

---

## LABOR FORCE EXPANSION THROUGH RETENTION OF RELATED CAREGIVERS

---

**A.E. Benjamin, PhD**  
**School of Public Affairs**  
**University of California, Los Angeles**  
**Los Angeles, California**  
[tedbenj@ucla.edu](mailto:tedbenj@ucla.edu)  
**(310) 206-7568**

### Overview

---

As the number of those needing care at home continues to grow, it is becoming more and more difficult to find available workers. One solution is to rely on consumer-directed services, in which clients are able to hire friends and family as paid caregivers (whom we call “related caregivers”). In some states even spouses, parents or children can be hired.

This research study explored the experiences of related caregivers and sought to understand which related caregivers might represent potential home care workers in the future. The research focused on two questions:

- Why did some related workers remain in the caregiving workforce, while others did not?
- What was the potential for former paid family and friend workers to return to home care work?

The study compared two groups of related caregivers who at one time were paid to care for a family member or friend. The first group was still involved in some form of caregiving, and the second group was either working in another occupation or unemployed. Because members of the latter group had caregiving experience, and because they were easy to identify (using statewide administrative data), they could be good candidates for future recruitment. By understanding more about the similarities and differences between these two groups, it may be possible to learn more about recruiting experienced caregivers back into the long-term care workforce.

The workers in the research sample were paid through California's In-Home Supportive Services (IHSS), a Medicaid-funded program which serves at any given time over 250,000 clients of all ages. To be eligible, clients must qualify for Supplemental Security Income and be at risk of nursing home placement. Nearly all clients in this program are served under the consumer-directed model, and as such, are responsible for recruiting, hiring, supervising and even firing their own home care worker.

## **Study Design**

---

The research sample was drawn from the California Management and Information Payrolling System database that assembles data on IHSS recipients and workers. To be eligible for our telephone survey, potential respondents had to: (1) be related to or a friend of the service recipient; (2) be between 18 and 75 years of age; (3) have provided paid IHSS assistance prior to 2003; and (4) have ended their IHSS work episode between October 2002 and September 2003. The final sampling frame consisted of 35,624 family and 8,949 friend workers, or 44,442 in all.

In August 2005, the researchers surveyed 383 randomly-selected former home care workers in the IHSS program. All respondents were family or friends hired previously by recipients under IHSS' consumer-directed model. Survey items focused on individual, situational and work experience attributes known from past research to contribute to worker satisfaction and retention. The survey assessed the initial IHSS work experience reasons for working, details about the work and the client, job attitudes, satisfaction and reasons for leaving. Other questions addressed previous jobs, subsequent employment options and decisions, factors influencing job decisions and attitudes toward career choices in the future. The response rate for eligible respondents who were contacted was 55 percent.

The final sample consisted of 203 "leavers," those no longer working in home or health care and 180 "stayers," those currently working in home or health care. About 85 percent of the sample were women, about 60 percent were non-white and the average age was 48 years.

In order to understand worker experiences in more depth, the UCLA research team also conducted 34 qualitative interviews using open-ended questions designed to elicit a richer picture of factors affecting employment choice between these two groups of caregivers.

## **Major Findings**

---

### **A substantial proportion of both stayer and leaver groups said they would be willing to provide care again.**

- Stayers more than leavers, as expected, were more likely to say they would care again for family members (82 percent vs. 59 percent) or for strangers (67 percent vs. 43 percent). The proportions of leavers who were willing to care again for family and for strangers were much larger than expected.

### **Former family member caregivers could add significantly to the pool of caregivers.**

- With about 44,000 family caregivers in IHSS who stop caregiving in one year, about 4,400 (stayers) will continue working elsewhere as caregivers.
- Among leavers, 58.6 percent would definitely or probably care again for a *friend or family member*, about 23,000 altogether. Among leavers, 43.4 percent would definitely or probably care again for a *stranger*, about 17,000 in all.

### **Employment histories and SES differed somewhat between stayers and leavers.**

- Stayers looked more like professional caregivers. Prior to their initial work experience, more stayers had worked as caregivers (31 percent vs. 3 percent for leavers) and more had worked in home care, health care or hospitals (41 percent vs. 15 percent).
- When asked primary reasons for taking a job, more stayers than leavers listed humane reasons like “to help others” and “to affect people’s lives” (32 percent vs. 17 percent), whereas more leavers listed job-related qualities like salary and benefits or having independence or new challenges.
- Stayers were less educated than leavers were (7 percent of stayers and 21 percent of leavers had college degrees), and had slightly larger households with lower household incomes. When asked to compare pay now with pay during their initial work experience, more leavers stated they earned “quite a bit more” now (38 percent vs. 21 percent for stayers).

### **Stayers and leavers reported similar experiences in caregiving, with some exceptions.**

- Overall, clients of both stayers and leavers were similar in terms of their mental status and supportive task needs, e.g., housekeeping and assistance with medication. Leavers did report a higher proportion of clients with emotional problems than did stayers (63 percent vs. 48 percent), and leavers provided less assistance with activities of daily living tasks (e.g., eating and bathing).
- People cared for family and friends for a variety of reasons, but most (79 percent) signed on because “she [or he] needed me.” Stayers felt they had more choice than leavers about their decision to take on the responsibility to provide care.
- Both stayers and leavers were intrinsically motivated, with strong agreement that they “could make a difference” and the job “made me feel needed.”
- During their initial work experience stayers, compared with leavers, were more likely to care for more distant relatives and were less likely to live with that person.

- Leavers were more likely to have no other part-time or full-time job while caring for their friend or relative (55 percent vs. 8 percent).
- Stayers agree much more than leavers that “the work fit my job interests” and that “the work provides me with steady employment.”

## Implications

---

Implications are drawn from the survey data and qualitative interviews with related caregivers, as well as from group discussions with program administrators.

- **Paying family members can expand the workforce.**  
Public payment draws more workers into the caregiving workforce, not just for their family-caregiving episode, but also subsequently, when they may care for someone else. States considering paying family members should be aware of these advantages.
- **States and counties should provide timely outreach information about available home care work opportunities when related caregivers terminate paid caregiving work.**
- **Former family caregivers should be targeted for caregiving recruitment.** Worker registries typically exclude family caregivers.
- **Technology that would enable counties to match clients and workers by culture, geography and level of care is needed at the state level.**
- **Staff who recruit workers should stress the altruistic elements of caregiving,** since those most interested in caregiving again enjoy feeling needed and want to help others.
- **Future research should explore the impacts of providing more pay for workers with more difficult clients and recruiting former family caregivers in regions with the most severe shortages.**

### **A Family Caregiver Branches Out**

*In her home country of Iran, Lara had a good paying job as a lab technician. But when she moved to Los Angeles with her family, her poor English made it impossible for her to continue in her field. Lara began caring for her mother-in-law, who was ill with asthma and high blood pressure. She was pleased to discover that she could be paid for her work under California's IHSS program because it enabled her to take care of her mother-in-law and help her family financially.*

*When Lara's mother-in-law passed away, she realized caregiving offered her a new career. Lara now cares for four other IHSS clients – none of whom are relatives. Even so, Lara feels a great connection with each of the women she cares for. "I think of them as my grandma, my aunt, my mother. We are like family. That's what keeps me working for this program."*

*Lara feels fortunate that she has found a new profession that makes her feel needed and contributes to her family's income.*

---

*Better Jobs Better Care is a four-year \$15.5 million research and demonstration program funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies. Its goal is to achieve changes in long-term care policy and practice that help reduce high vacancy and turnover rates among direct care staff in long-term care and contribute to improved workforce quality. Technical Assistance is provided in partnership with the Paraprofessional Healthcare Institute (PHI).*

*Better Jobs Better Care is directed and managed by the Institute for the Future of Aging Services (IFAS), American Association of Homes and Services for the Aging (AAHSA). For more information about Better Jobs Better Care, contact Robyn Stone at (202) 508-1206, [rstone@aaahsa.org](mailto:rstone@aaahsa.org) or visit [www.bjbc.org](http://www.bjbc.org).*