



**Center for the  
Study of  
Social Policy**  
Ideas into Action

# STRATEGIES TO COMPENSATE UNPAID CAREGIVERS

A POLICY SCAN

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# ABOUT CSSP

The Center for the Study of Social Policy (CSSP) works to achieve a racially, economically, and socially just society in which all children, youth, and families thrive. We translate ideas into action, promote public policies grounded in equity, and support strong and inclusive communities. We advocate with and for all children, youth, and families marginalized by public policies and institutional practices. Learn more at [www.CSSP.org](http://www.CSSP.org).

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## INTRODUCTION

Each of us needs care at different points in our lives—when we are young, when we experience an illness or accident, when we have serious health conditions or disabilities, as we age. The need for care is a universal experience, and providing care is essential work that not only fulfills a social and economic need, but it connects us to each other in meaningful and durable ways—a reciprocal act that strengthens our bonds as members of a shared community. Despite its enormous social and economic value, however, the work of providing care too often falls on individuals with little or no support from society as a whole—and it is not adequately rewarded.

Today, caregiving work occurs along a continuum, from employment in the formal child or direct care workforce, which may be (but is not always) subject to minimum wage, overtime, and other workplace protections and is almost always low-paid, to unpaid caregiving for a family member or friend. In the United States, between 5 and 6 million people are formally employed in the direct care or child care workforce—as home health or personal care aides, nursing assistants, teachers, and more.<sup>1</sup> Another 53 million people provide unpaid care for older adults and/or children or adults with disabilities.<sup>2</sup> Meanwhile unpaid caregiving of children—particularly young children—is ubiquitous. There are approximately 22 million children under age six in the United States, and time use surveys show parents and other adults living with these young children on average spend six hours or more every day caring for them.<sup>3</sup> To be clear, this measure only captures the time that adults are actively caring for their children, such as playing with or reading to their children, or supervising their children while doing other activities such as cooking or shopping.<sup>4</sup> But the work of a primary caregiver also involves arranging care for your children when you are not available, being there when your children are sleeping, and the endless deliberation and planning required to ensure your children’s needs are fully met at all times. Finally, in addition to receiving care from their parents and guardians, another three million children under six are cared for by relatives who do not receive compensation as part of their regular child care arrangement.<sup>5</sup>

Caregiving—in the formal care workforce and outside of it—can be deeply fulfilling work, but it also can be emotionally and physically difficult labor, and it can subject those who do it to severe economic insecurity and hardship. While some caregivers live with other wage earners and can share in the family’s income, many caregivers cannot or do not have adequate family income to meet their needs, and relying on family income as a source of support does not value the work they do.<sup>6</sup>

Because women continue to provide the majority of care, the undervaluing of care work is a particular threat to women’s economic security, especially for Black, Latinx/e Indigenous, immigrant and other women of color.<sup>7</sup> Women make up nine out of 10 workers in the formal care workforce, and women of color and immigrant women are overrepresented in these jobs where median wages hover around \$14 per hour.<sup>8</sup> Meanwhile women provide twice as much unpaid care as men.<sup>9</sup> Given the limited caregiving supports available, unpaid caregiving can pose a financial burden to anyone who does this work, but especially for Black, Latinx/e and immigrant women who are less likely to have access to existing supports.<sup>10</sup> These circumstances are not new, but the product of decades of policy decisions designed to coerce Black, Latinx/e, Indigenous, Asian American and Pacific Islander, and immigrant women to work for low wages with limited workplace protections to lighten the caregiving load of men, White women, and other women with higher incomes. Meanwhile, women of color have been systematically excluded from government programs that could help them to care for their own families—from so-called mothers’ pensions in the 1920s to Aid to Families with Dependent Children (AFDC) in the 1960s to paid leave today.<sup>11</sup>

The result is that women of color and all women who provide essential care have fewer resources, and are more likely to experience economic hardship. A recent Urban Institute analysis of the lifetime costs to women of providing family care finds that mothers on average forgo \$237,000 in earnings and \$58,000 in retirement income as a result of providing unpaid care to children and other family members. They incur most of these costs caring for young children.<sup>12</sup> Women are more likely than men to experience poverty across almost all racial and ethnic groups, and at each stage of their lives.<sup>13</sup> Women also experience high rates of what researchers are increasingly calling “time poverty,” as the demands of their paid and unpaid labor leave little time for rest and leisure, which in turn can make it difficult to escape income

poverty and achieve economic security.<sup>14</sup> As caregivers age, the impacts of their caregiving on their financial health are significant: female caregivers younger than 50 have 30 percent less retirement wealth than non-caregivers, and those 50 or older have 58 percent less retirement wealth than non-caregivers.<sup>15</sup>

Due to decades of campaigning and organizing, there is growing recognition of the enduring value of the full continuum of care work. From the pioneering work of Black feminists in the welfare rights movement, to participants at the landmark National Women’s Conference in Houston, Texas in 1977 who chanted “every mother is a working mother,” to the work of academics, researchers, and advocates of the care economy today, people have called on government to measure unpaid work, to enact policies to support unpaid caregivers and their families, and to provide adequate wages and workplace protections to caregivers in the formal care workforce.<sup>16</sup> The COVID-19 pandemic only underscored the essential nature of caregiving work—while simultaneously providing evidence of the benefits of investing in caregiving through temporary expansions of paid leave, the Child Tax Credit, and child care assistance.<sup>17</sup>

As a society, we need to support the full continuum of caregiving on a permanent basis—including unpaid family caregivers. The failure to compensate unpaid caregivers disregards the social and economic contributions of their work, leads many to experience significant hardship and exploitation, and exerts downward pressure on the wages of caregivers in the formal care workforce.

Caregiving is a deeply personal act, and we each hold assumptions, sometimes unacknowledged, about who is responsible for providing care, and what they should receive in return.<sup>18</sup> But we all collectively benefit from the unpaid care people provide, as it helps produce young people who are positioned to lead into the future and communities that are connected and strong. By failing to enact broad based public investments to support unpaid family caregivers, we are making a choice to privilege some forms of caregiving over others, and some caregivers over others—and systematically disadvantaging Black, Latinx/e, Indigenous, and immigrant women and their families.



The ripple effects are significant. While parents and many people who provide significant care for family members and neighbors are unpaid, others who provide nurturing informal care such as nannies are paid low wages that make it difficult to support their own families, and teachers in early care and education are grossly underpaid, as their wages are not commensurate with their training and expertise or comparable to teachers in the tradition K-12 education system.

To understand what policy levers might be available to better support unpaid caregivers in the United States, this report summarizes the policies in place, domestically and internationally, as well as policies that have been proposed in the U.S. to financially compensate caregivers. This report focuses on initiatives that provide direct financial assistance to caregivers who provide informal care and would otherwise be unpaid for their caregiving labor— noting when policies to compensate caregivers are combined with other services or supports. It specifically considers policies that enable children, people with disabilities, older adults and others to be cared for in their families and communities—not removed to institutional care or foster care, which can be isolating and harmful.<sup>19</sup> Critically important policies to support caregivers in the formal care workforce are outside the scope of this brief, as are additional child and family supports, such as a child allowance, which make it easier for caregivers to do their essential work but are not primarily designed to compensate caregivers for their labor (see textbox).<sup>20</sup> Ultimately, to effectively support each of us as we need and provide care throughout our lives, we need a full suite of policies that value caregiving and ensure individuals and families can participate fully in and contribute to flourishing communities.

## A CHILD ALLOWANCE

A child allowance, or child benefit, is a regular cash payment that goes to families based on the number of children in their care.<sup>21</sup> In the United States, policymakers have specifically called for a child allowance to help families with the costs of raising children. In 2021, when the Child Tax Credit (CTC) was temporarily expanded to provide monthly payments of up to \$300 per child to most families with children, researchers found that most families used it to meet their basic needs and pay for children’s expenses—back to school clothes, shoes, extracurricular activities and more. Parents described the CTC as a critical caregiving support—reducing their stress and anxiety and enabling them to parent in the ways they would like to parent.<sup>22</sup> But a child allowance, unlike other forms of government assistance, does not provide payments for adults and caregivers living with children—it only provides payments for the children living in a household. When CSSP interviewed Black, Latinx/e, and other parents of color across the country to learn about their experiences with the expanded CTC, we found that the CTC enabled parents to invest additional time and resources in their children, but also that the monthly payments were not enough to support families where the adults provided significant amounts of unpaid care—or wished to do more caregiving, but were unable because they needed to do waged labor for additional hours or take on second jobs in order to afford basic necessities.<sup>23</sup> To effectively support all children and their families, a child allowance should be complemented by direct assistance to caregivers for the essential caregiving work they do every day.

## COMPENSATING CAREGIVERS: POLICIES IN PLACE

In the U.S. and other peer countries, there has been a growing recognition of the need to support unpaid caregivers, more commonly called family caregivers, as wealthy nations confront demographic changes, from aging populations to declining fertility, consider how to reconcile caregiving needs with formal employment, and come to terms with how historic policy decisions have contributed to gender and racial inequality and oppression.

Currently, the availability of support for caregiving varies significantly from country to country: a few countries have comprehensive supports in place to compensate caregiving under most of the circumstances it occurs, and most other countries compensate only certain types of caregiving under certain conditions. The mechanisms for compensating caregiving also vary. In some cases, compensation can take the form of a cash transfer that is not related to the hours worked, while in others it is a wage directly tied to the number of hours worked. In some cases, family caregivers are paid directly by government programs, while in others, government funds go directly to the care recipient to hire a family caregiver or care recipients are reimbursed after the fact for the costs of compensating family caregivers. Meanwhile, the policies providing financial assistance to unpaid caregivers sometimes place additional requirements on caregivers—for training, licensing, and more—and sometimes come with additional protections and rights—such as paid time off, access to respite care, collective bargaining rights, and contributions or credits for retirement savings.

### THE UNITED STATES

In the United States, financial assistance for caregiving is much more limited than in many other wealthy nations—both in terms of who is eligible to receive assistance, what types of caregiving can be compensated, and the level and duration of that assistance. What results is a patchwork system in which some caregivers may be eligible for assistance or compensation for some of their caregiving work at some times, but most never receive remuneration for their caregiving work— and those that do often are paid low rates and confront a maze of bureaucracy and burdensome requirements.

#### Temporary Assistance for Needy Families (TANF)

When TANF replaced Aid to Families with Dependent Children (AFDC) in 1996, a longstanding cash support for caregivers of children was eliminated. Because TANF now conditions cash assistance on participation in one of a set of narrowly-defined work activities which does not include caregiving, in practice it devalues caregiving and forces parents who were providing unpaid care to limit their caretaking and participate in activities that often offer little in the way of lasting benefits to themselves or their families.<sup>24</sup>

The one time when parents can receive TANF cash assistance for themselves as they provide care full time is when states waive the work requirement for parents with infants or parents who are unable to find child care. According to federal regulations, states have the option of exempting parents caring for a child under one from the TANF work requirement, and these families can be disregarded from the state's work participation rate.<sup>25</sup> States have adopted a wide range of practices, from offering no exemptions to people caring for infants (Colorado, Idaho, Louisiana, New Mexico, Utah, and West Virginia), to offering exemptions for people caring for children up to 24 months old (California, Massachusetts). Most states fall somewhere in the middle of that range, having exemptions for caring for an infant between 3 and 12 months. States typically impose a lifetime limit for usage of the caring-for-an-infant exemption—for example allowing someone to claim an exemption for caring for an infant under 12 months for a cumulative total of 12 months in the caregiver's lifetime. Whether because of this lifetime limit, or because of the difficulty claiming an exemption in practice, relatively few TANF

participants are exempted from work requirements because of caregiving, despite the fact that the birth of a child is one of the most common factors associated with enrolling in TANF.<sup>26</sup> In 2022, 9 percent of TANF families had an infant under one, but only 2.7 percent of families were disregarded from the state’s work participation rate because they had a child under the age of 1.<sup>27</sup>

For all families, whether they are exempted from work requirements or not, benefit levels in TANF remain very low—if they are able to receive cash assistance at all. Nationally, only 21 out of every 100 families living in poverty receive TANF cash assistance, and in the state with the median TANF benefit levels, the maximum benefit a family of three can receive is \$492 per month.<sup>28</sup>

⇒ **Bottom Line:** TANF, with its low benefit levels and barriers to access, does not provide effective support to caregivers of children, even in the narrow cases in which it could.<sup>29</sup>

## Child Care

In the United States, public child care funding can in some cases be used to compensate informal, family caregivers such as grandparents and other relatives to care for young children. But there are limitations to using child care funding streams as a caregiving support: payment rates and reimbursement levels are low, the programs are often means tested and do not reach all of the families who need support, they may place additional conditions and requirements on caregivers, assistance can be difficult to access because of administrative barriers, and parents cannot generally be compensated for caring for their own children.

Traditionally, states have focused on supporting family caregivers more through efforts to improve the quality of care, through services such as home visiting, than compensating their care.<sup>30</sup> However, under the Child Care and Development Block Grant (CCDBG)—the primary federal funding subsidizing child care for families with low incomes in the United States—almost every state allows families receiving subsidies to place their children in the care of relatives (but not parents), and for the payments to then go to the caregivers (North Carolina and Ohio are the exception).<sup>31</sup> CCDBG is deeply means tested in most states, however, so only families with the lowest incomes qualify for a subsidy; because of chronic underfunding access to subsidies overall is low even among those who are eligible; and fulfilling the requirements to participate in the subsidy program can be difficult for family caregivers. Federal law requires states to impose certain conditions on unlicensed providers such as family caregivers: they must complete comprehensive background checks, annual health, safety, and fire inspections, and participate in pre-service and ongoing training.<sup>32</sup> Though relative caregivers may be exempt from some of these requirements under federal law, in practice most states impose requirements on relatives as well: all but five require criminal history background checks of relative providers, more than half require CPR and first aid training of relative providers, and more than half require annual home visits or inspections.<sup>33</sup> These requirements create barriers for family caregivers to receive subsidies. For example, in Michigan, requirements for family, friend, and neighbor providers to complete an application, take a seven-hour orientation training, and agree to criminal background checks led to a decrease in unlicensed family, friend and neighbor providers receiving child care subsidy from 65,000 in 2005 to 18,000 in 2010 after the changes were made.<sup>34</sup>

Across the country, for family caregivers who complete the requirements to receive payment through CCDBG, payment rates are low, as they are generally set at a share of the already-low payment rates for licensed child care providers. For example, in Michigan the base rate for caring for an infant or toddler is \$5.60 per hour in a child care center, \$4.50 per hour in a group child care home, and \$2.30 per hour for a license-exempt family caregiver as of 2021.<sup>35</sup> California, which recently raised rates for family caregivers, still pays family caregivers significantly less than minimum wage—pay rates vary by county, but in Los Angeles the maximum payment for someone caring full time for an infant toddler comes out to \$5.36 per hour for a family caregiver, compared to \$7.66 per hour in a group child care home and \$12.50 per hour in a child care center as of 2022.<sup>36</sup>



Overall, relatively few family caregivers receive support through CCDBG. Nationally, just two percent of children receiving subsidies through CCDBG are cared for in their own home by a relative or other family caregiver, and another eight percent are in some other form of unlicensed care.<sup>37</sup> Because family caregivers and other informal child care providers have such low rates of access to publicly-funded subsidies, and even when they do are reimbursed at such low rates, philanthropy has in some cases stepped in to provide additional support. For example the Thriving Providers Project, the first direct cash transfer program in the U.S. focused on home-based child care providers including family, friends and neighbors who care for children informally (but not parents), is piloting sending \$250 every two weeks to caregivers for 12-18 months.<sup>38</sup>

While CCDBG funds can be used to pay for someone who is not the parent to care for the children, past models have enabled parents who would be eligible for a child care subsidy to receive the same amount as a direct payment to stay home with the infant child. The At-Home Infant Care (AHIC) program, first implemented in Minnesota in the 1990s and later piloted in Montana on a more limited basis, enabled parents to receive a monthly payment equal to or slightly less than the amount of the child care subsidy payment that they would otherwise qualify to receive to care for a young child (under 12 months in Minnesota, and under 24 months in Montana). In practice, this provided a form of paid leave to the caregivers who received the subsidy. Policymakers considered extending this model nationally and making it an acceptable use of CCDBG funds in the early 2000s but chose not to.

In addition to CCDBG, other child care funding streams enable the compensation of family caregivers in certain circumstances. The Department of Defense, which runs the largest employer-sponsored child care program in the United States,<sup>39</sup> has been piloting providing direct financial assistance to military families to pay for in-home caregivers for their young children when they have determined that it is the best solution to meet their needs. This pilot provides support for paying in-home caregivers between 30-60 hours per week, with flexible timing agreed upon by the caregiver and family. The fee assistance provided by the DoD makes the family the employer of the in-home care provider, and the amount of assistance is based on the service member's family income. For this pilot, eligibility is granted to certain active-duty service members with a full-time working spouse or spouse enrolled full-time in postsecondary education. The eligibility requirements for the in-home care providers are that they are at least 18 years of age, have a high school diploma or equivalent, are proficient in English, pass background checks, and complete 32 hours of training. Providers can include family members who are not the parent, stepparent, or legal guardian of the child or children in care, and who neither live with nor are financially dependent on the family for whom care is provided.<sup>40</sup>

Finally, the Child and Dependent Care Tax credit can reimburse some families for a portion of their child care expenses, including the costs of compensating family caregivers.<sup>41</sup> To qualify for the credit parents must be working or attending school. Because the credit is non-refundable, it does not provide significant help to families with lower incomes—according to the Tax Policy Center the average credit among families who claimed it was \$593 in 2020, with families in the lowest income quintile not receiving any benefit from the credit.<sup>42</sup> For the middle-income families who do benefit from the credit, it can reimburse a percentage of the costs of compensating certain family caregivers, including grandparents but not parents, up to an annual limit of \$3,000 for one child or \$6,000 for two or more children. In 2021, the American Rescue Plan Act temporarily expanded the credit, increasing the maximum credit and making it fully refundable so that families with lower incomes and limited tax liability could fully benefit.<sup>43</sup> As a result of the expansion nearly 6.5 million families received the 2021 credit—288,000 more families than received the 2020 credit.<sup>44</sup> But even with broader eligibility, the reimbursement model can make it difficult for families who are cash constrained to make use of the benefit, and the low annual reimbursement limits means that much of families' child care costs are not covered.

- ⇒ **Bottom line:** Though some support is available to compensate family caregivers of young children through child care funding streams, the low payment rates, the barriers to access, and the limited overall funding means that most people doing this critical work are unpaid. According to a Department of Education survey in 2019—the latest such data available—41 percent of children under six are cared for exclusively by parents and 38 percent are cared for by relatives on a regular basis. All parents and 64 percent of relatives providing caregiving to young children are unpaid.<sup>45</sup>

## Paid Leave

The United States does not have a national paid leave policy to enable caregivers to take time off from work or looking for work to care for a child, other family member, or themselves. The Family and Medical Leave Act of 1993 requires that most employers offer 12 weeks of job-protected unpaid leave for workers to welcome a new child into the home or care for themselves or a loved one with a serious health condition.<sup>46</sup> However, the FMLA excludes those who are in part-time jobs, employed by small businesses, or have inconsistent work histories, and in practice even many caregivers who are eligible for FMLA cannot afford to take unpaid leave.<sup>47</sup>

In the absence of a national program, employers and states have stepped in. A growing, but still small, share of workers are eligible for paid leave through their employers, as access to paid leave remains concentrated among the highest-paid workers.<sup>48</sup> Meanwhile nine states—California, Connecticut, D.C., Massachusetts, New Jersey, New York, Oregon, Rhode Island, and Washington—have paid family and medical leave programs in place, and Colorado, Delaware, Maine, Maryland, and Minnesota are in the process of implementing new paid leave policies.<sup>49</sup> Most state paid family leave programs allow individuals to take paid leave to care for parents, spouses, children, and grandparents, grandchildren, siblings, parents-in-law, and domestic partners, while several allow caregiving for “chosen” family members to whom the individual is related—whether biologically or by affinity.<sup>50</sup> Leave durations to care for children range from 8 weeks in California to 12 weeks in New Jersey, New York, Washington State, Massachusetts, and D.C.—though in practice in some of these states it is more for two parent families if both parents are eligible for leave. Wage replacement rates vary, with a growing number of states offering higher replacement rates of 80-100 percent of wages for the lowest paid workers.<sup>51</sup> In addition to paid family and medical leave, some employers and states provide for paid sick time, which can be used for both serious and less serious illnesses, such as staying home to care for a child with a cold.<sup>52</sup>

- ⇒ **Bottom line:** Even as more employers and states offer paid leave, access remains patchwork and inequitable, as studies have consistently shown that lower-paid workers and Black, Latinx/e and other people of color are less likely to have access to paid leave.<sup>53</sup> The Urban Institute’s nationally representative Well-Being and Basic Needs Survey found that in 2021, only 54 percent of workers could take paid family leave for the birth or adoption of a child or to care for an ill family member, and access to paid leave was highly skewed toward adults with higher incomes, with college degrees, and who work full time. Hispanic/Latinx and Black workers were less likely to have access to paid leave, and when gender is considered, Hispanic/Latinx men were found to have the lowest rate of access to paid leave followed by Hispanic/Latinx women and Black women.<sup>54</sup>

## Medicaid for Caregivers of Older People and People with Disabilities

In some circumstances, caregivers of older people and people with disabilities can be compensated for their caregiving labor through Medicaid. Medicaid is the primary payer for long term services and supports in the United States, funding care both in institutional settings as well as home and community-based services, which, as the name implies, enables people to receive care in their own homes or communities. To qualify to have long term care services paid by Medicaid, people must have limited financial resources and significant functional impairments.

Most states allow family caregivers to be paid for providing care through Medicaid under some circumstances, either through their Medicaid state plan or, more commonly, waiver programs. Waiver programs tend to be restricted to specific groups of Medicaid recipients based on geographic region, income, or type of disability and are often available to a limited number of people—resulting in waiting lists.<sup>55</sup> According to a survey conducted by the Kaiser Family Foundation in the summer of 2023, 41 states allow payments to legally responsible relatives including spouses and parents of minor children for the care they provide, and 49 states allow payments to other family and friends under a waiver program—though several states report that payments to family caregivers will end with the end of the COVID-19 public health emergency.<sup>56</sup> Among waiver programs, states were most likely to pay family caregivers for people with intellectual or developmental disabilities and people 65 years or older or with physical disabilities.<sup>57</sup>

Caregivers who are compensated through Medicaid are paid at an hourly wage subject to the Fair Labor Standards Act minimum wage and overtime pay requirements, but pay rates remain low; payroll taxes apply and provide for social security contributions, Medicare, and unemployment compensation.<sup>58</sup> For example, New Mexico’s Medicaid waiver allows participants to hire family members as paid caregivers under the “individual directed goods and services” category. Pay can be up to \$15.31 per hour, depending on local wage rates, level of care, qualifications, time commitment, market demand, and program guidelines.<sup>59</sup> In New York, the Consumer Directed Personal Assistance Program (CDPAP) allows people requiring home-based care services to hire caregivers of their choice, including family members or friends who traditionally provided unpaid care work.<sup>60</sup> In California, the In-Home Supportive Services program enables a recipient to hire a care provider, and many choose family members or relatives; average pay to caregivers under the program was \$16.64 in 2023, just slightly above the state minimum wage.<sup>61</sup> In addition to paying some caregivers, nearly all states offer at least one other support to caregivers—whether they are paid or unpaid—through their Medicaid programs, including respite care (49 states), training (33 states) and counseling and support groups (24 states).<sup>62</sup>

⇒ **Bottom line:** Pay rates for family caregivers through Medicaid mirror the low pay rates in the direct care workforce, and given the restrictions on eligibility and access to home and community-based services, unpaid caregiving of older adults and people with disabilities is prevalent across the United States. A nationally representative survey found that 53 million people were unpaid caregivers of adults or children with disabilities in 2020.<sup>63</sup>



## Veterans Assistance for Caregivers of Veterans

Some family caregivers can receive compensation through the Department of Veterans Affairs' Program of Comprehensive Assistance for Family Caregivers. To be eligible for the program, the family caregiver must be caring for a veteran who has a service-related disability that impairs their ability to perform an activity of daily living, was discharged or has a discharge date, and needs at least 6 months of continuous, in-person personal care services.<sup>64</sup> The eligible veteran can then choose a relative or another individual to care for them, as long as that individual lives with them full time, and the caregiver will be paid a monthly stipend through the program that varies depending on the level of care needed and where the veteran lives. For example someone in Dallas, Texas, caring for a veteran with limited care needs would be paid a monthly stipend of \$1,751.98, while a caregiver of a veteran with extensive care needs in the same city would be paid a monthly stipend of \$2,803.17.<sup>65</sup> Caregivers can also receive health insurance, 30 days of respite care, caregiver education and training, and mental health counseling through the program.<sup>66</sup>

⇒ **Bottom line:** Though limited to caregivers of veterans, the assistance available through the Department of Veterans Affairs is much more comprehensive than caregiving assistance through other funding streams, combining direct financial assistance with health insurance and other supports.

## Social Security Spousal Benefits

Finally, in the United States some family caregivers are eligible for social security benefits based on their spouse's earnings, which may be helpful if their own earnings were lower or they did not have earnings at all as a result of their unpaid caregiving labor. Social security spousal benefits can be worth up to half the amount the higher earning spouse is entitled to receive at their full retirement age, but they are limited to those who are married or are divorced but whose marriage lasted a least 10 years. Researchers have found that because of declining marriage rates and durations, fewer people will be eligible for spousal benefits in the future—a dynamic adversely impacting women and especially Black women.<sup>67</sup> One study by Social Security Administration analysts found that the share of women who have never married or whose marriages lasted less than ten years increased significantly between 1990 and 2004 and increased faster for Black women than White women. The result is that the share of Black women not potentially eligible for Social Security spousal benefits (14.1 percent) is not just higher in absolute terms than the share of White women (5.7 percent) but has been growing faster.<sup>68</sup>

⇒ **Bottom line:** Though social security spousal benefits provide retirement security for many caregivers, by tying eligibility to marital status and spousal earnings in the waged labor force they discriminate against caregivers who never married and reinforce existing racial inequities.



## PEER COUNTRIES

Many other wealthy nations have much more robust supports for family caregivers and provide more direct financial assistance to compensate caregivers for their critical labor. But both the level of assistance and comprehensiveness of support varies significantly from one country to the next.

### **Carer Allowances for Caregivers of Older People and People with Disabilities**

Carer allowances are common across Organization for Economic Cooperation and Development (OECD) countries to compensate for the direct care of older people or people with disabilities. Carer allowances are regular cash benefits that are provided either directly to caregivers (67 percent of OECD countries) or to care recipients to cover the compensation for carers (39 percent of OECD countries).<sup>69</sup> In some countries the allowances are strictly means tested (typically tied to the income of the caregiver) while in other countries they are not. In some it can go to any informal caregiver regardless of relationship to care recipient, in other cases it can only go to family members who live with the care recipient, and in still other cases it can go to some family members but not others (e.g. spouses cannot receive the allowance).

Germany has one of the most comprehensive set of supports for caregivers of older adults or people with disabilities, as its long-term care insurance program is not means tested and covers almost the entire population. Care recipients can choose to receive benefits as cash or in-kind services, or a combination of the two. The maximum cash allowance ranges from €124 to €901 (approx. \$US 135 to \$981) per month depending on the intensity of care needs, and care recipients can use the funds to pay a family member or hire a caregiver to provide services; if an informal caregiver registers with the long-term care fund they can receive the allowance directly. In addition to a cash allowance, people providing care to long term care recipients are entitled to training, support services in the home, and short-term cash grants for substitute or respite care.<sup>70</sup> The UK, by contrast, has a much more limited carer allowance: in 2023, caregivers can receive a flat rate of £76.75 (approx. \$98) per week, but only if they earn no more than £139 (approx. \$176) per week, and are caring for someone who receives a disability benefit for at least 35 hours per week.<sup>71</sup>

In other European countries, the carer allowance is provided through a formal employment contract with the local municipality. For example, in Denmark the Consolidation Act on Social Services allows for caregivers providing end of life care to be employed directly by the municipality in which the care recipient lives, at a set salary of 16,556 DKK (approx. \$US 2,400) per month. The employment can be for six months, with a possible three-month extension, and the salary from that contract also pays into a pension scheme with employer contributions.<sup>72</sup> Municipal employment for caregivers formalizes care and can provide important employment protections, but also typically limits the flexibility of the care that can be provided and who can provide it. Many countries, like Germany, offer respite care alongside carer allowances, but take-up rates of respite care are often low, likely due to the administrative burdens required to take advantage of the policy, the low benefit level that it provides, and the difficulty of adjusting care management routines to a new caregiver. Australia is held up as a model for combining respite care with other supports. The Carer Gateway—developed through a co-design process with public authority, caregivers, and non-profit organizations—is a funded network of non-profits providing supportive services to unpaid caregivers in designated service areas. The Carer Gateway is a one-stop informational resource for a variety of services, including peer support groups, counseling, coaching, respite care access, and connections to government supports such as carer allowances.

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### **Child Care Allowances**

In addition to free or low-cost public child care, several European countries provide child care allowances that can be used to compensate parents or other informal caregivers to care for young children in their own homes after they exhaust the available paid parental or family leave.

For example Germany, which has a legal entitlement to out-of-home care for children starting at age one, introduced a short-lived child care allowance in 2013—parents of children under three were eligible if they did not use any form of subsidized child care and both parents had exhausted their paid leave benefits. In practice, this meant the benefit was available to parents of children ages 15 to 36 months. Initial payments were set at €100 (approx. \$109) per month and increased to €150 (approx. \$163) in 2014, but the German federal court struck down the program in 2015.<sup>75</sup> Finland and Norway both have a version of a child care allowance that becomes available after parents exhaust their paid parental leave. In Finland, families with children under three have the option of sending their children to local public day-care centers, receiving a private daycare allowance, or a child home care allowance.<sup>76</sup> The child home care allowance is not means tested, and the caregiver can be a child’s parent, another cohabiting adult, or a hired caregiver. The benefit is €377.68 (approx. \$411) per month for one child under three, and €113.07 (approx. \$123) for each additional child under three years of age. (An additional means-tested care supplement is available for families with lower incomes).<sup>77</sup> This scheme is highly popular, and covers approximately 80,000 children. Norway provides a cash-for-care benefit for families with children aged 13-23 months who do not attend kindergarten full-time. The rate of pay is 7500 NOK (approx. \$700) per child per month if not attending kindergarten, or half the amount if attending kindergarten part-time.<sup>78</sup> There is no means-testing and benefits are tax free.<sup>79</sup>

### **Caregiver Tax Credits**

In some OECD countries there are lump-sum annual tax benefits to financially assist caregivers in addition to carer allowances, though their benefit levels tend to be lower and they are not always fully-refundable, so they may provide less support for lower income families with limited tax liability. For example, in Ireland, the Home Carer’s Tax Credit is available for married couples or civil partners (if filing together) when one partner cares for a dependent person (or persons, although the credit amount is the same) such as a child, an adult over the age of 66, or an individual with a disability. The benefit of this policy, compared to cash benefits for carers, is that there is less of a restriction on what type of care is needed. However, this credit is not available to single parents. The amount of the credit in 2020 was €1600 (approx. \$1742).<sup>80</sup> In Canada, there are a number of non-refundable tax credits that provide financial support to caregivers, including the Caregiver Tax Credit (if the individual supports their spouse or dependent with a physical or mental impairment),<sup>81</sup> and the Eligible Dependent Tax Credit (if the individual has a dependent child under the age of 18 or dependent adult with physical or mental impairment).<sup>82</sup> In addition to the federal tax credits, comparable caregiver tax credits are available in each of Canada’s 13 provinces and territories.<sup>83</sup>

### **Paid Leave**

Paid leave is a key caregiver support in other wealthy nations, particularly for those caring for young children. As with paid leave in the U.S., benefits levels are typically tied to caregivers’ earnings before taking the leave, and limited to those with a qualifying work history. All OECD countries, except the U.S., provide paid maternity leave for at least 12 weeks after the birth of a child (and in some cases adoption), and over half provide paid paternity

leave.<sup>84</sup> Many OECD countries offer some form of child or family caregiving leave on top of paid parental leave, to support those providing short term care to a child or other family member who is ill.<sup>85</sup> The UK, for example, has maternity leave, paternity leave, and shared parental leave which parents can take alone or in combination for up to 52 weeks, at a pay rate of 90 percent of average weekly earnings up to £172.48 (approx. \$218.53) per week.<sup>86</sup> The UK does not have additional child or family caregiving leave. France, on the other hand, has paid maternity leave (16 weeks for the first and second child, 26 weeks for additional children), paternity leave (25 days), and adoption leave (16 weeks), set at the average income preceding leave up to a quarterly maximum of €10,990 (approx. \$11,970).<sup>87</sup> In addition, France has paid child caregiving leave of up to 44 weeks per worker per episode to care for a child with a serious illness or disability under the age of 20, and paid family caregiver leave of up to 3 weeks per worker to care for a family member with a terminal illness.<sup>88</sup>

When it comes to caring for the elderly, about half of OECD countries provide some form of paid leave, which is often allowed for a shorter duration than unpaid leave.<sup>89</sup> Belgium provides 12 months maximum of publicly paid leave—the longest of OECD countries—which may be used in flexible periods to care full-time or part-time for a family member or relative living in the household. The monthly amount provided is a flat rate of €741 (approx. \$807).<sup>90</sup>

### **Right to Part-Time Work**

Fourteen OECD countries have statutory rights to work part time for care reasons. Of the 10 countries for which information was available, eight have an entitlement for parents to part time work, and four entitle non-parents to part time work. Slightly less than half of the countries where the right to work part-time for care reasons exist also have an automatic right to revert to full-time hours once the caregiving timeframe is up. In Belgium, for example, a “time credit” leave can be taken as a full or partial reduction in working time to a maximum of 51 months.<sup>91</sup> Together, greater protections for part time workers and broader supports regardless of employment status (e.g. public health insurance) may make it easier for caregivers to combine part time employment with caregiving responsibilities in other countries compared to the United States.

### **Pension Credits for Caregivers**

To ensure caregivers have security in retirement, most OECD countries provide caregiving credits so that time spent out of the workforce while caring for children or other relatives counts as work for purposes of public pension programs.<sup>92</sup> In Norway, for example, a parent receiving the child benefit automatically accumulates pension rights for care work or years when they care for a child under the age of six. Only one parent may receive the pension rights for care work, and the rights are equivalent to the pension rights from an earned income of 4.5 times the national insurance basic amount.<sup>93</sup> France, on the other hand, has three types of caregiver social security credits. The first is a means-tested credit, where caregivers with lower incomes are credited as if they earned the minimum wage for up to three years of child care. The second credit, for caregivers with higher incomes, simply reduces the total number of quarters of work that are necessary to receive the full pension benefit, whether they took time out of the workforce or not. The third credit boosts pension benefits for people with three or more children, adding an average €89 (approx. \$97) a month per recipient—part of a post-World War II effort to increase fertility.<sup>94</sup> By enabling caregivers to receive credit regardless of marital status, these policies are more equitable than the Social Security spousal benefit currently available to some family caregivers in the United States today.

## COMPENSATING CAREGIVERS: PROPOSED U.S. POLICIES

Because of the clear need to better support caregivers in the U.S., there are currently a number of proposals before Congress that would enable additional caregivers to receive compensation and support for their work—some modeled on existing European policies.

### The Earned Income Tax Credit for Caregivers

The Worker Relief and Credit Reform Act of 2023, reintroduced by Representative Gwen Moore, would expand the Earned Income Tax Credit (EITC) to caregivers. Currently, the EITC is a refundable credit that goes to low-income individuals with earned income, and the act would expand it to caregivers by counting traditionally uncompensated care-work as meeting the earned income requirement to qualify for the EITC.<sup>95</sup> The proposed bill would treat any individual who has a qualifying dependent as qualifying for the maximum credit (set at \$4,000 for single filers and \$8,000 for joint filers, and adjusted for inflation). Qualifying dependents can include children, individuals who are unable to care for themselves—including the taxpayer’s spouse and certain other relatives—and relatives age 65 and above. Seventy-five percent of the EITC amount would be distributed on a monthly basis, and the rest would be delivered as a lump sum at the end of the year. The bill is modeled on an Economic Security Project proposal, which the Tax Policy Center estimated would benefit approximately 2.6 million family caregivers—including approximately 780,000 parents caring for young children or older dependents, and 1.8 million married couples where one spouse cares for the other—the vast majority of whom have incomes in the bottom 40 percent of the income distribution.<sup>96</sup>

### Child Care

The Child Care for Working Families Act of 2023, reintroduced by Sen. Patty Murray and Congressman Bobby Scott, aims to make child care more affordable for families, increase access to care, and improve the quality of care.<sup>97</sup> To receive subsidies under the act care providers need to be licensed, but there is a grace period which gives care providers time to become licensed, and it is envisioned that licensing standards for family members and others who provide care to loved ones would be easier to meet. Meanwhile Rep. Ro Khanna, a co-chair of the new Bipartisan Child Care Caucus in Congress,<sup>98</sup> is reportedly considering introducing child care legislation that would give parents a stipend to pay family members, neighbors, or even themselves to care for young children.<sup>99</sup>

### Paid Family Leave

There are proposals in the U.S. which would create a national paid family leave program, including the FAMILY Act, which would establish a national paid family and medical leave program of at least 12 weeks of protected paid leave to bond with a new child, care for an ill loved one or for oneself. The 12 weeks would be available for people with earnings from work or self-employment, or who have been looking for work and received unemployment benefits in the months leading up to using the leave, and who have earned at least \$2,000 in wages or self-employment income in the two years leading up to using the leave. This means that only people with work history will be eligible. The FAMILY Act also allows caregiving for chosen family, a sliding scale wage replacements so that low-wage workers are paid a higher share of their typical wages, and employment protections to ensure they can return to work.<sup>100</sup>

### Home Based Care for People with Disabilities and Older People

There have been proposals in the U.S. to both expand financial support for caregivers of certain care recipients and to provide supportive services which include some direct financial benefits. The proposed HCBS Access Act



(2023) would award grants for the creation, recruitment, training and education, retention, and advancement of the direct care workforce and award grants to support paid and unpaid family caregivers. While most of the bill would provide non-compensatory support such as respite care or educational or training resources, grant funded entities must use at least 5 percent of funds to provide direct financial benefits to direct care professionals and paid or unpaid family caregivers.<sup>101</sup> Family caregivers could be adult family members or individuals who have a significant relationship with the individual needing care.<sup>102</sup> Additionally, proposals for a Medicare for All, single-payer, national health insurance program argue that it would provide expanded Medicare coverage for home- and community-based long term care.<sup>103</sup> These payments would likely go directly to providers and family caregivers. Finally the Better Care Better Jobs Act of 2023 would increase Medicaid funding for home and community based services and increase supports for family caregivers including respite care and training opportunities.<sup>104</sup>

### **Social Security for Caregivers**

The Social Security Caregiver Credit Act of 2023 would provide social security credits to unpaid caregivers who provide at least 80 hours of care per month to a dependent relative under the age of 12 or to a “chronically dependent individual” who needs assistance with at least two activities of daily living for at least 80 hours per month. Unpaid caregivers could receive credits for up to 60 months of caregiving, and for purposes of calculating their entitlement to social security benefits they would be deemed wages of 50 percent of the national average wage for any month in which they provide sufficient unpaid care and do not have other income.<sup>105</sup>



## DISCUSSION

Looking across policies currently in place to support unpaid family caregivers, domestically and internationally, much more needs to be done to value caregivers' essential economic and social contributions and to promote caregivers' economic security. While some of the policies recently proposed in the United States would fill some of the existing gaps, none are a silver bullet. And even many of the most forward-looking proposals do not do enough to assist Black, Latinx/e, Indigenous, and immigrant women who have been historically excluded from caregiving supports. Given the variety of caregiving needs and arrangements, multiple programs to provide direct financial assistance to caregivers will be necessary to ensure all caregiving is adequately valued and remunerated. Each of the programs should be designed to respond to the needs and support women of color, to ensure that ultimately all caregivers are effectively supported.

Based on the experiences with policies currently in place, a few lessons emerge on how existing and new programs can more effectively support caregivers. In particular, they should:

### **Compensate Caregivers Equitably**

Current programs to compensate or support caregiving often exclude many people who are caregivers or need caregiving support. In some cases, programs may be excessively means tested, excluding those with higher incomes who still cannot afford their preferred care arrangement. In others, programs may require work histories or have other eligibility requirements that limit their efficacy for caregivers with the lowest incomes. Any form of financial assistance for caregiving should ensure that all caregivers who need the support are eligible, without work history or other requirements that would limit their potential to support caregivers who need the assistance the most. Whether delivered through a new program, such as a stipend or guaranteed income for caregivers, or an existing program, such as the child care subsidy system, compensation should reflect the enormous value that caregivers provide their families and communities, and allow caregivers to live with dignity. Compensation should not be tied to the unacceptably low wages of caregivers in the formal care workforce. Instead, by setting compensation at a level accordant with the value of the work, compensation for unpaid family caregivers should exert upward pressure on the wages of caregivers in the formal care workforce so that all are adequately rewarded for their critical labor.

### **Limit Administrative Burdens**

Existing caregiver supports, in the U.S. as well as abroad, can sometimes be difficult to access, with up-front paperwork and administrative burdens that ultimately reduce the take up of benefits. Supports for caregivers, who are already incredibly busy, should be straightforward and easy to access, and government agencies should work to limit the paperwork and other administrative burdens placed on caregivers and their families.

### **Pair Direct Compensation or Financial Assistance for Caregivers With Universal Programs and Supports**

While providing direct financial compensation to caregivers would go a long way to promote their economic security, in the U.S. caregivers also need health insurance, retirement security and much more. Programs that are universal and not tied to work in the waged labor force would ultimately benefit caregivers and everyone who needs assistance, and government assistance in the United States should move in this direction.

Ensure no caregivers fall through the cracks. The current patchwork of policies to support caregivers limits assistance to certain caregivers providing certain types of care under certain conditions—and many caregivers fall through the cracks. As policymakers develop new programs to compensate caregivers, they should consider how those programs fit together to ensure that all caregivers are adequately compensated for their labor.

### **Protect Caregivers from Exploitation**

Protect caregivers from exploitation. Given the long history of exploiting the labor of caregivers, especially Black, Latinx/e, immigrant, and other women of color who have disproportionately worked in the care workforce, policymakers should ensure that any new supports do not enable or reinforce gender and racial oppression, but rather protect caregivers from exploitation. A particular concern is when cash allowances might be used to pay non-relatives low wages to work informally in the home. In some OECD countries, for example, carer allowances can be used by the care recipient's family to employ migrant workers, who receive no social protection since they are informally employed.<sup>106</sup> Legal protections for caregivers regardless of the nature of their employment is a crucial component of ensuring that caregivers are not exploited.<sup>107</sup>

# SOURCES

<sup>1</sup> 4.8 million people are formally employed in the direct care workforce (as home health aides or in residential or nursing homes) and another 460,000 people work in child care. “Understanding the Direct Care Workforce,” *PHI*. Available at: <https://www.phinational.org/policy-research/key-facts-faq/> <https://www.bls.gov/oes/current/oes399011.htm>. Though there are approximately 1 million child care jobs. Center for the Study of Child Care Employment, “Child Care Sector Jobs: BLS Analysis,” *University of California Berkeley*, November 7, 2023. Available at: <https://cscce.berkeley.edu/publications/brief/child-care-sector-jobs-bls-analysis/>.

<sup>2</sup> An AARP survey in 2020 estimates that there are 53 million caregivers of adults and children with special needs. National Alliance for Caregiving and AARP, “Caregiving in the U.S.: 2020 Report,” May 2020. Available at: <https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf>. For estimates of caregiving for adults alone, see: Susan Reinhard, et al., “Valuing the Invaluable: 2023 Update,” *AARP*, March 2023. Available at: <https://www.aarp.org/content/dam/aarp/ppi/2023/3/valuing-the-invaluable-2023-update.doi.10.26419-2Fppi.00082.006.pdf>. A CEPR report estimates that approximately 8 million workers work part time for care obligations, with women more likely to work part time than men, and part time workers in poorly compensated occupations mostly held by women such as care support more likely to work part time for care reasons than part time workers in other occupations. Julie Cai and Victoria Coan, “Care-Related Part-Time Employment: The Case for Federally Guaranteed Paid Family and Medical Leave,” *Center for Economic and Policy Research*, May 2023. Available at: <https://cepr.net/wp-content/uploads/2023/05/2023-05-Care-Related-Part-Time-Work-Cai-and-Coan-1.pdf>.

<sup>3</sup> CSSP calculations of American Community Survey, Table B09001, Population of Children Under 18 years by Age. The time use survey estimates are the sum of the hours spent caring for young children as both a primary and a secondary activity. See: “American Time Use Survey New Release,” *U.S. Bureau of Labor Statistics*, June 22, 2023. Available at: <https://www.bls.gov/news.release/atus.htm>. On family caregiving for children and the limitations of available time use surveys, see: Nancy Folbre, Shawn Fremstad, and Pilar Gonalons-Pons, “Measuring Care Provision in the United States: Resources, Shortfalls, and Possible Improvements,” *Political Economy Research Institute*, June 2023. Available at: <https://peri.umass.edu/publication/item/1735-measuring-care-provision-in-the-united-states-resources-shortfalls-and-possible-improvements>.

<sup>4</sup> *Ibid.* The ATUS defines primary child care is narrow, as it includes activities “spent providing physical care; playing with children; reading with children; assisting with homework; attending children's events; taking care of children's health needs; and dropping off, picking up, and waiting for children. Passive childcare done as a primary activity (such as “keeping an eye on my son while he swam in the pool”) also is included. A child's presence during the activity is not enough in itself to classify the activity as childcare. For example, “watching television with my child” is coded as a leisure activity, not as child care.” Meanwhile the ATUS defines secondary child care as: “care for children under age 13 that is done while doing an activity other than primary childcare, such as cooking dinner. Secondary child care estimates are derived by summing the durations of activities during which respondents had at least one child under age 13 in their care while doing other things. The time individuals spend providing secondary childcare is further restricted to the time between when the first household child under age 13 woke up and when the last household child under age 13 went to bed. It is also restricted to times the respondent was awake. If respondents report providing both primary and secondary care at the same time, the time is attributed to primary care only and secondary child care activities.”

<sup>5</sup> Nancy Folbre, Shawn Fremstad, and Pilar Gonalons-Pons, “Measuring Care Provision in the United States: Resources, Shortfalls, and Possible Improvements,” *Political Economy Research Institute*, June 2023. Available at: <https://peri.umass.edu/publication/item/1735-measuring-care-provision-in-the-united-states-resources-shortfalls-and-possible-improvements>.

<sup>6</sup> It also limited their autonomy and can put them at risk. On how financial dependence can figure in domestic violence, see National Coalition Against Domestic Violence, “Quick Guide: Economic and Financial Abuse.” April 12, 2017, available at: <https://ncadv.org/blog/posts/quick-guide-economic-and-financial-abuse>.

<sup>7</sup> For an excellent primer on the impact of care work on women’s economic security, see Joi Chaney and Julie Kashen. “Why Care About Care? Our Economy Depends on It.” Asset Funders Network, June 2021. Available at: [https://assetfunders.org/wp-content/uploads/FINAL\\_AFN\\_2021\\_Care-Economy-Primer-.pdf](https://assetfunders.org/wp-content/uploads/FINAL_AFN_2021_Care-Economy-Primer-.pdf).

<sup>8</sup> The median pay for home health and personal care aides was \$14.51 per hour in 2022. “Occupational Outlook Handbook: Home Health and Personal Care Aides,” *U.S. Bureau of Labor Statistics*. Available at: <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>. Pay at residential facilities is slightly higher. “Nursing and Residential Care Facilities: Industries at a Glance,” *U.S. Bureau of Labor Statistics*. Available at: <https://www.bls.gov/iag/tgs/iag623.htm>. The median wages for child care workers was \$13.71 in 2022. “Occupational Outlook Handbook: Childcare Workers,” *U.S. Bureau of Labor Statistics*. Available at: <https://www.bls.gov/ooh/personal-care-and-service/childcare-workers.htm#tab-1>. On the struggle for those combining paid and unpaid caregiving responsibilities, see: Siri Anderson and Elisa Minoff, “The Child Care Paradox: How Child Care Providers Balance Paid and Un-Paid Caregiving,” *Center for the Study of Social Policy*, May 2022. Available at: <https://cssp.org/wp-content/uploads/2022/05/Child-Care-Paradox-How-Child-Care-Providers-Balance-Paid-and-Unpaid-Caregiving.pdf>.

<sup>9</sup> If unpaid caregivers were paid \$14.55, the median wage for child care and home health aides, then unpaid caregiving by men would be valued at \$300 billion, and unpaid caregiving by women would be valued at \$625 billion. Katherine Robbins, “Women’s Unpaid Caregiving is Worth More than \$625 billion – and it could cost more,” *National Partnership for Women & Families*, August 2023. Available at: <https://nationalpartnership.org/womens-unpaid-caregiving-worth-more-than-625-billion/>. Unpaid family caregiving for adults alone, meanwhile, has been valued at \$600 billion annually. Susan Reinhard, et al., “Valuing the Invaluable: 2023 Update,” *AARP*, March 2023. Available at: <https://www.aarp.org/content/dam/aarp/ppi/2023/3/valuing-the-invaluable-2023-update.doi.10.26419-2Fppi.00082.006.pdf>. According to the Aspen Institute, 89 percent of the direct care workforce and 94 percent of the child care workforce are women. They are also disproportionately women of color: 48 percent of the direct care workforce and 40 percent of the child care workforce are women of color. Dyvonne Body. “The True Cost of Caregiving: Why An Equitable Care System For Children, Adults, and Elders is Essential to Household Financial Security.” Aspen Institute Financial Security Program, June 2020. Available at <https://www.aspeninstitute.org/wp-content/uploads/2020/05/The-True-Cost-of-Caregiving.pdf>. On average women spend .64 hours caring for and helping household members and men spend .31 hours. Women spend almost twice as much time caring for nonhousehold members as well. CSSP calculations of American Community Survey, Table 1, Time spent in primary activities and percent of the civilian population engaging in each activity, averages per day. In households with children, women spend well over twice as much time as men caring for and helping household members as a primary activity: 1.77 hours compared to .93. CSSP calculations of American Community Survey, Table Table 8A. Time spent in primary activities for the civilian population 18 years and over by presence and age of youngest household child and sex, 2022 annual averages, total. See: “American Time Use Survey New Release,” *U.S. Bureau of Labor Statistics*, June 22, 2023. Available at: <https://www.bls.gov/news.release/atus.htm>.

<sup>10</sup> Latinx/e and Hispanic women provide the most unpaid care; Black and Hispanic parents are least likely to be able to afford child care and Hispanic parents are least likely to feel confident they can afford long term care; Hispanic and Black workers are least likely to have access to paid leave; formal care workers are overwhelmingly women and disproportionately Black, Hispanic, and immigrants. On provision of unpaid care, see: Katherine Robbins, “Women’s Unpaid Caregiving is Worth More than \$625 billion – and it could cost more,” *National Partnership for Women & Families*, August 2023. Available at: <https://nationalpartnership.org/womens-unpaid-caregiving-worth-more-than-625-billion/>. On child care affordability, see Maura Baldiga, et al., “Data for Equity Research Brief: Child Care Affordability for Working Parents,” *Diversity Data Kids*, November 2018. Available at: [https://www.diversitydatakids.org/sites/default/files/2020-02/child-care\\_update.pdf](https://www.diversitydatakids.org/sites/default/files/2020-02/child-care_update.pdf). On long term care affordability, see: Liz Hamel and Alex Montero, “The Affordability of Long-Term Care and Support Services: Findings from a KFF Survey,” *Kaiser Family Foundation*, November 2023. Available at: <https://www.kff.org/health-costs/poll-finding/the-affordability-of-long-term-care-and-support-services/>. On access to paid leave, see: Chantel Boyens, Michael Karpman, and Jack Smalligan, “Access to Paid Leave is Lowest Among Workers with the Greatest Needs,” *Urban Institute*, July 2022. Available at: <https://www.urban.org/sites/default/files/2022-07/Access%20to%20Paid%20Leave%20Is%20Lowest%20among%20Workers%20with%20the%20Greatest%20Needs.pdf>. On the demographics of the care workforce, see: Elise Gould, Marokey Sawo, and Asha Banerjee, “Care workers are deeply undervalued and underpaid: Estimating fair and equitable wages in the care sectors,” *Economic Policy Institute*, July 2021. Available at: <https://www.epi.org/blog/care-workers-are-deeply-undervalued-and-underpaid-estimating-fair-and-equitable-wages-in-the-care-sectors/>.

- <sup>11</sup> See, generally: Evelyn Nakano Glenn (2010), *Forced to Care: Coercion and Caregiving*, Harvard University Press.
- <sup>12</sup> Richard Johnson, Karen Smith, and Barbara Butrica, “Lifetime Employment-Related Costs to Women of Providing Family Care,” Urban Institute, February 2023. Available at: [https://www.dol.gov/sites/dolgov/files/WB/Mothers-Families-Work/Lifetime-caregiving-costs\\_508.pdf](https://www.dol.gov/sites/dolgov/files/WB/Mothers-Families-Work/Lifetime-caregiving-costs_508.pdf).
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