - Using detailed data on wage replacement rates and benefit calculation formulas from other OECD countries, we assessed the level of paid leave benefits that a minimum wage and average wage earner would receive.
 - Given the wages and salaries in many occupations, a wage replacement of 80% is necessary to keep families out of poverty. A wage replacement rate of 80% or more can also be important for middle-income families to be able to meet essential needs during paid leave, such as rent or mortgage payments.
 - Higher wage replacement rates may be even more important in the U.S. context, where out-of-pocket medical expenses are high.
 - A more detailed article on the extent to which paid leave benefits keep families out of poverty is forthcoming.

GENDER EQUALITY IN LEAVE-TAKING

When benefits do not fully replace income, it may not be affordable for the primary earner to take paid leave. In many households, men still earn more than women.

- *Evidence from U.S. states*
 - California: While men and women were equally likely to take paid leave for spouses, men account for less than one-fourth of leaves for non-spousal family members, such as children or elderly parents.²⁶
 - New Jersey: Nearly three-fourths of employees who took a leave under Family Leave Insurance to care for a seriously ill family member were female.²⁷
- *Evidence from other OECD countries*
 - In Sweden, when women earn more than their male partners, the share of leave taken to care for a sick child (Temporary Parental Leave, or TPL) is more equitable than when the male partner earns more.²⁸
 - The TPL benefits are capped when parents' income reaches the ceiling. When there is no difference in the earnings of mother and father, the mother takes only slightly more of the TPL (56% if both earn below the cap).²⁸
 - In couples where only one income was above the ceiling, the spouse with earnings above the cap takes less paid leave to care for sick children than the spouse with earnings below the cap.²⁹
 - Spouses working in the same occupation share TPL more equitably.³⁰

ECONOMIC FEASIBILITY

- *Paid leave for children's health needs*
 - 18 of 34 OECD countries have a maximum wage replacement rate of at least 80% for paid leave for children's illnesses.
 - A maximum wage replacement rate of at least 80% for paid leave for children's health needs is compatible with high labor force participation rates and low unemployment.
 - A maximum wage replacement rate of at least 80% for paid leave for children's health needs is compatible with economic growth.
- *Paid leave for adult family members' health needs*
 - 15 of 34 OECD countries have a maximum wage replacement rate of at least 80% for paid leave for adult family members' illnesses.

PROVIDING LEAVE

A majority of OECD countries with paid leave for family members' health needs rely on public funds and/or social insurance to provide it.

- *Providing leave for children's health needs*
 - Of the 28 OECD countries that provide paid leave for children's health needs, leave is provided exclusively through public funds (whether through social security or other government funds) in 15 countries.
 - 6 OECD countries provide leave for children's health needs through a combination of employer liability and public funds.

- In 7 OECD countries, employers are solely responsible for providing paid leave for children's health needs.
- In the 6 OECD countries where employers and governments share responsibility for providing paid leave for children's health needs, employers are responsible for providing 10 days or less of leave.
- No OECD countries have schemes for leave for children's health needs that exclude small employers.
- *Providing leave for adult family members' health needs*
 - Of the 22 OECD countries that provide paid leave for adult family members' health needs, leave is provided exclusively through public funds in 13 countries.
 - 2 OECD countries provide leave for family members' health needs through a combination of public funds and employer liability.
 - In 7 OECD countries, employers are solely responsible for providing paid leave for adult family members' health needs.
 - In the 2 OECD countries where employers and governments share responsibility for providing paid leave for adult family members' health needs, employers are responsible for providing 3 days of leave in Ireland, and in Denmark, employers are responsible for a share of the paid benefits that workers receive during leave for adult family members' health needs.
 - No OECD countries have schemes for leave for adult family members' health needs that exclude small employers.

ELIGIBILITY FOR LEAVE

In a time of increased job turnover and mobility, paid leave benefits should not be dependent on a person's length of time at an employer, the formality of employment, or the company's size. The availability of job-protected paid leave for family health needs without an employer-specific tenure requirement is compatible with strong economic growth.

TENURE REQUIREMENTS

A majority of OECD countries with paid leave for family members' health needs do not require a minimum period of work with a specific employer to be eligible for paid leave for family health needs. Tenure requirements are not necessary for a strong national economy.

- *Paid leave for children's health needs*
 - 18 of the 28 OECD countries that provide paid leave for children's health needs do not require workers to have worked for a minimum period of time with a specific employer.
 - 10 OECD countries have employer-specific tenure requirements to qualify for full paid leave benefits for children's health needs. In 2 of these countries, the tenure requirement is less than 1 month. Among these, 1 country provides benefits at a

reduced duration and payment level for workers who do not meet the tenure requirement.

- 3 OECD countries do not have employer-specific tenure requirements, but do require a minimum employment period or a minimum number of contributions to the system that finances paid leave benefits.
- 15 OECD countries do not require any minimum tenure or contributions to be eligible for paid leave for children's health needs.
- *Paid leave for adult family members' health needs*
 - 14 of the 22 OECD countries that provide paid leave for adult family members' health needs do not require workers to have worked for a minimum period of time with a specific employer.
 - 8 OECD countries have employer-specific tenure requirements to qualify for full paid leave benefits for adult family members' health needs. In 2 of these countries, the tenure requirement is less than 1 month. Among these, no country provides benefits at a reduced duration and payment level for workers who do not meet the tenure requirement.
 - 1 OECD country does not have employer-specific tenure requirements, but does require a minimum employment period or a minimum number of contributions to the system that finances paid leave benefits.
 - 13 OECD countries do not require any minimum tenure or contributions to be eligible for paid leave for adult family members' health needs.
- *Economic feasibility*
 - Employers in the U.S. often provide certain benefits, including paid leave, only when employees meet a "length of service" or tenure requirement. Their concern is that short or no tenure and contribution requirements could ultimately harm profitability.
 - In some OECD countries, employees are required to have made a certain number of contributions to an insurance fund paid in the form of a tax on wages. Such contribution requirements are in place to ensure that there are adequate funds to cover benefits of current and future leave-takers.
 - For leave for family members' health needs, we assess countries with no tenure or contribution requirements, as well as those with requirements of less than 6 months, 6 to 11 months, and 12 months or more.
 - OECD data suggest that the absence of tenure and contribution requirements for paid leave for family members' health needs appears to have no association with labor force participation, unemployment, or GDP growth.
 - Although these trends do not indicate a causal association, reducing or removing tenure and contribution requirements does not necessarily harm productivity and profitability. At the same time, such policies can potentially contribute to improved opportunities for vulnerable workers.

- Long tenure or contribution requirements limit the leave eligibility of workers who have needed to change jobs, been unemployed, seasonally or intermittently employed, or individuals recently finishing a period of education.

SELF-EMPLOYED WORKERS

More than half of OECD countries support self-employed workers' ability to take paid leave for their children's health needs.

- *Paid leave for children's health needs*
 - 13 of the 28 OECD countries with paid leave for children's health needs guarantee the same benefits to self-employed workers as they do to other formal-sector employees who are entitled to leave. This means that leave is available for the same duration and at the same payment rate (either percentage of earnings/profits or flat-rate payment).
 - Self-employed workers in Belgium receive benefits at a higher payment rate than formal-sector employees.
 - 2 countries (Ireland and Poland) makes paid leave for children's health needs available to self-employed workers, but self-employed workers are only entitled to the longer flat-rate benefit provided by social security. Formal-sector employees receive 3 days from their employer, paid at full wages.
 - 12 countries exclude self-employed workers from paid leave for children's health needs entirely.
- *Paid leave for adult family members' health needs*
 - 9 of the 22 OECD countries with paid leave for adult family members' health needs guarantee the same benefits to self-employed workers as they do to other formal-sector employees who are entitled to leave. This means that leave is available for the same duration and at the same payment rate (either percentage of earnings/profits or flat-rate payment).
 - Self-employed workers in Belgium receive benefits at a higher payment rate than formal-sector employees.
 - 2 countries (Ireland and Norway) make paid leave for adult family members' health needs available to self-employed workers, but for a shorter duration or at a lower benefit level than the average formal-sector employees would receive.
 - 10 countries exclude self-employed workers from paid leave for adult family members' health needs entirely.

EMPLOYER SIZE

- No OECD countries exclude workers from paid leave for the health needs of children or adult family members based on employer size.

MAKING LEAVE INCLUSIVE

Leave that is structured to only allow workers to take leave to care for specific family members may exclude some families. Under current FMLA regulations, adult children are unable to take leave to care for their aging grandparents; unmarried couples are unable to take leave to provide care for their partners; and adults cannot take leave to care for their siblings. These exclusions can leave millions of Americans without care if a parent or child is not able to care for them. As long as legislative language states that leave is available to the primary caregiver for the person who is sick, providing coverage of a broader range of relationships will not lead to higher overall societal costs and will ensure that leave is accessible to everyone.

SUPPORTING COOPERATIVE CARE

Allowing multiple caregivers to take leave ensures that care is available for many more people, reducing the burden on any single caregiver or employer.

- All close family members who are currently covered under the FMLA should be covered, along with immediate family members who are not currently covered under the FMLA. For example, siblings should also receive coverage, as they may not have other family available to provide care.
- 8 OECD countries allow workers to take paid leave to care for family members broadly, without limiting the types of relationships that are covered.

LGBT FAMILIES

Coverage should apply to all family types, including blended families, unmarried partners, and same-sex couples and parents.

- The ability of gay and lesbian couples to access paid leave to care for partners' health needs relies predominantly on two factors: whether paid leave is restricted only to spouses and whether same-sex marriage is legal.
- 11 OECD countries use inclusive language that allows individuals to care for "partners," "cohabitants," individuals residing in the same household," or "loved ones." This broader language is also inclusive of other family types, including unmarried couples of any sexual orientation.

SINGLE PARENTS

Individual leave entitlements can encourage gender equality in care for sick children, but they may also disadvantage single-parent families. Specific provisions can ensure that single parents have access to as much total leave as do two-parent households.

- 6 OECD countries with individual entitlements support the needs of single parents through explicit provisions that give single parents access to additional days of leave.

FLEXIBILITY IN LEAVE

- Many serious diseases involve both “acute” and “continuation” phases of treatment, along with regular follow-up appointments to assess the quality of recovery or provide additional treatment. Continuous care is unlikely to be needed during the latter phases.
- Enabling caregivers to work part-time may reduce caregiver fatigue.^{31,32,33}
- Alongside legislation that allows multiple family members to take leave, part-time or intermittent leave enables multiple workers to share caregiving duties. For example, care for an elderly adult can be split between adult children and other family members, reducing the amount of time a worker is absent for any single employer.
- 15 of the 28 OECD countries with paid leave for children’s health needs explicitly permit this leave to be taken part-time.
- 11 of the 22 OECD countries with paid leave for adult family members’ health needs explicitly permit this leave to be taken part-time.

METHODOLOGY

STUDY APPROACH

This study brings together a systematic review of the paid leave literature, a review of medical needs by medical experts, and a systematic analysis of the laws and policies in place in other OECD countries to synthesize the best available evidence on paid family and medical leave policies.

For the systematic literature review, more than 5,500 studies were identified as potentially relevant to paid parental, family medical, and personal medical leave in high-income countries. Studies that analyzed the impact of these policies on economic, health, and gender equality outcomes were selected. Using those criteria, an in-depth review of the methodology and findings of more than 100 studies was conducted to inform the summary of the literature.

For our review of medical needs, a team of medical experts reviewed the evidence on how paid leave can support health and recovery. They conducted a review of the medical literature to provide information on key health decision points.

Finally, we conducted a systematic analysis of the national laws and policies in place in other OECD countries to better understand what approaches have been feasible and effective in other countries. The methodology for this analysis is described in more detail below.

MEDICAL REVIEW

Our analysis of the time needed to care for children's health needs included two types of diseases. First, we looked at the most common causes of hospitalization among children to assess recovery times needed for the most frequent health events that would also require parental presence. Based on these criteria, we used the 2014 National Inpatient Sample database to select the two most prevalent conditions: mood disorders and respiratory conditions. Second, we examined the serious diseases that have the highest hospitalization costs. Higher costs per hospitalization may place a significant burden on families in terms of both finances and time, as cost is associated with lengthier hospitalizations. Using the 2014 National Inpatient Sample database, we selected the two highest cost non-neonatal conditions: cardiac conditions and childhood cancers.

For adult family members' health needs, we focused on the health needs of elderly family members. We assessed both end-of-life care and issues related to the more frequent hospitalization and longer recovery times of elderly adults. Information on major medical conditions and their recovery times for working-age adults can be found in a separate report on personal medical leave.

POLICY MEASURES

The WORLD Policy Analysis Center has systematically analyzed the national laws and policies, in place as of September 2016, that govern workplaces in 34 Organisation for Economic Co-

operation and Development (OECD) countries, to create comparative databases on labor protections. This report also incorporates any additional policy changes that are known to have occurred. Latvia joined the OECD on July 1, 2016, but is not included in these reports due to the lack of available data.

Our OECD Adult Labor database captures national-level legislation. For countries where labor policies are set at the state or provincial level, such as the United States, we noted the lowest level of guarantee in our database. For example, we classified a policy as unpaid if not all jurisdictions guaranteed paid leave.

The information in this database was coded primarily from full-text legislation, in its original language whenever possible, or from a translation. Additional information was drawn from reliable secondary sources such as the Social Security Programs Throughout the World (SSPTW) reports, the International Labour Organization's Working Conditions Laws Database, the International Review of Leave Policies and Related Research, and country government websites. Two researchers independently analyzed each country, translating a wealth of qualitative information into a set of consistent, comparable policy characteristics.

ANALYSIS OF BENEFIT LEVELS

In order to assess the affordability of benefits received during paid leave, data was drawn from the WORLD OECD Adult Labor database and matched with data on flat-rate payments and benefit ceilings as of November 2016, extracted from individual country websites. For countries with multiple paid leave schemes among which beneficiaries could choose, the option with the highest benefit amount was captured in the database. If it was necessary to specify, we used the benefit entitlements for a family consisting of a couple and one child. For countries where the benefit received varies based on tenure at work, we have calculated the duration of paid leave and payment levels for a worker who had been working with the same employer for 1 year.

To calculate benefits received for an average female wage earner and average male wage earner, the total average wages earned by full-time employees as of December 2015 were obtained from national statistics websites. In the absence of such data, the OECD Stats and Eurostat databases were used to search for the most recent wage data available. To calculate benefits received for a minimum wage earner, the minimum wage data for 2015 were taken from OECD Stats. In some OECD countries, minimum wages are established by collective bargaining. We were unable to obtain a lowest legal minimum wage for Finland, Italy, Sweden, and Switzerland.

Monthly wages were converted into weekly wages by dividing the amounts by 4.3. In cases where daily benefit levels or lengths were established, daily benefits were converted to weekly using conversions specified by the country. If a country did not specify a conversion, calendar days were assumed unless the legislation or national website referenced working days for payment of benefits. In these cases, we converted using a standard 5-day work week.

ANALYSIS OF ECONOMIC PERFORMANCE

Available data allow us to examine economic feasibility, but not to estimate the detailed economic benefits. The study examines the economic performance of countries with and without policies. We present the full data on policies compared to economic outcomes. In our analyses of policies and outcomes, we used policy data from the year immediately prior to the earliest year from which economic data were drawn. When looking at economic indicators averaged over 2010 to 2015, we examined policies in place in 2009, using the PROSPERED project's longitudinal Adult Labor policy database at McGill University, which consists of a set of annual policy indicators from 1995 to 2015 for all 193 UN member states. In constructing this database, PROSPERED researchers used the same sources and coding methods that were used to develop the WORLD 2016 OECD Adult Labor database described above.

Economic indicators

Data on economic performance from 2010 to 2015 were obtained from OECD Statistics and averaged to account for year-to-year variations in rates of GDP growth, labor force participation, and unemployment. For all analyses, we used rates of labor force participation and unemployment for workers ages 25–54.

GLOBAL MAPS

Global maps are included to show that paid leave policies are feasible in a range of economic settings and economy sizes. The data in the global maps reflect a systematic analysis of national laws and policies governing workplaces in 193 UN member states as of 2015. These data are supplemented with the detailed data on OECD countries as of September 2016 and other known policy changes that have occurred since the full review in 2015.

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Table 1: Paid leave for children's health needs and labor force participation in OECD countries

<i>Country</i>	<i>Any paid leave</i>	<i>1 month or more of paid leave</i>	<i>3 months or more of paid leave</i>	<i>6 months or more of paid leave</i>	<i>Labor force participation rate (%)</i>
Sweden	X	X	X	X	90.5
Slovenia	X	X	X	X	90.5
Switzerland					90.2
Iceland	X	X	X		89.6
Portugal	X	X	X	X	88.5
Czech Republic	X	X	X	X	88.4
France	X	X	X	X	88.1
Austria	X				87.9
Estonia	X	X			87.7
Denmark	X	X	X	X	87.7
Germany	X				87.6
Netherlands	X				87.4
Slovakia	X				87.1
Finland	X	X	X		87.1
Luxembourg	X	X	X	X	86.9
Norway	X	X	X	X	86.9
Spain	X				86.8
Canada	X	X			86.5
United Kingdom					85.5
Belgium	X	X	X	X	85.4
New Zealand	X				84.8
Poland	X	X			84.6
Japan	X	X	X		84.5
Greece					84.0
Hungary	X	X	X	X	83.2
Australia	X				83.0
Israel	X				81.8
United States					81.3
Ireland	X	X	X	X	80.9
Chile					78.9
Korea					77.4
Italy	X	X	X	X	77.1
Mexico					73.4
Turkey					63.8

Paid leave for children's health needs includes only leave specifically for children's health needs. It also includes cases where leave is only available for serious illness, hospitalization, or urgent health needs.

Labor force participation rate refers to the percentage of the total working-age population (ages 25-54) that is either working (employed) or seeking work (unemployed), averaged from 2010 to 2015.

The table above reflects policies for paid leave for children's health needs in 2009. Since then, 5 countries have passed legislation extending the duration of paid leave for children's health needs shown in this table: Canada, Greece, Israel, Spain, and Turkey.

Table 2: Paid leave for children's health needs and unemployment in OECD countries

Country	Any paid leave	1 month or more of paid leave	3 months or more of paid leave	6 months or more of paid leave	Unemployment rate (%)
Norway	X	X	X	X	3.1
Korea					3.2
Switzerland					4.0
Japan	X	X	X		4.1
Mexico					4.1
Australia	X				4.4
Austria	X				4.7
Luxembourg	X	X	X	X	4.8
Iceland	X	X	X		4.8
New Zealand	X				4.8
Netherlands	X				4.9
Germany	X				5.2
United Kingdom					5.5
Chile					5.8
Czech Republic	X	X	X	X	5.8
Israel	X				5.9
Sweden	X	X	X	X	6.0
Canada	X	X			6.1
Denmark	X	X	X	X	6.3
United States					6.6
Finland	X	X	X		6.8
Belgium	X	X	X	X	7.2
Poland	X	X			8.1
France	X	X	X	X	8.4
Slovenia	X	X	X	X	8.4
Hungary	X	X	X	X	8.8
Turkey					8.9
Estonia	X	X			9.5
Italy	X	X	X	X	9.8
Ireland	X	X	X	X	12.0
Slovakia	X				12.1
Portugal	X	X	X	X	12.8
Spain	X				21.6
Greece					21.7

Paid leave for children's health needs includes only leave specifically for children's health needs. It also includes cases where leave is only available for serious illness, hospitalization, or urgent health needs.

Unemployment rate refers to the percentage of the total working-age population (ages 25-54) that is seeking work, averaged from 2010 to 2015.

The table above reflects policies for paid leave for children's health needs in 2009. Since then, 5 countries have passed legislation extending the duration of paid leave for children's health needs shown in this table: Canada, Greece, Israel, Spain, and Turkey.

Table 3: Paid leave for children's health needs and GDP growth in OECD countries

Country	Any paid leave	1 month or more of paid leave	3 months or more of paid leave	6 months or more of paid leave	GDP growth rate (%)
Ireland	X	X	X	X	6.1
Turkey					5.2
Chile					4.2
Israel	X				3.9
Korea					3.6
Luxembourg	X	X	X	X	3.4
Estonia	X	X			3.3
Mexico					3.2
Poland	X	X			3.1
Slovakia	X				2.9
Sweden	X	X	X	X	2.7
Australia	X				2.6
New Zealand	X				2.4
Canada	X	X			2.3
United States					2.2
Germany	X				2.0
United Kingdom					2.0
Switzerland					1.7
Czech Republic	X	X	X	X	1.7
Hungary	X	X	X		1.7
Iceland	X	X	X	X	1.7
Norway	X	X	X	X	1.5
Japan	X	X	X		1.3
Belgium	X	X	X	X	1.3
Denmark	X	X	X	X	1.3
Austria	X				1.2
France	X	X	X	X	1.1
Netherlands	X				0.9
Slovenia	X	X	X	X	0.6
Finland	X	X	X		0.5
Spain	X				-0.2
Italy	X	X	X	X	-0.2
Portugal	X	X	X	X	-0.4
Greece					-4.2

Paid leave for children's health needs includes only leave specifically for children's health needs. It also includes cases where leave is only available for serious illness, hospitalization, or urgent health needs.

GDP growth refers to the average annual percent change in gross domestic product from 2010 to 2015.

The table above reflects policies for paid leave for children's health needs in 2009. Since then, 5 countries have passed legislation extending the duration of paid leave for children's health needs shown in this table: Canada, Greece, Israel, Spain, and Turkey.

Table 4: Wage replacement rate (WRR) for paid leave for children's health needs and labor force participation in OECD countries

<i>Country</i>	<i>Any paid leave</i>	<i>At least 60% of wages</i>	<i>At least 80% of wages</i>	<i>Labor force participation rate (%)</i>
Sweden	X	X		90.5
Slovenia	X	X	X	90.5
Switzerland				90.2
Iceland	X	X	X	89.6
Portugal	X	X		88.5
Czech Republic	X	X		88.4
France	X			88.1
Austria	X	X	X	87.9
Estonia	X	X	X	87.7
Denmark	X			87.7
Germany	X	X	X	87.6
Netherlands	X	X		87.4
Slovakia	X	X	X	87.1
Finland	X	X		87.1
Luxembourg	X	X	X	86.9
Norway	X	X	X	86.9
Spain	X	X	X	86.8
Canada	X	X	X	86.5
United Kingdom				85.5
Belgium	X			85.4
New Zealand	X	X	X	84.8
Poland	X	X	X	84.6
Japan	X			84.5
Greece				84.0
Hungary	X	X		83.2
Australia	X	X	X	83.0
Israel	X	X		81.8
United States				81.3
Ireland	X	X	X	80.9
Chile				78.9
Korea				77.4
Italy	X	X	X	77.1
Mexico				73.4
Turkey				63.8

Paid leave for children's health needs includes only leave specifically for children's health needs. It also includes cases where leave is only available for serious illness, hospitalization, or urgent health needs.

Labor force participation refers to the percentage of the total working-age population (ages 25-54) that is either working (employed) or seeking work (unemployed), averaged from 2010 to 2015.

The table above reflects wage replacement rates for paid leave for children's health needs in 2009. Since then, 4 countries have passed legislation changing the wage replacement rates shown in this table: Estonia, Greece, Israel, and Turkey.

Table 5: Wage replacement rate (WRR) for paid leave for children's health needs and unemployment in OECD countries

Country	Any paid leave	At least 60% of wages	At least 80% of wages	Unemployment rate (%)
Norway	X	X	X	3.1
Korea				3.2
Switzerland				4.0
Japan	X			4.1
Mexico				4.1
Australia	X	X	X	4.4
Austria	X	X	X	4.7
Luxembourg	X	X	X	4.8
Iceland	X	X	X	4.8
New Zealand	X	X	X	4.8
Netherlands	X	X		4.9
Germany	X	X	X	5.2
United Kingdom				5.5
Chile				5.8
Czech Republic	X	X		5.8
Israel	X	X		5.9
Sweden	X	X		6.0
Canada	X	X	X	6.1
Denmark	X			6.3
United States				6.6
Finland	X	X		6.8
Belgium	X			7.2
Poland	X	X	X	8.1
France	X			8.4
Slovenia	X	X	X	8.4
Hungary	X	X		8.8
Turkey				8.9
Estonia	X	X	X	9.5
Italy	X	X	X	9.8
Ireland	X	X	X	12.0
Slovakia	X	X	X	12.1
Portugal	X	X		12.8
Spain	X	X	X	21.6
Greece				21.7

Paid leave for children's health needs includes only leave specifically for children's health needs. It also includes cases where leave is only available for serious illness, hospitalization, or urgent health needs.

Unemployment rate refers to the percentage of the total working-age population (ages 25-54) that is seeking work, averaged from 2010 to 2015.

The table above reflects wage replacement rates for paid leave for children's health needs in 2009. Since then, 4 countries have passed legislation changing the wage replacement rates shown in this table: Estonia, Greece, Israel, and Turkey.

Table 6: Wage replacement rate (WRR) for paid leave for children's health needs and GDP growth in OECD countries

<i>Country</i>	<i>Any paid leave</i>	<i>At least 60% of wages</i>	<i>At least 80% of wages</i>	<i>GDP growth rate (%)</i>
Ireland	X	X	X	6.1
Turkey				5.2
Chile				4.2
Israel	X	X		3.9
Korea				3.6
Luxembourg	X	X	X	3.4
Estonia	X	X	X	3.3
Mexico				3.2
Poland	X	X	X	3.1
Slovakia	X	X	X	2.9
Sweden	X	X		2.7
Australia	X	X	X	2.6
New Zealand	X	X	X	2.4
Canada	X	X	X	2.3
United States				2.2
Germany	X	X	X	2.0
United Kingdom				2.0
Switzerland				1.7
Czech Republic	X	X		1.7
Hungary	X	X	X	1.7
Iceland	X	X		1.7
Norway	X	X	X	1.5
Japan	X			1.3
Belgium	X			1.3
Denmark	X			1.3
Austria	X	X	X	1.2
France	X			1.1
Netherlands	X	X		0.9
Slovenia	X	X	X	0.6
Finland	X	X		0.5
Spain	X	X	X	-0.2
Italy	X	X	X	-0.2
Portugal	X	X		-0.4
Greece				-4.2

Paid leave for children's health needs includes only leave specifically for children's health needs. It also includes cases where leave is only available for serious illness, hospitalization, or urgent health needs.

GDP growth refers to the average annual percent change in gross domestic product from 2010 to 2015.

The table above reflects wage replacement rates for paid leave for children's health needs in 2009. Since then, 4 countries have passed legislation changing the wage replacement rates shown in this table: Estonia, Greece, Israel, and Turkey.

Table 7: Details on how provision is shared in OECD countries where employers and governments share responsibility for paid leave for family illnesses

Paid leave for children's health needs

Iceland	Employer responsible for 10 days of leave per year. Government funding covers additional leave for serious illness.
Ireland	Employer responsible for 3 days of leave per year. Government funding covers additional leave for serious illness.
Norway	Employer responsible for 10 days of leave per year. Government funding covers additional leave for serious illness.
Poland	Employer pays first 2 days of leave.
Spain	Employer pays first 2 days of leave.

Paid leave for adult family members' health needs

Denmark	Employer pays for 8 per cent of the benefits that employees receive while on leave.
Ireland	Employer pays for 3 days of leave.

Paid leave for children's health needs includes only leave specifically designated for children's health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

Paid leave for adult family members' health needs includes only leave specifically designated for adult family members' health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

Table 8: Tenure and contribution requirements in OECD countries that provide paid leave for children's health needs (in months)

Country	Tenure (in months)	Contributions (in months)
Australia	-	-
Austria	-	-
Belgium	12	-
Canada	6	3
Czech Republic	-	-
Denmark	-	3
Estonia	<1	-
Finland	-	-
France	12	-
Germany	-	-
Greece	-	-
Hungary	-	-
Iceland	6	-
Ireland	12	36
Israel	12	-
Italy	-	-
Japan	12	12
Luxembourg	-	-
Netherlands	-	-
New Zealand	6	-
Norway	<1	-
Poland	-	-
Portugal	-	6
Slovakia	-	-
Slovenia	-	-
Spain	-	6
Sweden	-	-
Turkey	-	-

Country name in red indicates that the tenure requirement must be fulfilled with the same employer.

Paid leave for children's health needs includes only leave specifically designated for children's health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

In Ireland and Israel, some leave is available for workers that meet lower tenure or contribution requirements than those listed above.

In Iceland, tenure requirements can be fulfilled abroad.

There are 6 OECD countries (not shown) that do not provide paid leave specifically for children's health needs.

Table 9: Benefits available for workers that do not meet tenure or contribution requirements in OECD countries that provide paid leave for children's health needs

<i>Country</i>	<i>No paid leave</i>	<i>Full paid leave, financed by employer</i>	<i>Reduced duration</i>	<i>Reduced payments</i>
Belgium	X			
Canada	X			
Chile	X			
Denmark	X			
Estonia	X			
France	X			
Iceland	X			
Ireland			X	X
Israel	X			
Japan	X			
Korea	X			
Mexico	X			
New Zealand	X			
Norway	X			
Portugal	X			
Spain	X			
Switzerland	X			
United Kingdom	X			
United States	X			

Paid leave for children's health needs includes only leave specifically designated for children's health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

In Iceland, tenure requirements can be fulfilled abroad.

In Ireland, there is an additional monthly benefit for children aged younger than 16 with a severe disability.

There are 6 OECD countries (not shown) that do not provide paid leave specifically for children's health needs.

Table 10: Tenure and contribution requirements in OECD countries that provide paid leave for adult family members' health needs (in months)

Country	Tenure (in months)	Contributions (in months)
Australia	12	-
Austria	-	-
Belgium	12	-
Canada	-	3
Czech Republic	-	-
Denmark	-	-
Estonia	<1	-
Germany	-	-
Iceland	-	-
Ireland	12	36
Israel	1	-
Italy	-	-
Japan	12	12
Luxembourg	-	-
Netherlands	-	-
New Zealand	6	-
Norway	<1	-
Poland	-	-
Slovakia	-	-
Slovenia	-	-
Spain	-	-
Sweden	-	-

Country name in red indicates that the tenure requirement must be fulfilled with the same employer.

Paid leave for adult family members' health needs includes only leave specifically designated for adult family members' health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

There are 12 OECD countries (not shown) that do not provide paid leave specifically for adult family members' health needs.

Table 11: Benefits available for workers that do not meet tenure or contribution requirements in OECD countries that provide paid leave for adult family members' health needs

<i>Country</i>	<i>No paid leave</i>	<i>Full paid leave, financed by employer</i>	<i>Reduced duration</i>	<i>Reduced payments</i>
Australia	X			
Belgium	X			
Canada	X			
Chile	X			
Estonia	X			
Finland	X			
France	X			
Greece	X			
Hungary	X			
Ireland			X	X
Israel	X			
Japan	X			
Korea	X			
Mexico	X			
New Zealand	X			
Norway	X			
Portugal	X			
Switzerland	X			
Turkey	X			
United Kingdom	X			
United States	X			

Paid leave for adult family members' health needs includes only leave specifically designated for adult family members' health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

There are 12 OECD countries (not shown) that do not provide paid leave specifically for adult family members' health needs.

Table 12: Length of tenure and contribution requirements for paid leave for children's health needs and labor force participation in OECD countries

<i>Country</i>	<i>No requirements</i>	<i>Less than 6 months</i>	<i>6 to 11.9 months</i>	<i>12 months or more</i>	<i>Labor force participation rate (%)</i>
Slovenia	X				90.5
Sweden	X				90.5
Switzerland					90.2
Iceland			X		89.6
Portugal	X				88.5
Czech Republic	X				88.4
France				X	88.1
Austria	X				87.9
Denmark		X			87.7
Estonia	X	X			87.7
Germany	X				87.6
Netherlands	X				87.4
Finland	X				87.1
Slovakia	X				87.1
Norway		X			86.9
Luxembourg	X				86.9
Spain	X				86.8
Canada		X			86.5
United Kingdom					85.5
New Zealand			X		84.8
Poland	X				84.6
Japan				X	84.5
Greece					84
Hungary	X				83.2
Australia	X				83
Israel				X	81.8
United States					81.3
Ireland				X	80.9
Chile					78.9
Korea					77.4
Italy	X				77.1
Mexico					73.4
Turkey					63.8

Country name in red indicates that the tenure requirement must be fulfilled with the same employer.

Paid leave for children's health needs includes only leave specifically designated for children's health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

Labor force participation refers to the percentage of the total working-age population (ages 25-54) that is either working (employed) or seeking work (unemployed), averaged from 2010 to 2015.

The table above reflects tenure and contribution requirements in 2009. Since then, 2 countries have passed legislation changing the tenure and contribution requirements shown in this table: Spain and Greece.

Chile provides paid leave for children's health needs to mothers, which can only be used by fathers with the mother's consent or under exceptional circumstances.

Data on tenure and contribution requirements for the following countries was not available in 2009: Belgium.

Table 13: Length of tenure and contribution requirements for paid leave for children's health needs in and unemployment in OECD countries

Country	No requirements	Less than 6 months	6 to 11.9 months	12 months or more	Unemployment rate (%)
Norway		X			3.1
Korea					3.2
Switzerland					4.0
Mexico					4.1
Japan				X	4.1
Australia	X				4.4
Austria	X				4.7
Luxembourg	X				4.8
New Zealand			X		4.8
Iceland			X		4.8
Netherlands	X				4.9
Germany	X				5.2
United Kingdom					5.5
Chile					5.8
Czech Republic	X				5.8
Israel				X	5.9
Sweden	X				6.0
Canada		X			6.1
Denmark		X			6.3
United States					6.6
Finland	X				6.8
Poland	X				8.1
France				X	8.4
Slovenia	X				8.4
Hungary	X				8.8
Turkey					8.9
Estonia		X			9.5
Italy	X				9.8
Ireland				X	12.0
Slovakia	X				12.1
Portugal	X				12.8
Spain	X				21.6
Greece					21.7

Country name in red indicates that the tenure requirement must be fulfilled with the same employer.

Paid leave for children's health needs includes only leave specifically designated for children's health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

Unemployment rate refers to the percentage of the total working-age population (ages 25-54) that is seeking work, averaged from 2010 to 2015.

The table above reflects tenure and contribution requirements in 2009. Since then, 2 countries have passed legislation changing the tenure and contribution requirements shown in this table: Spain and Greece.

Chile provides paid leave for children's health needs to mothers, which can only be used by fathers with the mother's consent or under exceptional circumstances.

Data on tenure and contribution requirements for the following countries was not available in 2009: Belgium.

Table 14: Length of tenure and contribution requirements for paid leave for children's health needs and GDP growth OECD countries

Country	No requirements	Less than 6 months	6 to 11.9 months	12 months or more	GDP growth rate (%)
Ireland				X	6.1
Turkey					5.2
Chile					4.2
Israel				X	3.9
Korea					3.6
Luxembourg	X				3.4
Estonia		X			3.3
Mexico					3.2
Poland	X				3.1
Slovakia	X				2.9
Sweden	X				2.7
Australia	X				2.6
New Zealand			X		2.4
Canada		X			2.3
United States					2.2
Germany	X				2.0
United Kingdom					2.0
Switzerland					1.7
Czech Republic	X				1.7
Hungary	X				1.7
Iceland			X		1.7
Norway		X			1.5
Denmark		X			1.3
Japan				X	1.3
Austria	X				1.2
France				X	1.1
Netherlands	X				0.9
Slovenia	X				0.6
Finland	X				0.5
Italy	X				-0.2
Spain	X				-0.2
Portugal	X				-0.4
Greece					-4.2

Country name in red indicates that the tenure requirement must be fulfilled with the same employer.

Paid leave for children's health needs includes only leave specifically designated for children's health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

GDP growth refers to the average annual percent change in gross domestic product from 2010 to 2015.

The table above reflects tenure and contribution requirements in 2009. Since then, 2 countries have passed legislation changing the tenure and contribution requirements shown in this table: Spain and Greece.

Chile provides paid leave for children's health needs to mothers, which can only be used by fathers with the mother's consent or under exceptional circumstances.

Data on tenure and contribution requirements for the following countries was not available in 2009: Belgium.

Table 15: Length of tenure and contribution requirements for paid leave for adult family members' health needs and labor force participation in OECD countries

Country	No requirements	Less than 6 months	6 to 11.9 months	12 months or more	Labor force participation rate (%)
Slovenia	X				90.5
Switzerland					90.2
Iceland					89.6
Portugal					88.5
France					88.1
Austria	X				87.9
Denmark	X				87.7
Estonia		X			87.7
Germany					87.6
Netherlands	X				87.4
Finland					87.1
Slovakia	X				87.1
Norway		X			86.9
Luxembourg	X				86.9
Spain	X				86.8
Canada		X			86.5
United Kingdom					85.5
Belgium				X	85.4
New Zealand			X		84.8
Poland	X				84.6
Japan				X	84.5
Greece					84.0
Hungary					83.2
Australia				X	83.0
Israel		X			81.8
United States					81.3
Ireland				X	80.9
Chile					78.9
Korea					77.4
Italy	X				77.1
Mexico					73.4
Turkey					63.8

Country name in red indicates that the tenure requirement must be fulfilled with the same employer.

Paid leave for adult family members' health needs includes only leave specifically designated for adult family members' health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

Labor force participation refers to the percentage of the total working-age population (ages 25-54) that is either working (employed) or seeking work (unemployed), averaged from 2010 to 2015.

The table above reflects tenure and contribution requirements in 2009. Since then, there have been no known policy changes.

Data on tenure and contribution requirements for the following countries was not available in 2009: Sweden and Czech Republic.

Table 16: Length of tenure and contribution requirements for paid leave for adult family members' health needs and unemployment in OECD countries

Country	No requirements	Less than 6 months	6 to 11.9 months	12 months or more	Unemployment rate (%)
Norway		X			3.1
Korea					3.2
Switzerland					4
Mexico					4.1
Japan				X	4.1
Australia				X	4.4
Austria	X				4.7
Luxembourg	X				4.8
New Zealand			X		4.8
Iceland					4.8
Netherlands	X				4.9
Germany					5.2
United Kingdom					5.5
Chile					5.8
Israel		X			5.9
Canada		X			6.1
Denmark	X				6.3
United States					6.6
Finland					6.8
Belgium				X	7.2
Poland	X				8.1
France					8.4
Slovenia	X				8.4
Hungary					8.8
Turkey					8.9
Estonia		X			9.5
Italy	X				9.8
Ireland				X	12
Slovakia	X				12.1
Portugal					12.8
Spain	X				21.6
Greece					21.7

Country name in red indicates that the tenure requirement must be fulfilled with the same employer.

Paid leave for adult family members' health needs includes only leave specifically designated for adult family members' health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

Unemployment rate refers to the percentage of the total working-age population (ages 25-54) that is seeking work, averaged from 2010 to 2015.

The table above reflects tenure and contribution requirements in 2009. Since then, there have been no known policy changes.

Data on tenure and contribution requirements for the following countries was not available in 2009: Sweden and Czech Republic.

Table 17: Length of tenure and contribution requirements for paid leave for adult family members' health needs and GDP growth OECD countries

Country	No requirements	Less than 6 months	6 to 11.9 months	12 months or more	GDP growth rate (%)
Ireland				X	6.1
Turkey					5.2
Chile					4.2
Israel		X			3.9
Korea					3.6
Luxembourg	X				3.4
Estonia		X			3.3
Mexico					3.2
Poland	X				3.1
Slovakia	X				2.9
Australia				X	2.6
New Zealand			X		2.4
Canada		X			2.3
United States					2.2
Germany					2.0
United Kingdom					2.0
Switzerland					1.7
Iceland					1.7
Hungary					1.7
Norway		X			1.5
Denmark	X				1.3
Japan				X	1.3
Belgium				X	1.3
Austria	X				1.2
France					1.1
Netherlands	X				0.9
Slovenia	X				0.6
Finland					0.5
Italy	X				-0.2
Spain	X				-0.2
Portugal					-0.4
Greece					-4.2

Country name in red indicates that the tenure requirement must be fulfilled with the same employer.

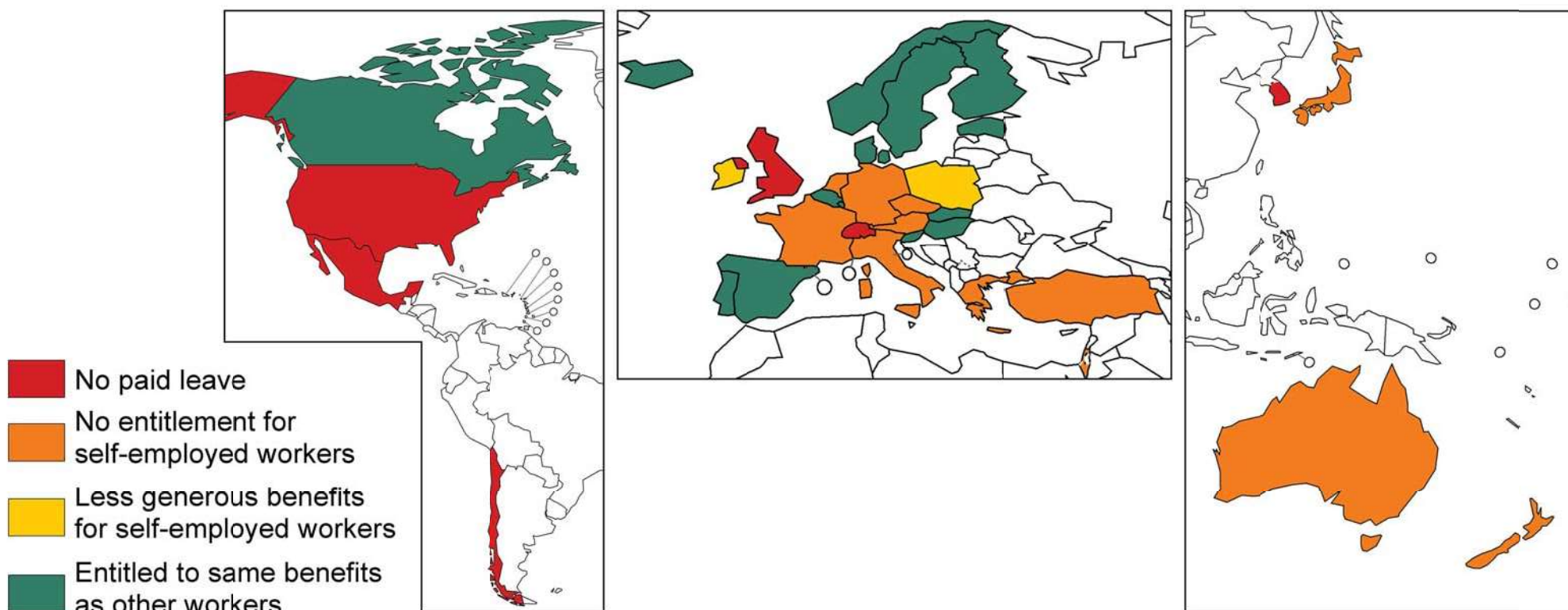
Paid leave for adult family members' health needs includes only leave specifically designated for adult family members' health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

GDP growth refers to the average annual percent change in gross domestic product from 2010 to 2015.

The table above reflects tenure and contribution requirements in 2009. Since then, there have been no known policy changes.

Data on tenure and contribution requirements for the following countries was not available in 2009: Sweden and Czech Republic.

Figure 1: Are self-employed workers entitled to paid leave benefits for children's health needs in OECD countries?



Leave for children's health needs includes leave specifically designated to care for children's health needs. It also includes cases where leave is available only for serious illness, hospitalization, or urgent health needs.

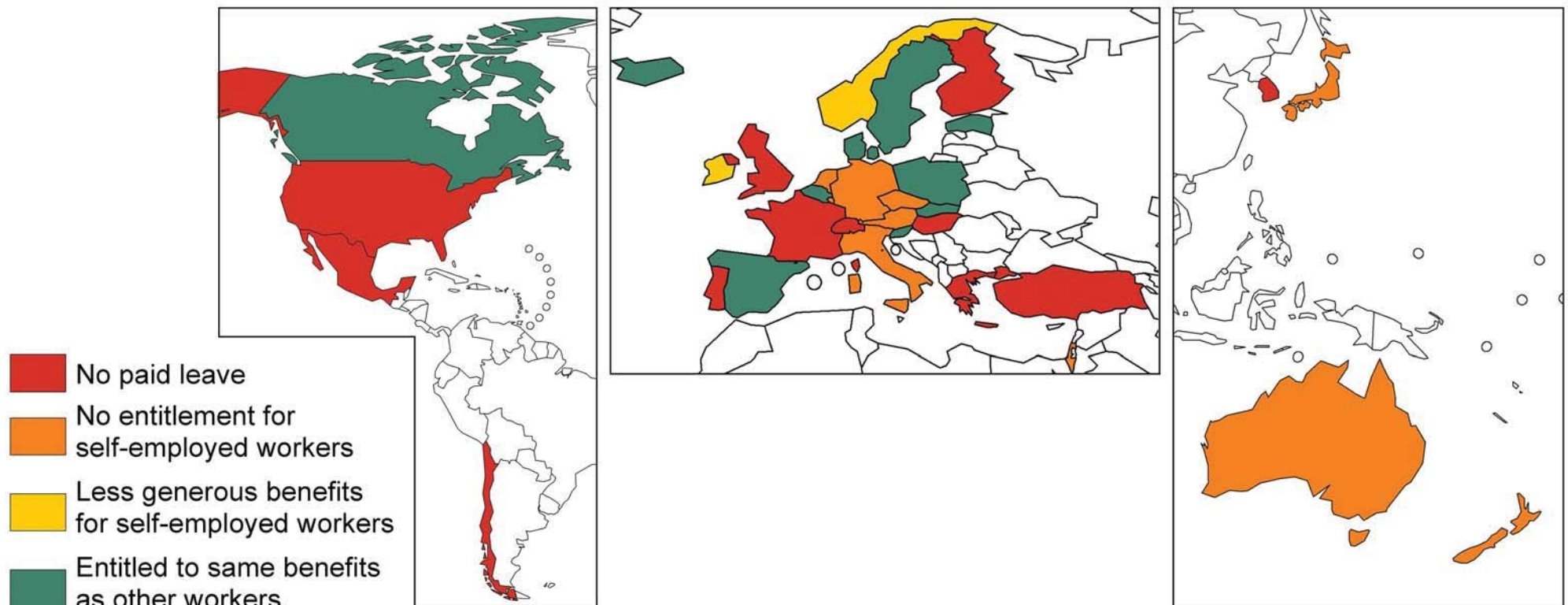
Less generous benefits means that self-employed workers are entitled to a shorter period of leave or lower payment level than formal sector employees.

Same benefits means that paid leave is available for the same duration and at the same payment rate (either percentage of earnings/profits or flat rate payment) as formal sector employees.

Self-employed workers in Belgium receive benefits at a higher payment rate than formal sector employees.

Source: WORLD Policy Analysis Center, OECD Adult Labor Database, 2016

Figure 2: Are self-employed workers entitled to paid benefits for adult family member's health needs in OECD countries?



Leave for adult family members' health needs includes leave specifically designated to care for family members' health needs. It also includes cases where leave is available only for serious illness, hospitalization, or urgent health needs.

Less generous benefits means that self-employed workers are entitled to a shorter period of leave or lower payment level than formal sector employees.

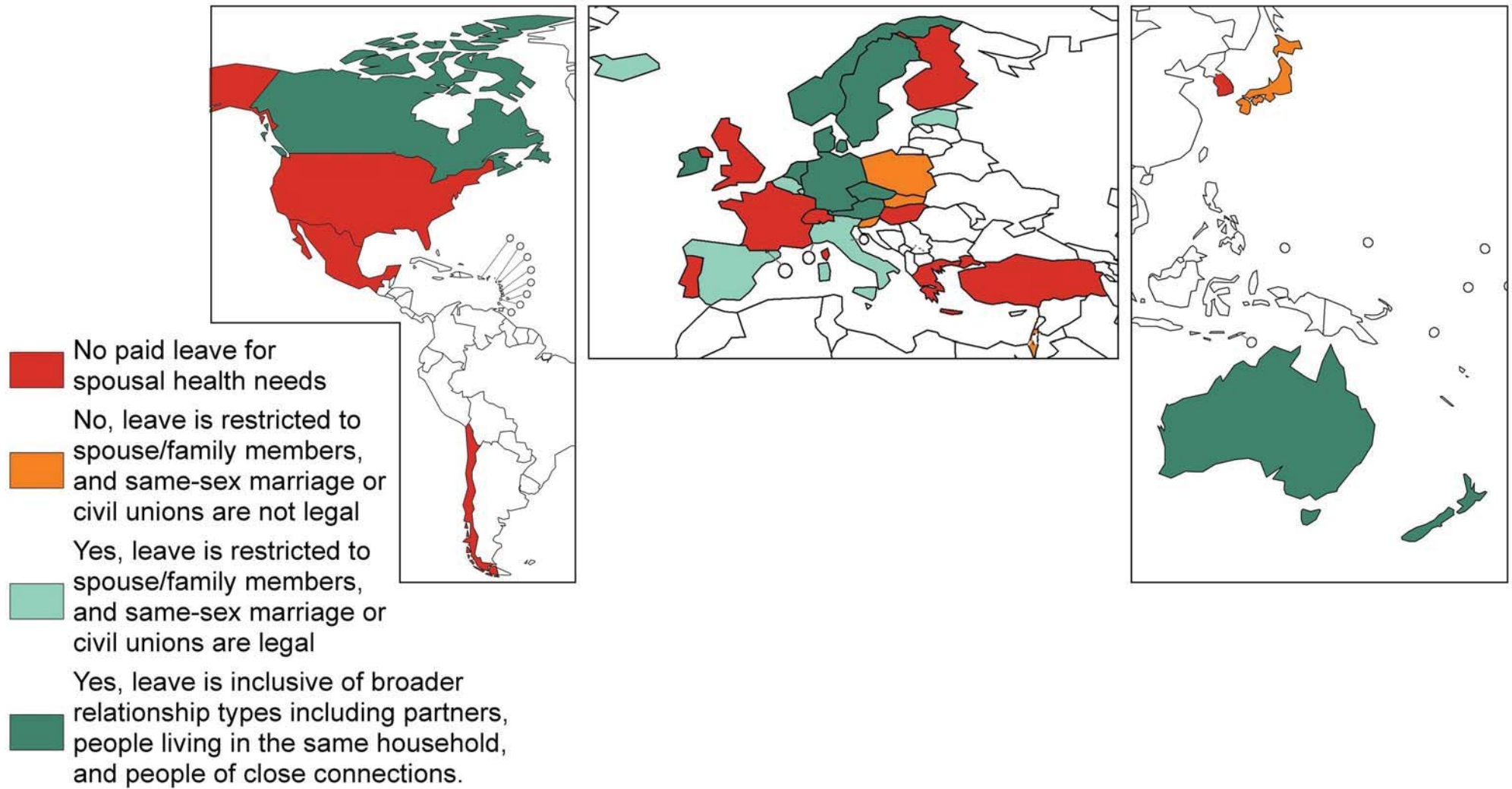
Same benefits means that paid leave is available for the same duration and at the same payment rate (either percentage of earnings/profits or flat rate payment) as formal sector employees.

In Iceland and Slovenia, paid leave is only available to care for a spouse.

Self-employed workers in Belgium receive benefits at a higher payment rate than formal sector employees.

Source: WORLD Policy Analysis Center, OECD Adult Labor Database

Figure 3: Do same-sex couples have access to paid leave to meet their partner's health needs in OECD countries?



Legal rights to same-sex marriage and civil unions from ILGA (<http://ilga.org/>).

Source: WORLD Policy Analysis Center, OECD Adult Labor Database

Table 18: Flexibility in taking paid leave for children's health needs in OECD countries

Country	Part-time leave available	Employer consent required for part-time leave
Australia		
Austria		
Belgium	X	
Canada	X	
Czech Republic		
Denmark	X	
Estonia		
Finland	X	X
France		
Germany	X	
Greece		
Hungary		
Iceland		
Ireland	X	
Israel	X	
Italy		
Japan	X	X
Luxembourg	X	X
Netherlands		
New Zealand	X	
Norway	X	
Poland	X	
Portugal		
Slovakia		
Slovenia	X	X
Spain	X	X
Sweden	X	
Turkey		

Paid leave for children's health needs includes leave specifically designated to care for children's health needs. It also includes cases where leave is available only for serious illness, hospitalization, or urgent health needs.

In the Czech Republic, workers are allotted up to one day of paid leave to escort an ill family member to medical treatment or a doctor's appointment, provided such actions cannot be performed outside of working hours. The longer leave entitlement designated for the health needs of children or adult family members cannot be taken on a part-time basis.

In Israel, workers can use a portion of their allotted personal sick leave for the care of dependents; such leave can be taken on a part-time basis.

There are 6 OECD countries (not shown) that do not provide paid leave specifically for children's health needs.

Table 19: Flexibility in taking paid leave for adult family members' health needs in OECD countries

Country	Part-time leave available	Employer consent required for part-time leave
Australia		
Austria		
Belgium	X	
Canada	X	
Czech Republic		
Denmark		
Estonia		
Germany	X	
Iceland		
Ireland	X	
Israel	X	
Italy		
Japan	X	X
Luxembourg	X	X
Netherlands		
New Zealand	X	
Norway	X	
Poland		
Slovakia		
Slovenia		
Spain	X	
Sweden	X	

Paid leave for adult family members' health needs includes only leave specifically designated for adult family members' health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

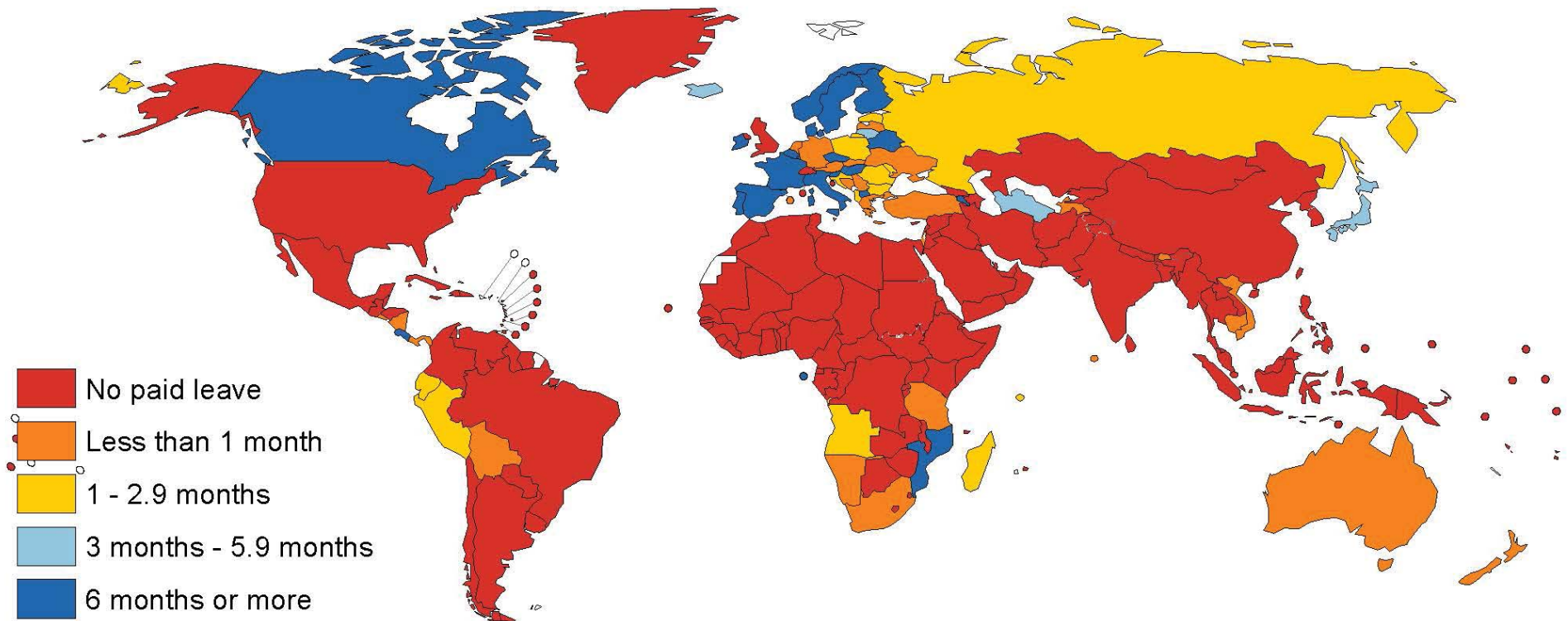
In the Czech Republic, workers are allotted up to one day of paid leave to escort an ill family member to medical treatment or a doctor's appointment, provided such actions cannot be performed outside of working hours. The longer leave entitlement designated for the health needs of children or adult family members cannot be taken on a part-time basis.

In Israel, workers can use a portion of their allotted personal sick leave for the care of dependents; such leave can be taken on a part-time basis.

In Spain, workers have the right to work part time to care for adult family members and are automatically credited with social security contributions for the hours not worked. On top of these benefits, the informal carer on leave can receive payment in conjunction with the dependent relative through the Spanish National Dependency System.

There are 12 OECD countries (not shown) that do not provide paid leave specifically for adult family members' health needs.

Map 1: Is paid leave available to both parents specifically for two-year-old children's health needs?



Leave specifically for children's health needs includes only leave specifically for children's health needs. It does include cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

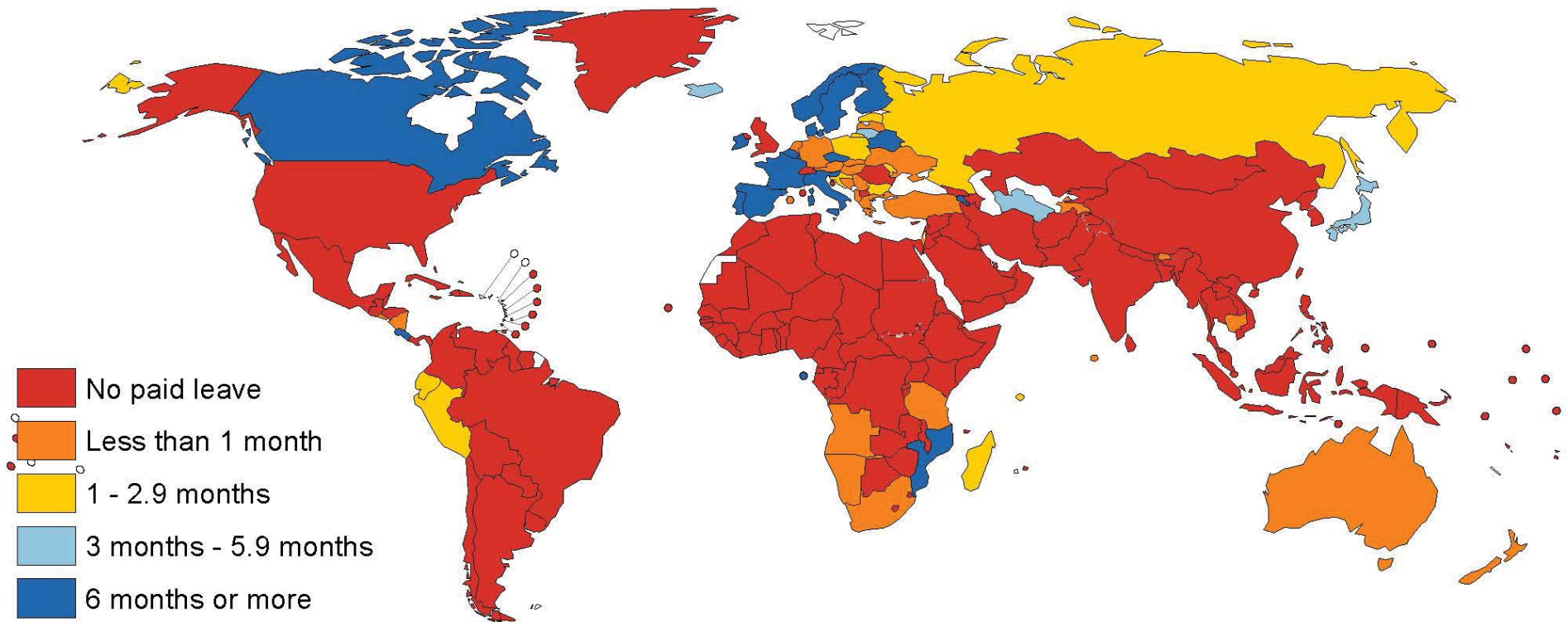
In the Czech Republic, each parent is allowed to take 9 paid days, which can be taken immediately after the leave period of the other parent ends. This can be done for an indefinite amount of time. For this reason, Czech Republic was mapped in the highest category, though paid leave entitlements for single parents may be less generous.

In two countries (Australia and Israel), unused leave can be accrued annually.

In Canada, all parents who meet eligibility conditions have access to federally-administered cash benefits to care for critically ill children; however, guaranteed access to leave has not been incorporated into all provincial labor codes.

Source: WORLD Policy Analysis Center, Adult Labor Database

Map 2: Is paid leave available to both parents specifically for twelve-year-old children's health needs?



Leave specifically for children's health needs includes only leave specifically for children's health needs. It does include cases where leave is available only for serious illnesses, hospitalization, or urgent health needs.

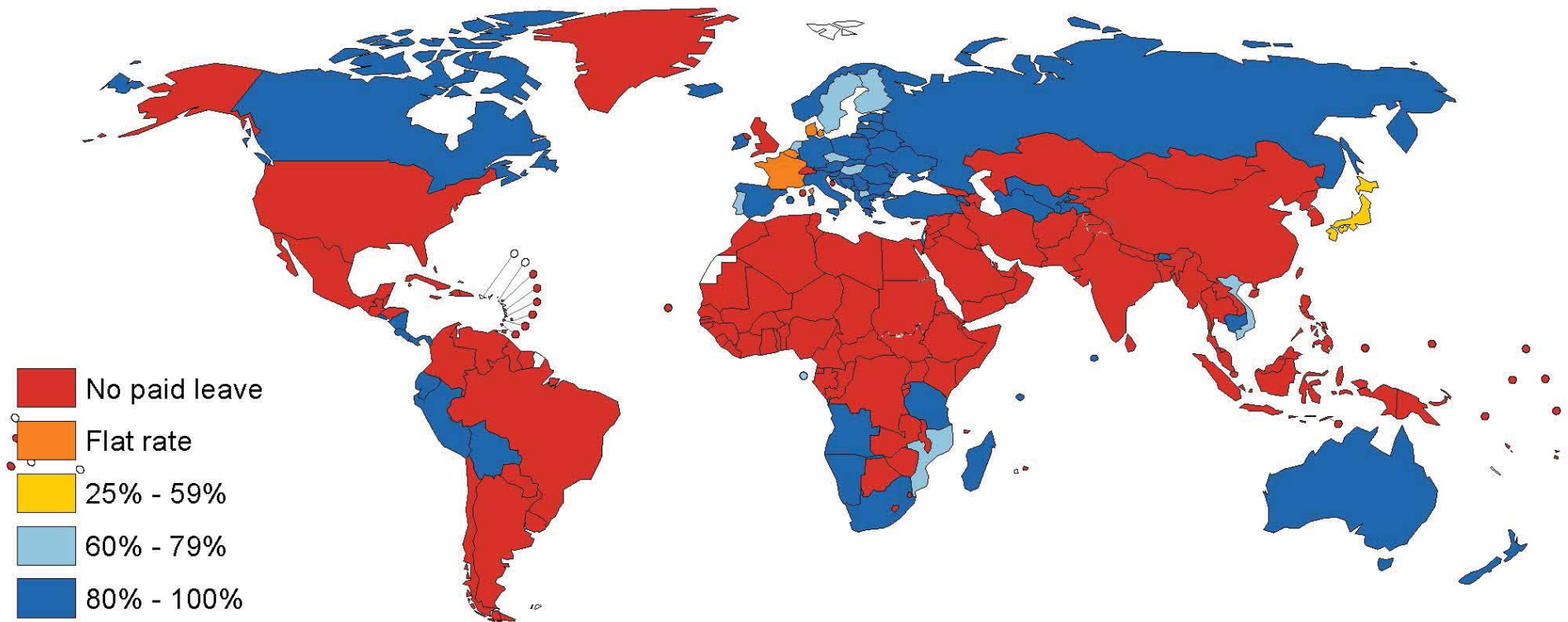
In the Czech Republic, each parent is allowed to take 9 paid days, which can be taken immediately after the leave period of the other parent ends. This can be done for an indefinite amount of time. For this reason, Czech Republic was mapped in the highest category, though paid leave entitlements for single parents may be less generous.

In two countries (Australia and Israel), unused leave can be accrued annually.

In Canada, all parents who meet eligibility conditions have access to federally-administered cash benefits to care for critically ill children; however, guaranteed access to leave has not been incorporated into all provincial labor codes.

Source: WORLD Policy Analysis Center, Adult Labor Database

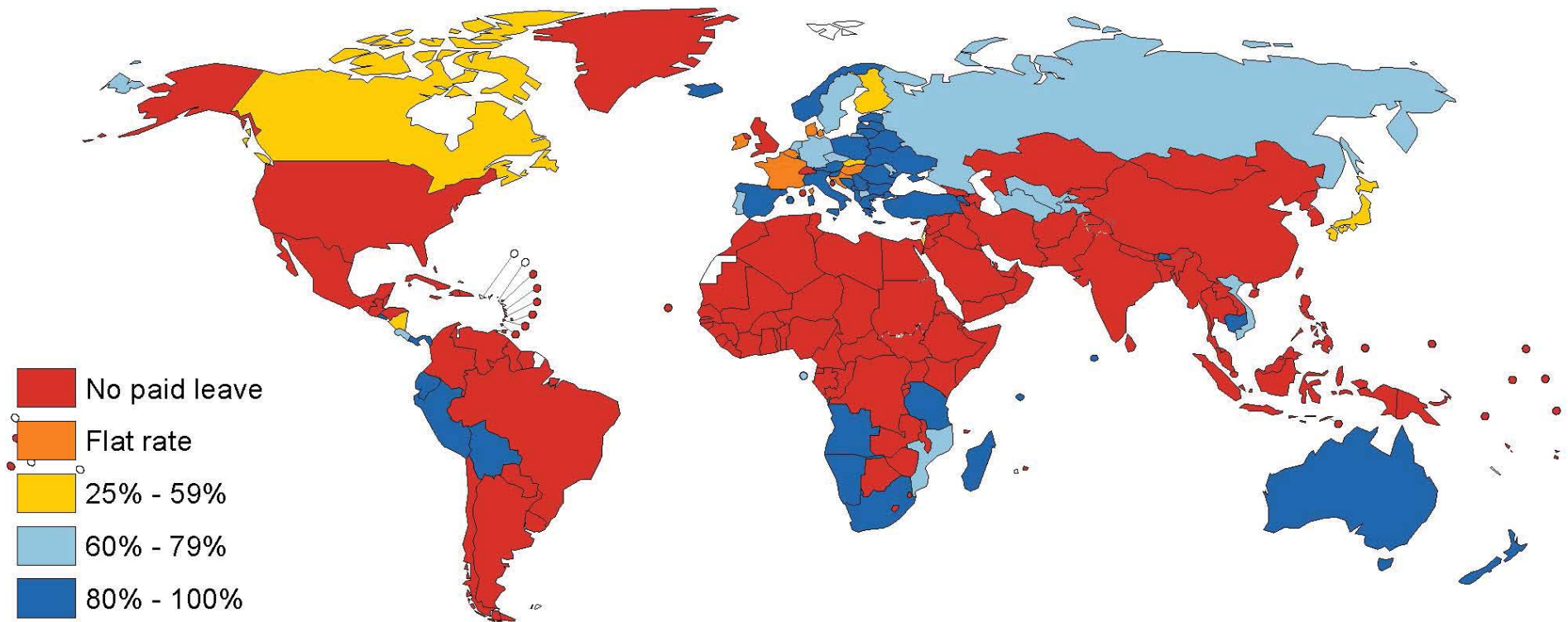
Map 3: What is the maximum wage replacement rate of paid leave for children's health needs?



*A *flat rate* means all parents receive the same amount while taking paid leave, regardless of previous salary. Wage replacement rates vary in six countries depending on whether leave availability is restricted to cases of serious illness or not: Estonia, Iceland, Germany, Nicaragua, Slovakia, and Tajikistan. In these cases, the higher wage replacement rate was mapped. Wage replacement may vary slightly across countries based on the age of the child. In some countries, different types of benefits may be available for younger children than older children

Source: WORLD Policy Analysis Center, Adult Labor Database

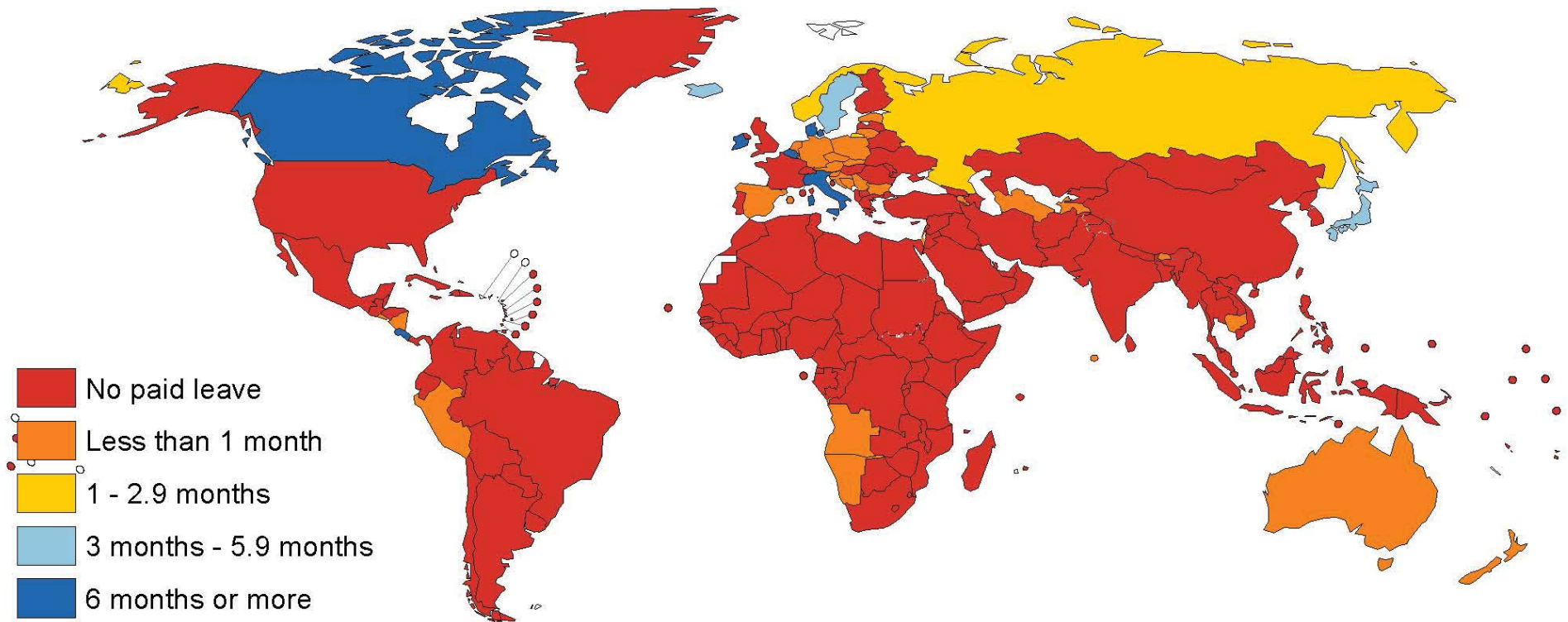
Map 4: What is the minimum wage replacement rate of paid leave for children's health needs?



*A *flat rate* means all parents receive the same amount while taking paid leave, regardless of previous salary. Wage replacement rates vary in six countries depending on whether leave availability is restricted to cases of serious illness or not: Estonia, Iceland, Germany, Nicaragua, Slovakia, and Tajikistan. In these cases, the lower wage replacement rate was mapped. Wage replacement may vary slightly across countries based on the age of the child. In some countries, different types of benefits may be available for younger children than older children

Source: WORLD Policy Analysis Center, Adult Labor Database

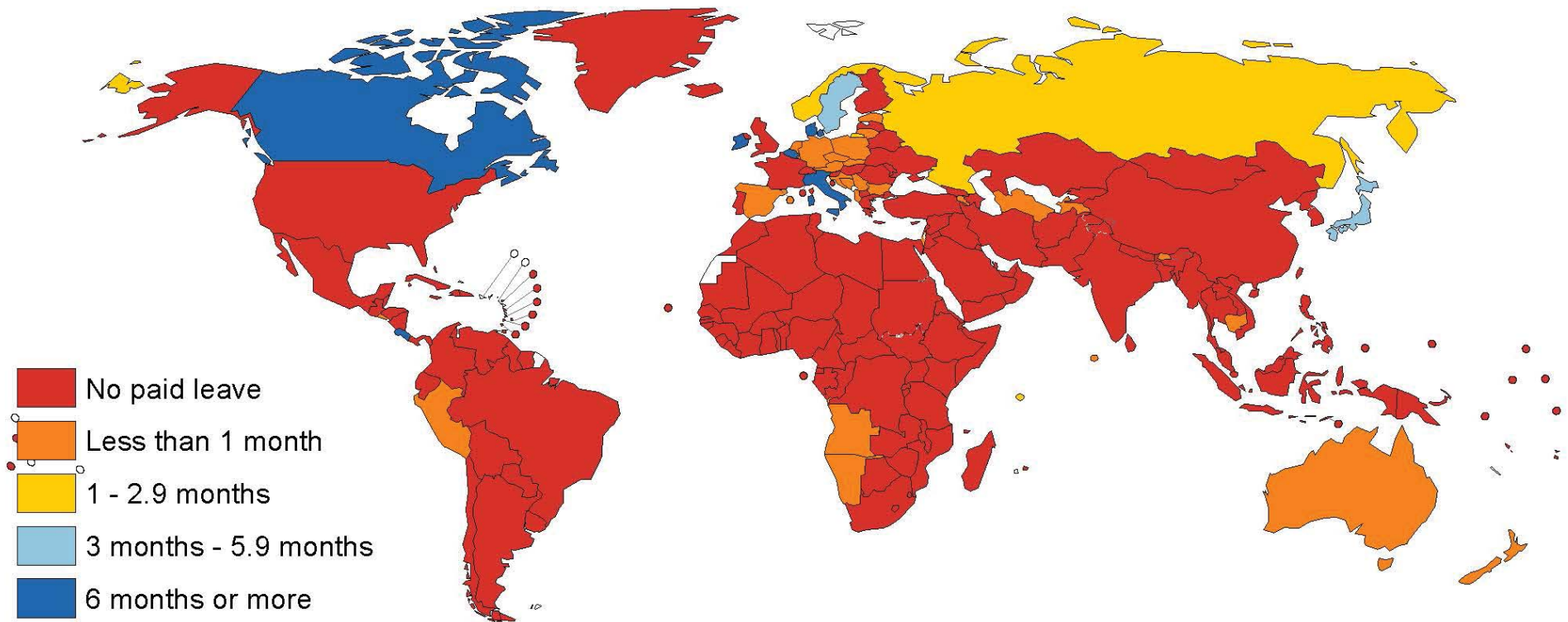
Map 5: Is paid leave available specifically for spouses' health needs?



Leave for spouses' health needs includes leave specifically designated to care for adult family members' health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs. Leave that is only available to care for elderly parents' health needs is not included in this map.

Source: WORLD Policy Analysis Center, Adult Labor Database

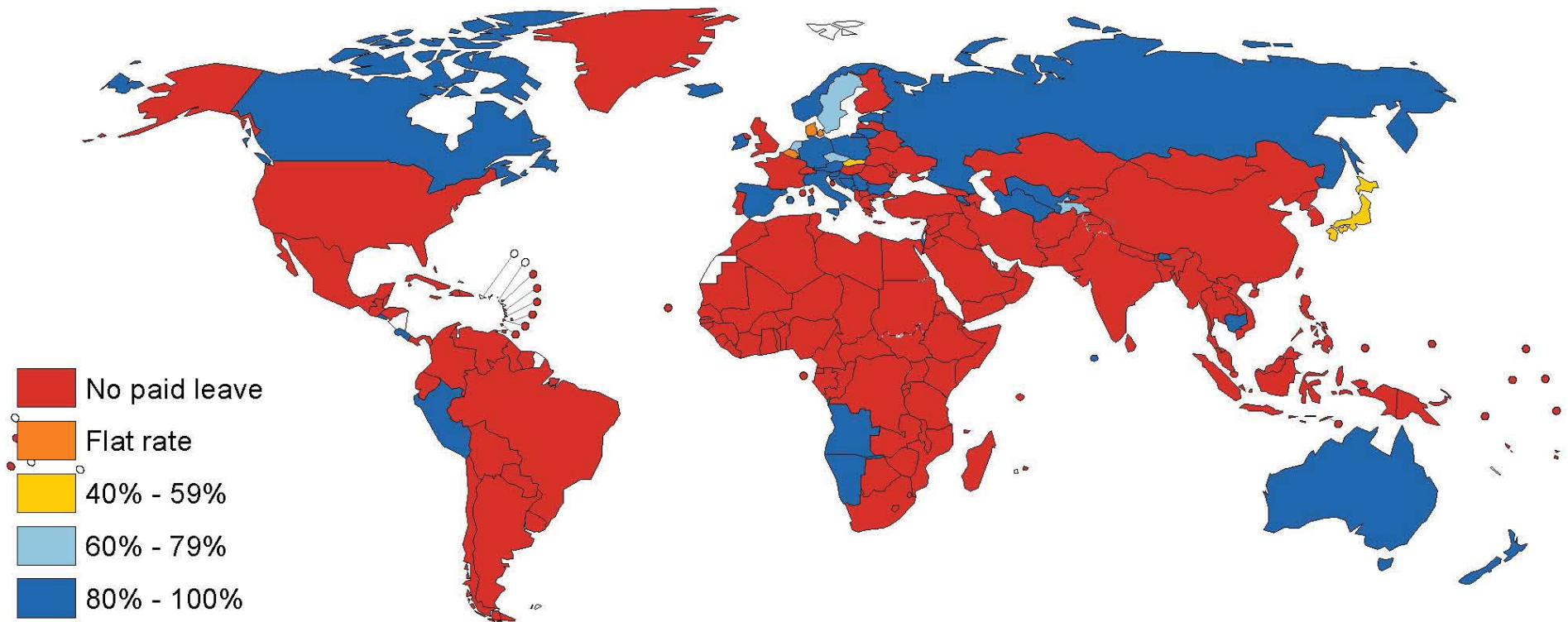
Map 6: Is paid leave available specifically for elderly parents' health needs?



Leave for elderly parents' health needs includes leave specifically designated to care for adult family members' health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs. Leave that is only available to care for spouses' health needs is not included in this map.

Source: WORLD Policy Analysis Center, Adult Labor Database

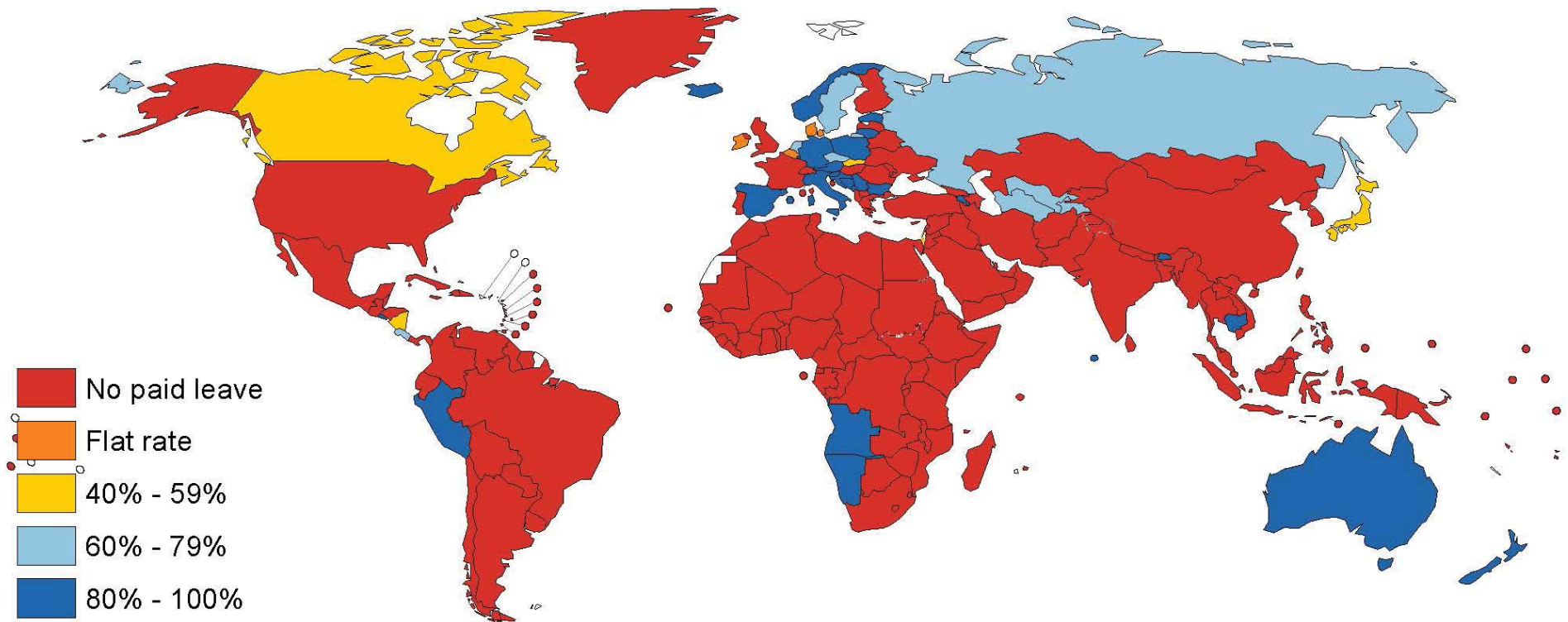
Map 7: What is the maximum wage replacement rate of paid leave for spouses' health needs?



Leave for spouses' health needs includes leave specifically designated to care for adult family members' health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs. Leave that is only available to care for elderly parents' health needs is not included in this map.

Source: WORLD Policy Analysis Center, Adult Labor Database

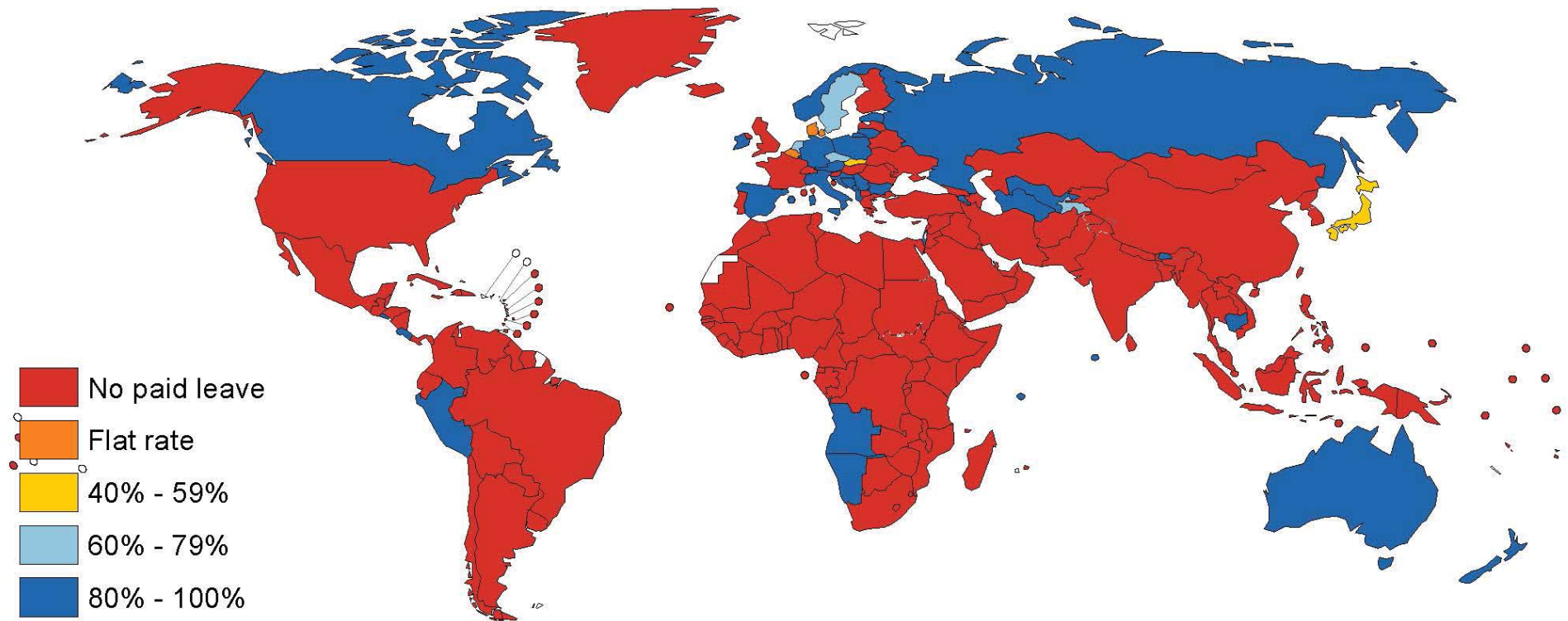
Map 8: What is the minimum wage replacement rate of paid leave for spouses' health needs?



Leave for spouses' health needs includes leave specifically designated to care for adult family members' health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs. Leave that is only available to care for elderly parents' health needs is not included in this map.

Source: WORLD Policy Analysis Center, Adult Labor Database

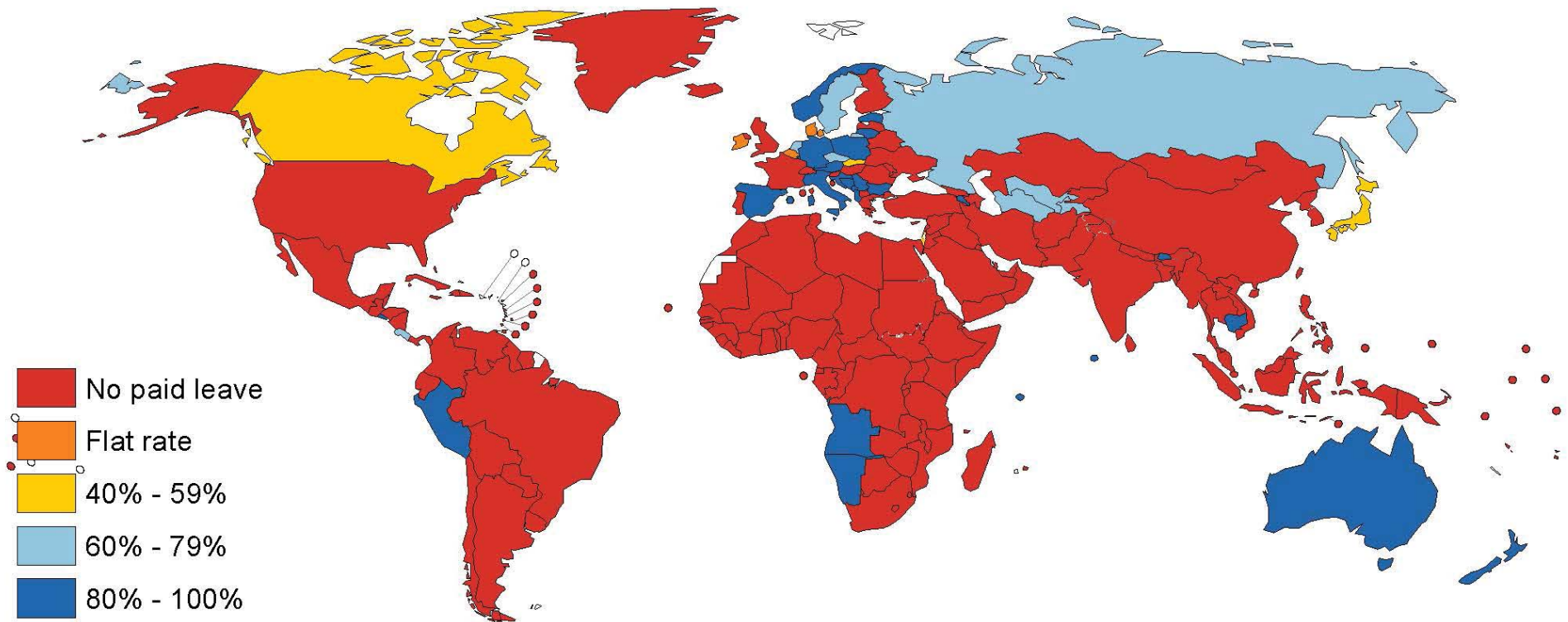
Map 9: What is the maximum wage replacement rate of paid leave for elderly parents' health needs?



Leave for elderly parents' health needs includes leave specifically designated to care for adult family members' health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs. Leave that is only available to care for spouses' health needs is not included in this map.

Source: WORLD Policy Analysis Center, Adult Labor Database

Map 10: What is the minimum wage replacement rate of paid leave for elderly parents' health needs?



Leave for elderly parents' health needs includes leave specifically designated to care for adult family members' health needs. It also includes cases where leave is available only for serious illnesses, hospitalization, or urgent health needs. Leave that is only available to care for spouses' health needs is not included in this map.

Source: WORLD Policy Analysis Center, Adult Labor Database