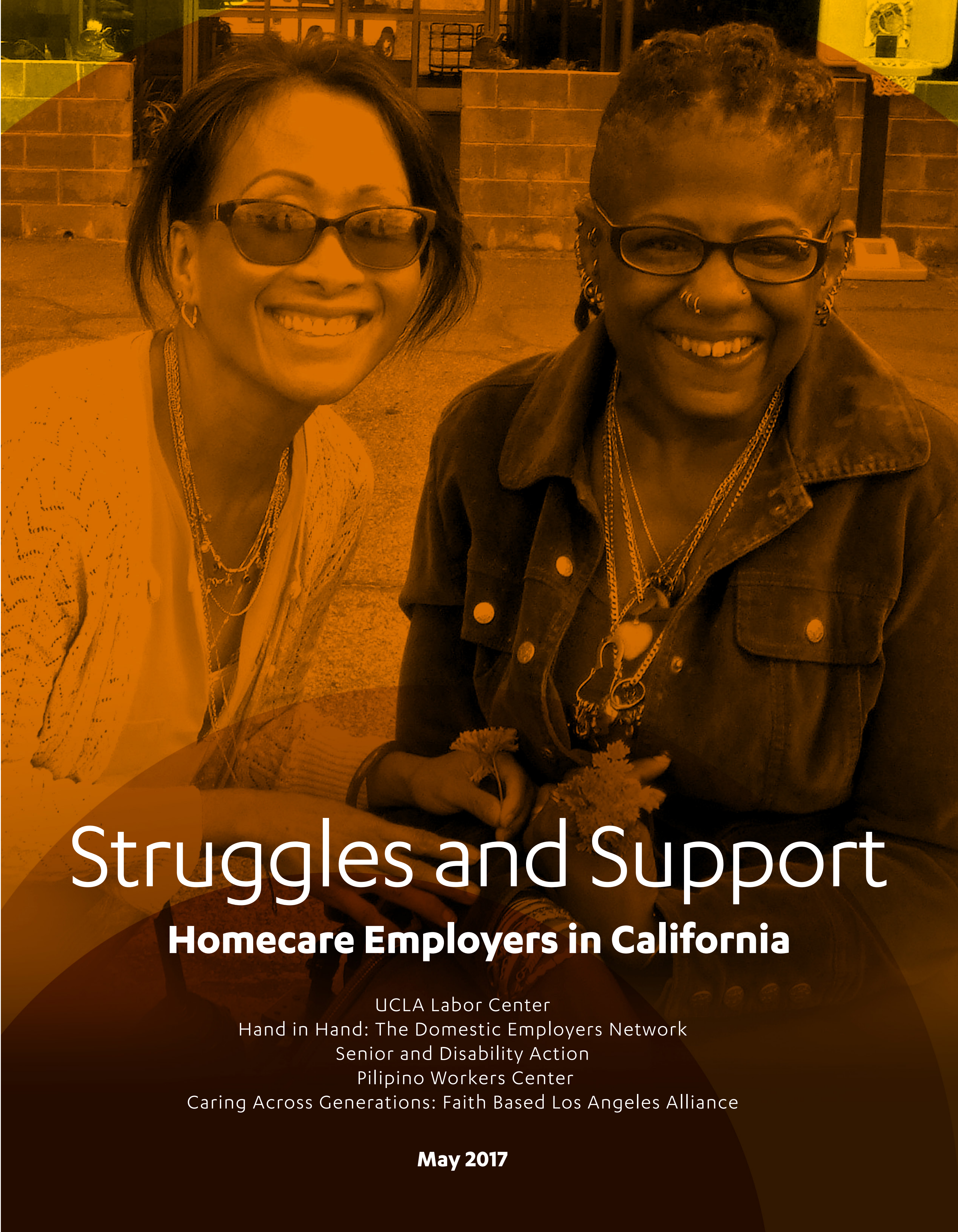


Struggles and Support

Homecare Employers in California

UCLA Labor Center
Hand in Hand: The Domestic Employers Network
Senior and Disability Action
Pilipino Workers Center
Caring Across Generations: Faith Based Los Angeles Alliance

May 2017

Reader Accessibility: The report uses 14-point font to support readers with low vision and all images include descriptions for screen readers.

Cover photo images: *Outdoors, a homecare employer in a wheelchair and a worker, both looking at the camera, holding flowers and smiling. Credit: Hand in Hand: The Domestic Employers Network.*

Struggles and Support

Homecare Employers in California

May 2017

Table of Contents

Executive Summary

Credit: Hand in Hand: The Domestic Employers Network

Image description: *Outdoors, three homecare employers in wheelchairs, looking at the camera and smiling.*

Home care is one of the fastest-growing sectors of the healthcare industry, and it enables seniors and people with disabilities to live in their own homes and communities, rather than nursing facilities and other institutions. Given the absence of robust government funding, however, families and individuals struggle to pay for care, or rely on unpaid support. Most publicly-funded homecare programs are only available to individuals with very low incomes, and those who do not qualify must have incomes or assets deep enough to cover expenses. The majority of homecare work is performed by women of color who face challenging working conditions—including low wages and a high turnover rate. *Struggles and*

Support: Homecare Employers in California, based on 327 surveys of homecare employers collected via phone, the web, and in-person throughout California, provides an understanding of homecare employers' challenges, needs, and employment practices. Findings are presented in the key four areas below:

Due to a shortfall in public homecare funding and the lack of affordability, individuals and families must live without all the services they need.

1. ***Californians need homecare support.*** Homecare support allows seniors and people with disabilities to live independently, age in place, manage their care, attend school and work, and participate in all aspects of community life.

   a. The need for home care continues to expand. A 2016 UCLA Labor Center report found that half a million Californians hire homecare workers.

   b. Most (59%) of employers hire workers to care for themselves and more than one-third hire workers to care for someone else, such as a parent, child, spouse or another relative.

   c. Employers hire for homecare support because it allows them to live at home; they are unable to perform the work themselves; they do not have a network that could provide the support; and it allows them to manage a variety of work and family responsibilities.

2. ***Employers face challenges in paying for home care.*** Due to a shortfall in public homecare funding and the lack of affordability, individuals and families must live without all the services they need to live safely and independently, and workers and their families suffer from inadequate compensation.

   a. More than half (61%) of survey respondents receive government support, but for many homecare employers this support falls short. 20% of employers who receive government funding still have to pay a portion of the worker's wages.

b. 39% of employers in our survey pay out of pocket for their care: 41% use funds from their retirement or other savings, 21% receive financial support from family and friends, and 19% use long-term care insurance. Almost a third have no outside support or additional resources.

c. Among those employers who pay some or all of the worker's wages, 44% have annual household incomes below $50,000.

d. The lack of sufficient funding and affordability impacts those providing the support. Almost half (48%) of homecare employers surveyed pay low wages.

e. Yet employers value homecare support. Two-thirds would like to pay workers higher wages. Employers report that this would be possible if their own wages were increased (57%), if they received more financial support from the government (53%), if they could write off the compensation for tax purposes (38%), and if they received more financial assistance from their families (22%).

3. ***Employers have different support needs.*** Some employers need only a few hours of support per week while others require 24-hour, 7-day care. Many are not getting the full support they need.

a. Almost half of employers hire workers for 40 or more hours per week and 18% of employers need 24-hour, 7-day care.

b. Two in five employers hire more than one worker to cover their care needs and a third have a worker living in the home.

c. 39% of employers in our survey report that the worker worked overtime in the previous month.

d. One-third of homecare employers need more hours of service than they are receiving. 80% of those with government support say they are unable to get support due to government limitations on hours. Of those that pay out of pocket, more than half say they cannot afford the costs.

4. ***Employers face challenges in navigating the employer role.*** Many employers need more support to find workers, hire and supervise them, and comply with labor laws. They find it difficult to access the appropriate information, support, and resources.

   a. Half of the employers surveyed use their personal networks to find their workers, relying on recommendations from friends, relatives, or neighbors.

   b. 71% set some terms of employment. This includes details of schedules (73%) and job responsibilities (73%). Only 36% determine pay, which is often set by a government program or private agency.

   c. Among all employers in our survey, nearly one-third rely on their personal networks to get information on how to set terms while 19% figure it out on their own. The difficulty employers face in understanding legal requirements and responsibilities, combined with a lack of standardized practices, can lead to wide variations in employment conditions.

   d. Just under one-third of employers who privately pay had workers work overtime during the previous month. Of those, only 11% paid the appropriate rate of time and a half.

   e. 39% have a worker sleep in the house, and of those, 41% have woken the worker up at night to engage in work activity.

Credit: IstockPhoto/tomprout

Image description: *In a hallway, employer is standing holding a walker and smiling at the homecare provider. The provider has an arm around employer and is smiling back.*

Recommendations

This report details the needs and challenges of homecare employers in California, and the resultant issues faced by workers. Solutions to these challenges require public investment, sound policy, and a broader cultural reconsideration of how this kind of work is valued. Drawing on our own study, as well as research and policy analysis by other organizations focusing on these issues we have identified the following four key principles to improve the homecare industry for workers and employers alike.

1. Expand public investment in programs and policies that allow seniors, people with disabilities, and their families to get the homecare support they need.

a. Design and fund a Universal Long-Term Care/Long-Term Services and Supports (LTSS) that would ensure homecare access for all.

b. Expand eligibility for government programs and provide subsidies for those that still may not qualify for public funding.

c. Improve tax credits and incentives for individuals and families who pay for home care out of pocket.

d. Identify ways to support and provide respite to family caregivers, who tend to work long hours without back-up, and often without pay.

e. End the federal “institutional bias” that makes it easier to use Medicaid funding for nursing homes rather than for home care.

2. Provide uniform standards and best practices for employers, and increase awareness of current legal requirements.

a. Collaborate with domestic employer and worker organizations, unions, IHSS Public Authorities, and others to develop outreach and education materials for workers and employers throughout the state.

b. Provide standardized procedures for setting employment terms.

c. Highlight and promote “high road” labor practices.

3. Establish dignified and sustainable working conditions for homecare workers.

a. Develop mechanisms to enforce existing labor protections.

b. Extend labor protections to homecare workers. Incorporate greater accountability into homecare agency licensing requirements.

c. Provide greater access to legal support to workers facing wage theft and other forms of exploitation.

d. Support models of employment that improve worker’s ability to negotiate fair pay and benefits, and collective bargaining for those who are privately employed.

4. Conduct further research on the work conditions and needs of employers and workers to better understand how to conceive an industry that works for everyone.

Introduction

Credit: Caring Across Generations

Image description: *At home, a homecare worker is embracing a senior woman. There's a wall with framed photos in the background.*

Home care is not only an indispensable part of American life, but one of the fastest-growing sectors of the healthcare industry (U.S. Department of Labor, 2015). "Homecare work" refers to a complex array of tasks, delivery models, and pay arrangements, but the essence of it is assistance with personal care tasks, such as dressing, bathing, and eating. Home care is considered a part of a long-term care continuum, referred to as "Long Term Services and Supports" (LTSS), which is provided to seniors and people with disabilities.

Home care allows seniors and people with disabilities to live in their own homes and communities, rather than nursing facilities or other institutions. Not only do most people choose to live at home, the 1999 *Olmstead v. L.C.* Supreme Court decision mandates that it is the federal government's responsibility to allow a person to live in the least restrictive setting possible. Home care allows individuals and families to "age in place" (Oriaikhi, 2017), live with dignity and maintain self-determination, inhabit a space with family, a romantic partner, friends or others, pursue employment, and participate in their communities. Yet the homecare industry is facing a crisis due to an array of factors: unaffordability, insufficient government support, and challenging working conditions that have led to a shortage of workers—including low wages and a high turnover employment rate.

The Growing Need for Homecare Support

A 2016 report indicated that half a million Californians hire homecare workers (Waheed et al., 2016). As advances in technology and medicine allow people to live longer and more individuals choose to live independently in their own homes, the need for home care continues to expand. The number of Californians who are 65 and older is projected to double in the next 20 years (Hayutin, 2012), and the 85 and older population—those most likely to need long-term supports and services—will increase 310% by 2050 (Pourat, 2013).

Furthermore, the shift from institutional care to home and community-based care for those with disabilities has increased the demand for homecare services. The disability rights movement has been at the forefront of those advocating for people with disabilities to have the choice to live within their community. Current estimates indicate that almost 4 million Californians—or 1 in 10—live with a disability, and there are at least 377,000 working-age individuals in the state who have difficulties with daily activities (Erickson & von Schrader, 2016).

Gaps in Government Support

The United States is far behind other industrialized nations in providing government support for home care.[1] Most compensated homecare work is performed by underpaid women of color who provide support to low-income seniors and people with disabilities (Chang, 2017). Due to the absence of robust government funding, families and individuals struggle to pay for care or rely on unpaid support. Government programs provide the largest amount of funding for homecare services, but these programs are mostly only available to individuals with sufficiently low incomes. Others in need of home care must have incomes or assets deep enough to cover steep expenses (Poo, 2015; Reaves & Musumeci, 2015). In reality, most people with long-term needs rely on unpaid care, the majority of which is provided by a relative (Kaye et al., 2010). A 2015 survey found that as many as 43.5 million adults provide unpaid care to an adult or a child with special needs in the United States, 85% of whom are providing care to a relative (National Alliance for Caregiving & AARP Public Policy Institute, 2015).

Brief History of Home Care

Historically, family members and neighbors cared for seniors and people with disabilities in the home (Benjamin, 1993). As early as the 1800s, charitable organizations and visiting nurse associations provided medical care and home assistance to the "worthy" poor (Buhler-Wilkerson, 2003). Yet widespread concerns about protecting public health and preventing the spread of disease shifted care away from the home and into the hospital and other institutions, such as asylums and almshouses (Boris & Klein, 2015). The push toward institutionalization was so swift that by 1930 most medical care was delivered outside the home.

The Great Depression and World War II ushered in a new crisis in care and economic hardship (Boris & Klein, 2015). Private agencies, visiting nurse associations, and public hospitals did not have the financial resources or capacity to deal with the growing amount of people needing support, and turned to the government to help solve the crisis. This resulted in the creation of the Works Progress Administration visiting housekeeper program, which created paid caregiving positions for predominantly low-income, African American workers to serve poor families and individuals.

By mid-century, advocates were conceptualizing home care as a basic human right, and it has long been a site of struggle over how societies might manage illness and disability with dignity. The 1965 Social Security Amendments, for example, transformed the delivery and politics of home care, creating Medicare and Medicaid. Medicare provided seniors with hospital insurance and limited home medical care following hospitalization, while Medicaid offered medical assistance through community health and welfare agencies to "functionally disabled" seniors (Haverty-Stacke & Walkowitz, 2010). Medicaid became the main funding source for home care and a way to for states to provide low income seniors and people with disabilities in-home support (Haverty-Stacke & Walkowitz, 2010).

But the 1970s and 1980s gave way to an emerging for-profit sector as welfare benefits were being dismantled and privatized (Boris & Klein 2015). Contemporary home care in the United States, though, is a contentious, underfunded, welfare benefit system. The system by which it is administered locks out middle class families and largely limits them to coverage through private insurance. Even individuals covered by government-funded programs find coverage insufficient and must hire additional workers or figure out alternative arrangements to cover the whole of their support needs. And now, as the population of seniors soars, a lack of investment in home care puts a persistent, and increasingly severe, strain on families and their finances.

Ironically, insufficient government support for homecare employers negatively affects the government in the form of public assistance. According to a University of California, Berkeley study, almost half of homecare workers nationally have at least one family member who relies on a public assistance program (Jacobs, 2015). Homecare workers do not receive wages and protections commensurate with their importance: more than one-quarter live under the poverty line, and more than half rely on public assistance (Paraprofessional Healthcare Institute, n.d.). This vulnerability to exploitation does not merely follow from a long history of the conditions of female domestic labor, but represents a widening inequality in the healthcare workforce—even as health coverage expands across the United States. As the healthcare economy broadens, as service jobs are added, and as the population ages, the status of labor inside the 21st century home appears troublingly similar to that of the last century.

Meanwhile, contemporary efforts to reform the healthcare industry could exacerbate the problem. For instance, federal plans to reform the Affordable Care Act and Medicaid through block granting would limit eligibility, minimize or eliminate services, and lower worker payment rates (Calsyn & Huelskoetter, 2017). At the state level, Governor Jerry Brown of California proposes shifting homecare cost-sharing to the counties, which could threaten the continuity of vital in-home support services (Graves, 2017).

Labor Crisis in Home care

Household labor has not historically been valued or recognized as legitimate work. Relevant law categorizes the home as a private space—and as distinct from other realms of work such as retail stores or office spaces (Waheed et al., 2016). Further, this form of labor is typically performed by women who are frequently imagined as “natural caregivers,” a conception that depicts work in the home as unskilled labor (Direct Care Alliance, 2014).

When the Fair Labor Standards Act (FLSA)—which provided for a federal minimum wage, overtime pay, and a 44-hour work week—was negotiated in the late 1930s, domestic workers, who were mostly women and descendants of slaves, were explicitly excluded from the law. The FLSA categorized nurse companions and other in-home workers hired directly by employers as domestic workers (Boris & Klein, 2012). Homecare workers, along with other forms of gendered and racialized domestic work, were thus largely carved out of labor protections and excluded from the kinds of protections afforded to workers in industries mostly comprised of men (Newkirk II, 2016).

Homecare work is seldom considered specialized labor inherently owed the dignity of a fair wage (Glenn, 2010). When lawmakers revised the FLSA in 1974, they again pushed to exempt home health workers. They argued for a companionship exemption, claiming that home care was not a vocation and that the personal and casual nature of domestic work did not need to be regulated. Companionship was defined broadly enough that most homecare occupations were excluded from federal minimum and overtime pay. It was not until 2013 that this exclusion was finally ended (Oriaikhi, 2017).

This fraught history of formalized exclusion, compounded by the lack of visibility of work that happens in private homes, has framed contemporary employer practices and working conditions. Homecare workers are especially prone to wage theft, workplace injury, discrimination, and harassment (Bernhardt et al., 2009). The industry has low job satisfaction rates, and, as evidenced in a 2015 survey, turnover rates reach as high as 60% (Ozga, 2015; Weil, 2014). Many employers rely on workers for intimate tasks and turnover can have a devastating impact, leaving people without necessary support from someone they trust (Chang, 2017), while also increasing the likelihood of institutionalization. Despite national long-term unemployment rates reaching record heights (Kosanovich & Sherman, 2015), and the homecare industry's low barriers to entry, workers are generally neither entering nor remaining in the profession (Paraprofessional Healthcare Institute, n.d.). A labor shortage of this magnitude in the context of today's job market suggests a profound problem.

Home care is a public policy issue, as 80% of industry revenue is derived from public sources (Howes, 2014; Seavey & Marquand, 2011). The terms and labor standards established by both the federal government and state legislatures shape both the public and private industry (Howes, 2014). However, gaps in guidance and protections leave employers and workers to work out many of the details on their own. Both employers and workers would benefit from dignified standards. At the same time, the shortfall in public homecare funding and the lack of affordability mean that those who need home care must live without all the services they need to live independently, and workers and their families suffer from inadequate compensation. In many cases, unpaid family members are left to fill the gap.

About This Study

This report is based on 327 surveys of homecare employers collected via phone, online and in-person throughout California, as well as an extensive literature review. The study, the first comprehensive portrait of homecare employers in California, provides an understanding of homecare employers' challenges, needs, and employment practices. (See Appendix A for information about our methodology).

Who is Included in Our Survey and its Terminology

Employers hire homecare workers—home attendants, in-home support workers, and home health aides—to perform a variety of services, including household chores, personal care needs, and assisting with medication. Our survey includes both employers who hire a worker in their own home and those who hire a worker to work in someone else's home, such as a family member who resides elsewhere. We also include both employers who pay homecare workers directly and those who receive homecare support under California's In-Home Supportive Services Program (IHSS) or other government programs. In the latter case, the person receiving support is often termed the client, recipient, or consumer. Depending on who is funding and managing the homecare worker, different entities may be considered the official "employer." While we do not address the legal definition of "employer" here, we consider anyone who hires and manages a homecare worker is an employer, and we use the term "employers" in this report to refer to both the individual receiving support and/or the family member who hires for that individual. Similarly, while those providing that support might be referred to as workers, attendants, providers, or caregivers, we rely on the term "worker."

In the first chapter, we explore those who need homecare support and the reasons for which employers hire. In Chapter 2, we describe the diverse sources employers use to pay for home care and the affordability challenges homecare employers face. In Chapter 3, we discuss the support needs of employers, and in Chapter 4, we detail the nuances of this industry and the many ways employers navigate their roles and employment practices. Finally, in Chapter 5, we consider policy implications and offer recommendations to improve conditions for both homecare employers and workers.

1. Californians Need Homecare Support

Credit: Caring Across Generations

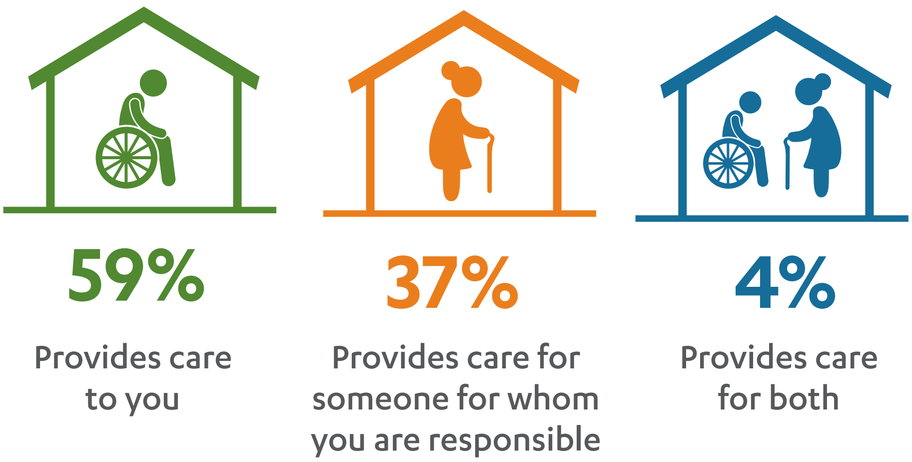
Image description: *At home, an employer and a worker sitting side by side. The employer is drinking from a cup. On the background, there's a desk with a lamp.*

Medical advances and a shift away from institutional care, among other factors, have led to a growing need for homecare support. Seniors and people with disabilities who need assistance yet want to continue living at home have few options; they can move in with a close relative or friend, have family members move in with them, or hire one or more homecare workers, either live-in or otherwise. Numerous studies have found that people are most likely to maintain their health and autonomy when they live at home (Holmberg, 2012; Pynoos et al., 2015; The VGM Group, n.d.). For people with disabilities, homecare support enables independence and allows individuals to manage their care, attend school, work, and participate in their community (UC Berkeley Disability Rights and Independent Living Movement, 2004).

Who Needs Homecare Support

We surveyed those who hire workers for themselves, as well as those who hire for someone else, such as an aging parent or a spouse. We found that close to 60% of employers hire workers to care for themselves and more than one-third hire workers to care for someone else.

Figure 1: Who Receives Homecare Services



Descriptions from left to right. *Three silhouettes of houses with images and data inside of them. First image of a person in a wheelchair and it says: 59% provides care to you. Second image of a person holding a cane and it says: 37% provides care for someone for whom you are responsible. Third image of a person in a wheelchair and a person standing holding a cane and it says: 4% provides care for both.*

Of employers who hire a worker to care for someone else, 4 in 10 hire for their parents and about one-quarter hire for their children. Almost one-third hire for a spouse or partner, grandparent, or another relative.

> *"Both my parents are elderly, and I live 45 minutes away. My mother's declining health was very taxing on my father, who is ferociously independent."*
>
> *— Homecare employer, Yolo County, 47*

Figure 2: Employer Relationship to the Person Receiving Care

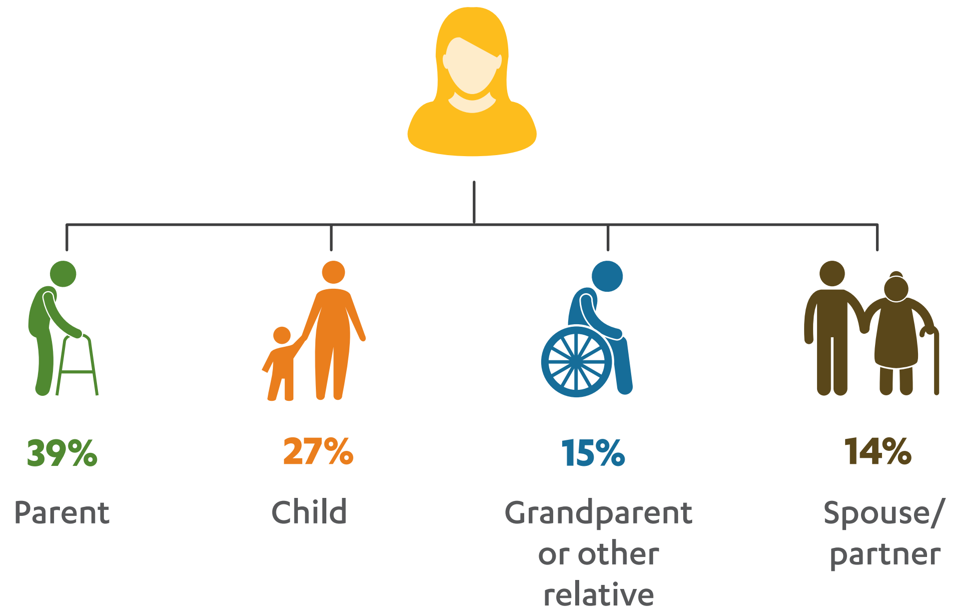


Image description: *Figure of an employer at the top connected to four icons at the bottom. These 4 icons illustrate types of relationships the employer has to the person receiving care: 39% parent, 27% child, 15% grandparent or other relative, and 14% spouse/partner.*

Many respondents in our survey noted that they were being paid to provide care to members of their family. Under IHSS, individuals can hire relatives, friends, neighbors, and other people to provide care. Among IHSS employers statewide, more than two-thirds of workers are related to the person receiving services. Spousal and parental workers comprise 15% and other relatives account for half (51%) of the workers (Harbert and Tucker-Tatlow, 2013).

> *"My daughter takes care of my son and myself. She works way more hours than she is allowed, but both he and I need the help. My son is under protective supervision due to his disabilities, and I use a wheelchair a lot of the time and cannot do for myself and my son's needs."*
>
> *— Homecare employer, San Diego County, 61*

Why Employers Hire for Homecare Support

Employers hire workers for a multitude of reasons. Almost half noted that homecare support allowed them or their family member to live at home rather than an institution. Half of the survey respondents hire a homecare worker because they are unable to perform the work themselves. Four in 10 did not have a family or community network that could provide the support. And one-third reported that home care allowed them to manage a variety of work and family responsibilities.

> *"I am not able to do a lot of everyday things but I'm trying to hold on to as much of my personality as I can. A [worker] helps me do this by helping me live in a clean and safe environment and by helping me keep clean myself."*
>
> *— Homecare employer, Los Angeles County, 73*

Figure 3: Reasons Employer Hire a Homecare Worker

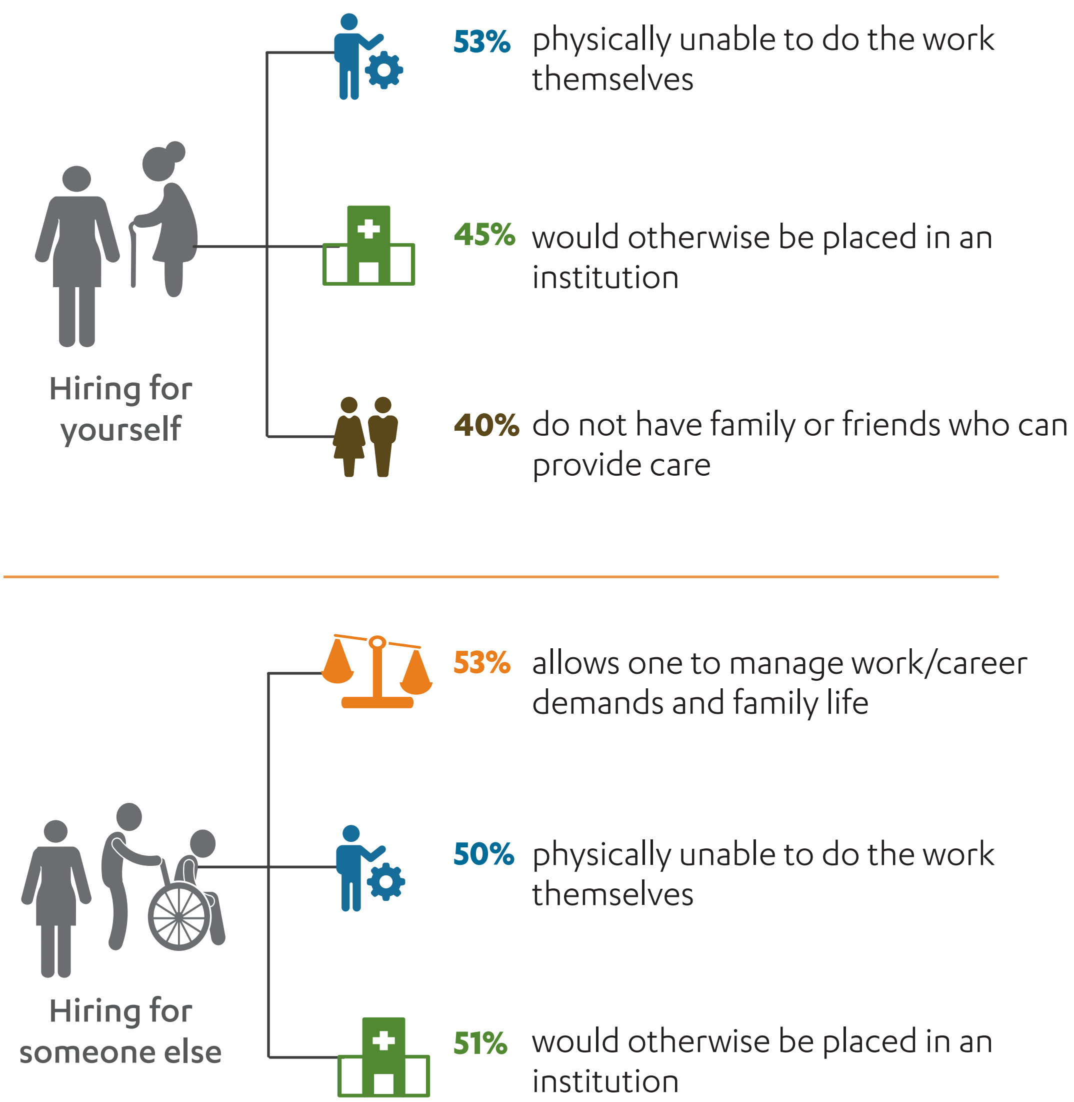


Image description: *Chart split into two. Top chart is a figure of employers who hire for themselves, connected to three other icons representing the reasons for hiring a homecare worker. 53% are physically unable to do the work; 45% would otherwise be placed in an institution, and 40% do not have family or friends that can provide care. The bottom chart is a figure of employers who hire for someone else connected to the reasons for hiring a worker: 53% says it allows them to manage work and career demands and family life, 50% are physically unable to do the work themselves, and 50% say the person receiving care would otherwise be placed in an institution.*

"I wouldn't want to live with family. Though not having a [worker] would not immediately result in institutionalization, my health would slowly deteriorate. More doctor visits, more meds/copays, possibly ER visits/hospital stays eventually."

— Homecare employer, Alameda County, 44

Credit: Mujeres Unidas y Activas

Image description: *At home, an employer sitting down, holding a cup. A worker is standing next to him, adjusting a tray and smiling.*

2. Paying for the Cost of Home care

Credit: Caring Across Generations

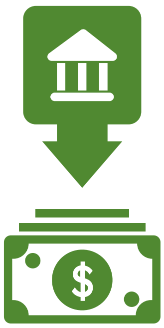
Image description: *At home, an employer and worker are looking at each other while talking. Both are standing next to the kitchen counter. There are bottles of medicine and a package of sliced bread on the counter.*

There are several ways to receive homecare services and a variety of ways to pay for them. Some employers receive support through government-funded programs while others receive payment from long-term care insurance plans, pay out of pocket, or use a combination of resources.

Government Funding for Home care

Since the establishment of Medicare and Medicaid in 1965, people have increasingly been able to rely on care both in long-term care facilities and inside the home from paid workers (Doty, 1996). Since Medicare only covers home care in exceptionally rare cases, Medicaid has become the single largest funder of homecare services. More than half (55%) of survey respondents received financial support from either Medicare or Medicaid (called Medi-Cal in California). Another 6% receive support from other government sources, such as the Veterans Administration and Developmental Disability Services.

Figure 4: Government Paid Homecare Support



61% Receive government support

Image description: *Figure of a government building with an arrow pointing to a stack of dollar bills. 61% receive government support.*

In California, Medi-Cal funds the state's In-Home Supportive Services (IHSS), and it serves close to 443,000 low-income Californians (California Department of Social Services, 2016). IHSS is supported by federal, state, and county funds. When a senior or person with a disability is eligible, they hire a worker and the government pays the worker. Among employers in our survey who receive government support, 88% attain at least some of it from IHSS.

What is In-Home Supportive Services (IHSS) and how does it work?

In-Home Supportive Services (IHSS) pays homecare workers directly to provide specific services to an estimated 448,000 low-income seniors and people with disabilities in California. Counties administer IHSS and determine eligibility. IHSS recipients—called employers in this report—choose the care worker, supervise their work, define how tasks are done, and can fire workers at will (Barnes et al., 2006). IHSS covers the following: *personal care*, such as feeding and bathing; *household tasks*, such as laundry, shopping, meal preparation, and light housecleaning; *transportation*; *protective supervision*; and certain *paramedical services* ordered by a physician. It does not cover gardening or yard work, pet care, moving or lifting furniture or heavy items, washing windows, transporting someone other than the employer, or household financial management.

California became one of the first states to create a public authority, which is a quasi-governmental organization. This public authority model was first conceived in California by a coalition of union and employer advocates (Boris & Klein, 2012). In this model, the employer hires the worker, the state pays the worker directly, and the public authority does three key things: (1) maintains a registry of workers, (2) offers training for employers and workers, and (3) serves as the "employer of record" for the purposes of collective bargaining. With employers of record, homecare workers can legally join a union, bargain collectively, and access group benefits such as worker compensation and health care (Smith, 2008). Currently, counties determine IHSS worker wages and benefits, and employers approve worker timesheets.

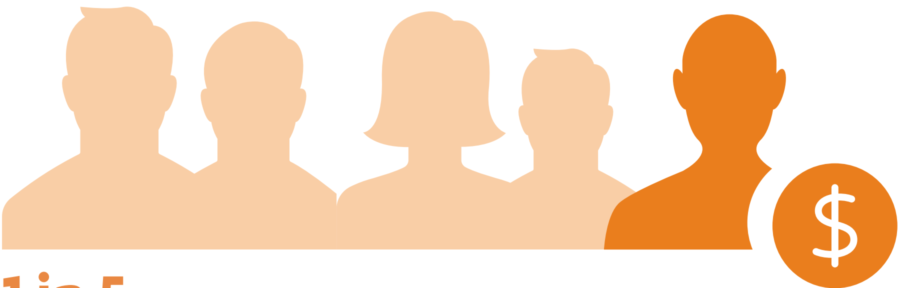
Shortfalls in Government Support

IHSS, however, is for people with markedly low incomes who qualify for Medi-Cal. Its strict income requirements and asset limits can create hardships for those with incomes that are too high to qualify but too low to afford care themselves. As a result, employers must live at, or near, the poverty level in order to keep their government support.

> *"In order to qualify for IHSS/Medi-Cal, I am not allowed to save money from my work, to prevent being institutionalized in my old age. Getting assistance with housing, transportation, and other big expenses would help me pay more to my [workers] and stay out of an institution."*
>
> *— Homecare employer, Riverside County, 59*

For many homecare employers, government support falls short. As many as 20% of those who receive government funding still have to pay a portion of their worker's wages. Because IHSS determines the wage and hours of workers, this signals that employers are not getting enough support through the government program. It further pushes employers into a private pay arrangement where there is less oversight and guidance.

Figure 5 : Employers with Government Support Who Pay Out of Pocket



1 in 5 employers with government support pays a portion of their worker's wages

Image description: *Five icons of employers, one of which is shaded with darker color. This shaded employer figure also has a dollar symbol next to it. 1 in 5 employers with government support pays a portion of the worker's wages.*

In order to pay for these expenses, some people invest in long-term care insurance. Although insurance plans vary in coverage and price, depending on a number of factors, many find the cost out of reach. In addition, long-term care insurance does not provide coverage for people with certain pre-existing conditions, thereby excluding many people with disabilities. Only 3% of employers who receive government support also use long-term care insurance.

Paying Out of Pocket

While government programs provide the largest amount of funding for homecare services, these programs are only available to those with sufficiently low incomes. Others in need of home care must have income or assets deep enough to cover these high costs (Reaves & Musumeci, 2015). While long-term homecare costs less than institutional care, it is still expensive for those who pay out of pocket (Kaye et al., 2010; Taylor, 2010). According to a 2015 survey, the annual cost of home care in California ranges between $25,000 and $73,000 (Genworth, 2015).[2] For those needing care 24 hours per day, the cost is prohibitively estimated at $91,000 (without factoring in overtime).[3] Increases in the minimum wage rate and overtime requirements have made privately purchased home care more expensive, even as they have improved conditions for workers.

Almost 4 in 10 employers in our survey pay out of pocket for their care. Of these, 41% use funds from their retirement or other savings, 21% rely on financial support from family and friends, and 19% use long-term insurance. Almost one-third of respondents say they have no outside support and presumably pay for home care using their own wages or other sources of income. One respondent sold her house to help pay for homecare.

Figure 6: Sources of Financial Assistance for Employers Who Pay Out of Pocket

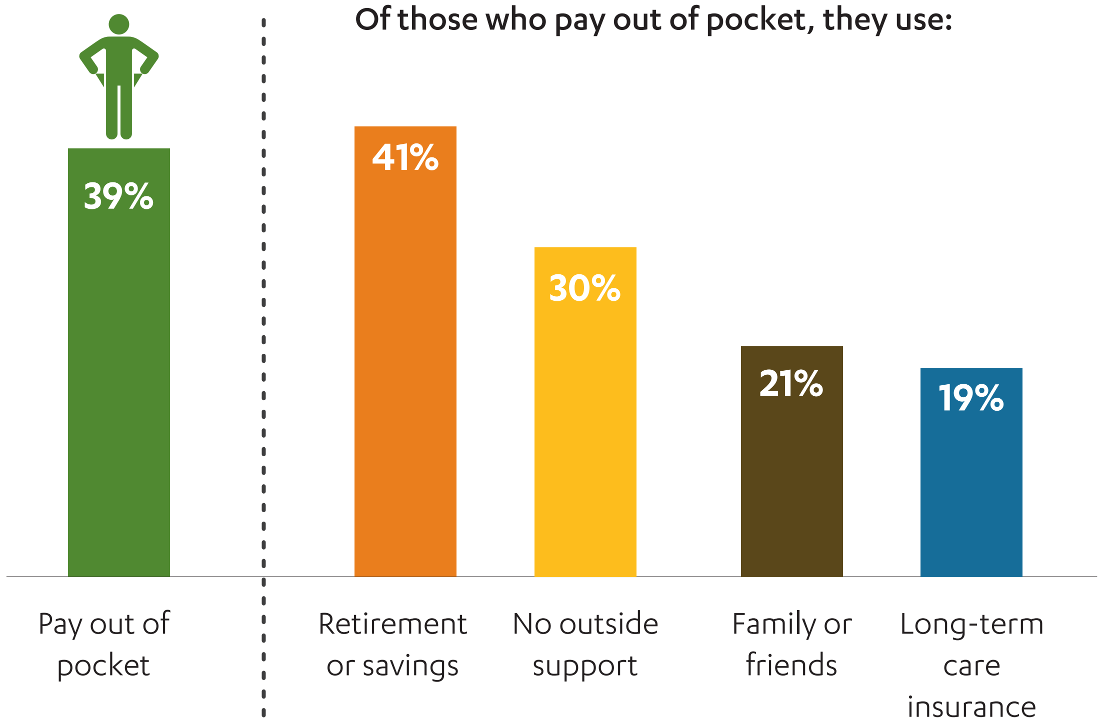


Image description: *Two bar charts. On the left, one bar shows that 39% of employers pay out of pocket. On the right is the second bar chart that shows what sources of financial support they use to pay out of pocket: 41% use retirement or savings, 30% use no outside support, 21% use help from family or friends, and 19% use long-term care insurance.*

Low Wages and Insufficient Support

Affordability is the principal challenge in the homecare industry. Among employers who pay some or all of the worker's wages, 44% have annual household incomes below $50,000. Of these low-income employers, 24% receive IHSS support but still have to shoulder some of the cost of care. Four in ten employers have incomes ranging between $50,000 and $150,000. Problematically, this category of employers—those who do not make enough to afford adequate home care but too much to qualify for assistance—is growing.

Table 1: Household Income for Employers Paying Out Of Pocket

Household Income	
Less than $25,000	31%
$25,000 to less than $50,000	13%
$50,000 to less than $100,000	24%
$100,000 to less than $150,000	16%
$150,000 to less than $200,000	7%
$200,000 or more	8%

Because many families with insufficient government support bear the necessary cost of home care themselves, workers receive low wages and/or reduced hours. Low wage is defined as less than two-thirds of the full-time median wage in California.[4] *Nearly half* of homecare employers surveyed pay low wages. These low wages means that workers, the majority of whom are women of color, must work long hours and struggle to care for themselves and their families (National Employment Law Project, 2015). Low wages also increase turnover in the industry and make these jobs difficult to fill.

Figure 7: Employers Who Pay Low Wages

Image description: *An icon of a hand facing down with dollar signs below it. 48% of employers pay low wages.*

Sarah's Story

Sarah employs three workers. Though she receives support from IHSS, she must cover some of her expenses out of pocket and struggles to pay decent wages. To compensate, she provides them with meals and dispenses year-end holiday bonuses. She hires her workers part-time because she cannot afford the costs associated with overtime care.

If a worker calls in sick or needs time off, she turns to her backup workers. If they are not able to cover the shift, she has to ask housemates or friends for help. As a last resort, Sarah uses an emergency assistance program that provides back-up worker services to individuals with disabilities and seniors who live independently.

One of Sarah's most serious challenges is trying to find reliable and trustworthy workers. She has had a number of quality workers in the past, but most transitioned into the fields of physical therapy and nursing as they advanced their careers. She also finds it difficult to deal with workers not showing up for work or fulfilling their duties. These disappointments left her confused about what to do and to whom she can turn for help.

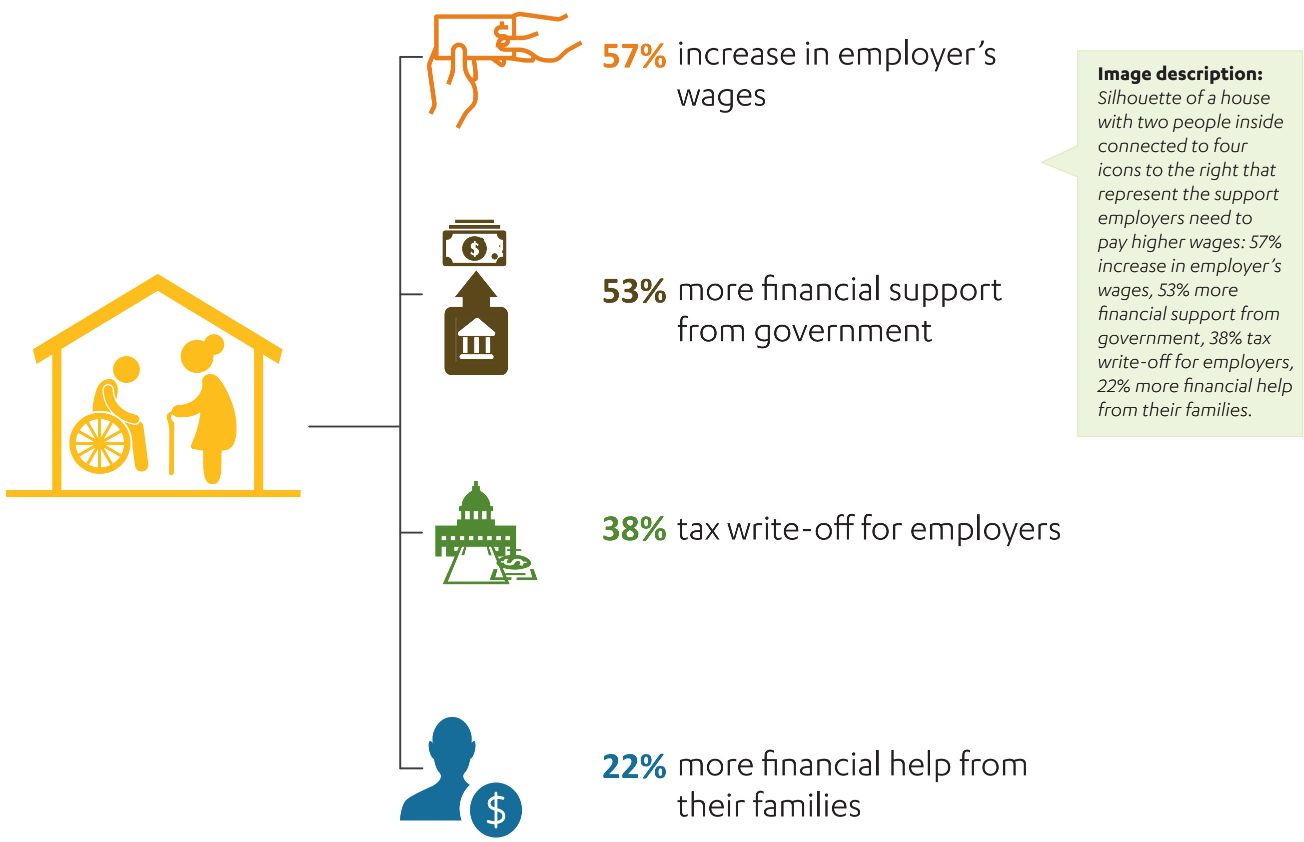
The Challenges of Paying Higher Wages

About two-thirds of employers in our survey would like to pay workers higher wages. Given the personal and intimate relationships that employers and homecare workers share, employers typically want to offer fair payment and treatment to their workers.

> *"I can't pay for all the hours I receive. I would rather pay for both more hours and a higher wage. My [workers] deserve $15 an hour, health care, sick leave, vacation, etc. The only benefit they can get is government health care."*
>
> *— Homecare employer, Riverside County, 59*

Many homecare employers need help in order to pay more. Employers expressed four key ways to help them pay higher wages: first, their own wages increased; second, receiving more financial support from the government; third, being able to write off compensation for tax purposes; and fourth, receiving more financial support from their families.

Figure 8: Support Needed to Pay Worker More



Marissa's Story

Marissa receives Supported Living Services, which is funded by the Regional Center. Regional Centers are nonprofit private corporations that contract with the California Department of Developmental Services to provide services and supports for individuals with developmental disabilities. With this support, Marissa presently employs two workers. Aware that they work hard but earn low wages, Marissa tries to find creative ways to support them. She provides time off when needed and is flexible with scheduling. If one of the workers calls in sick, another will cover her shift or her husband will help her with some basic tasks.

One of the most serious challenges she faces as an employer is finding quality workers and establishing clear relationship boundaries. "Some workers have taken advantage of the friendship side of this relationship," Marissa reported. "It's also difficult when good workers leave. I don't always like training new workers and getting through the first few awkward weeks."

She deeply values the care the workers provide. "[Workers] have allowed me to live in my own home for the last twenty years. They have given me a sense of control over my life. I have developed many deep and lasting friendships with some of my current and past [workers]. My favorite [workers] know my likes and pet peeves really well. We also know how to work together as a team."

Notably, some jurisdictions in California have taken steps towards reforming homecare support systems to the benefit of both employers and workers. San Francisco, for example, recently approved the Support at Home Program, which serves middle-income people who are ineligible for IHSS but cannot afford to pay for necessary care (California Domestic Workers Coalition, 2016).

3. The Support Needs of Employers

Credit: Hand in Hand: The Domestic Employers Network

Image description: *At home, an employer looking at a worker in the kitchen, washing something in the sink.*

Employers in our survey have diverse support needs. Some employers need only a few hours of support per week while 18% of employers need 24-hour, 7-day care. Almost half of employers hire workers for 40 or more hours.

Employers hire one worker or multiple workers, live-in workers or live-out workers. Two in five employers hire more than one worker to cover their care needs. Employers may hire multiple workers to allow for schedule flexibility, have back-up, and ensure that workers have days off.

Of those needing around-the-clock care, 60% hire a live-in worker.

Figure 9: Number of Homecare Workers and Live-in Workers Hired

Image description: *Two icons of houses. The first house has two icons of people inside and says: 42% hire more than one worker. The second house has has an icon of someone sleeping on a bed and says: 32% hire a live-in worker.*

Table 2: Support Hours Employers Receive

1-9 hours per week	17%
10-29 hours per week	31%
30-39 hours per week	7%
40-59 hours per week	12%
60 or more hours	9%
80+ hours per week	6%
24/7 care	18%

Overtime Hours

Nearly 4 in 10 employers surveyed report that their caregiver worked overtime (more than 9 hours per day and 40 hours per week)[5] in the previous month. Of these, two-thirds receive support from IHSS while the remaining one-third do not receive any kind of government support and must pay out of pocket.

Figure 10: Employers Who Needed Overtime Hours in the Previous Month

Image description:
First frame has an icon of person with a clock and says: 39% of all employers hire for overtime. Second frame has an icon person in a wheelchair with another person standing next to them and says: of those, 66% are IHSS employers.

Shortage of Hours

One-third of homecare employers in our survey say they need more hours of service than they receive.

Figure 11: Employers in Need of More Hours

Image description:
Three icons of employers, one of which is shaded with darker color. This shaded employer icon also has a figure of a clock next to it. 1 in 3 employers need more hours of support than they are currently receiving.

For those who receive government funds, 80% say that government program limits on hours are the principal reason they cannot hire for the hours they need. Federal rules mandate overtime for IHSS workers who work more than 40 hours per week (Disability Rights California, 2016), and while California allows providers to work overtime, there are concerns that workers and employers will change work patterns so that more employers can qualify for overtime—effectively raising the costs of IHSS (Disability Rights California, 2016). In response, the state has limited overtime for IHSS employers in two ways: by limiting the work week to 66 hours and by requiring weekly changes to be authorized.

Figure 12: Challenges in Getting Hours Needed for Those with Government Support

80% of employers with government funding say they are unable to get support due to the program's limitations on hours

Image description: *An icon of a clock with a padlock says: 80% of employers with government funding say they are unable to get support due to the program's limitations on hours.*

For those who pay out of pocket, 59% reported that they are unable to get the hours because they cannot afford the costs of workers' wages.

Figure 13: Challenges in Getting Hours Needed for Those Who Pay Out of Pocket

Image description: *An icon of a person in a wheelchair and a clock with the padlock on top. On the left hand, it says: 59% cannot afford costs, with a dollar sign that has an X in the middle below it, and on the right, 39% say it's difficult to find a worker to meet employer's needs, with an icon below of a person with an X next to them.*

"I would like to get a [worker] that is a better fit for me and there are things for which I don't get hours that are important. Reading and driving are critical and the CA IHSS calculation formulae are woefully out-of-date with current reality."

— Homecare employer, Alameda County, 44

Some employers pay what they can afford and receive additional hours by negotiating directly with workers. One respondent indicated that her worker gives her free hours, while others traded room and board, meals, and/or transportation in exchange for labor.[6]

Due to cost constraints, many employers are forced to cut back on the hours they need for care. Even in cases where employers try to pay higher wages, many are forced to choose between reducing wages and financial insecurity.

"We cannot afford to pay more than $25 an hour. We may need to cut back the pay rate in the future to be able to maintain care over the long-term."

— Homecare employer, Sacramento, 54

In addition, many family members provide unpaid care when their family member does not get enough hours of paid support. Restricting hours of support for family members produces another level of strain to burdened families.

"I work overtime caring for my grandfather, but I don't get paid for it. I have to put my needs on the side."

— Family member, Fresno County, 27

4. Navigating the Employer's Role

Credit: Averyhealthcare

Image description: *At home, an employer is sitting next to a worker and is looking at her. In front of them is a table with an arts and crafts project they are both working on.*

Becoming an employer is rarely easy. Seniors and people with disabilities are expected to learn how to hire, supervise, train, comply with labor laws, and fully grasp the expectations of employment arrangements. Many employers want to provide a fair and safe workplace to their workers but find it difficult to access the appropriate information, support, and resources. In this section, we examine some of these challenges.

Boris and Klein (2015, p.10) describe it this way, *"Care work resembles service labor, like restaurant work and retailing, because it involves what scholars call a third party—that is, the client or customer, in addition to the relationship between the employer and the employee. But the employment relation of home care is even more complicated, since fourth and fifth parties are central to the care work transactions as well: family members who hire and supervise the worker, and the state (represented by agencies, administrators, social workers, and others), which determines eligibility, cuts the check, and oversees care services either directly or through private agencies."* This kind of complicated structure can be confusing to navigate for both the employer and the worker.

Credit: UCLA Labor Center

Image description: *At a press event, an employer is standing behind a podium holding a microphone. A worker is standing next to him, and is looking at him as he speaks. In the background, there is a step and repeat banner with the UCLA Labor Center logo.*

Finding Homecare Workers

Homecare employers face a wide array of obstacles to hiring workers and setting terms of employment. Employers must find reliable workers who fit their schedules and can meet their particular needs. Many obtain referrals from people they know who can vouch for the trustworthiness of a potential homecare worker. Half of the employers surveyed use their personal networks to find their workers, relying on recommendations from friends, relatives, or neighbors. This proportion is even higher (63%) among those who do not receive any government support.

Figure 14: Sources Employers Use to Find Homecare Workers

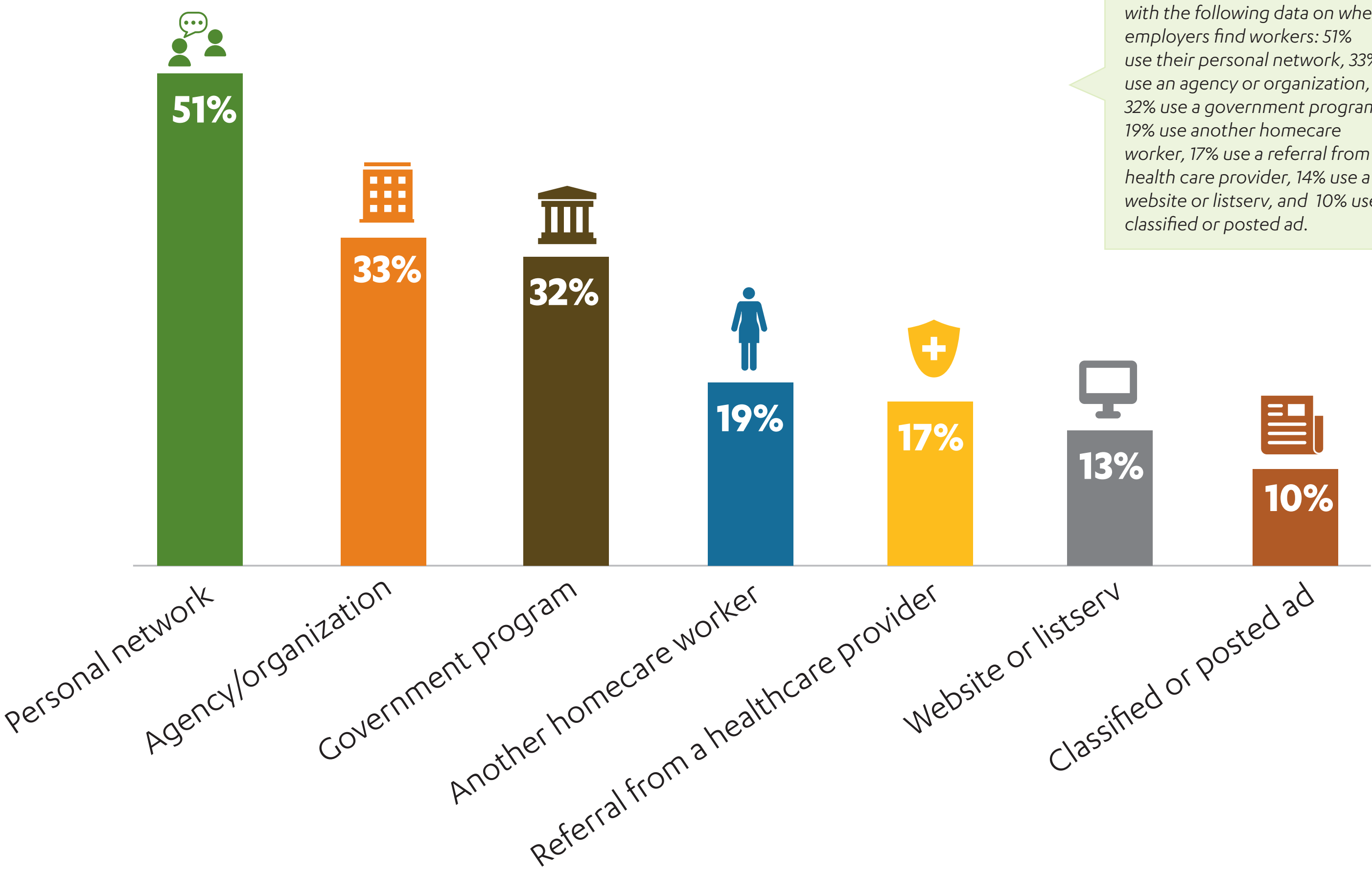


Image description: *Bar chart with the following data on where employers find workers: 51% use their personal network, 33% use an agency or organization, 32% use a government program, 19% use another homecare worker, 17% use a referral from a health care provider, 14% use a website or listserv, and 10% use a classified or posted ad.*

Of those receiving government support, almost half use government programs to find workers while 37% use agencies or organizations.

Figure 15: Sources Employers Use to Find Workers

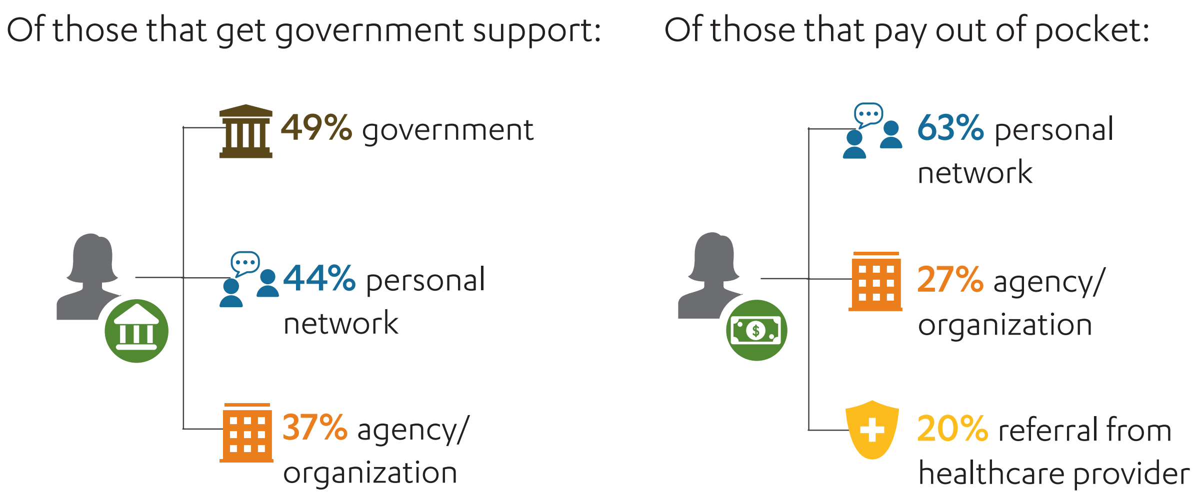


Image description: *Two charts. On the left, an image of an employer and a government building connected to three icons that represent the sources used to find workers. It says: of those that get government support, 49% use government, 44% use their personal network, and 37% use an agency or organization. On the right, an image of an employer and a dollar bill connected to three icons that represent how they find workers. It says: of those that pay out of pocket, 63% use their personal network, 27% use an agency or organization, and 20% use a referral from health care provider.*

Employers in our survey report that finding homecare workers is an additional obstacle in securing the support they need. Many expressed their frustration at trying to find workers due to a high cost of living and low homecare wages, specific needs that an employer may have, or the length of a shifts that may be hard to fill. Hiring in rural areas can pose additional challenges.

> *"Due to the geographic region, there was only one person who would serve us. In other words, no choices."*
>
> *— Homecare employer, Nevada County, 56*

Finding a suitable worker can also be challenging for some employers. Homecare work is intimate, transpiring in the privacy of one's home and frequently requires a close connection between the worker and the person needing assistance. Almost two-fifths of employers say that it is difficult to find a worker to meet their needs. Dealing with scheduling conflicts, wages, and a range of particular skills required can make it hard to hire, particularly in regions with a limited supply of homecare workers.

"It's hard to find [workers] you can trust, that don't already have full time jobs and/or school."

— Homecare employer, Monterey County, 28

"I am forced to work because there is nobody else who can be hired through IHSS to handle a severely autistic adult with complex medical needs and behavioral issues."

— Homecare employer, San Diego County, 46

Hiring and Paying Workers

Paid workers work for private households or agencies that are either for-profit or nonprofit, though an increasing number are for-profit franchises (Leberstein et al., 2015). Hiring agencies typically contract with state government to serve Medi-Cal/ IHSS employers or solicit employers who pay privately. Households also hire and pay workers directly, of course.

More than half of our surveyed employers hired workers directly while 41% hired through a government program or government agency, and 10% hired through a private agency. A small percentage of employers (5%) hired through an internet site, such as Craigslist or Care.com.

Figure 16: How Employers Hire Workers

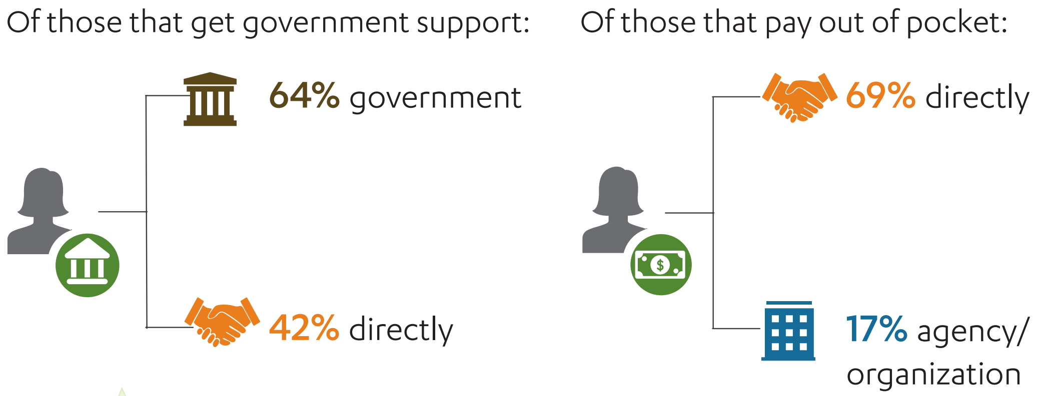
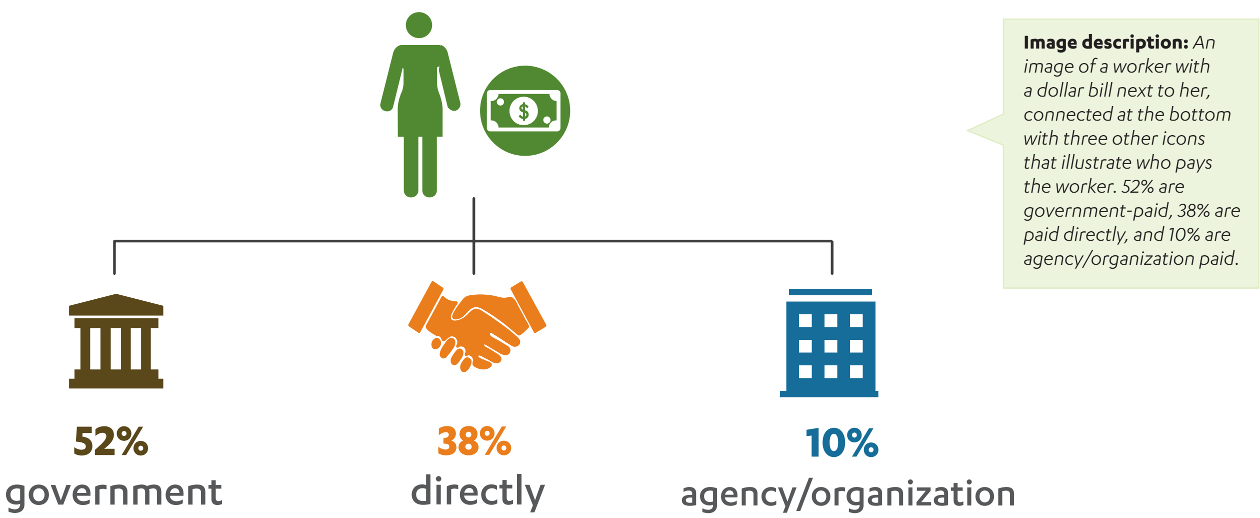


Image description: *Two charts. On the left, an image of an employer and a government building connected to two icons that represent how employers with government support hire workers.It says: of those that get government support, 64% hire through the government and 42% hire directly. On the right, an image of an employer and a dollar bill connected to two icons that represent how out-of-pocket employers hire workers. It says: of those that pay out of pocket, 69% hire the worker directly and 17% hire through an agency/organization.*

Because many workers are paid through government programs, more than half of employers do not handle payments at all. Almost two-fifths of employers pay workers directly, and 10% pay through agencies.

Figure 17: Who Pays the Workers



Setting Employment Terms

When an employer hires a worker, they typically set specific conditions, such as the number of hours, pay, and sometimes benefits. In home care, this may vary significantly depending on the funding source, or if an intermediary (such as a homecare agency) is used. This can be confusing for both worker and employer. One report registers the unclear assignment of roles among individual employers, government programs, and private agencies. "The result is often a complex work structure, where workers in publicly-funded programs interact with two, three, or more entities for different aspects of their job, including homecare agencies, fiscal intermediaries, quasi-public entities, and Medicaid recipients (the clients served by the workers)" (Ruckelshaus, 2014).

For employers, this complex structure also leaves many unsure about their roles, rights and responsibilities. Our survey finds that the majority of employers (71%) set some terms of employment—such as pay, benefits, and hours worked—while just over half of those hiring from agencies set terms (53%).

Table 3: Employer Sets Some Terms of Employment

Among all homecare employers	71%
Among employers receiving government support	68%
Among employers paying privately	73%
• Among employers paying directly	86%
• Among those hiring through private agency	53%

Of those setting terms, employers are more likely to work out the details of schedules (73%) and job responsibilities (73%) rather than pay (36%), which is often set by a government program or private agency. In California, counties determine the rate of pay for IHSS workers, resulting in some regions paying higher wages than others. For example, an IHSS worker in Marin County earns $13.35 an hour while one in San Diego County earns only California's minimum wage, $10.50 an hour (California Department of Social Services, 2017). Despite this, some employers feel responsible for paying living wages and compensate their workers beyond the rate determined by the county authority.

> *"I do pay more each month. I give a gift of $1,000 a month to [my worker] to cover the difference we agreed to. IHSS is not enough for anyone to live on in the Bay Area."*
>
> *— Homecare employer, San Mateo County, 46*

> *"IHSS hours are determined by the government. I pay additional wages and also 'in kind' (food, shelter, transportation)."*
>
> *— Homecare employer, Riverside County, 59*

Figure 18: Types of Terms Employers Set

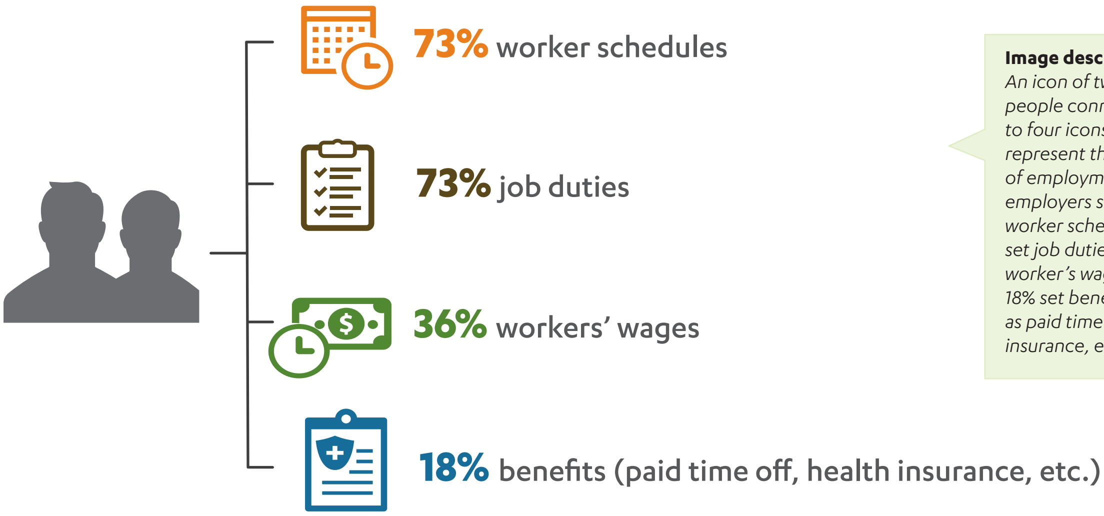


Image description: *An icon of two people connected to four icons that represent the types of employment terms employers set: 73% set worker schedules, 73% set job duties, 36% set worker's wages, and 18% set benefits such as paid time off, health insurance, etc.*

Among all employers in our survey, nearly one-third rely on their personal networks to get information on how to set terms while 19% figure these things out on their own. The difficulty employers face in understanding legal requirements and responsibilities, combined with a lack of standardized practices, can lead to wide differences in employment conditions.

Figure 19: Sources Employers Use to Determine Employment Terms

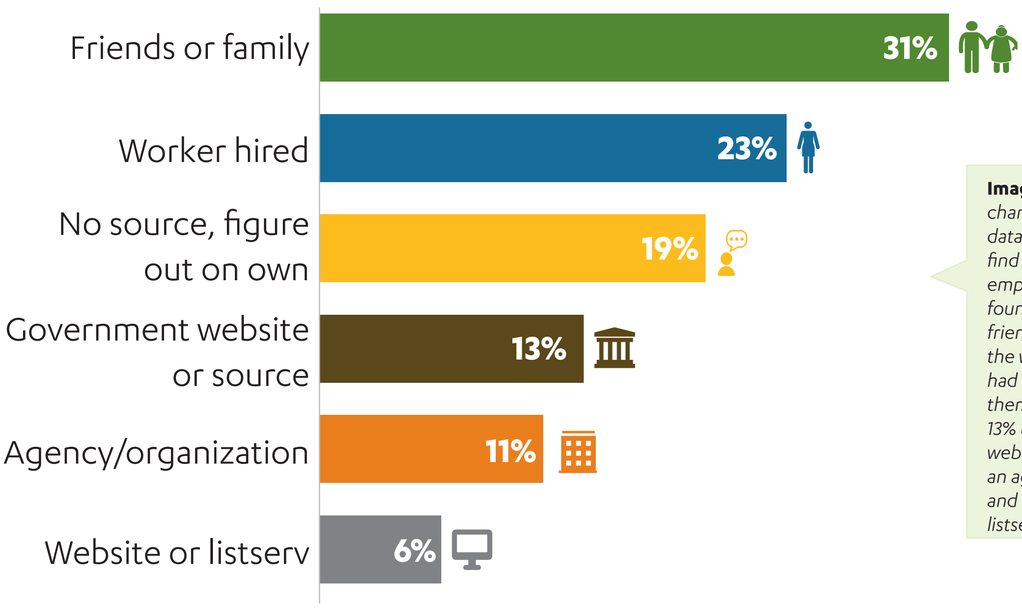


Image description: *Bar chart with the following data on where employers find information to set employment terms: 31% found information from friends or family, 23% from the worker they hired, 19% had no source and figured them out on their own, 13% used a government website or source, 11% used an agency/organization, and 6% used a website or listserv.*

Overtime Requirements, Practices, and Impacts

Overtime protections were extended to all homecare workers through federal regulations in 2013, and privately hired homecare workers were granted stronger protections through the California Domestic Worker Bill of Rights in 2014.[7] Overtime, however, has not been fully implemented—partially due to a lack of information. Employers receiving IHSS learn about overtime requirements through the program, but employers paying privately—without government support—are less likely to be aware of that legislation. A failure to thoroughly implement the new law carries a serious risk of perpetuating the structural and historical exclusion of homecare workers from basic labor protections. And our survey indicates that only 34% of employers not receiving support from IHSS or other government programs know about the California Domestic Worker Bill of Rights.

Figure 20: Knowledge of California Domestic Worker Bill of Rights

Image description: *An icon of an employer thinking about a law book. It says: 34% of employers paying out of pocket know about the law.*

While 63% of employers report no challenges in implementing the law, almost one-third say that access to information and understanding its provisions are obstacles for its implementation. And nearly one-fifth report difficulty tracking hours and keeping adequate records.

Table 4: Employer Challenges in Implementing Overtime Law for Homecare Workers

Accessing information about the law, understanding it, and being fully aware of employer responsibilities	32%
Tracking overtime hours and keeping adequate records	18%
Paying overtime	16%
No challenges	63%

One-third of privately paying employers actually had workers work overtime (more than 9 hours per day or 45 hours per week) during the previous month. Of those, only 11% paid the appropriate rate of time and a half. Most (71%) paid the same rate, and 11% did not offer any compensation for overtime hours.

> *"I was never clear how/if it applies to me. I could not afford to pay overtime if I had to pay, and was unclear about breaks, etc."*
>
> *— Homecare employer, Alameda County, 44*

Figure 21: Pay Rate for Overtime Hours

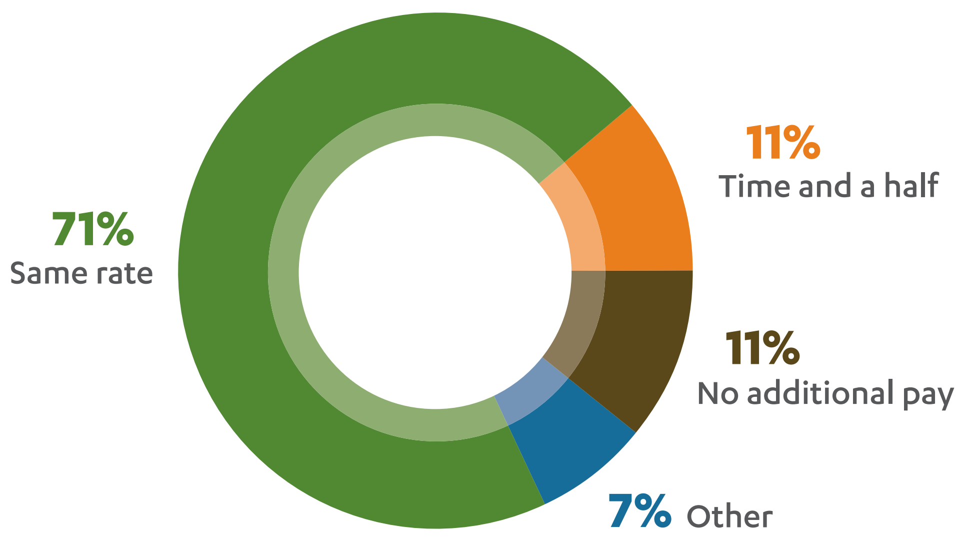


Image description: *Pie chart with the following data: 71% paid same rate. 11% time and a half, 11% no additional pay, and 7% other.*

There has been concern that overtime laws have further made the cost of home care unattainable and that necessary homecare hours have subsequently been reduced. Of the employers in our sample, 25% find that the cost has become unaffordable. Employers appear to lower their costs and preserve necessary hours by changing shifts so that workers do not work more than 9 hours per day or 45 hours per week. In the survey, 20% said they have cut hours due to overtime requirements. More research is required on the health impacts of these lost hours of support, as well as the impact of reduced hours on the profession's high turnover rate.

Figure 22: Impact of Overtime on Pay and Hours

Image description: *An icon of a person in a wheelchair next to a person standing with a cane. On the left, it says: 25% report overtime has made the cost challenging or unaffordable, and on the right, it says: 20% had to change worker's schedule due to overtime.*

Providing Sick Time

For employers that rely on workers for daily tasks, having a worker call in sick can be problematic. They may need to find a replacement and may not be able to pay sick time for their workers in addition to the wages of replacement workers. 58% of surveyed employers report giving time off for sick workers, but only one-quarter paid for the time off. When a worker requested sick time, 80% of employers allowed time off as needed. Other employers indicated that they have arrangements for when the worker is sick, including calling back-up workers.

"My primary [worker] has never been ill on a work shift. If she was, I'd probably give it as paid. I have no idea what the law says on this. The nurse hired by the agency, I don't know if she gets paid for sick time. She cancelled two shifts last week due to injury, and she told me she wanted to reschedule the hours, so we did. Because of her calling out, [my] husband had to take time off of work."

— Homecare employer, Alameda County, 44

"[The agency] does not provide sick time hours for its employees. My live-in homecare [worker] left in an ambulance at midnight one night, and I could not get ahold of anyone for 13 hours, until 1 P.M. the next afternoon. And then the agency refused to send anyone until they spoke to my live-in, who was in the hospital. I was left in bed all day and was unable to eat."

— Homecare employer, Santa Clara County, 55

Figure 23: Sick Time Off

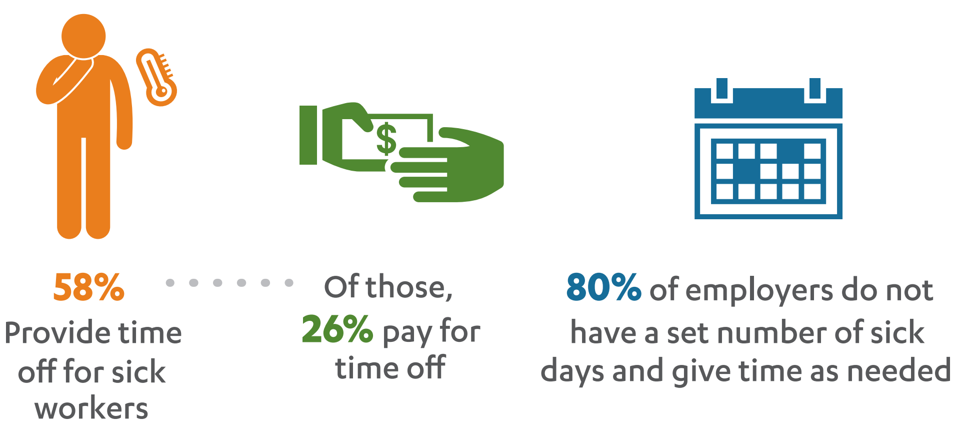


Image description:
Descriptions from left to right. An icon of a person who is sick and has a thermometer, and says: 58% provide time off for sick workers, connected to an icon of two hands exchanging money. It says: of those, 26% pay for time off. Next, there is an icon of a calendar and says: 80% of employers do not have a set number of sick days and giver time as needed.

"When our [worker] is ill, we go without help for the day and that is leaving us more at risk."

— Homecare employer, San Diego County, 61

"It is so difficult when someone calls in sick with no advanced notice. What does a person with a disability do? What if you're not part of an agency that provides back-up? People need to have back-up! And it's hard to pay sick time because you have to pay the other person. How do we show policymakers how important this is?"

— Homecare employer, San Francisco County, 42

As of July 1, 2015, any privately-paid homecare worker who works 30 or more days in a year is entitled to 1 hour of paid sick time for every 30 hours worked. Paid sick time for IHSS workers will begin July 1, 2018, initially at a rate of 8 hours per year and gradually increasing to 24 hours per year. Paid sick time will allow workers to take care of themselves and their families, and may prevent the spread of illness to the seniors and people with disabilities they support. Employers will need to be educated about their obligations under the law and may need support in identifying backup while a worker is out sick.

Nikki's Story

Nikki is a homecare employer. She pays six workers and uses a combination of IHSS and her own income to compensate each worker. She pays out of pocket for labor—such as administrative work, housecleaning, and driving—that is not approved by IHSS.

Nikki must balance being a homecare employer and the responsibilities of her full-time job. At times, she finds having all her support needs met to be very complicated. "It can be difficult to deal with a lot of different personalities," she notes. "It is also important to find a good match in terms of energy, personality, and temperament."

She says that maintaining a schedule that works for both her and the workers is also challenging. She observes, "I can't be as flexible or spontaneous as other people because I depend on the [workers] and need to stick to a schedule." It is also difficult for Nikki to find backup support when workers are sick or otherwise unable to work. She uses a variety of strategies depending on her particular needs. "If it is a dinner shift," for example, "I can go out and get food myself. With dogs, it is more complicated because even if I can feed myself, the dogs need to be fed and go on a walk."

She also uses a back-up service for emergencies. "It provides back-up [worker] support when one of my workers gets sick... It allows the sick worker to get paid too. I pay a copay and [the program] gets city funding to help pay part of the back-up [worker] costs. It means that I get assistance when I need it. It provides me with some peace of mind."

Nikki, while deeply invested in self-directed care, also notes the importance of workers being committed to their work. She has built a deep relationship with one worker in particular who understood that her main role was to facilitate Nikki's independence. She observes, "we get along really well even though we have vastly different personalities. Even though she doesn't work for me now, I can still call her in the middle of the night if I am sick, and she will come over to help me."

Sleep Arrangements

A 2016 study found that in order to attend to people's needs, live-in homecare workers experience frequent sleep interruptions throughout the day and night (Riley et al., 2016). Live-in workers in that study slept an average of 6.4 hours during workdays, which led to chronic fatigue among workers and affected their work performance, as well as their safety and that of the people they care for (Riley et al., 2016). Almost 4 in 10 employers in our survey report having a worker sleep in the home, and 76% of those employers hire live-in workers while the remaining one-quarter presumably hire workers to cover night or after-hours shifts. About 4 in 10 employers who have workers sleep in their homes wake them at night to engage in some type of work activity.

Figure 24: Sleep Arrangements

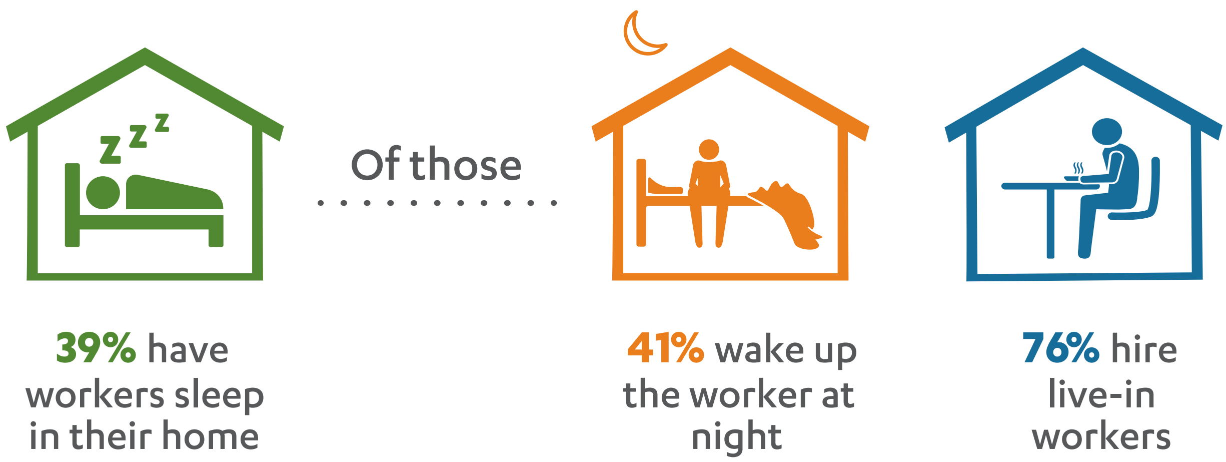


Image description: *Descriptions from left to right. Three silhouettes of houses with images and data inside of them: first, has an image of a person sleeping and says: 39% have workers sleep in their home. Second house has a person sitting on a bed with a moon on top of the house, and says: of those, 41% wake up the worker at night. Third house has an image of someone sitting at table, and says: 76% hire live-in workers.*

Mayte's Story

Mayte is a homecare employer. She receives support through IHSS and hires three workers.

Mayte uses a variety of approaches to make the job work for her workers. "We're supporting one another through trade-off hours," she notes. "For instance, this weekend I won't be here, so my worker won't work for me. However, she'll still get paid to cover times where she has worked longer hours."

She reports, though, that it is exceedingly difficult when workers do not start their shifts on time. And it is laborious for her to find workers willing to help with her son, who also has a disability.

To cover her needs when one of her workers is sick, on vacation, or unavailable, Mayte often calls her other workers. If they cannot cover the shift, she then turns to a friend who doubles as her backup caregiver. The worker who missed their shift then pays Mayte's friend in cash to cover the hours. Finally, if no one else is available to help, her son might assist her, but he is her last resort.

She deeply values the work of her homecare workers. One of her former workers helped rear her son. In discussing her current worker, she notes that the worker "is very patient, considerate, and caring. She always knows what she's doing."

5. Recommendations

Credit: Hand in Hand: The Domestic Employers Network

Image description: *Outdoors, an employer in a wheelchair and the worker facing the camera with a park in the backdrop.*

Millions of Californians are enabled to live independently and balance work and family lives because they receive care in their own homes. And hundreds of thousands of Californians can tend to their own families when they provide home care themselves. But homecare employment is not just vital to the state's long-term care system; the future of that system is integral to the well-being of a generation of Californians.

This report details the needs of homecare employers in California and the challenges that follow from them. Employers struggle to afford the care they need. Even those who receive government support often pay out of pocket to get additional support or to retain current workers. Others struggle without public support to pay for home care, using retirement savings or relying on family and friends to cover the cost. And most rely on some unpaid support from relatives or friends. The scarcity of public funds and other resources for home care impacts the workers who end up working for lower wages. Employers also lack clear guidelines and resources for navigating their role, especially when it comes to providing sick time, overtime, and sleep arrangements.

These are just a few of the multiple issues that must be addressed in forging an equitable homecare system in the state of California. Our recommendations are based on the premise that we must improve access to home and community-based support while shifting away from institutional care. Individuals and families must be able to receive services in their own homes or communities, in places of their own choosing, rather than in institutions such as nursing homes or other isolated settings.[8]

Sustaining home care in California requires public investment, sound policy, and a broader cultural reconsideration of how this kind of work is valued. Public agencies and institutions can provide leadership by setting meaningful labor standards, ensuring the protection of workers and employers in the home, and expanding programs that make home care more affordable for employers.

Drawing on our own study as well as research and policy analysis by other organizations working on these areas, we have identified four key principles to develop a strong policy agenda at the federal, state, and local level, and to improve the homecare industry for workers and employers alike.

1. **Expand public investment in programs and policies that allow seniors, people with disabilities, and their families to get homecare support.**

    a. Design and fund Universal Long-Term Care/Long-Term Services and Supports (LTSS). Universal LTSS would be a publicly managed program that would ensure that all those who need home care could access it without going bankrupt. Such a program could be part of universal healthcare, or home care and child care could be provided as parts of a comprehensive care program.

b. Expand eligibility and access to In-Home Supportive Services (IHSS), by increasing the asset limit (currently $2,000 for individual and $3,000 for couple) or raising the income level (based upon Medicaid eligibility).

c. Provide government-funded subsidies across the state for individuals and families that do not meet IHSS eligibility criteria, following San Francisco's Support at Home model. Subsidies would allow upper-poor or middle-income seniors and people with disabilities to receive more hours of support and could assist employers to pay a living wage.

d. Improve tax credits and incentives for individuals and families who pay for home care out of pocket. The existing federal tax credit for health expenses only covers expenses above 7.5% or 10% of income, depending on age. California state taxes for individual homecare employers are complicated and can be financially burdensome for employers who pay workers directly out of pocket.

e. Identify ways to support and provide respite to family caregivers, who tend to work long hours without back-up and often without pay.

f. End the federal "institutional bias," which means that Medicaid funding is easier to access for nursing homes than for home care, even though people would rather live at home and home care tends to be far less expensive than institutional care. Changes can be made by expanding Money Follows the Person and other programs that provide resources and financial incentives to states to provide home care.

2. Provide uniform standards and best practices for employers, and increase awareness of current legal requirements.

Homecare employers need guidance and resources to learn about their rights and responsibilities—in order to comply with the law. And workers need information about their rights so they can advocate for themselves.

a. Collaborate with domestic employer and worker organizations, unions, IHSS Public Authorities and others to develop and distribute information and resources to educate employers and workers about their rights and responsibilities. Include outreach to employers in both urban and rural areas.

b. Provide standardized procedures for setting employment terms, including sample contracts and legal checklists, and widen public awareness of these tools so that employers can more uniformly apply these standards.

c. Highlight and promote "high road" labor practices that supercede legal minimums and incentivize employers to pay living wages and provide benefits.

3. **Establish dignified and sustainable working conditions for homecare workers.** Homecare workers provide essential services and should be paid and treated accordingly. Improving pay and working conditions not only benefits the workers and their families, it also benefits their employers by making the industry sustainable. When homecare work is recognized and fairly compensated, there will be less worker turnover, a higher consistency of care, and stronger worker recruitment.

   a. Develop mechanisms to enforce existing labor protections such as: minimum wage, overtime pay, pay for all hours worked (even sleep), anti-harassment protection, workers compensation coverage and paid sick time.

   b. Extend labor protections that homecare workers have been excluded from such as meal and rest breaks, paid time off for IHSS workers, and others.

   c. Expand needed labor protections to homecare workers (and other low-wage workers) such as vacation pay, maternity/paternity leave, living wage policies and more. Ensure that workers receive 8 hours of uninterrupted sleep when possible. Identify ways to protect live-in workers, who are particularly vulnerable to long work hours and low pay.

   d. Incorporate greater accountability into licensing requirements for homecare agencies.

   e. Provide greater access to legal support to workers facing wage theft and other forms of exploitation.

f. Support models of employment that improve worker's ability to negotiate fair pay and benefits such as worker-owned co-ops, worker-run registries or employment bureaus, and collective bargaining at a neighborhood or city-level for those who are privately employed.

4. Conduct further research on work conditions and the needs of employers and workers to better understand how to conceive an industry that works for everyone.

California has long been a leader in innovative home care for those who need such services, but our report shows that there is still more work to be done. The report indicates that the needs of both employers and workers must be considered to create a fair and dignified homecare industry. Our state can lead the way in developing models for the nation and creating an industry that provides both employers and workers with dignity, respect, and the care that we all deserve.

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Appendix

A. Methodology

This report is based primarily on surveys with 327 homecare employers 18 years or older in California. Homecare employers are defined as individuals who hire workers to provide care for themselves or someone else, as described in the following questions:

In the past month, was someone paid to care for you, an older adult or someone with a disability inside your home?

In the past month, was someone paid to provide care for an older adult or someone with a disability living outside your home (for example, you hired someone to take care of a relative that lives in their own home)?

In partnership with domestic employer and worker organizations, academic partners, and an advisory committee, we designed a survey instrument aimed at capturing demographic and employment profiles of employers of household cleaners, child care providers, and homecare workers as part of the 2016 report *Profile, Practices and Needs of California's Domestic Work of Employers*. The survey consisted of a series of questions related to hiring, cost and affordability, hours workers, training, and employer sociodemographic and household characteristics.

Because of its unique conditions and practices, we decided to continue our probe into homecare employers and complemented the phone surveys included in the 2016 report with online and in-person surveys. Overall, we captured 327 surveys: 134 over the phone, 43 in person, and 150 online. 317 surveys were in English, 10 in Spanish, and 3 in Chinese.

Phone Data Collection

Phone surveys were conducted by the California Survey Research Services from October 2015 to January 2016. This fielding produced a statewide representative sample of California domestic work employers.[9]

In-Person Data Collection

Using a community-based, participatory research framework, we trained homecare employers to conduct surveys with other homecare employers within their networks. These employers are members of our partner organizations in Southern California and the Bay Area. This included Hand in Hand: The Domestic Employer Network, Senior and Disability Action, Pilipino Workers Center, and Caring Across Generations: Faith Based Los Angeles Alliance.

For this purpose, we conducted two surveyor trainings with homecare employers in Los Angeles and Oakland. Employer surveyors collected 43 surveys from August 2015 to November 2015.

Online Data Collection

This survey was also available online and was shared through the listservs and networks of our partner organizations (see acknowledgments for list of individuals and organizations). We were able to collect 150 surveys online, from October 2015 to March 2016.

We compiled our three surveys (phone, online, and paper) into one database using SPSS. Once the data was prepared, we conducted a data analysis workshop with homecare employer organizations in Oakland and two web meetings with homecare employers, academic partners, and an advisory committee to review and analyze findings. We incorporated their feedback into the final report. The advisory committee also reviewed the final draft and provided comprehensive edits and feedback.

The phone survey was random while the in-person and online data collection used a convenience sampling method. We do not consider the findings as representative of all homecare employers, but it is the most comprehensive survey of homecare employers to date and provides insight into the needs and challenges of employers.

Limitations: We oversampled in northern California, and among respondents between the ages of 25 and 50. We undersampled employers age 70 and older.

B. Demographics of Respondents

	Total	In-Person	Online	Phone
Region				
Northern	46%	64%	63%	26%
Central	10%	0%	9%	14%
Southern	43%	36%	28%	60%
Gender				
Male	32%	29%	29%	34%
Female	67%	68%	68%	66%
Other	1%	3%	3%	--
Age				
18-24	2%	--	3%	2%
25-50	26%	23%	38%	17%
51-70	45%	55%	43%	43%
70+	27%	22%	16%	38%
Race/Ethnicity				
White	59%	58%	64%	54%
Black	10%	13%	4%	15%
Latino	15%	10%	13%	18%
Asian	5%	3%	9%	21%
Other/multiple	11%	17%	10%	11%

	Total	In-Person	Online	Phone
Education				
Less than high school	15%	46%	19%	11%
High school/GED	23%	39%	26%	20%
Some college, vocational or associate degree	40%	15%	55%	38%
Bachelor's degree	13%	--	--	18%
Master's degree or higher	9%	--	--	13%
Occupation				
Managerial or professional	20%	33%	30%	10%
Frontline, office, service	15%	8%	15%	17%
Self-employed	2%	3%	3%	<1%
Retired	36%	31%	26%	46%
Other than retired not working/unemployed	26%	25%	26%	27%
Household Income				
<$25,000	44%	13%	39%	52%
$25,000-$50,000	16%	20%	12%	17%
$50,000-$100,000	18%	13%	16%	20%
$100,000-$200,000	16%	47%	23%	7%
>$200,000	6%	7%	10%	4%
Children present	11%	2%	15%	10%
People over 70 present	44%	62%	34%	47%

Acknowledgements

About the Organizations

UCLA Labor Center

For more than 50 years, the UCLA Labor Center has created innovative programs that offer a range of educational, research, and public service activities within the university and in the broader community, especially among low-wage and immigrant workers. The Labor Center is a vital resource for research, education, and policy development to help create jobs that are good for workers and their communities, to improve the quality of existing jobs in the low-wage economy, and to strengthen the process of immigrant integration, especially among students and youth.

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Hand in Hand: The Domestic Employers Network is a national network of employers of nannies, housecleaners and home attendants, our families, and allies who are grounded in the conviction that dignified and respectful working conditions benefit worker and employer alike. We envision a future where people live in caring communities that recognize all of our interdependence. To get there, we support employers to improve their employment practices and to collaborate with workers to change cultural norms and public policies that bring dignity and respect to domestic workers and all of our communities. http://domesticemployers.org/

Senior and Disability Action mobilizes and educates seniors and people with disabilities to fight for individual rights and social justice. Through individual support and collective action, we work together to create a city and world in which seniors and people with disabilities can live well and safely. http://sdaction.org/

Pilipino Workers Center (PWC) believes that people and communities have the right to a healthy, dignified quality of life. Yet so many immigrants are working in jobs that cannot meet their basic needs and living in unhealthy environments because they are isolated, disempowered, and overwhelmed by their daily struggle to work and put food on the table. PWC focuses on providing programs that help meet the immediate needs of workers and their families while at the same time building their leadership to take collective action for long-lasting change. http://pwcsc.org/

Caring Across Generations: Faith Based Los Angeles Alliance has been building a movement of all ages and backgrounds to transform the way we care. The Los Angeles chapter is a part of more than 100 local, state, and national partners to support our bold vision for a new approach to caregiving and help make up a movement toward accessible care. https://caringacross.org/

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Notes

1. Japan, Germany, Austria, and some Scandinavian nations reach large shares of their older populations (and younger persons with disabilities) through universal systems of long-term care. In the United States, Medicaid is the main option, but availability is limited, benefits vary by state, and there is a strong bias toward nursing home care as opposed to home-based care (Butler & Wright, 2006).

2. Minimum and maxumim annual rates are calculated using a minimum hourly rate ($12) and a maximum hourly rate ($35) multiplied by 40 hours per week multiplied by 52 weeks.

3. Using California minimum wage ($10.50) multiplied by 24 hours multiplied by 7 days multiplied by 52 weeks.

4. For California, the low-wage standard was $13.83 during the period in which the survey was conducted.

5. Unlike other types of work in which overtime applies after 8 hours in any workday, or after more than 40 hours in any week, 9 hours is the overtime threshold for domestic work per day, or 45 hours per week.

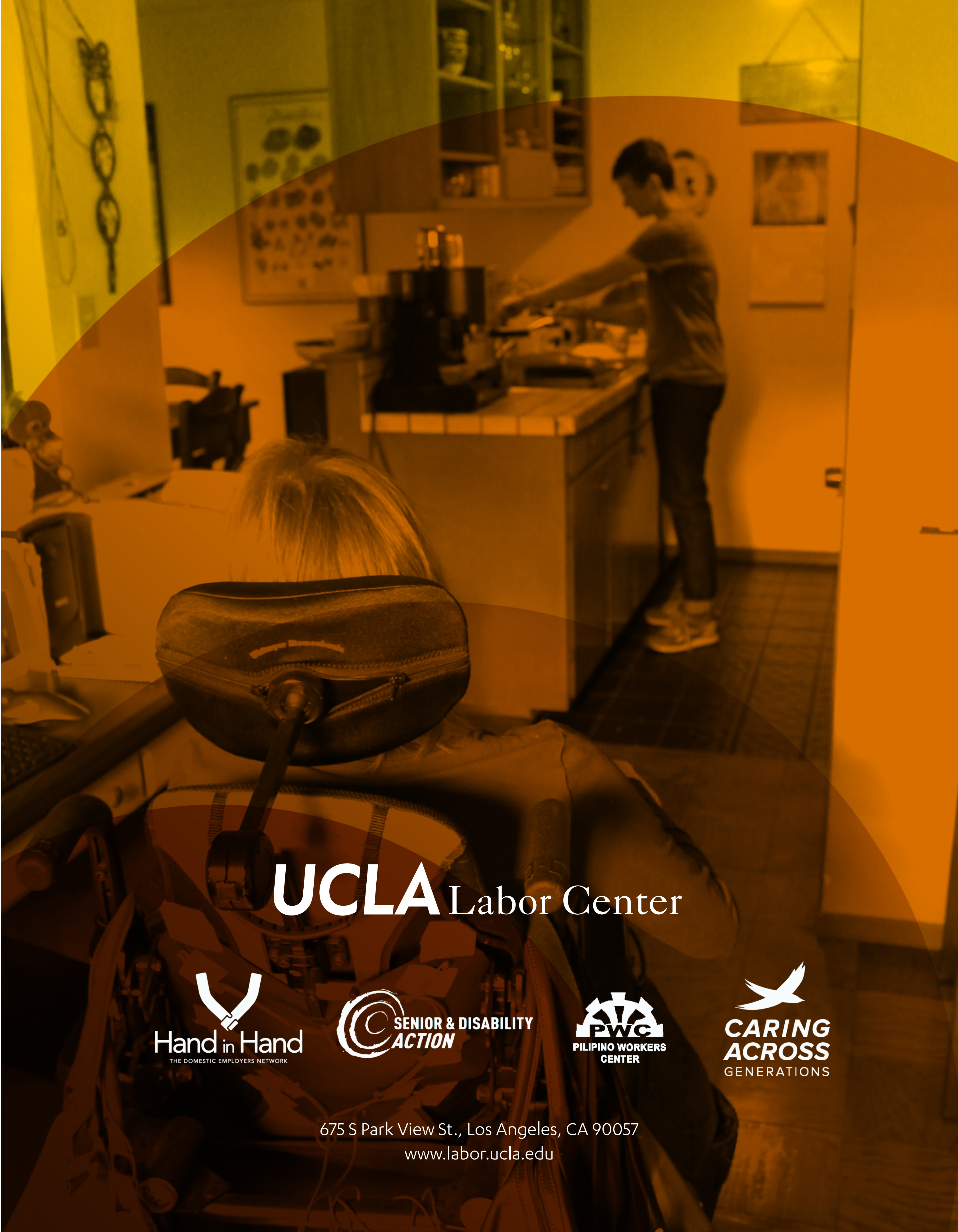
6. "Trade for room and board equivalent to $10 an hour," and "gets free room and board, car privileges, food, laundry privileges."

7. In September 2016, Governor Brown signed SB1015 into law, permanently preserving overtime protections for privately hired domestic workers in California.

8. This aligns with the key principle of the independent living movement and the 1999, the U. S. Supreme Court ruled in the 1999 case Olmstead v. L.C. that the "integration mandate" of the Americans with Disabilities Act requires public agencies to provide services "in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

9. For a detailed description of the phone survey methodology, see Appendix A in Waheed, S. et al. (2016) *Profile, Practices and Needs of California's Domestic Work Employers*. UCLA Labor Center.

Cover photo images: *At home, an employer looking at a worker in the kitchen, washing something in the sink. Credit: Hand in Hand: The Domestic Employers Network.*



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