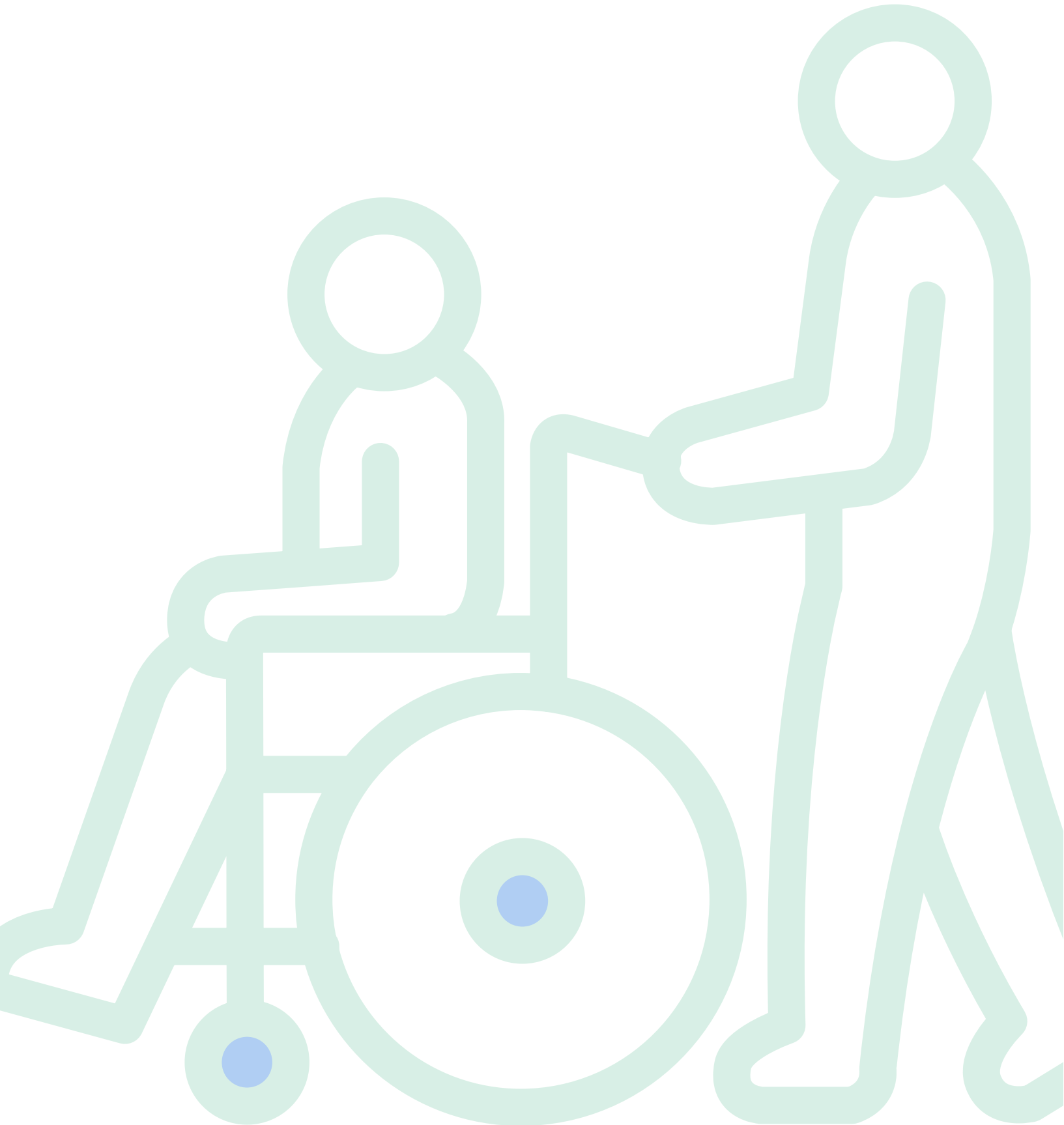


Washington ALTSA Caregiver Survey Report 2024



Executive Summary	3
Introduction	4
Methodology	5
Survey Results	7
Issues and Considerations	16
Conclusion	21
Appendix	22



Executive Summary

Overview

In response to persistent gaps between demand for service and caregiver workforce capacity, the Washington State Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA) conducted a survey of caregivers to better understand why people join, stay, and leave the workforce. The survey was initiated and funded by Engrossed Substitute Senate Bill 5187, proviso 44. For the purposes of this survey, “caregivers” are defined as workers who provide personal care services to older adults and people with disabilities living in their own homes, and who are or have been paid by Consumer Direct Care Network Washington (CDWA) or a Home Care Agency through Medicaid and/or Washington state funding programs. The survey was designed to solicit caregivers to understand the important characteristics of their work and workplace that influence retention and recruitment-based decisions. Their responses have been distilled to key findings that identify opportunities to influence regulation, policy, work standards, workforce norms, and other incentives to provide an industry-leading partner network and provider experience.

Methodology

The survey questions were designed to detail the demographic composition of the workforce, quantify caregivers’ sentiments about their work, and measure factors impacting recruitment and retention.

The survey received 14,376 complete responses from a target group of 93,206 caregivers. Of those complete responses, 13,216 were from current caregivers and 1,160 were from former caregivers.

Key Insights

- The survey found the caregiver workforce demographics skews to an older population with a higher percentage of women than the workforce at large. This is consistent with other reports detailing the direct care workforce. Targeting recruitment and retention efforts to address these gaps can expand the overall pool of recruits.
- With 73% of respondents reporting a tenure of more than two years, some shortfalls in care may be more attributable to factors other than retention. These factors may include recruitment, complexities in client pairing, and underutilization of the active caregiver workforce.
- Respondents report taking pride in their work, the impact they make for their clients, and the relationships they build with clients. They report their motivations are highly personal, and deeply rewarding. This individual experience can be built into a workforce culture that yields long-term commitment.
- The greatest variance in responses across factors such as gender, education, age, race, and sentiment exist between those caring for family or friends and those with no previous relationship to their clients. Caregivers with no previous relationship to their clients comprise a more traditional segment of the workforce, one in which those workers are hired by a third-party agency for clients and a service is performed for wages. These two segments require different approaches and interventions to join and stay in the caregiver workforce.
- A significant number of respondents face hostility, particularly among those reporting a tenure of under one year, and those without a previous relationship to their client. Reducing instances of hostility and providing better education and support to understand and manage instances, may yield a better workforce experience that helps increase retention.
- Respondents who report being unable to contact others for support are also more likely to have reduced confidence in their employing agency and this impacts their likelihood to continue caregiving.
- Former caregivers that responded cite pay, benefits, time off, and feeling more valued as the top reasons they might rejoin the workforce.

Introduction

Background

Caregivers under the purview of Washington ALTSA provide critical support for older adults and those with disabilities, providing direct support required for living in their homes. Washington state has faced a shortfall in the caregiver workforce, with persistent gaps between the available workers and increasing demand. The shortage of caregivers jeopardizes the ability of older adults and people with disabilities to remain in their homes and communities.¹

Demographic trends have exacerbated the caregiver workforce shortfall as the population of older adults in Washington has increased by 63% since 2010.² The labor market nationally and in Washington state has been historically constrained since the economy’s recovery from the COVID-19 pandemic.³ The shortfall has the potential to grow in the years to come as the population of older adults surges and the number of working age Washingtonians remains relatively flat.²

Caregiving is among the fastest growing occupations, projected to grow by 21% over the next decade.⁵ In Washington, the median wage earned by caregivers remains 19.5% lower than other entry-level jobs, even as the state has the highest mean wage for caregivers in the country.⁴

The workforce faces other challenges including higher rates for several physical health issues, such as musculoskeletal disorders, cardiovascular disease and sleep disorders., which can lead to attrition.⁶

This survey was initiated and funded by Engrossed Substitute Senate Bill 5187, proviso 44. This legislation directed ALTSA, in collaboration with the consumer directed employer and home care agencies, to establish guidelines, collect and analyze data, and research the reasons and timing behind home care workers leaving the workforce.

Survey Objectives

The survey aimed to gain a comprehensive understanding of the composition of the caregiver workforce under ALTSA’s purview by collecting detailed demographic information, including race and ethnicity, age, gender, sexual orientation, and geographic location.

Additionally, the survey asked about other aspects of their experience, such as their length of tenure and number of clients. The survey sought to quantify levels of satisfaction among caregivers regarding various material factors by including questions about wages and benefits, training opportunities, transportation, and time off.

The survey aimed to gather insights into the motivations, feelings, and experiences of caregivers in Washington, to capture data on workforce sentiment, identify common challenges faced, and understand how these experiences influence caregivers’ decisions to join, leave, or remain in the workforce. Caregivers were also given an open text field to provide any qualitative details they believed would serve the purpose of improving their work experience.

By understanding the composition, the factors that impact the workforce, and the sentiments of caregivers revealed in the survey, insights may be drawn that shape guidelines and actions to address caregiver staffing.



Methodology

Survey Design

The survey was conducted as an online questionnaire, with multiple choice, select and rank, Likert scale, and open response questions. The survey was emailed directly to former and current caregivers with a unique link for each respondent. A financial incentive of \$25 was offered to the first 380 respondents . Participants had the option to take the survey in one of 7 languages: English (default), Arabic, Cantonese, Spanish, Russian, Ukrainian, and Vietnamese.

The survey was designed with inputs from ALTSA, the Service Experience Team work group (SET), and the Workforce Development and Retention Group (WDRG). SET is a group of individuals who receive Medicaid funded services who convene to enhance the experience of the services they receive. The WDRG is comprised of representatives of DSHS, caregivers, and community partners who collaborate on strategy for workforce enhancement.

The survey was then refined after testing by members of the Direct Care Workforce Collaborative, an advocacy group of caregivers created by ALTSA to give a voice to people providing direct care, and by subject matter experts. It had two branches: one for former caregivers and one for current caregivers, with equivalent questions asked wherever possible to facilitate comparisons in responses .

The survey was structured with sections to comprehensively address various aspects of the caregiving workforce experience:

1. **Demographics:** Collecting basic information about the caregivers to understand the composition of the workforce
2. **Caregiving Experience:** Exploring the material experience of caregivers
3. **Attitudes About Caregiving:** Gauging caregivers’ perceptions and satisfaction with their roles
4. **Factors Impacting Caregiving Retention:** Understanding the key factors that influence caregivers’ decisions to stay in or leave the profession
5. **Questions Exclusive to Current Caregivers:** Addressing issues specific to those currently employed in caregiving roles
6. **Questions Exclusive to Former Caregivers:** Understanding the reasons behind caregivers’ decisions to leave the profession
7. **Open Response:** Providing caregivers with the opportunity to share additional thoughts and insights in their own words

Sampling

CDWA and 11 Home Care Agencies³⁴ provided contact information for all former and current caregivers, dating back to 2022, for a total target audience of 93,206 people. Caregivers then self-selected to respond, providing 14,376 complete responses, which is a statistically significant sample of 15.4% of the target audience.

With 14,376 complete responses included, the margin of error is +/- .752% with a 95% confidence level. This is a very high sample size for this population.

Of the total, 13,216 respondents were current caregivers, providing a +/- .76% margin of error.

The other 1,160 respondents were former caregivers, providing a +/- 2.82% margin of error.

An additional 5,391 survey responses were incomplete, and they were not included in this report.

CDWA and Home Care Agencies also employ caregivers performing services under the purview of other DSHS administrations such as the Washington Developmental Disabilities Administration (DDA). It is highly likely that some survey respondents currently, previously or simultaneously provide care services under the purview of DDA. For example, some caregivers may provide service to their children who are under DDA purview as minors, then ALTSA purview as adults.

Data collection and cleaning

Data for this survey was collected over a 40-day period, starting on August 21, 2024, and ending on September 30, 2024. Ten generalized reminders were sent to those who had not started the survey, five reminders were sent to those who had started the survey without completing it and one reminder was sent solely to former caregivers to increase participation from that group.

Data cleaning is the process of fixing or removing incorrect, incomplete, or duplicate data from a dataset. Data cleaning is important because it helps ensure the quality of data, which is vital for any data-driven project or analysis.

Data cleaning procedures were as follows:

- **Removed incomplete records:** All responses that were not 100% complete at the time the survey closed, were excluded from the analysis of the survey results.
- **Removed personally identifying information:** All personal information such as first name, last name, and email were removed from the data prior to analysis.
- **Removed responses outside of survey response period:** Simple frequencies were performed on all survey start dates to determine if any out-of-date range values existed. If an out-of-range value was found, it was removed from the dataset.
- **Removed responses from all non-caregiving personnel:** All participants who responded ‘No’ to the question, ‘Are you a person that is or has been employed as a caregiver in the past?’ were excluded from the analysis.

After data cleaning was completed, the data was migrated to a navigable dashboard with visualization and analysis.

The open text responses were manually reviewed to understand the qualitative sentiment. Additionally, specialized computer software was used to gather empirical information.

Limitations

Surveys, while valuable for gathering insights, inherently possess certain limitations. Generally, surveys can suffer from biases such as non-response bias, where individuals who choose not to participate may differ significantly from those who do, potentially skewing results. Specifically, self-selection by respondents can lead to a non-representative sample, as those with strong opinions or vested interests are more likely to participate. For example, while the sample size for both groups is statistically significant, the lower response rate of former caregivers compared to current caregivers should be considered when analyzing overall results containing data from both groups. Furthermore, conducting the survey online exacerbates the digital divide, potentially excluding individuals without reliable internet access or digital literacy, thus limiting the representativeness of the findings. An example of this could be the slightly higher participation rate of White/Caucasian caregivers, 55%, when compared to the 50% rate of caregivers who are White/Caucasian, as reported by CDWA and Home Care Agencies.

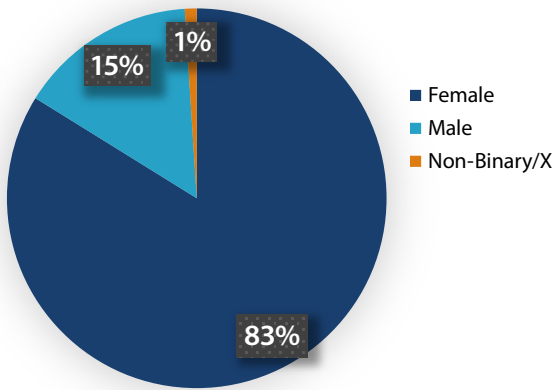
Although these factors should be considered in analyzing the overall reliability and generalizability of the survey results, the large sample size helps to mitigate their impact.

Survey Results

Caregiver Workforce Demographics

Gender

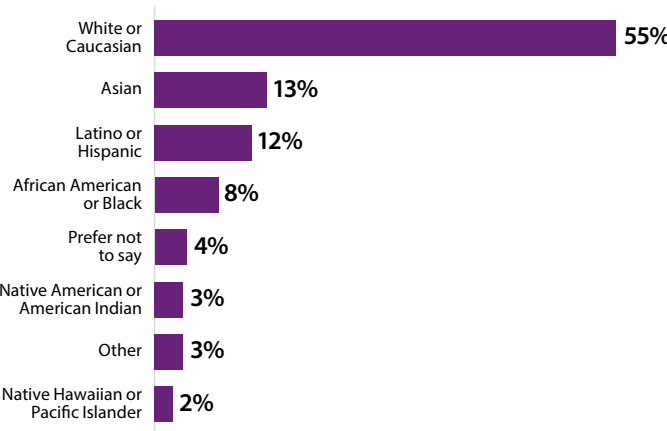
Figure 1. Gender



A total of 83% of survey respondents identified as female, 15% as male and 1% as x/non-binary. This is within the margin of error of similar studies of caregivers² and with adjacent workforce sectors.

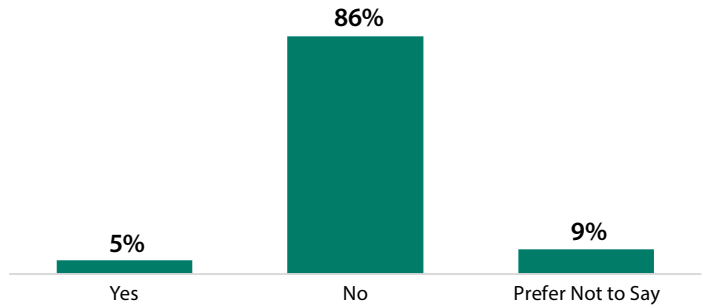
Race and Ethnicity of Respondents

Figure 2. Race and Ethnicity



Surveyed caregivers’ racial and ethnic composition reflects a workforce that is more diverse than the general population of Washington, with a lower population of White/Caucasian people, and higher percentages of people of color.²⁴

Figure 3. LGBTQ+ Identification

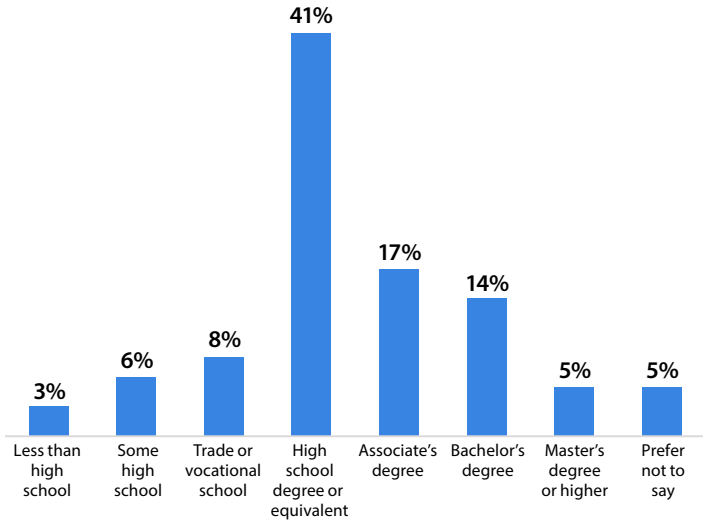


A total of 86% of caregiver respondents indicated that they do not identify as LGBTQ+, while 5% of the respondents indicate that they do. The remaining 9% of respondents chose not to indicate their identification.

Education Level of Respondents

A total of 77% of respondents reported having achieved a high school degree or equivalent, or higher.

Figure 4. Level of Education



Geographic Distribution of Respondents

The survey fielded complete responses from every county in Washington state with a distribution that closely reflects the overall population.

Figure 5. Responses by County

County	Responses	%	County	Responses	%	County	Responses	%
Adams	65	0.45	Grays Harbor	237	1.65	Pierce	1,775	12.35
Asotin	52	0.36	Island	103	0.72	San Juan	16	0.11
Benton	518	3.60	Jefferson	46	0.32	Skagit	216	1.50
Chelan	122	0.85	King	3,417	23.77	Skamania	22	0.15
Clallam	166	1.15	Kitsap	425	2.96	Snohomish	1,187	8.26
Clark	1,118	7.78	Kittitas	71	0.49	Spokane	1,214	8.44
Columbia	52	0.36	Klickitat	29	0.20	Stevens	132	0.92
Cowlitz	319	2.22	Lewis	220	1.53	Thurston	553	3.85
Douglas	61	0.42	Lincoln	25	0.17	Wahkiakum	14	0.10
Ferry	29	0.20	Mason	126	0.88	Walla Walla	120	0.83
Franklin	273	1.90	Okanogan	120	0.83	Whatcom	399	2.78
Garfield	7	0.05	Pacific	79	0.55	Whitman	57	0.40
Grant	252	1.75	Pend Oreille	42	0.29	Yakima	697	4.85

The greatest difference between urban counties (Clark, King, Pierce, Snohomish, Spokane) and others is a variance in mode of transportation. While cars are the most common (89% for urban areas, 93% for rural/suburban), 8% of caregivers in urban counties use public transportation, compared to 3% in other counties.

Caregiver Workforce Experience
CDWA/Home Care Agency Caregiver Composition

Figure 6. Current Caregiver Composition



Of the surveyed participants currently employed as caregivers, 83% reported being employed through CDWA, 10% reported working for a Home Care Agency, and 8% reported working for both.

Figure 7. Former Caregiver Composition

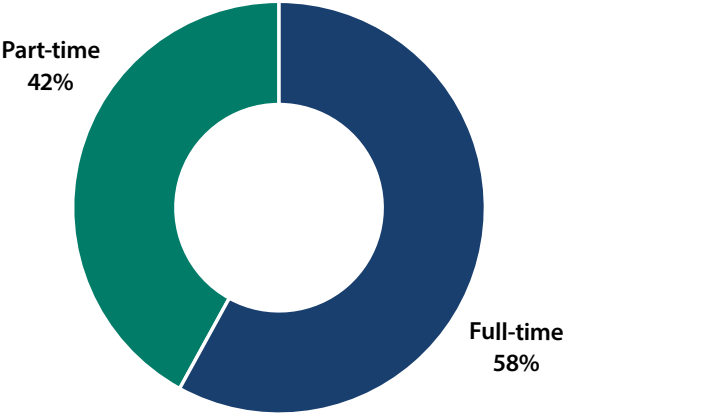


Among surveyed caregivers who reported being formerly employed as caregivers, 76% were formerly employed at CDWA, 13% worked for Home Care Agencies, and 10% worked for both.

Full-Time/Part-Time

Full-time employees were defined as those who work 30 or more hours per week. Part-time employees were defined as those who work less than 30 hours per week. A total of 58% of survey respondents reported being full-time caregivers and 42% of survey respondents reported being part-time. The split was 57% full-time 43% part-time for those employed through CDWA, 59% full time, 41% part-time for those employed through Home Care Agencies, and 70% full time, 30% part time for those who reported dual employment through both CDWA and Home Care Agencies..

Figure 8. Full-time versus Part-time Caregivers

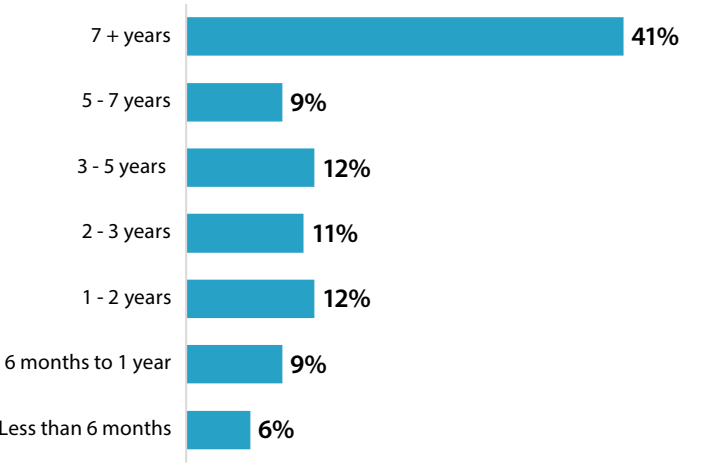


Of the survey respondents who reported being part-time caregivers, 54% indicated that more hours are available for them to work if they can or are able to. Conversely, 46% reported that no additional hours are available for them to work.

Length of Service

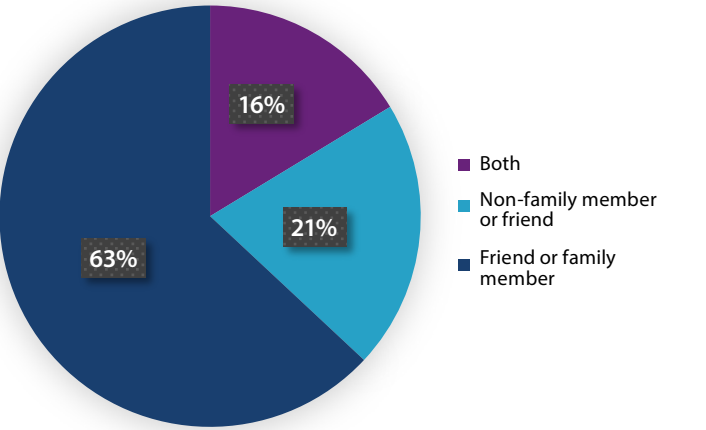
Figure 9. Length of Service

41% of surveyed caregivers reported a tenure of 7 or more years and 73% of caregivers report a tenure of more than 2 years.



Caregiving Relationship

Figure 10. Caregiver/Client Relationship



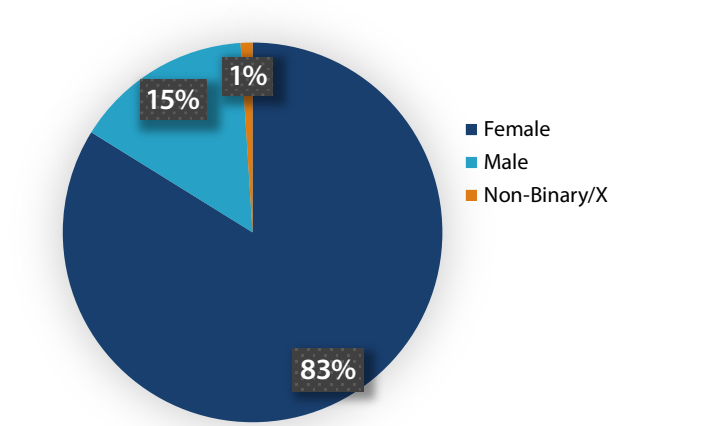
A total of 63% of surveyed caregivers reported caring for a family member or friend, 21% reported caring for a non-family member or friend, and 16% reported caring for both.

Key Findings

Gender and Age

The composition of the caregiver workforce is marked by both gender and age.

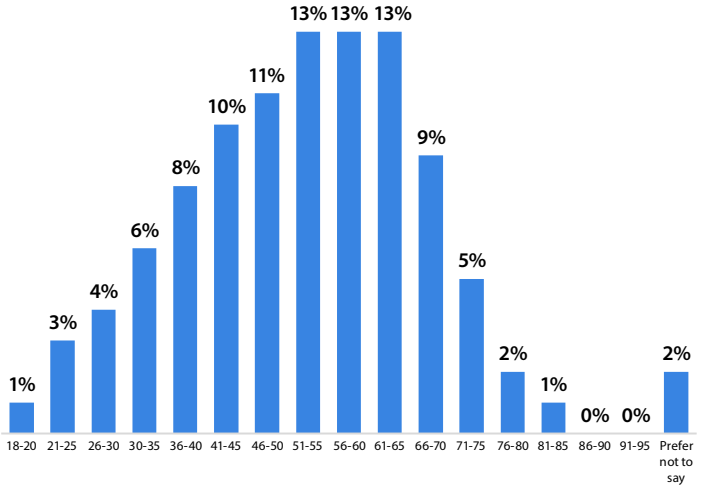
Figure 11. Gender of the Caregiver Workforce



The caregiver workforce gender skews female, with 83% of respondents identifying as women, 15% male and 1% x/non-binary.

This difference is larger among the more traditional portion of the workforce, those caring for clients with whom they had no previous relationship: 88% female, 10% male, 1% x/non-binary.

Figure 12. Age of the Caregiver Workforce



A total of 30% of all caregivers surveyed and 29% of current caregivers reported being over the age of 60.

A total of 22% of all caregivers surveyed, reported being 40 or younger. A total of 22% of current caregivers also reported being 40 or younger.

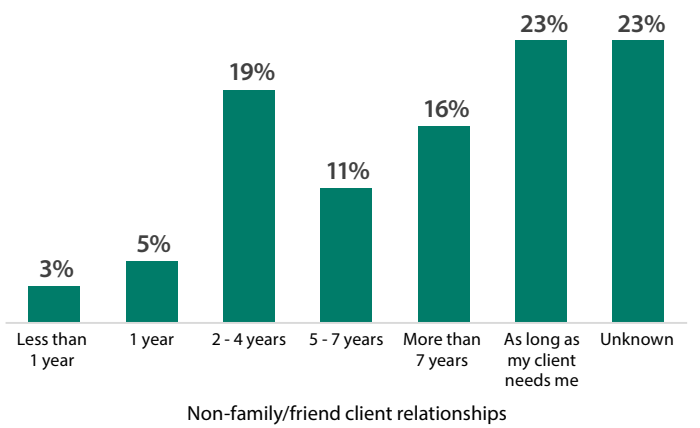
The median age for the caregiver workforce was reported to be 53 years old, compared to the median age of 38.6 for the Washington state labor force in 2022.²⁷

A total of 25% of caregivers serving a client with whom they had no previous relationship were over the age of 60, with 52 being the median age reported for this group.

Caregiver Workforce Tenure

Survey respondents reported careers that exceeded initial expectations from ALTSA.

Figure 13. Future Work Plans of Caregivers



Among current caregivers serving clients with whom they had no previous relationship, only 8% of those surveyed stated an intention to continue in the caregiving workforce for less than two years. That 8% reported more than twice the rate of feeling “emotionally drained,” “frustrated with working conditions,” or “physical pain” from their work all of the time or fairly often.

Among all current caregiver respondents, the largest share, 52%, said they would continue in the caregiving workforce, “As long as my client needs me.” This number is higher for those with an existing relationship to their client, 64%, and lower for those with no relationship to their client, 23%.

Caregivers serving family or friends, compared to those with no previous relationship to their clients

Not surprisingly, the survey revealed a distinct variance between caregivers serving family and friends, and those caregivers with no previous relationship with their clients. Responses followed this trend of variance across the caregiver experience, including:

- Number of clients served
- Transportation
- Reasons former caregivers might return
- Aspects liked most about the job
- Reasons caregivers might leave their position

A total of 63% of respondents said they provide care for only family or friends, 21% care for only clients with no previous relationship, and 16% cared for both family or friends and those with no relationship.

Gender



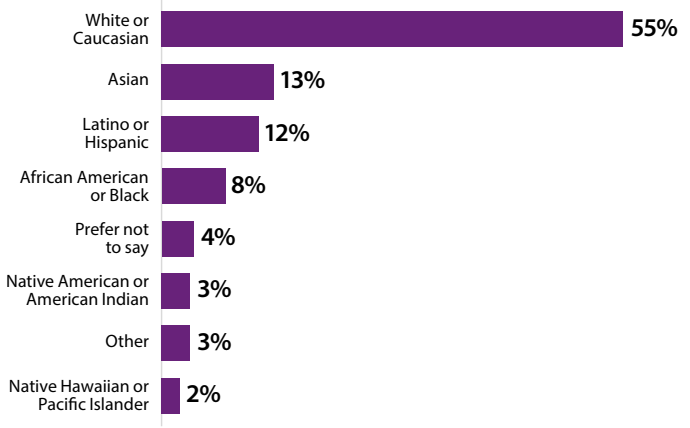
- **Family/Friend Caregivers:** Men comprised 19% of the caregivers serving family members or friends
- **Non-Family/Friend Caregivers:** Men comprised 10% of caregivers who provide care to clients – with whom they have no prior relationship.

Education



- **Family/Friend Caregivers:** 40% hold a bachelor’s degree, master’s degree or higher
- **Non-Family/friend Caregivers:** 32% hold a bachelor’s degree, master’s degree or higher

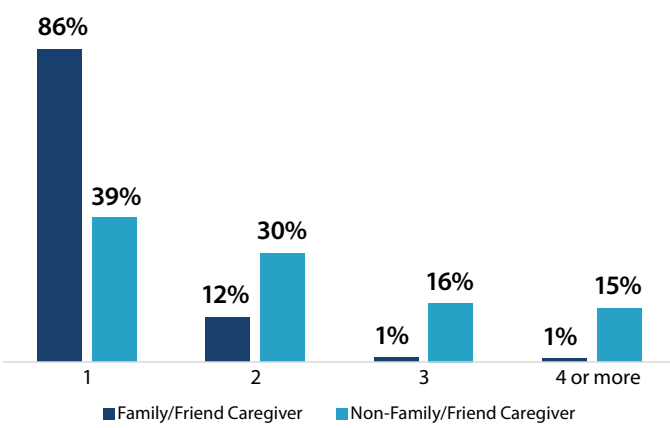
Figure 14. Race and Ethnicity



Race

- **White or Caucasian:** the highest percentage among caregivers serving both groups of clients
- **Asian:** 13%, the second highest among caregivers providing care for friends or family members
- **Latino or Hispanic:** 12%, Latino or Hispanic: The second highest among caregivers providing care for non-family members

Figure 15. Variance in Clients Served: Comparing Caregivers of Family/Friends to Those with No Prior Relationship



Clients served

Among caregivers providing service to family or friends, 86% of those surveyed care for one client at a time (in a given week), and 12% care for two clients and 2% care for 3 or more. Throughout their careers, 75% have served one client, and 15% have served two clients, and 2% have cared for more than two clients.

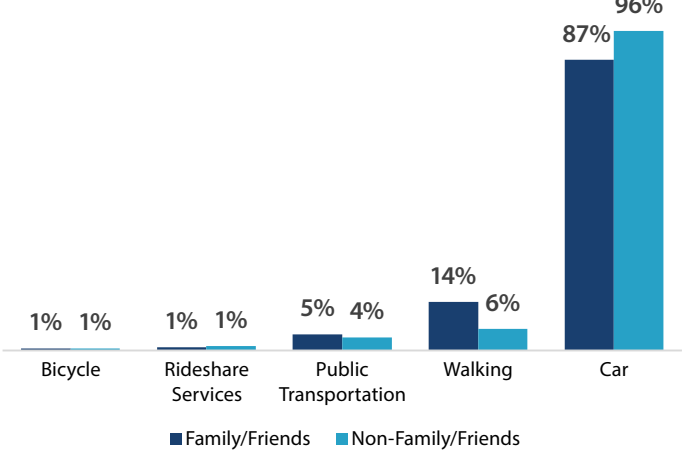
Among caregivers with no previous relationship to their client, 39% of those surveyed care for one client in each week, 30% care for two, 16% care for 3, and 16% care for 4 or more. For the span of their careers, 32% have cared for 10 or more, 30% have cared for between 4 to 10 clients, 15% have cared for one client, 13% have cared for 2, and 9% have cared for 3.

Transportation

- **Family/Friend Caregivers:** 29% live with their client, 75% spend less than 15 minutes commuting, and 60% spend \$50 or less on commuting
- **Non/Family Friend:** 72% spend more than 15 minutes commuting and 76% spend \$50 or more on commuting

Figure 16. Modes of Transportation

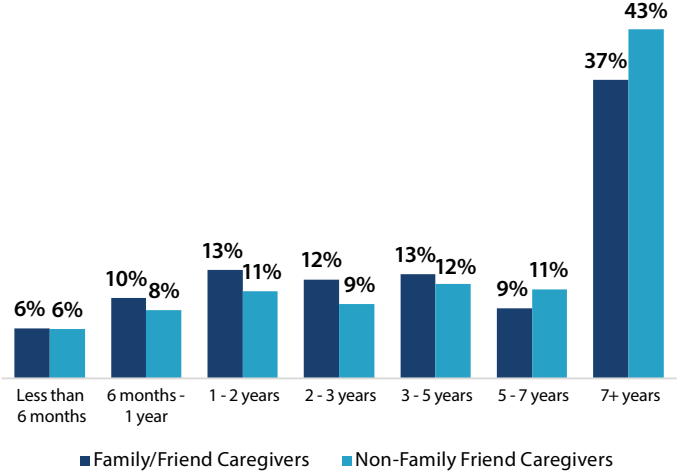
Cars were reported by both groups as the most common mode of transportation.



Caregiver Length of Service

Among those surveyed, caregiver relationship correlated with significant differences in reported workforce tenure.

Figure 17. Surveyed Caregiver Tenure by Client Relationship



Reasons to Return

A total of 48% of former caregivers surveyed said they would consider rejoining the caregiver workforce, and 33% said “maybe.”

Both groups ranked “Pay Increase” as the top reason to return, 43% of those caring for family/friends and 54% of those with no client relationship. Their second choices for returning saw more variance:

- **Family/Friend Caregivers:** “better benefits package” (25%), “more caregiving hours” (21%), “career growth” (20%)
- **Non-Family/Friend Caregivers:** “feeling more valued” (33%), “better benefits package” (31%), “career growth” (30%)

Aspects Liked Most

Figure 18. Family/Friend Caregivers

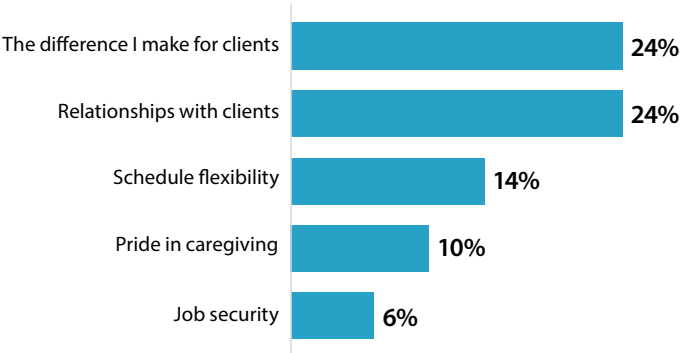
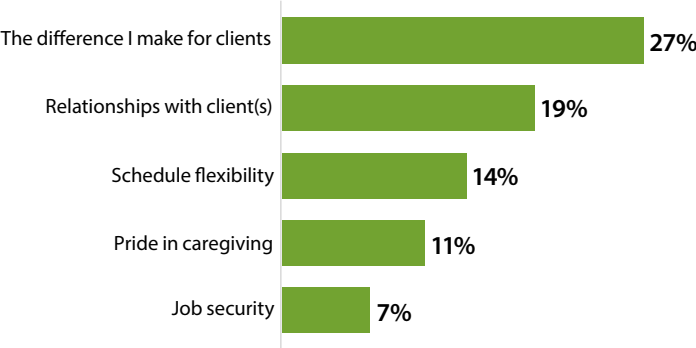


Figure 19. Non-Family/Friend Caregivers



Top Reasons to Leave, or Reason for Leaving the Workforce

Figure 20. Family/Friend Caregivers

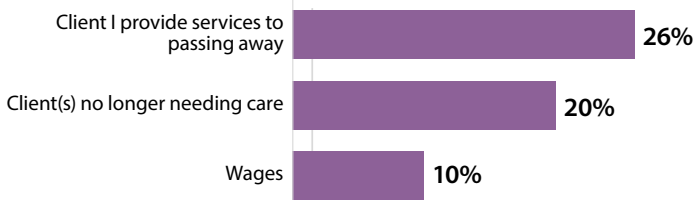
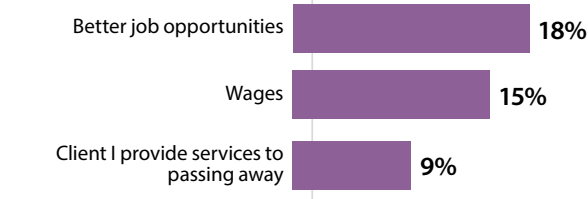


Figure 21. Non-Family/Friend Caregivers



These trends underscore the different dynamics and motivations within the caregiver workforce, emphasizing the importance of tailored strategies to address the unique needs and preferences of family/friend versus non-family/friend caregivers.

Comparisons between CDWA and Home Care Agency Caregivers

A total of 73% of caregivers who reported being employed through CDWA provide care for a family member or friend, whereas 67% of those who reported being employed by a Home Care Agency provide care for a client with whom they have no previous relationship.³³

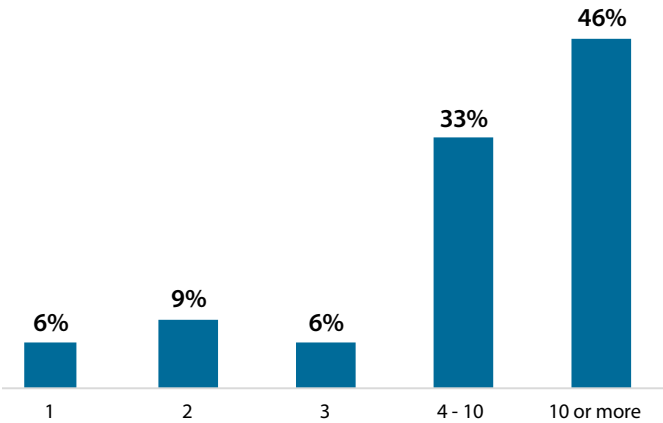
Respondents employed through CDWA reported less agreement with “feel[ing] connected to others,” than counterparts employed through Home Care Agencies - 59% and 70% respectively.

Some 17% of Home Care Agency respondents disagreed with the statement “Leaders at my Home Care Agency make sure I know the purpose of what we are doing” while that number was 30% for those employed through CDWA.

Among current caregivers working for CDWA, 67% reported caring for one client per week, and 52% reported caring for one client throughout their career.

Current caregivers who worked for Home Care Agencies and provided care for non-family members/friends reported the highest number of clients cared for in a given week, with 33% caring for 4-10 clients and 46% caring for 10 or more clients across their career.

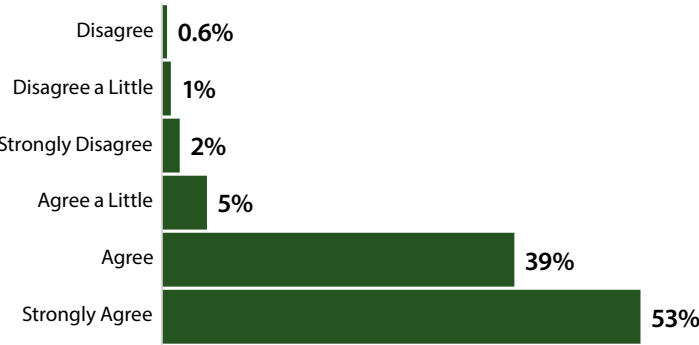
Figure 22. Clients Cared for Across Career Home Care Agency Caregivers serving non-family/friends



Caregiver Workforce Motivations

Caregiver sentiment reflects widely held and deeply felt commitment and personal motivations.

Figure 23. Caregivers Feel Good About Their Work



Caregivers surveyed reported high levels of job satisfaction, with 97% of all saying they feel good about the work they are doing. The number was slightly higher for current caregivers, 98%, and slightly lower, 95%, for former caregivers.

“I love what I do and I’m grateful that the State gives me the opportunity to be with my mother in these final years of her life.”

This correlated with responses pertaining to caregivers’ perception of client value and impact of their work, with 91% reported feeling their client valued their work, and 95% reported seeing the difference that their work makes.

The trend continued with respondents ranking “The difference I make for my client(s)” and “relationship with my client(s)” as the top reasons they like their jobs.

The word “love” was included in 590 of the 4958 comments in the optional prompt “Is there anything else you want to share about your experience as a caregiver?” For example:

“I love what I do and I’m grateful that the State gives me the opportunity to be with my mother in these final years of her life.”

“I love caregiving. I have always been someone who loves helping and taking care of people. This job gives me a chance to do that for people.”

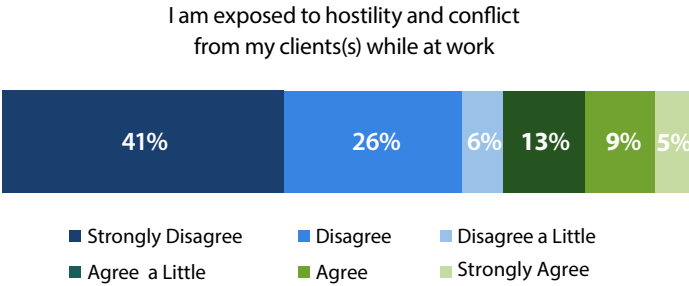
“I have been a caregiver since 2013 I feel like its second nature to myself. I love what I do.”

“I love caregiving. I have always been someone who loves helping and taking care of people. This job gives me a chance to do that for people.”

Caregiver Workforce Exposure to Hostility

Caregivers reported notable levels of exposure to hostility from clients, impacting their workforce experience.

Figure 24. Exposure to Hostility

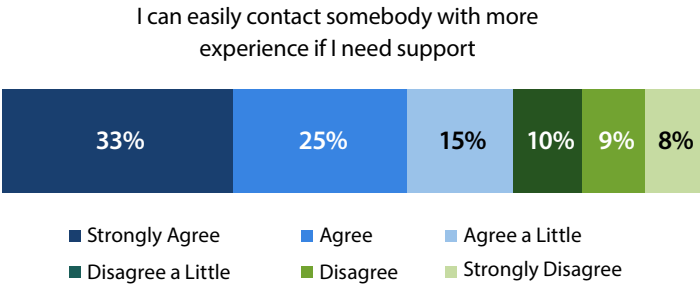


Some 27% of all caregivers surveyed reported at least some exposure to hostility from clients. Reports of exposure to hostility trended higher with some groups, including 36% of those working less than 6 months, 40% of former caregivers, and 41% of those serving clients with whom they have no previous relationship.

Caregiver Workforce Support

Caregivers reported facing obstacles in seeking and receiving support.

Figure 25. Ease of Outreach for Support



“It is rewarding to help people out. Without enough support from others it can be challenging.”

A total of 27% of all caregivers disagreed with the statement “I can easily contact somebody with more experience if I need support.” 28% of caregivers employed through CDWA reported disagreement, compared to 17% of those employed through a Home Care Agency.

Overall 24% of all caregivers surveyed disagreed with the statement “My Home Care Agency/CDWA supports me to the best of their ability,” Home Care Agency caregivers reported a lower rate of disagreement of 14%.

A total of 39% of all caregivers disagreed with the statement “I feel connected to others at CDWA/ my Home Care Agency.” Home Care Agency caregivers reported lower rate of disagreement of 14%.

One caregiver stated, “I don’t feel any real connection to the agency, nor any kinship with fellow employees. The agency case managers have no voicemail or email that I am allowed any access to. The paperwork is antiquated, and the same purposes could be accomplished through the electronic data system.”

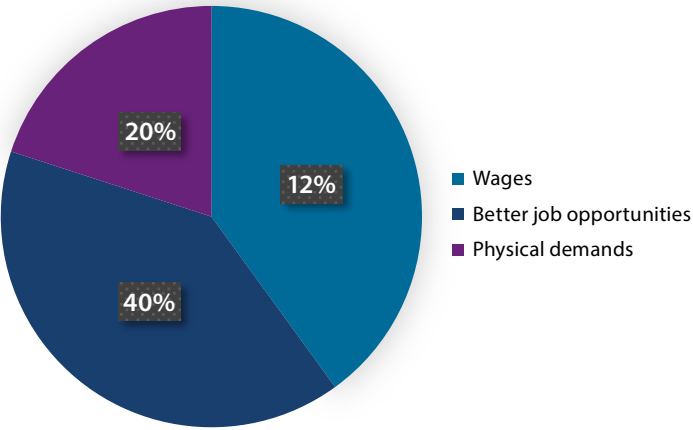
Factors Impacting the Caregiver Workforce

The survey revealed key trends in the factors impacting caregiver retention, attrition, and workforce competitiveness.

The top reasons that current caregivers surveyed gave for leaving the workforce were client-based: “the client I provide services to passes away” (20%), and “Client(s) no longer needs care” (16%).

Top factors affecting attrition, ranked by current caregivers, excluding those that were based on client outcomes:

Figure 26. Top Factors Affecting Caregiver Attrition (Excluding Client Outcome-Based Factors)

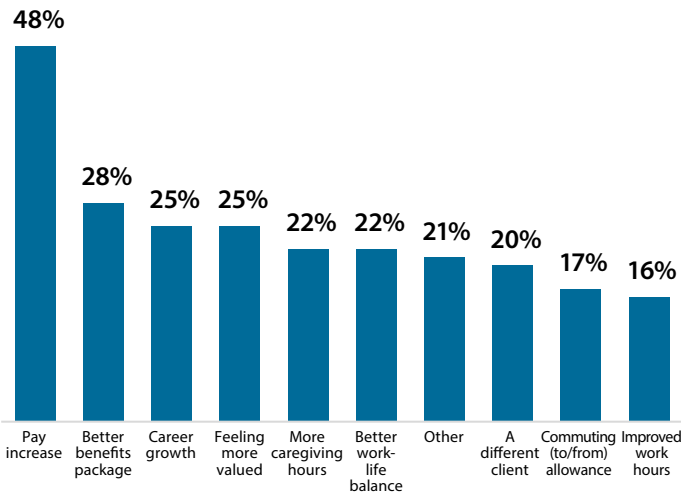


Some 48% of former caregivers surveyed said they would consider returning to the workforce, and an additional 33% said “maybe.”

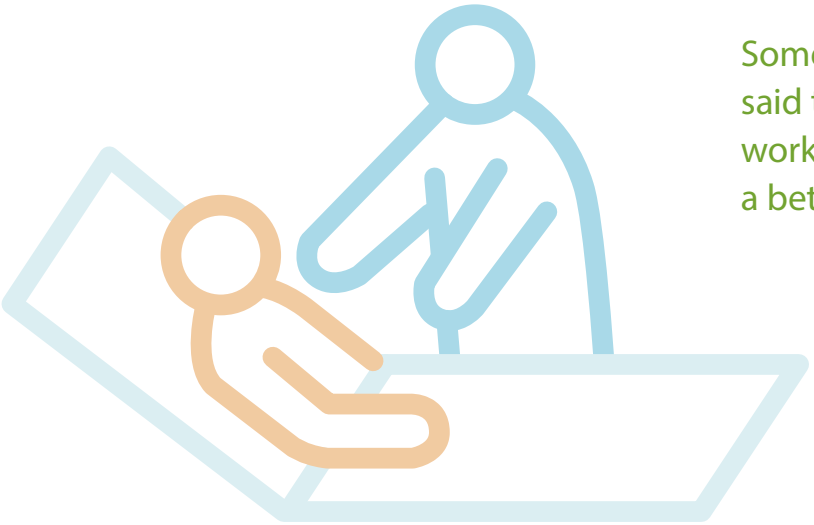
“Being a caregiver is a labor of love. There isn’t enough money to compensate for the amount of physical, mental, and emotional stress that comes with the job.”

Top reasons former caregivers surveyed might return to the workforce, ranked:

Figure 27. Top Reasons Former Caregivers Might Return to the Workforce



Some 48% of former caregivers surveyed said they would consider returning to the workforce for a pay increase, and 28% cited a better benefits package.



Issues and Considerations

Not Enough Caregivers

The caregiver workforce needs to expand to meet current demand, and that growth must continue in the future to meet the needs of an expanding client base.⁸ This will require aggressive goals and year over year increases in new caregivers joining the workforce.⁹ Increasing awareness and the appeal of the option to provide care to family members and friends may have some impact on the workforce shortage. Most recruitment strategies will be primarily applicable to growing the traditional segment of the caregiver workforce, which is defined as the workforce that does not have a previous relationship to the clients they serve.

Considerations

- Addressing clear gaps in the composition of the caregiving workforce can help expand the pool of recruits. While caregivers may be genderized by many external societal and social factors, even incremental increases in men joining workforce will expand the pool of potential recruits and may yield the workforce benefits of gender diversity.^{10,11} Similarly, with a significant portion of the workforce nearing or at retirement age, it will be essential to focus recruitment efforts on individuals who are new to the labor force.
- Diversifying recruitment tactics may allow CDWA and Home Care Agencies to reach a broader and more diverse pool of prospects. Job fairs may provide a means to connect personally with potential caregivers while also creating more visibility for the workforce. Social media can be deployed with increasing sophistication to target people with desired qualities, including a passion for caregiving and commitment to clients, demographics, and geography.
- Partnering with educational institutions, like vocational schools, community colleges, and high schools, can provide a pathway to caregiving for those actively preparing for their careers. Massachusetts developed a framework for teaching “health assisting” whereby program students utilize a ‘framework’ to understand technical knowledge and develop career-focused health-related skills. Students become CPR and first-aid certified to meet state or national standards. College credits can be earned by students who attend high schools that participate in an agreement with 15 Massachusetts community colleges.²⁸
- For younger workers, cultivating a positive workplace culture that values diversity, inclusion, and social commitment is crucial, as dissatisfaction with culture and social engagement are major reasons for job departure, according to Deloitte’s Global Millennial Survey. Promoting engagement and collaboration through both virtual and physical means can help rebuild connections and increase employee satisfaction.²⁰
- Approaching the specific needs and preferences of younger people comprehensively is essential to attracting them to the caregiver workforce. Offering flexible work arrangements is key to making caregiving appealing, as younger caregivers highly value flexibility in their schedules.
- Centering an evaluation process that puts the highest value on the intrinsic motivations reflected in the current workforce can build on what is working best. People who hold a deep joy for caregiving are not only committed to serving their clients but make caregiving a long-term career. Marketing the roles with an emphasis on the service and relationship to clients can encourage more people with those qualities to apply.
- Offering recruitment and training materials that are accessible can make it easier for older people and those with disabilities to enter the workforce and providing ways to provide remote services may allow them greater means to participate in the caregiver workforce.
- Leveraging state vocational rehabilitation programs to support a pool of qualified candidates could create a new avenue to draw recruits.²⁹

- Health and social care sectors do not offer clear career paths, making it difficult to attract and retain staff.¹⁷ Providing opportunities for progression and professional growth can appeal to workers at the start of their careers. Some caregivers expressed a desire for more career advancement and learning opportunities, which can play a crucial role in their decision to enter and remain in the caregiving field. Community programs that support caregivers can also offer a sense of belonging and purpose that can help increase retention.
- Assessing the full scope of work that caregivers may be asked to perform, including tasks that can be completed by people with various levels of ability, may enable older workers or those with disabilities or physical limitations to join the workforce.¹⁸
- Developing a comprehensive marketing and recruitment strategy that targets individuals seeking a second career may attract recruits who share the same essential qualities as successful caregivers. With a surge in Washingtonians approaching retirement age, many retirees may seek a second career in a service-oriented position that provides extra income. Retired and discharged service members and military spouses may have training and experience germane to caregiving.¹⁴
- Re-engaging former employees has proven to be an effective strategy. Key strategies include reimagining work and roles through initiatives like Hewlett Packard’s “Homecoming” program, which focuses on rehiring recently departed employees, leveraging their familiarity and expertise for quicker integration and productivity.¹⁹
- Targeting former employees with communication and outreach, such as personalized messages highlighting new opportunities and organizational changes, can emphasize how the caregiving workforce has evolved and the impact their return could make. For caregivers who formerly served a loved one, this requires delicacy and must be tailored to individual circumstances, given that many will have lost a friend or family member, but still may be attracted to the workforce to serve others.
- Establishing and maintaining robust alumni networks to keep former employees connected through regular updates and event invitations can nurture ongoing engagement. Standardizing exit surveys could allow for better data cohesion for measurement and tracking.
- Marketing caregiving specifically to individuals with relationships to clients in need of services may be an effective way to expand the caregiving workforce. Many caregivers expressed gratitude for having caregiving as an option for their families, while others regretted not knowing about it sooner.

Lack of Connection

Caregiving occurs in clients’ homes, so their time spent working is away from their colleagues, peers and respective agency, affording little opportunity for team building or other work-culture building activities. Meanwhile, former caregivers ranked “feel[ing] more valued” among their top reasons to return. Addressing the issues of isolation and feeling valued may improve workforce retention.

Considerations

- Celebrating moments and milestones to recognize caregivers for their impact and value. This recognition can build upon the individual enrichment of the caregiver, providing a sense of community.¹²
- Creating space for peer-to-peer support and social activities can provide an avenue for connection. Identifying “culture champions” within the workforce may provide opportunities for leadership skills to develop and utilize different skills. CDWA and Home Care Agencies could consider activities that are done remotely, like other sectors with remote work.¹³

- Providing caregivers with regular opportunities to express themselves and provide feedback can give them a sense of being heard. This could include regular workforce surveys and townhalls with agency leadership. Additionally, regular surveys can be used to measure and track sentiment along with the effectiveness of workforce programs and initiatives.
- Tasking the Direct Care Workforce Collaborative with identifying means and milestones for recognition that will matter most to caregivers can enhance the impact of those efforts.
- Regularly reviewing the retention toolkit³¹ and supervisor training modules for milestone recognition and well-being may allow for periodic updates and changes to suit the workforce. Providing equivalent materials to clients and guardians who act as de facto managers for individual providers may drive these initiatives in more scenarios.
- Expanding opportunities for team-based models of caregiving, like cluster care or coordinated care models, could provide more opportunities for caregivers to collaborate and learn as they provide services.
- Continuing development of diversity, equity and inclusion programs may reduce isolation and forge connections, particularly for caregivers with similar backgrounds.²⁰
- Encouraging an open-door policy for CDWA and Home Care Agency leaders and administrators could provide caregivers with an avenue to ask questions, share concerns, and propose ideas. Leaders and administrators may also benefit from hearing directly from the workforce.
- Hosting social events may help caregivers build relationships and support networks within CDWA and Home Care Agencies.

Administrative Challenges

Many caregivers reported challenges with their administration including issues with payroll submission, difficulty signing up for required trainings, and confusion about responsibilities and roles. Though these issues may vary among CDWA and respective Home Care Agencies, mitigating administrative problems may enhance the caregiver experience and improve retention.

Considerations

- Supporting CDWA and Home Care Agencies to invest in technologies, like HR programming suites and Customer Resource Management tools, that improve administrative processes can address specific problems while decreasing the administrative workload.¹⁵
- Enhancing training for caregivers on current and future administrative technology may reduce frustration for workers and mitigate the impact of the digital divide. As new technology is implemented to ease the workforce’s administrative burden, agencies should deploy best practices for change management to increase adoption.
- Assigning new caregivers a peer-advisor during onboarding may provide them with an immediate resource for administrative questions give more experienced workers a leadership opportunity.
- Adopting a multi-modal approach to communication could connect caregivers to the information they need more quickly. This could include a staffed and dedicated hotline, communicating via a mobile application, or texting, alongside email. Rapid, easy communication with administrative and managerial teams is essential to those working on-site.
- Leveraging AI systems could help CDWA and Home Care Agencies optimize caregiver deployment by dynamically matching part-time caregivers seeking more hours with clients needing service. AI algorithms analyze factors such as caregiver availability, client needs, skills, and geographical proximity to create efficient schedules. Predictive analytics could forecast demand, allowing proactive workforce management, while real-time monitoring ensures timely adjustments. Enhanced communication tools and data-driven decision-making could further streamline operations, so both caregivers and clients are well-supported, ultimately improving service quality and operational efficiency.²⁶

Hostility from Clients and Other Client-Specific Needs

Nearly 27% of caregivers report experiencing hostility from their clients, and the percentage is higher for those who are newer to the workforce and those who serve a client with whom they had no previous relationship. While instances of hostility may be attributable to the client’s condition, the levels suggest a need for ongoing attention, support and action. Additionally, caregivers suggest a need for training that pertains to the specific conditions of their client, such as Alzheimer’s disease and Related Dementias or autism spectrum disorder. Mitigating and managing negative experiences for caregivers can improve retention.

Considerations

- Increasing training for caregivers to effectively manage, support, and understand hostile behavior that stems from a client’s condition, including de-escalation techniques, and conflict resolution may prepare caregivers to handle unavoidable exposure to hostile behavior.
- Building on clear safety and other protocols listed in Senate Bill Report SB 6205-Washington can protect caregivers and clients from harm and lead caregivers to resources.
- Offering specialized trainings and support for various diagnoses and behavioral health conditions can provide caregivers the skills needed to deliver the best possible care. Rhode Island College developed a 30-hour Behavioral Health Certificate Training program specifically for direct care workers. The State offered this training at no cost to direct care workers, providing participants with a stipend and a credential upon completion.²¹
- Improving communication procedures can help caregivers to report hostility or abuse and address the behavior appropriately. Some 27% of those surveyed disagreed with the statement, “I can easily contact somebody with more experience if I need support,” and numerous comments from caregivers described instances of being unable to get help in a timely manner.
- Providing onboarding training for clients and their guardians that can help create a more positive and professional experience for caregivers.
- Considering the adoption of training programs that allow for more specialization which can create a pool of caregivers better equipped for clients with certain conditions and challenges. This will enable caregivers to more effectively address a wider range of client needs.

Maintaining Competitive Wages and Benefits

Pay, health insurance benefits, and time-off rank highest in importance to caregivers beyond client service, particularly among the traditional workforce, those with no previous relationship to their clients. While the workforce report being motivated by intrinsic rewards of caregiving and a personal commitment to clients, their labor is still transactional. Higher pay and better benefits increase the likelihood that an individual will join and stay in the workforce.²² Pay rates and benefits packages can be complicated to adjust, as agency budgets are constrained by set rates.

Considerations

- Expanding specialized training for specific conditions can give caregivers a path to personal development and career growth, if coupled with pay or benefits increases as trainings are completed. This also grows the pool of caregivers that can meet various needs and conditions. One example of this is the Advanced Home Care Aide Specialty (AHCAS).
- Increasing pay and enhancing benefits may be the most direct interventions to increase retention, expand recruitment, and entice former caregivers to return. Even as Washington has the highest median pay rate for caregivers of any State, that pay is 19.6% lower than the median pay for other entry-level positions in the State.⁵

Conclusion

- Describing existing benefits through targeted outreach and communications could increase awareness of benefits that caregivers can utilize.
- Implementing a graduated pay-scale with escalated rates based on tenure may also improve retention and provide incentive to join the workforce.¹⁶
- Bonuses and financial incentives that are performance-based can drive high performance and long-term commitment from caregivers.
- Partnering the Direct Care Workforce Collaborative with labor and agency leadership to evaluate current and potential benefits may help ensure packages are most beneficial and attractive to the workforce.
- Analyzing caregiver workforce pay rates compared to adjacent sectors and fields can ensure competitiveness.
- Identifying obstacles to caregiving and testing programming and benefits to make caregiving more accessible, such as the ALTSA transportation pilot program planned for implementation in 2025, can allow agencies to remain competitive as they seek to recruit and retain workers.
- Improving pay and benefits may make caregiving more feasible for family members and friends of clients.

Caregiving as a Career Path

Former caregivers with no previous relationship to their clients listed “better job opportunities” as the top reason for leaving the profession. In addition to pay, providing caregivers with direction and a means to advance within their role may lead to longer tenure.

Considerations

- Granting access to a full catalog of trainings that can be readily accessed by all caregivers at any level can provide the workforce with the skills and training when they need it, and to be prepared for new challenges. Caregivers can then grow and specialize as they learn more.
- Tying completion of additional trainings to incentive pay, as with AHCAS, can provide a framework of goals for caregivers who are seeking more from their jobs.
- Expanding mentorship programs can provide experienced caregivers with opportunities to demonstrate leadership, while also delivering real-world experience to newer workers. Mentorship programs can also provide the mentee with support on client care issues and ensure that they understand the organization’s policies and procedures.²³
- Ensuring ALTSA’s Workforce Navigators are providing long-term, strategic guidance that includes resources for certification, leadership opportunities, and incentives can help support caregivers’ commitment to the workforce.
- Innovating new means of care delivery via technology could empower caregivers to shape the future of service, while making caregiving more accessible, particularly for people with disabilities. Testing, providing feedback, and adopting new practices can give caregivers the opportunity to take part in closing the gap between workforce capacity and client demand. Electronic methods of delivery have been developed in Missouri and Tennessee for delivery of many caregiving activities including case management, personal care that requires only verbal cueing, monthly monitoring, meetings, and evaluations.^{29, 30}ALTSA has a Remote Caregiving Pilot in place whereby home care agency caregivers can deliver personal care that does not require hands-on assistance to clients via remote technology.
- Expanding mental health, grief counseling, and support networks may alleviate some of the stress and emotional toll on caregivers. The workforce provides service to clients who may have severe or increasing challenges. Whether they have a previous relationship or not, caregivers report having profound, emotional connections to their clients. CDWA and Home Care Agencies may find investments in these types of support enhance workers’ satisfaction and increase their tenure.

Strong Commitment to Client Service

The caregiver workforce in Washington State is comprised of highly motivated people who care deeply about their clients and take great pride in their work. This is reflected in the aspects of caregiving ranked as most enjoyable, and in their intention to stay in the role “as long as my client needs me.” These individual qualities can be the foundation of a thriving workforce culture.

Service shortfalls

The gap between caregiver services and client demand persists and is likely to widen over the next decade as both the workforce and the population ages, unless addressed with multiple interventions. As people who need service wait for care, there is a shortage of caregivers available to cover for absences due to illness or time off, which adds to workers’ stress and dissatisfaction.

While caregiver workforce retention remains essential to meeting demand, the existing workforce must also grow. Agencies must draw a larger pool of recruits and build a stronger pipeline that improves the workers’ experience.

Building a stronger pipeline

Enhancements to the caregiver workforce experience can be implemented at various stages, from recruitment through onboarding and early career development to years of extensive tenure and even post-exit. These improvements can fortify retention and commitment among caregivers. Additionally, as the pool of caregivers expands through diversified recruitment tactics, these enhancements can continue to support a more robust and dedicated workforce that is committed to the clients they serve.



Appendix

End Notes

1. <https://www.commonwealthfund.org/publications/issue-briefs/2024/mar/addressing-shortage-direct-care-workers-insights-seven-states>

2. Washington WTB, <https://wtb.wa.gov/wp-content/uploads/2023/12/LTC-Workforce-Annual-Report-FINAL4-2023.pdf>

3. U.S. Census Bureau, <https://data.census.gov/table/ACST1Y2023.S0101?g=040XX00US53>

4. Bureau of Labor Statistics, <https://www.bls.gov/charts/job-openings-and-labor-turnover/unemp-per-job-opening.htm>

5. U.S. Dept. HHS, <https://aspe.hhs.gov/sites/default/files/documents/7a611d901c615e5611ea095b1dcf8d08/wages-dcw-lower-ib.pdf>

6. Bureau of Labor Statistics, <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>

7. MissionCare Collective, Direct Care Worker Report, 2023-2024

8. <https://www.phinational.org/resource/caring-for-the-future-the-power-and-potential-of-americas-direct-care-workforce/>

9. <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2023/>

10. Delfino, Alexia. 2024. “Breaking Gender Barriers: Experimental Evidence on Men in Pink-Collar Jobs.” *American Economic Review*, 114 (6): 1816–53.

11. NIH, <https://pmc.ncbi.nlm.nih.gov/articles/PMC9258844/>

12. Deloitte, <https://action.deloitte.com/insight/3367/enhancing-workforce-resilience-through-recognition>

13. Deloitte, <https://www2.deloitte.com/us/en/insights/industry/public-sector/hybrid-work-challenges.html>

14. Deloitte, <https://action.deloitte.com/insight/2306/government-can-win-the-talent-race.-here%27s-how>

15. Deloitte, <https://www2.deloitte.com/us/en/insights/industry/public-sector/rethinking-government-workforce-experience.html>

16. Paraprofessional Healthcare Institute, <https://www.phinational.org/resource/direct-care-worker-disparities-key-trends-and-challenges/>

17. An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings. The Cavendish Review. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf.

18. Administration for Community Living, “Older Adult Equity Collaborative,” FY2024 Congressional Justification, 2023, p. 67.

19. Devina Sengupta and Pankaj Mishra, “Talent-hit IT companies open doors to ex-employees,” *The Economic Times*, June 22, 2010.

20. Deloitte Global, “A call for accountability and action: The Deloitte Global Millennial and Gen Z Survey 2021,” *Deloitte Insights*, April 30, 2022.

21. Milbank Memorial Fund, “Direct Care Workforce Policy and Action Guide,” 2022, https://www.milbank.org/wp-content/uploads/2022/05/DirectCareWorker_Toolkit_final.pdf

22. SEIU 775 and the Center for American Progress (CAP). 2021. *Higher Home Care Wages Reduce Economic Hardship and Improve Recruitment and Retention in One of the Country’s Fastest-Growing Jobs*. June 2021.

23. Stone, R. I., Bryant, N., LeadingAge, LeadingAge LTSS Center @UMass Boston, Cimarolli, V., Bryant, N., & Ruffini, J. (2021). FEELING VALUED BECAUSE THEY ARE VALUED: A vision for professionalizing the caregiving workforce in the field of Long-Term services and supports. In *LeadingAge & LeadingAge LTSS Center @UMass Boston, LeadingAge Feeling Valued Because They Are Valued*. https://leadingage.org/wp-content/uploads/2022/04/Workforce-Vision-Paper_FINAL.pdf

24. Washington State Office of Financial Management, <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/population-changes/population-race>

25. Washington State Senate Bill 6205, <https://lawfilesexternal.wa.gov/Biennium/2019-20/Pdf/Bill%20Reports/Senate/6205%20SBR%20WM%2020.pdf>

26. Deloitte, <https://www2.deloitte.com/us/en/blog/human-capital-blog/2020/ai-workforce-management.html>

27. Washington Office of Financial Management, <https://ofm.wa.gov/tags/age-data#:~:text=In%202022%20the%20median%20age%20had%20increased%20to%2038.6%20years.>

28. Massachussetts Career Technical Education Frameworks, <https://www.doe.mass.edu/ccte/frameworks/default.html>

29. Missouri Appendix K Considerations, <https://www.medicaid.gov/state-resource-center/downloads/mo-0026-1021-0346-combined-appendix-k-appvl.pdf>

30. Tennessee Appendix K Considerations, <https://www.medicaid.gov/state-resource-center/downloads/tn-combined-appendix-k-appvl.pdf>

31. *ALTSA created a Retention Toolkit for supervisors of direct care workers. This free toolkit empowers leaders to address retention issues, reduce high turnover rates, and continue providing quality care to aging people and people with a disability in Washington State. The toolkit includes modules on Wellness, Communication, Recognition, Onboarding, and Harassment, Abuse & Discrimination.*

32. *ALTSA’s transportation pilot will provide free on-demand Rideshare Rides to Individual Providers (enrolled in the pilot) who provide care to eligible in-home clients, who live in an area with extended caregiver wait times or underutilized eligible CARE hours. This pilot will measure whether reliable transportation for caregivers will improve client care outcomes, reduce caregiver transportation barriers, decrease IP transportation costs, improve caregiver well-being, and expand caregiver work opportunities.*

33. *By law, caregivers employed by a Home Care Agency may not provide care to family members, and while there is no such prohibition against serving friends, many caregivers employed by an HCA may have lumped in personal caregiving with their professional experience when responding to this question.*

34. *Participating Home Care Agencies: American Healthcare Services, Beneficial In-Home Care, CDM Services, Catholic Community Services, Concerned Citizens, First Choice In-home Care, Inc., Guardian Angel Home Care, LLC, Korean Womens Association, Lummi Nation, O’Keefe Enterprise, LLC, Providence Health & Services-WA, Senior Life Resources Northwest, Inc.*

