

CARING FOR CALIFORNIA, TOGETHER:

INVESTING IN CROSS-SECTOR COLLABORATION TO ADVANCE AN EQUITABLE CARE ECONOMY

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Dear colleagues,

One year ago, we came together to discuss how we might work collaboratively to address the urgent challenges of improving care in California. For years, grantees and community members have shared that the disjointed and historically underfunded care system impedes progress on economic justice, health, aging, early childhood, and other critical issues.

The COVID-19 pandemic has further amplified the fault lines in our systems of care. Mothers left their jobs when child care facilities and schools shut their doors. We deemed care workers – primarily women, people of color, and immigrants – “essential,” and they worked in increasingly unsafe conditions for low pay. Older adults and people with disabilities living in care facilities and the professionals who care for them faced the most severe consequences of the pandemic.

At the same time, we are seeing hope in policymakers’ increased interest in and attention to the care economy. For example, the national Care Can’t Wait campaign brought together groups working across early learning and care, long-term services and supports for older adults and people with disabilities, and paid leave to advocate for a comprehensive package of policies that became part of Build Back Better. Though the legislation did not pass, it set the stage for continued attention to care issues. It also helped frame care as critical public infrastructure, no less important than roads and bridges, public transportation, or the nation’s energy grid.

These developments inspired us to explore opportunities to support similar cross-sector collaboration in California. With a focus on hearing directly from leaders in the care economy, we commissioned Sāmya Strategies to assess the critical needs and opportunities in California, gauge the feasibility of greater collaboration across sectors of the care economy, and recommend how philanthropy can best support this collaboration.

We hope this report illuminates for funders the complex landscape of the care economy and inspires investment in cross-sector collaboration to address these urgent challenges. As grantmakers deeply invested in California, we think the report’s findings advance our understanding of how we can work together more intentionally, and we invite those currently funding or new to funding care economy strategies to engage with us. We must care for California, together.

In partnership,

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INTRODUCTION

Care is fundamental to the human experience. Caring for one's family, friends, neighbors, and community can be quite rewarding, and all of us care for other people or are cared for by others at some point in our lives. In the U.S., a complicated web of policies and systems governs how our society provides care; who provides it; how consumers access, pay for, and receive it; and who receives what kind of care. Americans of all backgrounds have long struggled with the rising costs of care for family members, young and old, damaging their financial security, workforce productivity, and health and wellbeing.

Societies across the world recognize care as a public good that demands substantial public investment. For example:

- 186 countries provide paid family leave to new parents: Estonia provides 82 weeks or more, Sweden 68 weeks, Japan 52 weeks or more, and the United Kingdom 39 weeks.¹
- The Netherlands, Japan, and Germany ensure universal access to long-term care by using dedicated payroll taxes to finance their systems.²

However, the U.S. frames care primarily as a private family and individual issue, where care is shaped by the market, people are responsible for figuring out their care needs on their own, and what people can afford determines how much care and what quality of care they receive.

Most Americans intersect with the **care economy** in multiple ways. For example, almost one-quarter of all American adults and 54% of adults over age 40 are part of the “sandwich generation”: they have a parent aged 65 or older and are either raising at least one child who is under age 18 or providing financial support to an adult child.³ However, our care infrastructure is fragmented and does not reflect this reality. Nonprofits, government, academia, and funders have divided themselves into sectors and siloes, and our care-related public policies reflect this. Most care economy experts identify three major sectors in this arena: (1) **early learning and care** (ELC), (2) **long-term services and supports** (LTSS) for older adults and people with disabilities, and (3) **paid leave**. We need a well-funded system that centers the needs of families and integrates



Photo by Parent Voices

these three areas, and a culture that recognizes care as the public good it is.

The COVID-19 pandemic has further highlighted and exacerbated these inequities. Between February 2020 and January 2022, more than one million women had left the labor force; in fact, women account for 63.3% of all job losses since February 2020. Meanwhile, men have regained all their labor force losses.⁴ This gender gap likely reflects the disproportionately high level of caregiving responsibilities women have taken on during the pandemic, amidst major disruptions to education and child care. In the recent Kaiser Family Foundation Women's Health Survey, more than one in ten women reported that they have new caregiving responsibilities because of the pandemic, and three in ten working mothers said they had to take time off because their children's schools or child care closed.⁵

Paid care workers in both ELC and LTSS have either not been able to work at all or have worked as “essential workers” in unsafe and unhealthy conditions. At the same time, the ELC and LTSS services that were

available allowed all essential workers to do their jobs, supporting their communities. As has always been the case, but has been laid bare during the pandemic, the care economy – powered by women, people of color, and immigrants – has propped up the rest of the American economy.

These challenges, along with a population that is aging rapidly,^{6,7} is living longer⁸ (with age-associated disabilities and chronic illnesses⁹), and continues to become more racially and ethnically diverse,¹⁰ have propelled us into a caregiving crisis that disproportionately affects low-income people, people of color, women, and immigrants. The time is ripe for all those who care about care in California to come together across care sectors and stakeholders to create an equitable care infrastructure in our state. Years of work by organizers and advocates led to the Biden Administration introducing its Build Back Better Framework,¹¹ which proposed policies to strengthen the care infrastructure for all Americans. While Congress failed to pass this legislation, the national Care Can't Wait coalition¹² continues to advocate for policies to strengthen child care, paid leave, and **home- and community-based services**. In addition, the State of California recently established a Master Plan for Aging¹³ (which has a goal of “caregiving that works”) and Master Plan for Early Learning and Care,¹⁴ and state agencies and nonprofit and community leaders are embarking on the critical yet challenging work of implementing the plans’ recommendations.

Public investment in care infrastructure has a significant economic impact, creating millions of jobs in the care sector and allowing **unpaid caregivers**, who are typically family (both biological and chosen) and friends, to work outside of their homes and in industries outside of caregiving. Investing \$77.5 billion annually in paid care work nationally would create 2.2 million new jobs per year, at an average cost of \$34,496 per job, generating more than \$220 billion in new economic activity annually.¹⁵

People do not live their lives or provide and receive care in siloes. Their lives are multifaceted, and families and communities are intergenerational. As such, care economy policies and programs should not exist in

siloes either. In addition, all funders should care about care, regardless of what issue, sector, or population they represent – health; early childhood; youth development; education; aging; or racial, economic, gender, immigrant, or disability justice – because of the economic and social lynchpin care is. California needs people-centered, cross-sector collaboration among the care economy’s advocates, nonprofit practitioners, public sector, workers, consumers, community organizers, and funders to better reflect how its residents live their lives, and to build a stronger, durable care infrastructure in California. Collaboration could create the opportunity for stakeholders to learn about and coordinate intergenerational and cross-sector care economy strategies and identify intersectional policy solutions across ELC, paid leave, and LTSS to advance health and wellbeing, and racial, gender, and economic justice.

To respond to this challenge, five foundations – **Blue Shield of California Foundation**, **Heising-Simons Foundation**, **The James Irvine Foundation**, **Metta Fund**, and **Silicon Valley Community Foundation** – hired Sāmya Strategies to conduct a **field-informed study to examine the landscape and feasibility of cross-sector care economy collaboration in California, and identify how philanthropy can best support this collaboration**. This report describes: (1) the scope of the problem, (2) the study’s methodology, (3) its results, and (4) recommendations to philanthropy for responding to its findings.

SCOPE OF THE PROBLEM

Care is a racial, gender, immigrant, economic, disability, and aging justice issue. American culture and policies have long undervalued care work and the people who provide it, contributing to and reflecting racism, misogyny, ageism, and ableism. This devaluation has its roots in the patriarchal and racist foundations of this country. Historically, the U.S. has limited women's work to domestic or caregiving roles, and their income has not been perceived as crucial to their families' financial security and wellbeing. This undervaluation of women and their work, including caregiving, has persisted into the 21st century and has contributed to the undervaluing of all care-related work.

PAID CARE WORKERS

Care work is connected to the foundation of the U.S. economy: the brutal system of chattel slavery of Black people kidnapped and trafficked from Africa. Black women were forced to care for White landowners and their children; and after the end of slavery, they and other women of color were relegated to domestic work for low wages and without labor protections.¹⁶ In the 1930s and following decades, federal policymakers excluded Black domestic workers (all women) from New Deal policies, the Fair Labor Standards Act, Social Security, and other labor laws, to obtain support of Southern lawmakers committed to preserving the region's racist, Jim Crow order.¹⁷ This racialized, gendered marginalization and segregation of domestic and care workers continues today.

In the U.S., almost 5.7 million people (1.2 million in child care and 4.5 million in LTSS, or direct care) work in critical paid care jobs¹⁸, often with inadequate compensation, working conditions, and labor protections. For example, the average wage for a child care worker in California is \$13.48 per hour,¹⁹ and 17% of early childhood educators live in poverty (vs. 9% of all California workers), with one-third requiring public assistance.²⁰ California's early educators with bachelor's degrees are paid 37.8% less than their K-8 educator colleagues.²¹



9 out of 10

paid care workers are women



The average wage for a child care worker in California is

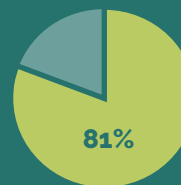
\$13.48
per hour

The average wage for a direct care worker in California is

\$14.61
per hour



of the of the **ELC workforce** in California is women of color



of the **direct care workforce** in California is women of color

California's 695,470 direct care workers have an average wage of \$14.61 per hour (an increase of only \$0.36 since 2010), with 41% living at less than 200% of the **federal poverty level** and 50% needing some form of public benefits.²² Many of these workers also experience wage theft and unsafe working conditions. For example, a 2017 study showed that workers at **residential care facilities for the elderly** often experience wage theft; do not have adequate sleeping facilities and thus, do not get sufficient sleep; have their work status misclassified; and experience retaliation when they file complaints.²³

Women and people of color provide most of the paid care work in both the U.S. and California. Nationally, nine out of ten paid care workers are women. Latinx women provide 21% of all paid care and Black women provide 20%, compared to 17% for White women.²⁴ In California, though women make up 46% of the total workforce,²⁵ they make up 98% of the ELC workforce²⁶ and 81 % of the direct care workforce.²⁷

Two-thirds of early educators in California are people of color.²⁸ In fact, early educators are the most racially diverse segment of the broader education workforce, compared to K-12 and postsecondary education, in which nearly three-quarters of educators are White. However, Black early educators earn \$1,600 per year less than White early educators (even after controlling for educational attainment) and are 50% more likely to live in poverty than their White peers.²⁹ Of California's direct care workers, 37% are Latinx, 25% are Asian American or Pacific Islander, and 12% are Black. Over half are immigrants, i.e., not born in the U.S. or citizens by naturalization.³⁰ While direct care workers who are people of color or White women have a median hourly wage of \$13, White men make \$13.50 per hour. Latinx workers have the lowest annual earnings of any racial or ethnic group.³¹

Increasing workers' wages is more difficult for the ELC and LTSS industries than for such industries as retail or restaurants. The latter typically raise the prices of services to cover the costs of increasing their employees' wages. However, in the ELC and LTSS industries, wages are a larger share of their overall costs; thus, increasing workers' wages has a greater impact on the already high prices of care services, and families cannot afford to pay more for care.³²

Neither the ELC nor LTSS sectors has as many workers as it needs. The pandemic has exacerbated these shortages, and they likely will increase in the coming years. In the U.S., the child care sector has lost almost one in eight jobs (12.4%) since the start of the pandemic,³³ leaving about 460,000 parents without reliable, long-term child care.³⁴

The nation will be short 151,000 direct care workers by 2030 and 355,000 workers by 2040,³⁵ even though by 2028, home care jobs will have the largest growth of any job sector in the country.³⁶ Since the start of the pandemic, the skilled nursing industry has lost 241,000 workers, or 15.2% of its total workforce.³⁷ Nationally, more than 25% of nursing homes report a shortage of at least one type of staff.³⁸ In addition, a recent poll of California **nursing home** workers showed that half of them are likely to leave their jobs in the next 12 months, primarily because of low wages, poor working conditions, and staffing issues.³⁹



Photo by Julio Martinez, Children's Council San Francisco

EARLY LEARNING AND CARE

Child care businesses survive on the thinnest of financial margins compared to other types of businesses. For example, they must meet several regulations to ensure safety and quality that are expensive; these costs are usually passed on to parents. This country's market-based approach to child care does not work; as Claire Sudduth wrote recently in *Bloomberg Businessweek*, child care has become "the most broken business in America."⁴⁰ The pandemic has exacerbated these struggles.

Between March and October 2020, 24% of child care facilities in California, representing almost 327,744 child care slots, closed either temporarily or permanently, because of unstable enrollment, increased expenses, staffing shortages, and other issues.⁴¹ More than two years since the start of the pandemic, the nation has lost 101,500 child care jobs, and child care employment is still 9% behind pre-pandemic employment levels, lagging far behind the economy as a whole.⁴²

In addition, child care in the U.S. is quite costly for consumers: since 1990, child care costs have increased by 214%, while the average family income has increased by only 143%.⁴³ In California, child care centers cost \$17,384 per year for an infant and \$12,168 per year for a preschooler, and home-based child care providers cost \$11,718 for an infant and \$10,975 for a preschooler.⁴⁴ A small number of low-income families can access

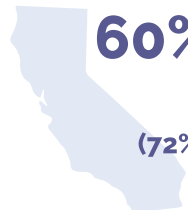
child care through the state's subsidized child care and development system, though they must still pay fees for this care: a single mother who earns \$37,500 per year would pay 5% of her income for full-time care for two children, a significant amount that also could be used

for housing, food, clothing, health care, and other critical expenses.⁴⁵

The state recently extended a federally-funded pandemic protection that waives these fees for families in the FY 2022-2023 state budget,⁴⁶ and if enacted, the Affordable Child Care Family Fees

Act or AB 92 (Gómez Reyes) would temporarily waive family fees through October 31, 2023, followed by an equitable sliding scale after October 2023.⁴⁷

Child care is not available or accessible to many Californians, particularly people of color and families with low incomes. In California, 60% of people live in a **child care desert** (72% of low-income families), and this figure has likely increased as programs have closed. Black and Latinx people are more likely than White people to live in these child care deserts, as are children with disabilities.⁴⁸ Though the majority of California's 2.75 million young children qualify for child care assistance, child care subsidies and spaces are insufficient due to persistent underinvestment in child care. The gap is particularly large for infants and toddlers, with only 14% having access to child care. Even among three-year old children, only 42% of those who



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CHILD CARE IN CALIFORNIA IS COSTLY FOR CONSUMERS

CHILD CARE CENTERS

\$17,384

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\$12,168

per year for an
preschooler

HOME BASED CHILD CARE

\$11,718

per year for an
infant

\$10,975

per year for an
preschooler

are income-eligible for subsidized preschool have access to these slots.⁴⁹ In addition, only 2% of child care centers and 41% of home-based child care providers provide evening, weekend, or overnight hours;⁵⁰ and many children who are dual-language speakers lack access to appropriate services.⁵¹

More than 7 million children aged 0-5 in the U.S. receive care from **home-based child care**, the most prevalent provider of care for infants and toddlers.⁵² Some of these providers are licensed and others are not. A subset of home-based care is family, friend, and neighbor (FFN) care, the largest category of ELC in the country. In California, licensed child care homes and FFN care for about half of children aged zero to three.⁵³ A grandparent cares for one in four children under age five in the U.S. while their parents are working or attending school.⁵⁴ Some FFN caregivers are paid, but most are not and may not consider themselves child care providers. Home-based child care is particularly vital to rural communities, Black and Latinx families, families with children with special needs, and low-income families.⁵⁵

LONG-TERM SERVICES AND SUPPORTS

The LTSS sector also faces workforce and cost challenges for consumers, exacerbated by a rapidly growing and diversifying older adult population in California. The state's population of adults aged 65

and over will increase from 5.2 million in 2015 to 11.4 million in 2050. In addition, though 41% of people aged 65 and over were people of color in 2015, they will represent 61% of this population in 2050.⁵⁶ Further, over seven million adults in California have a disability, representing one in four adults.⁵⁷

The number of seniors who need LTSS in the U.S. is expected to rise from 6.3 million in 2015 to about 15 million by 2050.⁵⁸ Someone turning age 65 today has almost a 70% chance of needing some type of LTSS in the remainder of their lifetime.⁵⁹ At the same time, about 40% of those requiring LTSS are under age 65. LTSS allow millions of Americans under age 65 with disabilities to live independently with economic security and a sense of belonging in their communities.⁶⁰

LTSS are prohibitively expensive for most consumers, and Medicare and most health insurance plans do not cover LTSS. In California, the monthly cost of a semi-private room in a nursing home is \$9,855 per month and a private room \$10,554 per month. Employing a home health aide for 20 hours per week costs \$3,483 per month.⁶¹ Medi-Cal is the largest payor for LTSS in California: more than two thirds of nursing home residents use Medi-Cal or Medi-Cal managed care to pay for their care,⁶² and the state spends almost \$10.6 billion per year on LTSS for older adults and people with disabilities.⁶³ Because paying for LTSS out of pocket or through long-term care insurance is unaffordable for most people, and only very low-income people qualify for Medi-Cal, many middle-income people spend down their life savings and other assets to qualify for Medi-Cal coverage for their care.⁶⁴

UNPAID CAREGIVERS

Although paid care workers are vital providers of LTSS, unpaid caregivers are by far largest source of this care. In the U.S., 53 million unpaid caregivers⁶⁵ provide approximately \$470 billion worth of care per year.⁶⁶ In California, approximately 5 million family caregivers provide most of the LTSS, including 1.7 million who are caring for someone with Alzheimer's disease or dementia. This care represents about 4 billion hours per year, valued at \$63 billion.⁶⁷ Sixty-one percent of unpaid family and friend caregivers in the U.S. are White, 17% Hispanic or Latino, 14% Black, 5% Asian American and Pacific Islander, and 3% some other race/ethnicity, including multiracial. Eight percent are LGBT individuals.⁶⁸

LTSS COSTS IN CALIFORNIA

NURSING HOME COSTS

\$9,855

per month for a semi-private room

\$10,554

per month for a private room

HOME HEALTH AIDE COSTS

\$3,483

per month for a home health aide for 20 hours a week



Family caregivers also include more than 5.4 million children and adolescents under age 18 in the U.S., who care for family members who are aging or have disabilities.⁶⁹ This number may have doubled or tripled after more than two years of the COVID-19 pandemic.⁷⁰ The population of youth caregivers is larger than that of children who are in foster care or who are homeless.⁷¹ Like adult caregivers, youth caregivers are more likely to be females, people of color, and living in low-income families. U.S. policies and programs assume that children are primarily care recipients and not providers of care. However, the number has likely risen over the past several decades, due to the opioid crisis, which has led to many children living with their grandparents instead of their parents; the aging of the general population, leading to increases in multigenerational homes; increases in incarceration rates of parents; and most recently the onset of the COVID-19 pandemic, which has left many children without one or more parents.⁷²

While more than half of unpaid caregivers report that their role has given them meaning or a sense of purpose, they also experience a great deal of negative economic, physical, and mental health consequences. Though 61% report working while caregiving, 1 in 10 caregivers have had to give up work entirely or retire early. Almost one-quarter have taken on more debt, 22% have used up personal short-term savings, 12% have used up long-term savings, and 11% were unable to afford basic expenses such as food.⁷³ In California, 1 in 4 caregivers provides 20 or more hours of care to a family member or friend in a typical week; however, only around 1 in 11 is paid for any of the time they spend providing care.⁷⁴ Also, youth caregivers disproportionately experience mental and physical health issues and find their employment and educational options limited as they transition to adulthood.⁷⁵

In addition to financial concerns, about 1 in 7 caregivers (13.5%) reported a physical or mental health problem within the past 12 months due to caregiving.⁷⁶ Respite services help unpaid caregivers take a break, either planned or in an emergency. However, most caregivers face barriers to finding and being able to afford respite care.

In CA, 5 MILLION family caregivers provide \$63 BILLION worth of care per year.

Inequities in health and financial outcomes persist among unpaid caregivers as they do among paid care workers. For example, in California, Black, Asian American, and Latinx adult caregivers are more likely than White adult caregivers to report that providing care is “somewhat” to “extremely” financially stressful.⁷⁷ Also, while more than one in five caregivers overall reports feeling alone,⁷⁸ more than half of caregivers of color and LGBTQ+ caregivers of older adults report feeling isolated.⁷⁹

PAID LEAVE

More than half of caregivers take time off from work for caregiving, but 61% of them report having no **paid family leave** from their employers.⁸⁰ In California, fewer than 1% of caregivers reported using employment-based leave benefits to support their caregiving responsibilities.⁸¹ In fact, the lack of sufficient paid leave to care for oneself or a loved one is a longtime, critical issue in the U.S. The U.S. is one of only six countries in the world, and the only wealthy nation, with no national paid leave. Of the 186 countries that offer paid leave to new mothers, only one (Eswatini) offers fewer than four weeks.⁸² Thirty



Photo by Homebridge

million workers in this country do not have a single paid sick day⁸³, though California law requires employers to provide three sick days.⁸⁴ To address the increased need for sick leave during the pandemic, California is providing up to 80 hours of COVID-19-related paid sick leave to employees in the public or private sectors who work for employers with 26 or more employees through September 30, 2022.⁸⁵ After this date, guaranteed paid sick leave for workers will revert back to three days per year, per state law.⁸⁶

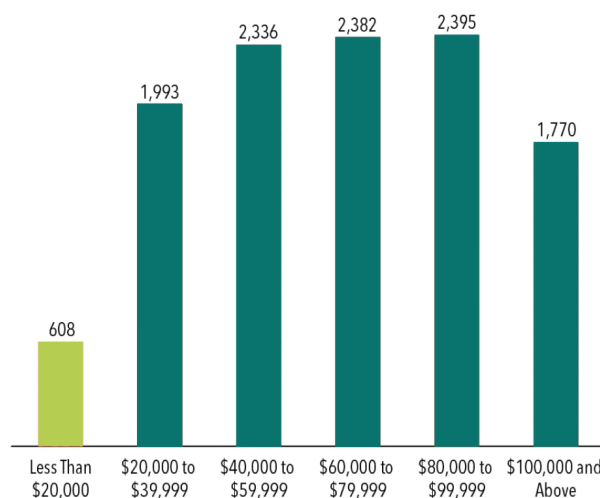
In 2002, California was the first state to create a state paid family leave program, and it has since passed legislation twice to expand the program. However, utilization of the program is low by those who could benefit from it the most. In 2020, more than 18 million workers in California contributed to paid family leave and were eligible for benefits. Of those eligible,

37% made less than \$20,000 that year. Of these same workers, only 14% utilized paid family leave. Workers making more than \$80,000 per year utilized paid family leave at three times the rate of workers earning less than \$20,000⁸⁷ (See Figure 1).

One likely driver of this inequity is California’s wage replacement rate – the percentage of usual wages a worker receives from paid leave – which is lower than most states with similar programs. This rate is currently only 70% for workers with very low wages and 60% for other workers, and even this is temporary until January 2023, when it will revert to 55% without any action to maintain or increase the rate. As such, one in four low-income workers in the state cannot afford to use paid family leave, even though they are paying into it on a regular basis.⁸⁸

FIGURE 1: CALIFORNIA WORKERS WITH VERY LOW WAGES ARE FAR LESS LIKELY TO UTILIZE PAID FAMILY LEAVE

Rate of Paid Family Leave Claims Per 100,000 Eligible Workers by Wage Bracket, 2020



Source: [California Budget & Policy Center analysis of Employment Development Department Data](#)

METHODOLOGY

The study had two components: interviews with key care economy stakeholders across California and a survey of philanthropy stakeholders in the state.

STAKEHOLDER INTERVIEWS

We conducted interviews with leaders across early care and learning, paid leave, and long-term supports and services in the nonprofit sector, government, and academia (see complete list in Appendix A). The interviews sought to understand:

- What key care economy stakeholders in California see as the most pressing issues related to care
- Shared opportunities, challenges, and solutions in California across parts of the care economy that could accelerate overall impact
- If and how stakeholders would like to collaborate with other care economy sectors
- How philanthropy can most effectively help stakeholders advance change

Of the 52 organizations and projects contacted requesting interviews, two declined, four did not respond, and 46 completed interviews (representing 54 individuals). From here forward, the term “interviewees” will represent unduplicated organizational interviews (vs. individuals).

Of the interviewees, 71.7% work in the nonprofit sector, 15.2% in government, and 6.5% each in academia and organized labor. Also, 15.2% of the interviewees represent coalitions and 6.5% represent associations or networks. The interviewees focus on a range of topics and engage in a variety of types of work across the care economy (see tables 1 and 2). Many interviewees focus on work in multiple categories. Direct consumers of care were not interviewed for this study, as the study focuses on cross-sector collaboration between field professionals. However, several interviewees represent consumers and brought their interests to the fore.

TABLE 1. INTERVIEWEES' AREAS OF FOCUS ACROSS THE CARE ECONOMY

AREAS OF FOCUS (N = 46)	#	%
Long-term supports and services	27	58.7%
Early learning and care	16	34.8%
Workforce development and career pathways	15	32.6%
Workers' rights	14	30.4%
Aging	11	23.9%
Unpaid/family, friend, and neighbor caregivers	11	23.9%
Health	9	19.6%
Entrepreneurship and cooperatives	8	17.4%
Representing employers	8	17.4%
Paid leave	7	15.2%
Disabilities	5	10.9%

TABLE 2. INTERVIEWEES' TYPES OF WORK ACROSS THE CARE ECONOMY

APPROACH (N = 46)	#	%
Policy	38	82.6%
Direct service	23	50.0%
Organizing	12	26.1%
Research	11	23.9%

PHILANTHROPY SURVEY

In partnership with [Asset Funders Network](#), a survey was sent to 32 funders, funder collaboratives, and philanthropy serving organizations (see Appendix B) that are either currently funding care economy work or are strongly interested in doing so. The goal of the survey was to better understand what the respondents are currently funding, what they are considering funding, what they might want to learn more about, and where they see opportunities for collaboration across the various sectors of the care economy, including in the philanthropic sector.



Photo by Julio Martinez, Children's Council San Francisco



INTERVIEW RESULTS

The 46 completed interviews contained a vast depth and breadth of qualitative findings. This analysis highlights the most significant themes that arose during these conversations without elaborating on every nuance or detail discussed. To maintain confidentiality, the interviewee quotes listed represent aggregated statements from several interviewees; they are not direct, word-for-word quotes from individuals (unless specified otherwise).

First, we asked interviewees to share what they think are the most pressing issues and opportunities in the ELC, paid leave, and LTSS sectors. They shared a range of both short- and long-term concerns, some of which were discussed more frequently than others. These themes are detailed below.

PRESSING ISSUES AND OPPORTUNITIES: EARLY LEARNING AND CARE



ELC WORKERS' WAGES, BENEFITS, WORKING CONDITIONS, AND CAREER PATHWAYS MUST IMPROVE.

Interviewees confirmed what the data earlier in this report show: ELC workers are undercompensated, the sector faces a workforce shortage, low compensation negatively affects worker recruitment and retention, and career pathways for ELC workers are inadequate. They shared the following reflections on this topic:

“There is a tension between higher compensation for workers and affordability for families. This showed up in collective bargaining. We need to balance both.”

“Affordable housing and transportation are important for sustaining the workforce.”

“From parents’ perspectives, they can’t use more subsidies if there aren’t enough providers. We need to tie together parents’ needs and workforce needs.”

“Funders often close the door on workforce development because these jobs don’t pay enough. But this should open the door instead. We need to build a coalition to fight for better wages, with the workforce development field standing next to ELC.”

“How do we make the pipeline more accessible and get people into it more rapidly? How do we make these jobs seem worthwhile to people?”

“Pipeline barriers include job quality (this is intimate, physical work), low wages, no movement towards those wages rising, thin margins for employers, and opportunities for advancement.”

“There is an obsession with professionalization and degrees. We need to think about what pushing for that does to those doing the work now who might have ‘unmeasurable’ and learned skills.”



ELC IS EXPENSIVE FOR CONSUMERS, IS DIFFICULT TO ACCESS, AND RECEIVES INADEQUATE PUBLIC FINANCING.

Most interviewees viewed ELC as a public good that requires significant public investments to ensure access to affordable and quality care for consumers and their young children. They described access issues such as cost, language access, lack of non-traditional hours, and lack of providers altogether in some regions. Most interviewees discussed the inadequate and disjointed public financing of ELC as a fundamental, systemic challenge. Their thoughts included the following:

“Ideally, parents would be able to easily find programs in their community that are easy to get to and affordable, where workers and owners are paid as ‘brain architects,’ are thriving, and have full lives. It should be as easy as enrolling in kindergarten and not be based on what door you walk through. We need to remove the ‘welfare queen’ stereotype that permeates our subsidized system, where we place a lot of obstacles in front of mothers of color to accessing programs. Parents should be able to get the uninterrupted care they need, when and where they need it.”

“We need to create a permanent funding stream for child care like K-12 education has from Proposition 98 and LTSS has from Medi-Cal.”

“We need to work together to encourage thought leaders to stop endorsing private sector solutions, because they can’t fix everything. The care economy is not a problem the tech industry or private industry can solve.”

Interviewees also discussed the tension that often arises in trying to balance the needs of consumers and ELC workers. For example, policymakers often suggest that increasing compensation for care workers is not feasible because it would increase costs of care for consumers, leaving both groups’ needs unmet.

Local governments can address ELC wages, as well. In April 2022, San Francisco announced that it would

spend up to \$60 million on pay raises, increased benefits, improved working conditions, and professional development for its 2,000 city-funded ELC workers. In effect on July 1, 2022, this initiative raises workers’ salaries by \$8,000 to \$30,000 per year. In addition, by 2025, workers will make no less than \$28 per hour. Tax dollars collected under Proposition C, a commercial rent tax passed by voters in 2018, fund this initiative.⁸⁹



THE EXPANSION OF TRANSITIONAL KINDERGARTEN NEEDS TO ADDRESS EQUITY FOR EXISTING PRIVATE CHILD CARE PROGRAMS AND THEIR WORKERS AND THE NEEDS OF PARENTS AND CHILDREN.

Most interviewees working in ELC expressed significant concerns about the expansion of **transitional kindergarten** (TK) in California while also recognizing the opportunity the situation presents. They shared the following thoughts:

“TK expansion is undermining the child care system and perpetuating racial inequities in the workforce. The K-12 workforce is more likely to be White and middle class than the ELC workforce.”

“There are many equity implications to TK: salary parity (or lack thereof), different unions for child care vs. education, and different experiences with COVID for each group. We protected K-12 teachers [by closing schools] and not child care workers. State preschool and TK could have the same education requirements for teachers yet different compensation levels.”

“TK is the best way the state can fund pre-K right now, but we need to create pipelines for child care teachers to become TK teachers. Career development for the whole sector is important, regardless of where teachers are working. The good thing about TK is that it’s free, and there’s research that it works well.”

“TK offers a ‘shiny penny’ that will dismantle existing child care programs that can’t just shift to serving only infants and toddlers. Trying to solve for one age group doesn’t help.”

“Other states are leading the way; we are out of step with where the country is going. They are creating cohesive policies, focusing more on the connection between care and education and how they need to be treated as intertwined in policy and funding.”

Expanded TK will launch in Fall 2022 for children who turn five between September 2, 2002, and February 2, 2023. Each year until the 2025-2026 school year, more children will be able to enroll based on their birthdates, when the program will be open to all four-year-old children. Experts project that between 291,000 and 358,000 children are likely to enroll in TK by the 2025-26 school year.⁹⁰

The expansion of TK raises concerns about equity for both students and teachers. A recent study finds that Native American, Pacific Islander, and Black students are currently underrepresented in TK enrollment, which could be driven by whether TK is provided at these students’ districts and at conveniently located schools, the capacity of schools to offer enough slots, interest of the family in TK, availability of other ELC options, and the success of advertising about TK. In addition, rural school districts are less likely to be providing TK at a majority of their schools.⁹¹

This expansion also places immense pressure on the ELC workforce and creates equity challenges within it. The state will need to hire between 11,900 and 15,600 new lead teachers and between 16,000 and 19,700 assistant teachers by the 2025-2026 school year.⁹² Many new TK teachers will likely come from existing, experienced, community-based ELC providers, creating a staffing shortage for these lower-paying programs. As such, these providers are concerned about losing to TK both their teachers and the four-year old children whose care helps pay for the more expensive care of younger children.⁹³

More than one-third of ELC teachers are qualified to teach TK,⁹⁴ and they may want to transition into higher-paying TK jobs. Teachers who teach only infants and toddlers make \$2,180 to \$8,375 less per year than their counterparts who teach three- to five-year old children, and Black and Latinx teachers are more likely than their White peers to teach infants and toddlers, thus bearing a greater wage penalty.⁹⁵ Currently, only 39% of the TK workforce are people of color.⁹⁶

If the state provides the current ELC workforce with equitable access to TK positions, a center-based teacher with a bachelor’s degree could see their annual salary increase by about \$42,000, and a home-based child care teacher with a bachelor’s degree could see an increase of about \$49,000. In addition, while only 70% of child care programs provide health coverage to their teachers and 51% offer retirement plans, all K-12 public school teachers have access to these benefits.⁹⁷



Photo by Parent Voices

The FY 2022-2023 state budget includes the following TK-related provisions⁹⁸:

- \$18.3 million per year for three years to support the California Universal Preschool Planning Grant Program for preschool planning within the state’s mixed delivery system
- \$614 million in ongoing funding, starting in the 2022-23 school year, to support the first year of expanded eligibility for TK
- \$383 million to add one additional certificated or classified staff person to every transitional kindergarten class, reducing student-to-adult ratios to better align with the State Preschool Program
- Authorization for the Commission on Teacher Credentialing to issue a one-year emergency specialist teaching permit in early childhood education that authorizes the permit holder to teach transitional kindergarten if they hold a bachelor’s degree or higher, a valid child development permit, and meet certain subject matter requirements



Photo by Julio Martinez, Children’s Council San Francisco



HOME-BASED CHILD CARE BUSINESSES DESERVE EQUITABLE INVESTMENT AND POLICIES.

Interviewees shared the following observations about home-based child care:

“We need to finance child care like we finance housing, including program-related investments from philanthropy. We also need to educate CDFIs about child care.”

“We need to ensure that the economic piece of this care economy puzzle includes small businesses and entrepreneurs. However, child care is not a lucrative business, and owners often don’t see themselves as business owners.”

“Women often don’t start businesses because they don’t have child care, so child care entrepreneurs and other women entrepreneurs are linked, and we need to bridge that gap.”

“Family child care businesses have many benefits. They are more spread out physically and geographically, it’s easier to start one than getting a child care job, undocumented people can do it, and they offer workers who need child care more choice and flexibility.”

Home-based child care providers are an essential part of the ELC ecosystem, even more so in certain communities, such as child care deserts. Merced County is one such region, and its Workforce Development Board is looking to home-based child care to help address its significant gaps in child care and need for new career pathways for individuals transitioning out of local agriculture jobs. Merced County needs an estimated 2,000 child care providers to meet its demand, but it currently has only 200 or so. At the same time, the local agriculture industry – primarily canneries, packing sheds, and food processing sites – are automating jobs, leading to fewer jobs and demand for workers. The Workforce Development Board sees an opportunity to offer retraining to these agricultural workers, who are mostly women of color, to become home-based child care providers. Still in the early stages of this work, it also is exploring how to establish the actual homes or physical spaces needed for providing care, as well as mapping where current providers are located, where there are geographical gaps, and where new providers should be located.⁹⁹

Despite the prevalence and vital role of home-based child care providers in caring for young children, they often do not receive the same resources as their larger, center-based peers. For example, a July 2021 survey showed that only 17% of home-based child care providers had received Paycheck Protection Program funds, in contrast to 72% of large child care centers and 29% of small child care centers.¹⁰⁰

There are very few small business development service programs for child care entrepreneurs, unlike for entrepreneurs in other sectors. These programs typically provide small businesses with connections to capital and technical assistance services to help them launch and thrive. Interviewee Children’s Council San Francisco is one of the few organizations in California providing a Child Care Business Incubator for women of color entrepreneurs. Since 2019, the incubator has served 500 women of color and helped 50 businesses launch across 12 California counties. The incubator is currently serving 40 businesses.¹⁰¹

Home Grown, a national collaborative of funders committed to improving the quality of and access to home-based child care, recommends comprehensive networks, i.e., “connective tissue that joins individual home-based providers to each other and to system infrastructure, including funding and policy...Home-based networks should reflect their providers and

communities, provide culturally responsive support and quality resources, ensure efficient business operations, and connect caregivers to community services including mental and physical health.”¹⁰²

Home Grown also recently launched a guaranteed income initiative for home-based child care providers and FFN caregivers called Thriving Providers. In pilots across the country, Thriving Providers will give these ELC providers direct cash payments for one year or more, along with wraparound peer and professional support, to reduce isolation, increase access to other resources, and build providers’ wealth. The initiative will also study the impact of the guaranteed income payments on the availability and quality of child care and advance policy and systems changes that improve providers’ economic security.¹⁰³

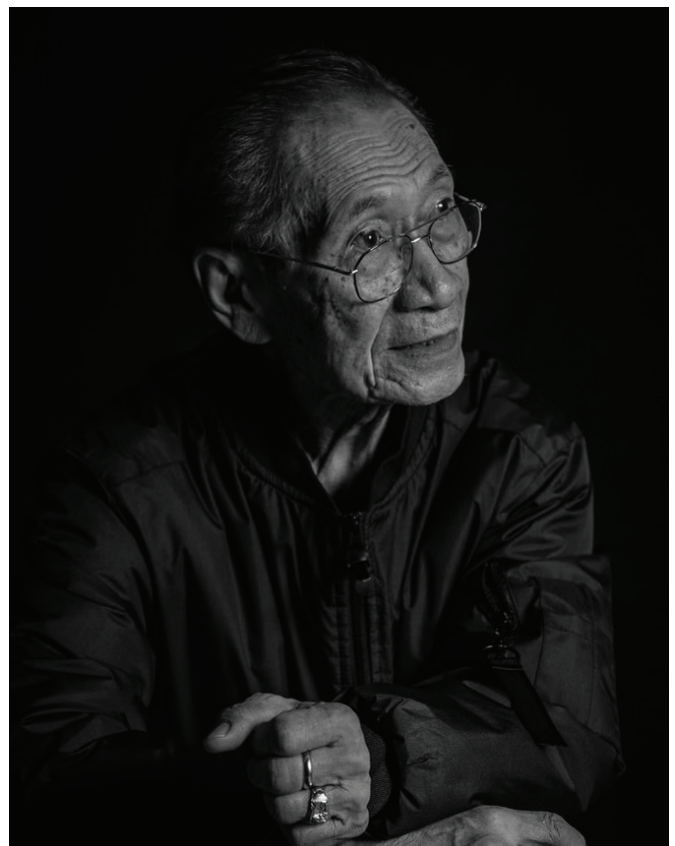


Photo by Homebridge

PRESSING ISSUES AND OPPORTUNITIES: LONG-TERM SERVICES AND SUPPORTS



LTSS WORKERS' WAGES, BENEFITS, WORKING CONDITIONS, AND CAREER PATHWAYS MUST IMPROVE.

Interviewees corroborated the research cited earlier in this report about the LTSS workforce: workers are undercompensated and experience unsafe working conditions, the sector faces a severe workforce shortage, low compensation makes it challenging to recruit and retain workers, and career pathways for LTSS workers are inadequate. Interviewees shared several reflections on this subject:

“In our work, we see care workers experiencing issues with wage theft and pregnancy discrimination (lifting for certified nursing assistants for example), where employers will put workers on paid leave instead of providing accommodations.”

“In skilled nursing facilities, staffing was already an issue and it’s worse with the pandemic. They’re profit-driven, so they only meet the minimum staffing threshold. People are leaving these jobs in droves, and they’re fighting for health care access, time off, safety, and wage theft protections, especially for undocumented immigrants. Only 20% are unionized because it’s the private sector.”

“We need to update the In-Home Supportive Services (IHSS) program in terms of how family caregivers are paid. What happens if workers are paid living wage with adequate benefits? What is the public’s opinion on this?”

“We need to push for a statewide system and bargaining for IHSS, instead of county by county. That would help with setting standards, health care, reduce administrative costs, etc.

“We need to create more clarity around career lattices and ladders in LTSS. What’s the difference between different jobs, and what does it take to get there?”

“In home care staffing, we need respite care and training of people to take over care. The state has created a backup system, but implementation has been very slow.”

“More people will need care, but there aren’t enough culturally competent, multilingual providers. IHSS providers are aging out themselves.”

“We need a workers standards board model for nursing homes, like other industries have.”



LTSS IS EXPENSIVE FOR CONSUMERS, IS DIFFICULT TO ACCESS, AND RECEIVES INADEQUATE PUBLIC FINANCING.

The findings from the interviews mirror the research and data on the LTSS access and cost issues cited earlier in this report. Interviewees shared the following thoughts on this topic:

“How to pay for LTSS is the big question. We’re currently paying for it by families impoverishing themselves and ending up on Medi-Cal.”

“LTSS can’t just be through Medi-Cal, because there needs to be access for all.”

“You can get care if you’re willing to pay, and that’s if you can even find someone. A lot of people aren’t getting the care they need, and that’s not being measured well.”

“How do we finance and structure long-term care? People need a range of supports and services at home, in the community, and in facilities. There are huge holes in the system, like not enough intermediate care where home doesn’t work for someone, but a nursing home is too much.”

“From families’ perspectives, how do we make it easier for them to find the care workers they need? There is no standardized place to look for care.”

“The state’s Long-Term Care Taskforce is looking for a private sector solution, but there isn’t one, because this is a public good.”

One promising opportunity and potential solution is the development of a new California LTSS social insurance benefit by the California Aging and Disability Alliance (CADA), a cross-sector group of leaders representing aging, consumers, disability rights, organized labor, and direct services. Several interviewees are part of CADA: AARP California, Alzheimer’s Association, California Alliance for Retired Americans, California Domestic Workers Coalition, Caring Across Generations, Disability Rights Education and Defense Fund, Hand in Hand: The Domestic Employers Network, Justice in Aging, SEIU Local 2015, The Arc of California, and United Domestic Workers/AFSCME Local 3930.¹⁰⁴ They shared that this coalition is distinctive because it brings together groups who have not historically collaborated this closely and have often had competing interests. Interviewees said, “Some of the strongest impetuses for focusing on the care economy are the needs of the aging population. But the needs of people with disabilities of all ages can be different and get a bit lost in the design and implementation of LTSS benefits. People with disabilities need flexibility in terms of using services.”

CADA must address several questions in its design process, including:

- How does the design address equity? For example, should there be a payroll tax, and if so, who would this model leave out?
- Will it be a portable benefit? How long would you have to work continuously to vest in the system, and what would the impact be? For example, some disabilities are episodic, and some women take time off work to care for their children.

In addition, the LTSS for All Grassroots Coalition, a close partner of CADA, focuses on expanding the LTSS safety net to support all Californians to address the affordability gap and reduce racialized and gendered income inequities for aging and disabled Californians and unpaid caregivers.¹⁰⁵



HOME- AND COMMUNITY-BASED SERVICES ARE ESSENTIAL TO THE WELL-BEING OF PEOPLE WITH DISABILITIES AND OLDER ADULTS.

Home- and community-based services (HCBS) allow many older adults and people with disabilities to live independently and fully participate in their communities.¹⁰⁶ Though 90% of older adults want to live at home as they age, 44% of LTSS spending goes to institutional care.¹⁰⁷

People with disabilities of all ages also rely on HCBS, to work, live independently, live near family and friends, and participate in their communities. Historically, people with disabilities were locked away in institutions – stigmatized, often neglected and abused, and assumed to be unable to lead full lives.¹⁰⁸ These kinds of institutions still exist, but most people with disabilities desire and should be able to access HCBS.

Interviewees shared the following thoughts about HCBS:

“There is an imbalance in Medicaid funding between institutional funding and funding for community care. This is a major issue for most disability rights organizations.”

“Those who need HCBS are very heterogenous, so it’s very challenging to come up with policies and programs that meet everyone’s needs.”

“California will sometimes focus on workplace safety for people with disabilities; but, in a home where the person with the disability is the employer of care workers, how will low-income homeowners or renters with disabilities meet all of the safety standards?”

“We need an emergency backup system for HCBS care and caregivers.”

California’s IHSS program is one of the state’s most critical, Medi-Cal-funded HCBS programs. Currently, more than 520,000 IHSS providers serve over 600,500 recipients.¹⁰⁹ Data on equitable access to Medi-Cal-funded HCBS are quite limited. In a recent report, the California Health Care Foundation states, “Limited public data hinder understanding of who is receiving which services and where, and what inequities may exist by race, age, geography, type of disability, and other factors.”¹¹⁰ Data to measure equitable access is key to addressing the historical and structural ableism, ageism, racism, and other forms of discrimination that may be causing inequities in access to HCBS. California did take a step in the right direction last year: the California Department of Health Care Services committed to developing a Gap Analysis and Multi-Year Roadmap (“Gap Analysis”) in 2022 to assess the gaps in the HCBS and Managed Long-Term Services and Supports (MLTSS) programs.¹¹¹

In another positive development, the U.S. Centers for Medicare and Medicaid approved the California Department of Health Care Services’ new HCBS spending plan in January 2022,¹¹² which would provide \$3 billion in enhanced federal funding to support initiatives that enhance, expand, and strengthen Medi-Cal’s HCBS services.¹¹³ The growth of HCBS in California is sorely needed: almost 5,000 people are on the waiting list for these services.¹¹⁴



UNPAID CAREGIVERS, INCLUDING YOUTH CAREGIVERS, PROPEL THE CARE ECONOMY AND SHOULD BE VALUED AND SUPPORTED AS SUCH.

Interviewees shared the following thoughts on addressing the needs of unpaid caregivers:

“Family caregivers really need respite care.”

“There is stigma around being a caregiver; people don’t want to talk about it.”

“We need to invest in legacy programs like the Caregiver Resource Centers, and they need a sustainable source of funding. They’ve been shown to be effective in keeping caregivers employed and reducing mental health issues.”

“We need to reconstitute the California Task Force on Family Caregiving.”

“We can provide more cross-education between paid and family caregivers. Family members often feel like paid workers know less than they do because they’re with the person they care for all the time. Family caregivers can bring their expertise to paid workers, and vice versa. There is also often a cross-cultural divide: the worker might be from a different culture than the family. We need a coalition between paid and unpaid caregivers.”

In 2015, California enacted legislation to create the California Task Force on Family Caregiving,¹¹⁵ which published a final report with its findings and recommendations in 2018.¹¹⁶ Task force members included interviewees Donna Benton with the USC Center for Caregiver Advancement in Los Angeles and Kathleen Kelly with Family Caregiver Alliance in San Francisco. The Task Force’s report made the following recommendations to the state legislature:

1. Support the financial well-being of family caregivers
2. Modernize and standardize caregiver assessments across the state
3. Equip caregivers with easily accessible information, education, and training
4. Increase access to affordable caregiver services and supports, including respite care
5. Integrate family caregivers into hospital processes, support them in navigating care transitions and with providing complex care tasks, and increase caregiver choice in whether to complete complex care tasks
6. Increase funding to California’s Caregiver Resource Centers
7. Create a statewide advisory council on matters affecting family caregivers

Much of the implementation of the recommendations above falls under the purview of the 11 nonprofit Caregiver Resource Centers (CRCs) across California, which serve family caregivers of adults affected by chronic and debilitating health conditions, degenerative diseases, or traumatic brain injuries. (We interviewed two of these centers – USC Center for Caregiver Advancement in Los Angeles and Family Caregiver Alliance – for this study.) Established in 1984, the CRCs serve 18,000 caregivers per year with region-specific assessment, education, care navigation, and psychosocial services.¹¹⁷ Most (75%) of CRCs’ clients are women and almost 48% are people of color. Clients who identify as Black, Latinx, Asian American/Pacific Islander, Native American/Alaska Native, or multi-racial are more likely to report engaging in more caregiving hours and higher intensity caregiving with fewer resources. Also, all CRC clients are dealing with more intense care than caregivers overall in California.¹¹⁸

The state has long underfunded the CRCs. In 2008, they lost all their funding due to the Great Recession. In 2019, the state restored funding at the 2008 level, which did not account for increases in the cost of doing business and the increased number of caregivers in California.¹¹⁹

Unfortunately, programs and policies such as the CRCs and the National Family Caregiver Support program exclude family caregivers under age 18. These young people also go unrecognized by professionals who work with youth, such as pediatricians, teachers, and guidance counselors. The only program in the state that currently addresses youth caregivers is at the California State University (CSU) Shirley Haynes Institute for Palliative Care at CSU San Marcos.¹²⁰ It provides information, resources, and materials to help young caregivers to successfully cope with caregiving and bereavement so they can enjoy the highest quality of life possible. Dr. Sharon Hamill, Director of University Relations and Research at the Institute (an interviewee), recommends that education programs for teachers, counselors, and pediatricians provide training about youth caregivers and that this continues in ongoing professional development. Children usually do not want to share their caregiving experiences with the adults around them, but trained professionals can recognize the signs that children are caregivers and proactively support them. Dr. Hamill said, “Sometimes a kid just feels better if someone knows.” She also encourages policy reforms and the development of caregiver resources that address youth caregivers’ needs.

Family caregivers also need policies to improve their financial security. The Economic Security Project has proposed an expansion of the federal Earned Income Tax Credit (EITC) called the Cost-of-Living Refund. One provision of the cost-of-living refund would redefine “work,” extending EITC benefits to family caregivers who have little or no earnings from paid employment. A study of this provision found that this proposal would provide \$2,830 billion in tax benefits to caregivers over ten years (FY 2019-2028). About 2.6 million families would have benefited in 2020. Extending full benefits to low-income family caregivers would account for about \$180 billion of the costs.¹²¹

When the federal government expanded the Child Tax Credit in response to the pandemic, it effectively became a tax credit for unpaid caregivers with children, because it was fully refundable down to zero earnings.¹²² Many advocates are pushing to make this expansion permanent because of this impact and many other outcomes that advance equity.¹²³





THE HEALTH CARE SYSTEM SHOULD EXAMINE HOW TO BETTER INTEGRATE LTSS AND UNPAID FAMILY AND FRIEND CAREGIVERS.

Interviewees shared the following observations about the links between LTSS and health care and coverage:

“CalAIM implementation is an opportunity and a step in the right direction, but we have a long way to go to integrate LTSS.”

“Health plans starting to cover community supports is a huge sea change.”

“Change will be a long process. For example, IHSS is still carved out from managed care plans, and people are worried about moving it to managed care. But if it’s not integrated, then insurance plans won’t have adequate tools to serve high needs enrollees.”

“LTSS has a relationship with health care and supports health, but they’re not necessarily health services themselves and may need to be funded differently.”

“‘Health Care for All’ is often really ‘health care for all able-bodied people.’ People with disabilities can be healthy and well, too, and they need to be included.”

“Health care is both related and distinct from long-term care. Some people are saying, ‘why focus on single payer when we don’t have a long-term care system at all?’”

Though many aspects of LTSS are in fact health care services, LTSS traditionally has been financed separately from health care, and as described earlier, most LTSS are not covered by health insurance. The state’s new California Advancing and Innovating Medi-Cal (CalAIM) initiative offers an opportunity to connect LTSS and health care. Its goal is to transform Medi-Cal to have a more population- and community-based approach that prioritizes prevention and care for the whole person, including long-term care, throughout the lifespan.¹²⁴

In addition, the state’s Heathy California for All Commission is working to develop a plan for advancing progress toward achieving a health care delivery system that provides coverage and access through a unified financing system.¹²⁵ Interviewee Anthony Wright, executive director of Health Access California and a member of this commission, said they have discussed the benefits and costs of integrating LTSS, and the final report shows that moving to a single-payer system could cover LTSS while still providing overall cost savings. He said, “someone advocating for universal long-term care shouldn’t necessarily put all their eggs

in the single payer basket, because that could delay your goal. It might be a more direct pathway to advocate for universal long-term care, where you don’t have to take on the entire health industry. Frankly, those who want a single payer system could learn from development of a universal long-term care system and the campaign for it.”¹²⁶

Health care systems also must better integrate unpaid family and friend caregivers into the health care teams for the loved ones for whom they provide care. Thirty percent of caregivers would like to have conversations with health care providers about their needs for caring for their care recipients and their own self-care. However, less than one-third of caregivers have been asked by a doctor, nurse, or social worker what was needed to provide care to their family member or friend, and only 13% have been asked what they need to care for themselves. LGBTQ caregivers, low-income caregivers, caregivers with a high school diploma or less education, and rural caregivers are less likely to have conversations about caregiving with health care providers than other groups.¹²⁷

PRESSING ISSUES AND OPPORTUNITIES: PAID LEAVE



ACCESS TO AND UTILIZATION OF CALIFORNIA'S PAID FAMILY LEAVE PROGRAM NEEDS TO IMPROVE.

Interviewees shared their concerns that though California has had paid family leave for two decades, workers do not use it fully, due to lack of awareness, low wage replacement rates, and limitations to who is eligible. They also discussed the key role of employers, including small businesses, who employ half of the state's workforce¹²⁸, sharing such comments as:

"People look to their employers for information, but employers often have incorrect or no information."

"Employers need to be incentivized to stay informed and convey information to their employees. It should be on employers to know the law and implement the law correctly, not the burden of workers."

"Many low-road employers won't change willingly, so, government agencies need to ensure enforcement."

"Small businesses want to provide their employees with a 'floor' of supports and benefits: including paid family and sick leave."

The following bills from the California Legislature's 2021-2022 session seek to address these gaps¹²⁹:

- SB 951 (Durazo)¹³⁰ would ensure that by January 1, 2025, low wage workers would receive 90% or their regular wages for all eight weeks of paid family leave. All other workers would receive 70% of their regular wages up to a maximum weekly benefit amount.
- AB 1041 (Wicks)¹³¹ would adapt the state's paid family leave laws to allow workers to take time off to care for chosen and extended family.
- AB 2949 (Low)¹³² would provide California workers with up to five days of unpaid bereavement leave, if their employer has five or more employees.





DATA COLLECTION, RESEARCH, AND POLLING ON PAID FAMILY LEAVE ARE NEEDED.

Multiple interviewees stated that (1) updated public opinion polling on paid leave would be useful to paid leave advocates working to achieve the policy changes listed above, and (2) the field needs research on the current levels of awareness of paid leave, why workers do not use it, and racial and ethnic inequities in these indicators. SB 1058 (Durazo)¹³³ would require the state's Employment Development Department to collect race and ethnicity data from paid family leave and state disability insurance claimants, to inform outreach and education efforts, increase utilization of these programs by underserved communities, and ensure equitable access.

COMMON THREADS AND COLLABORATION ACROSS CARE ECONOMY SECTORS

We asked each interviewee what commonalities and shared opportunities they believe connect the different sectors of the care economy, and what shape they think cross-sector care economy collaboration could take in California (see table 3). Following are the five themes about on common threads and collaboration across sectors that rose to the top:



IMPROVE WAGES AND CAREER PATHWAYS FOR BOTH ELC AND LTSS WORKERS, WHO ARE DISPROPORTIONATELY WOMEN, PEOPLE OF COLOR, AND IMMIGRANTS.

Most interviewees identified this as the primary theme that cuts across care economy sectors. At the same time, they expressed uncertainty about how to craft specific policies and programs to address ELC and LTSS workers' together, because the groups are different in several ways, including their required skills and competencies and payment sources. Interviewees shared the following thoughts on this topic:

"The strongest uniter across child care and home care is that the workers are mostly women of color and immigrants. We need to shout this, not whisper it."

"This is fundamentally about who has the power and who shares power, and that scares people, especially because of who the workers are: women of color and immigrants. We are not valuing them."

"We won't win if we don't talk about racism, xenophobia, classism, sexism, and the way the government benefits from the exploitation of the caregiving workforce."

"We need immigration reform to be able to expand the care workforce. Many workers are already immigrants, and we need to make it easier for immigrants to work in the care economy."

"We should build a coalition across sectors to fight for better wages. How do we mobilize workers and focus on our similarities?"

"Do we know how much overlap is there is between the child care and direct care workforces? Are people doing both or switching from one to another?"

"Can unions work together across child care and home care? If one union is successful in getting health coverage and retirement for its workers, does this provide a path forward for others?"

"We should work with unions in other industries whose workers need child care, like the health care workers represented by SEIU. Could someone work with parents across all the unions in California? People have struggled to find child care during the pandemic, and health care workers needed emergency child care in 2020."

"We need to increase respect for the work both types of care workers do. I could see a campaign in common even if the specific solutions are different. How can we find that synergy?"

TABLE 3. PRESSING ISSUES AND COMMON THREADS ACROSS CARE SECTORS

PRESSING ISSUES AND OPPORTUNITIES		
EARLY LEARNING AND CARE	LONG-TERM SERVICES AND SUPPORTS	PAID LEAVE
<ul style="list-style-type: none"> Workers' wages, benefits, working conditions, and career pathways Cost and access for consumers and inadequate public financing Expansion of transitional kindergarten Home-based child care businesses 	<ul style="list-style-type: none"> Workers' wages, benefits, working conditions, and career pathways Cost and access for consumers and inadequate public financing Home- and community-based services Unpaid caregivers, including youth caregivers Integration into the health care system 	<ul style="list-style-type: none"> Access and utilization, including lack of awareness, low wage replacement rates, and limitations to who is eligible Data collection, research, and polling



COMMON THREADS AND COLLABORATION ACROSS SECTORS

- Improve wages and career pathways for both ELC and LTSS workers, who are disproportionately women, people of color, and immigrants.
- Address affordable housing, which is vital to care.
- Change the narrative and culture in our society that devalues caregiving and care workers – who are primarily women, people of color, and immigrants – and their experiences.
- Design intergenerational approaches to direct services and public policy.
- Increase the capacity of stakeholders to collaborate with care economy sectors other than their own.
- Build on existing cross-sector coalitions and initiatives in California.

“Though direct care workers share wage issues with child care workers, their payor sources are different.”

“We should build coalitions but not devalue each sector. For example, don’t lump early childhood with long-term care when you’re talking about professional development; they each require different sets of skills.”

“Simplify requirements for all care jobs and make it easier to enter these jobs. We overvalue certain certifications and degrees, and education is not even commensurate to wages and opportunities for advancement.”

The care workers’ rights landscape in California has evolved significantly over the past few years. The first labor union for child care workers in California is Child Care Providers United (CCPU),¹³⁴ whom we interviewed for this study. CCPU’s members ratified its first contract with the state of California in 2021 after almost two decades of organizing. It represents about 40,000 family child care providers who receive state subsidy payments. The union shared in its interview that it aims to “build solidarity and harness the collective power between providers, teachers, and staff; family, friend, and neighbor caregivers; and parents.” The recently enacted FY 2022-2023 state budget includes funding that (1) Allows CCPU to create and administer a health care benefits trust (\$100 million), (2) gives CCPU the means to establish a retirements benefits trust (\$100 million), and (3) provides CCPU with the funding to survey their members’ retirement needs (\$40,000).¹³⁵

Unfortunately, many child care workers in the state are still not represented and do not benefit directly from CCPU. Also, universal TK reforms have generated an urgent need to develop strategies to make all ELC jobs good jobs, no matter the work setting.

Two primary labor unions, both interviewed for this study, represent a portion of the state’s LTSS workers. Service Employees International Union (SEIU) Local 2015 represents 400,000 workers in 46 counties across California, most of whom are workers in the IHSS program. About 22,000 also work in skilled nursing facilities and 1,000 in other facilities. Through its “Time for \$20” campaign, the union is advocating for a wage floor of \$20 per hour for its workers.¹³⁶ The second union is United Domestic Workers/AFSCME 3920 (UDW), which represents about 175,000 IHSS workers. UDW describes itself as “a union for home care workers, by home care workers.”¹³⁷

Three state-level plans also address the care workforce. The Master Plan for Early Learning and Care has set a goal of incentivizing, supporting, and funding career pathways.¹³⁸ The Master Plan for Aging has a set a goal of creating one million high-quality direct care jobs. It states that “the caregiving workforce can be grown through caregiver training and professional development opportunities, along with livable wages, job placement support, and improved job quality. Higher wages will help paid caregivers work toward financial security, alleviate economic disparities, and better reflect the true value of their work.”¹³⁹ In addition, in 2019, the California Future Health Workforce Commission recommended establishing and scaling a universal home care worker family of jobs with career ladders and associated training, to help meet the state’s home care workforce gaps.¹⁴⁰

In terms of workforce development, California offers some stand-out models in both ELC and LTSS. Interviewee Early Care & Education Pathways to Success (ECEPTS) is an apprenticeship program in California that improves ELC career pathways by integrating paid on-the-job training, coaching, no-cost college coursework, cohort learning, and increased compensation. These apprenticeships also help diversify the ELC workforce and improve the quality of child care.

Before ECEPTS’s founding, California had no registered ELC apprenticeship programs; now, ECEPTS has four such programs, for early educators in child care centers, family child care providers, home visitors, and youth entering ELC careers.¹⁴¹

The Master Plan for Aging cites Contra Costa Healthcare Career Pathways¹⁴² as a promising local workforce development model. The program – a partnership between Empowered Aging, Mt. Diablo

Adult Education,¹⁴³ and Opportunity Junction¹⁴⁴ – trains individuals to become Certified Nursing Assistants working in LTSS, putting them on a career ladder that could include licensed vocational nursing and registered nursing in the future. We interviewed Empowered Aging and Opportunity Junction for this study.

Another stand-out LTSS workforce development program interviewed for this study is the Center for Caregiver Advancement (CCA). CCA, founded 22 years ago by SEIU Local 2015, trains both IHSS and nursing home workers, and its evaluation and research show that this training improves workers' skills and confidence; the quality of life of the people who receive their care; and in turn, the broader systems of care.¹⁴⁵

Worker cooperatives are another promising model for providing care while also improving workers' lives. Pilipino Workers Center of Southern California (PWC), an interviewee, operates the COURAGE Homecare Cooperative, made up of Pilipinx immigrants (including those who are undocumented) who are home care workers for older adults. COURAGE aims to (1)

improve the quality of home care for older adults; and (2) improve working conditions and increase pay and benefits for home care workers. The cooperative is also a wealth-building opportunity, as the workers are all owners of the business. PWC aims to create a home care incubator to expand these kinds of coops across the state and beyond.¹⁴⁶

A recent report on cooperatives in California¹⁴⁷ laid out the following recommendations for developing child care coops in the state:

1. Support the growth of childcare cooperatives to expand licensed childcare availability and affordability and improve pay and working conditions for workers.
2. Involve employers in expanding childcare choices.
3. Broaden education and technical assistance to enhance knowledge and understanding of childcare cooperatives.





ADDRESS AFFORDABLE HOUSING, WHICH IS VITAL TO CARE.

For a person to use their home to provide care – in the case of home-based child care providers – or receive care at home – in the case of HCBS – they must have stable housing. Increasing housing costs also compete with care costs in families’ household budgets. Yet affordable housing is increasingly out of reach for Californians, particularly people with low incomes and people of color.

More than one in four Californian renters spends more than half their incomes on housing, compared to only 22% in the rest of the nation, and about one in seven adult renters report being behind on their rent. Low-income renters (those with household incomes under \$25,000) are five times more likely than renters with high incomes (\$75,000 or more) to be behind on rent, and Black, Latinx, and Asian American renters are more likely to be behind than White renters.¹⁴⁸ Also, on June 30, 2022, the last statewide eviction protections for low-income California tenants affected by COVID-19 expired.¹⁴⁹

Only 24% of Californians can afford to purchase a median-priced, single-family home in California¹⁵⁰ (priced at \$884,890 in April 2022¹⁵¹). This figure plummets to 17% for Latinx and Black Californians, compared to 34% and 40% for Whites and Asian Americans, respectively.¹⁵² These racial inequities in housing exacerbate the care-related inequities these same groups experience, as described earlier in this report.

For child care providers operating out of their homes, these housing cost challenges are barriers to keeping their businesses open. Providers who are homeowners worry about being able to pay their mortgages and afford home improvements, while renters are concerned about uncooperative landlords, legal issues with landlords, losing their businesses to eviction, and not having control over changes to their homes because they are not the homeowners. Instead, our society should be “investing in homes as child care

infrastructure.”¹⁵³ One investment firm, Mission Driven Finance, is launching a real estate fund to purchase homes and renovate them to be family child care spaces. They will lease the houses to providers at an affordable rent, give half of the appreciation on the property to providers while they are renting, and allow providers to use the appreciation as a down payment to buy the home from them someday.¹⁵⁴

The prohibitive costs of housing inequitably impact older adults and people with disabilities. For example, three in four extremely low-income older renters spend more than half of their monthly income on rent. Older Black renters are more likely than White renters to experience this severe housing cost burden, and older adult households of color are more likely to be extremely low-income renters compared to White households.

As such, older adults are becoming the fastest growing age group experiencing homelessness in the state. Almost half of all homeless people in the United States are ages 50 or older, and nearly half of them become homeless for the first time after age 50.¹⁵⁵ People with disabilities are also more likely to live in poverty than those without disabilities, with about 43% of those experiencing homelessness living with a disability.¹⁵⁶ The pandemic has exacerbated these challenges; for example, 40% of older renter households reported that they were “very likely” or “somewhat likely” to face eviction in the next two months.¹⁵⁷

The Master Plan for Aging established a goal of ending homelessness among older adults by investing “in innovative solutions to prevent older adult homelessness,” reducing “barriers to accessing housing programs and services,” and promoting “the transition of those experiencing homelessness to affordable and accessible housing models, with supportive services.”¹⁵⁸



CREATE A NARRATIVE AND CULTURE IN OUR SOCIETY THAT VALUES CAREGIVING AND CARE WORKERS – WHO ARE PRIMARILY WOMEN, PEOPLE OF COLOR, AND IMMIGRANTS – AND THEIR EXPERIENCES.

Most interviewees spoke about how our current narratives and culture related to the care economy devalue caregiving, as well as the people who provide care, whether paid or not. They described this devaluation's direct link to who caregivers are – primarily women, people of color, and immigrants. Following are some of the interviewees' reflections on this theme:

“The day-to-day for workers is just so hard, and it’s hard to see the disregard for both child and home care workers.”

“There needs to be more narrative change and messaging work around sandwich generation caregivers who are dealing with two different systems. People are either there already or are aging into that space.”

“Narrative change efforts never seem to change things. I have seen a lot of funding go to it, but nothing shifts, because most of these processes have treated women of color as just storytellers that don’t have power and agency over their lives. We don’t recognize that there’s a system around them that is causing havoc. It always comes back to the devaluing of women of color and the idea that they just have to pay for the cost of having children, as well as the idea that low-income women shouldn’t have babies. We basically say, ‘your choices are not my problem.’”

“Media coverage has been focused on middle- and upper-class White women.”

“We need narrative work that looks at who benefits from exploiting women of color.”

“There needs to be public education on these issues, especially LTSS; people don’t realize what they don’t have until they need it.”

“Change the idea of care from a personal issue to a societal issue.”

“We need to educate and mobilize voters across California who care about the care economy to be a force to be reckoned with.”

The California Work & Family Coalition recently launched a caregiver narrative project, which aims to shift the current narrative around caregiving and care work to one that values and highlights family caregivers, professional care workers who also need time to care for their own families, and care work itself. The coalition recently completed the first phase of this project – a learning circle that aimed to (1) explore and identify new ways to think about caregivers and caregiving in the coalition, (2) identify messages and images to be shared with coalition’s broader membership and community via social media, and (3) create a positive learning environment for coalition members to explore new ideas together. The second phase of the project will explore the following themes identified by the learning circle:

- Care is invisible because of the race and gender of those who provide care and where it takes

place; the invisible needs to be made visible.

- Caregiving has been seen as an individual problem, and it needs to be reframed as a shared, societal issue.
- Care and caregivers have inherent worth apart from their monetary value.
- Care and its prioritization are radical acts of resistance that push against dominant ideas in capitalism and American culture.¹⁵⁹

Two other narrative change projects that cover broader geographies include PHI’s national Direct Care Worker Story Project¹⁶⁰ and National Alliance for Caregiving’s Global Voices of Caregiving photovoice project.¹⁶¹



DESIGN INTERGENERATIONAL APPROACHES TO DIRECT SERVICES AND PUBLIC POLICY.

Interviewees recognized what caregiving looks like for many people today who are caring for multiple generations at the same time and/or will need care at multiple points in their own life spans. However, care systems currently are quite fragmented by age (i.e., children vs. older adults), not matching how people live their lives. We need both direct services and policies that take intergenerational approaches to care, eliminating unneeded barriers based on age. Interviewees said the following about this topic:

“We need paid leave for all: for oneself and whomever you’re caring for regardless of age or the reason care is needed.”

“Workplaces need to provide flexibility and paid leave so people can care for their children, parents, and other family members.”

“We need paid leave policies that cut across – if you have a child and have to take care of sick adult in same year, how much leave can you take? We need a more person-centered approach.”

“LTSS is a lifespan issue, not just an older adults’ issue. People could need it at a younger age if they have a chronic illness, and their needs for care could come and go throughout their lives. It’s a multigenerational issue.”

“We haven’t recognized the importance of intergenerational models, like where organizations have partnered to house child care at a senior center. Both the older adults and children thrived.”

“Can we link care for children with disabilities and care for adults with disabilities?”

“When we talk about paid sick leave with legislators, we point out the intergenerational aspects, e.g., grandparents using leave to care for grandkids.”

“We need to better connect paid leave to child care. The cost of infant care is so high; instead, you could pay parents to take care of their own kids for longer. This issue comes up for families with babies in the NICU. They run out of paid family leave and have to find child care, which might not be safe or appropriate for their fragile infants.”

“We need a more inclusive definition of family in state paid leave laws that would allow for more people to care for older adults and people with disabilities.”

“Grandparents are taking care of children, especially among people of color and in certain cultures. What’s the social safety net to support grandparents in this situation?”

“We need to connect retirement savings and wealth building to care economy conversations. Aging is lifelong, as are retirement savings. Care workers themselves need retirement savings, as do nonprofit workers in the care space. Savings also can help pay for care itself when you’re older and emergencies related to care along the way.”

“There is always a scarcity model, which leads to a false set of choices in policymaking. We need all of it for the system to work. We can’t ignore intersectionality and need to see it as an ecosystem.”

“Should the two master plan groups get together and talk about strengths and weaknesses of their processes?”

One example of intergenerational service delivery in California is Wu Yee Children’s Services in San Francisco. Wu Yee, a citywide provider of child care, operates its Generations Early Learning Center at On Lok Senior Housing.¹⁶² The children and older adults often engage in intergenerational activities, and the

program weaves caring into the curriculum. Both groups benefit: the children receive affection and wisdom from their elders, and the older adults can use their skills and knowledge to support children’s learning and development.¹⁶³



INCREASE THE CAPACITY OF STAKEHOLDERS TO COLLABORATE WITH CARE ECONOMY SECTORS OTHER THAN THEIR OWN.

Several interviewees agreed that they would benefit from engaging with their peers in other care economy sectors. They also can envision working together when it makes sense, such as when they have a common policy agenda or want to serve their shared constituents more effectively. They also shared one major common denominator: they do not have enough capacity – i.e., money and time – to collaborate with others as much as they would like.

Interviewees shared the following observations about this theme:

“It would be helpful for someone to help us draw the parallels between child care and long-term care, beyond worker issues, so that stakeholders can see where there are opportunities between sectors.”

“We could create a care coalition across areas, a big tent. The coalition could have subgroups that work on various policies, populations, etc., based on what’s needed. We also could have a leadership group of the big tent that is representative of the whole. We could develop set of policy papers and come up with a document that recommends our care agenda for the next couple of years to the Governor.”

“You can learn and understand some general talking points about your sister sectors while still advocating for your own sector.”

“What was successful with Care Can’t Wait was that we were shining a light on the fact that everyone has been fighting for the same scraps, and we should build power instead. There was a real understanding that if everyone didn’t work together, we’d all lose. We used gender and racial equity frames to bring folks together. We also spent time creating trust and building buy-in.”

“We need to understand each sector’s bottom lines. For example, child care groups need to know the basics about HCBS and bring it up with legislators and vice versa.”

“It would be good to convene with others to come up with a unified agenda and set of principles we could advance together. But we need to learn the landscape of other areas first. We don’t need to be experts on the other issues but know enough to support others in their work.”

One specific suggestion stood out from the interviews as a way to support collaboration: develop a care economy primer for California to help stakeholders understand the range of sectors in the care economy and how they can support each other. Advocates could then be better prepared to educate the Governor, state legislature, and their staffs. The primer could answer the following questions from a California perspective:

- What are the definitions of the care economy and related concepts?
- What sectors are part of the care economy?
- Who are the consumers of services in each sector?
- Who pays for each service or type of care, and how is financing structured?
- What do we know about each of the care workforces?
- What is the current policy agenda for each sector? How can care economy sectors support each other’s agendas?



BUILD ON EXISTING CROSS-SECTOR COALITIONS AND INITIATIVES IN CALIFORNIA.

Interviewees shared a wealth of information about current coalitions and initiatives in California related to the care economy that have full agendas, and many of which already bring together different sectors. Considering both this landscape and the concerns about organizational capacity for collaboration described above, they expressed that any new cross-sector collaborative efforts should build on these existing coalitions and initiatives, not duplicate their work. Several of these initiatives are described in the Recommendations section of this report.

INTERVIEWEES' ADVICE FOR PHILANTHROPY

We asked interviewees what advice they would give funders seeking to advance change in the care economy and what they think should be the role of philanthropy in this work. They recommended that funders do the following:

- Provide multiyear, general operating support to nonprofits, especially those with smaller operating budgets and those led by people of color
- Convene stakeholders within and across care economy sectors to learn together and work towards common goals
- Fund nonprofits to convene and collaborate, above and beyond funding for organizations' day-to-day work
- Center people with lived experience related to the care economy, including consumers, care recipients, and workers
- Increase funding for grassroots organizing and other public policy efforts, applying an equity lens to the care economy
- Increase funding for work focused on aging and disabilities
- Fund direct services, including workforce development, services for unpaid caregivers, and integrated, intergenerational care
- Fund narrative change, communications (including media), and public education strategies
- Fund research and evaluation by nonprofit, academic, and government institutions to increase the base of evidence for advancing the care economy
- Use philanthropy's influence and creative thinking to create a cross-sector care economy vision to which stakeholders can respond, and to bring more attention to the care economy
- Support innovation and new models while also investing in scaling what already works

PHILANTHROPY SURVEY RESULTS

Of the 32 philanthropy leaders invited to participate in the survey, 22 completed it. Of the respondents, 14 were from private foundations, 4 from philanthropy-serving organizations or philanthropic affinity groups, 3 from a coalition or collaborative that makes grants, and 1 from a community foundation.

The survey inquired about current and potential funding of a range of care economy issues by respondents who are grantmakers. The most common current funding areas were workforce development in child care and/or direct care, workers' rights, early learning and care, and LTSS for older adults. Less common were LTSS for people with disabilities, paid leave, and unpaid family and friend caregiving by adults. The grantmakers distributed an estimated total of \$80.5 million related to the care economy in 2021, with a distribution range of \$400,000 to \$55 million.

In addition, the issues grantmakers were most commonly *considering* supporting were workforce development in child care and/or direct care, workers' rights, and unpaid family and friend caregiving by adults.

The survey asked respondents to share what they think are the most promising opportunities for action to advance the care economy in California. They identified many of the same opportunities that stakeholder interviewees did, as follows:

- Ensuring universal access to paid family leave, early childhood education, and long-term services and supports
- Supporting local, state, and federal policy advocacy and implementation, community organizing, and power building, because ample public resources are essential to improving the care economy
- Investing in workforce development for care workers
- Improving wages, working conditions and labor protections for care workers
- Expanding portable benefits
- Improving supports for FFN child care providers, including guaranteed income
- Including more FFN child care providers in the state subsidy system



- Leveraging public-private partnerships
- Increasing wage replacement for paid family leave
- Increasing funding at the local and state levels to improve wages for ELC workers in a mixed-delivery system
- Building care workers' wealth by supporting care worker cooperative models (including coop incubators) and improving access to capital for care entrepreneurs
- Building a voting and power base across early childhood and older adult care systems
- Advancing narrative change to sway hearts and minds
- Supporting culturally relevant care for immigrant communities
- Aligning with the goals of the Master Plan for Aging

The two most common opportunities for collaboration across the care economy respondents identified were workforce development and workers' rights, mirroring a strong theme from the stakeholder interviews.

The issues funders most wanted to learn about were (1) workforce development in child care and direct care, (2) LTSS basics, (3) workers' rights and organizing in child care and direct care, and (4) LTSS financing. They preferred learning about these topics through webinars, blog posts, and working groups with funders and community-based organizations.

All but one of the respondents said they would be interested in collaborating with other funders around the care economy, but half conditioned their interest on the collaboration's purpose and scope, connection to their grantmaking strategies, geographic alignment, and required time commitment.

Photo by Opportunity Junction



AREAS FOR RESEARCH AND LEARNING

Three areas need more research and learning after this study:

1 THE ROLE OF TECHNOLOGY AND ADDRESSING THE DIGITAL DIVIDE

Multiple interviewees discussed their interest in learning more about how technology could improve access to care through telehealth, and how technology could be used to improve support to caregivers through online education and resources, support groups, and counseling. The Master Plan on Aging recommends virtual care expansion, stating that “New technologies, many pioneered in California, are paving the way for innovations in personal devices, smart home and community design, telehealth and more, and have the potential to help support caregiving and aging well across the state, nation, and globe.”¹⁶⁴

At the same time, the pandemic and resulting shelter-in-place requirements highlighted the serious digital divide in California and across the country, with certain groups – such as older adults, low-income people, rural communities, and people of color – less likely to have access to the internet and computing equipment. If more care and caregiver services become virtual, those without digital access, who already are less likely to have access to care, will suffer further.

2 GEOGRAPHIC VARIATIONS AND GAPS

This study employed a statewide perspective on cross-sector care economy collaboration. However, the state’s varied geography creates a wide range of population demographics, cultures, politics, economics, and care economy issues based on where people live. We need to explore further the geographic variations and gaps in the care economy to address geographic inequities and identify the most appropriate and effective solutions for these areas.

3 PERSPECTIVES OF THE DISABILITY RIGHTS AND JUSTICE SECTOR

We made a significant effort to include interviewees in the study from the disability rights and justice sector, but unfortunately, only a few organizations from the sector were able to participate, due to scheduling and timing issues. Future work should delve deeper into this community to ensure equitable representation and inclusion in cross-sector collaboration and the development of programmatic and policy solutions. As described earlier, LTSS for people with disabilities have unique considerations, and unfortunately, the field’s greater focus on LTSS for older adults often obscures these needs.



RECOMMENDATIONS

Though there are numerous challenges to creating a strong care economy in California, the state also boasts a wealth of experts and resources to take them on. The immense wisdom gained from stakeholders' input into this study points to seven recommendations for how philanthropy can most effectively help advance an equitable and strong care economy across ELC, paid leave, and LTSS (see table 4 for a summary).

1

FUND EXISTING COALITIONS AND PROMISING MODELS AND PRACTICES TO INCREASE THEIR CAPACITY FOR CROSS-SECTOR COLLABORATION.

The primary driver of this research was to examine the possibility of cross-sector collaboration on the care economy in California. However, instead of creating and funding new care economy tables or initiatives, philanthropy should consider bolstering several existing coalitions that are actively collaborating across sectors to address the challenges of the care economy, particularly through policy and systems change (see recommendation #2). For example:

- As discussed earlier, aging and disability rights groups already are collaborating through CADA to design a new state LTSS benefit.¹⁶⁵
- The **Stronger California Women's Economic Security Agenda** is a collaborative campaign of more than 50 advocacy groups and coalitions from across the state, co-founded and coordinated by Equal Rights Advocates (an interviewee). The Stronger California Advocates Network includes several other interviewees: California Child Care Resource & Referral Network, California Domestic Workers Coalition, California Work and Family Coalition, Legal Aid at Work, and Parent Voices. Stronger California currently employs cross-sector advocacy and communications strategies to promote paid leave, pregnancy accommodations for workers, child care, and related issues, addressing worker justice and the care infrastructure at the same time. It views this collaboration as the reason for its policy successes. Stronger California is

considering how LTSS for older adults and people with disabilities may also fit into its vision. This addition could make them a cross-sector table encompassing a comprehensive range of care economy stakeholders.¹⁶⁶

- The **California Domestic Workers Coalition** (an interviewee) is a statewide, domestic-worker-led coalition of community-based organizations, domestic employers, worker centers, labor unions, faith groups, students, and policy advocates. The coalition builds power through advocacy, organizing, and leadership development. California's 300,000 domestic workers include paid care workers such as nannies and home care workers for older adults and people with disabilities. Its steering committee includes several interviewees: Hand in Hand: The Domestic Employer Network; Pilipino Workers Center of Southern California; and Women's Employment Rights Clinic at Golden Gate University School of Law.
- **Caring Across Generations** (an interviewee) is convening a cross-sector table of care economy advocates in California to develop a state policy framework that leads to universal ELC, paid leave, and LTSS. The table has just begun to convene, and it plans to roll out its framework in 2023, along with a linked advocacy strategy.¹⁶⁷
- The **California Work & Family Coalition** (an interviewee) brings together organizations and advocates from a wide range of sectors to focus on improving paid leave policies and narratives around unpaid family and friend caregiving.

Interviewees from these coalitions and their coordinating organizations requested that philanthropy support their work in the following ways:

- **Provide multiyear general operating support for staffing:** We interviewed four organizations leading coalitions, and they each expressed the need for more resources to cover the time they spend to operate their groups, including planning and executing meetings, recruiting and retaining members, fundraising, communicating with members and external

TABLE 4. RECOMMENDATIONS FOR FUNDERS BY ISSUES ADDRESSED AND STRATEGIES

RECOMMENDATION	ISSUE ADDRESSED					STRATEGY					
	Paid care workers' rights	Workforce development	Affordability and access for consumers	Paid leave	Unpaid caregivers	Direct service	Policy	Organizing	Communications and narrative change	Research	Collaboration
1. Fund existing coalitions and promising models and practices to increase their capacity and effectiveness.	X	X	X	X	X	X	X	X	X	X	X
2. Increase funding to policy and systems change efforts, particularly grassroots organizing groups and nonprofits led by people of color.	X	X	X	X	X		X	X			
3. Support convening of stakeholders across care economy sectors to learn from each other, build trusting relationships, and work together toward shared goals.	X	X	X	X	X	X	X	X	X	X	X
4. Direct more funding towards gaps in care economy funding, such as intergenerational service models, aging, disability rights, youth caregiving, and geography specific needs and solutions.		X	X		X	X	X	X		X	
5. Support narrative and culture change strategies grounded in racial, gender, and immigrant justice.	X		X	X	X				X		
6. Invest in public sector efforts to advance the care economy.	X	X	X	X	X		X			X	X
7. Bring funders together to learn more about the care economy and coordinate funding.	X	X	X	X	X						X

stakeholders, developing goals and strategies, and conducting other operational activities. Many coalitions have only part-time staffing or no staffing at all, with members then organizing the group on their own, further stretching their already taxed capacities.

- **Fund coalition member organizations for the time they spend on collaboration:** This funding should go beyond that for individual organizations' operations. Collaboration is time and resource intensive, and as discussed earlier, nonprofit leaders interviewed for the study resoundingly expressed that capacity keeps them from partnering with others as much as they would like.
- **Support coalition activities that advance their goals:** The activities identified by interviewees include community-based research and listening sessions; policy design; advocacy campaigns; organizing of workers, employers, and consumers; communications and narrative change efforts; public education; and interpretation and accessibility needs.
- **Use an equity lens when determining investment strategies:** One interviewee shared that though they valued participating in a health and human services network established during the recession to fight budget cuts, only the larger, grassroots policy organizations received philanthropic support. Base building groups did much of the work but did not receive any of the funding, creating a very lopsided power dynamic. In addition, when that funding ended, the whole coalition dispersed, because not enough organizations had the capacity to continue the partnership.

2

INCREASE FUNDING TO POLICY AND SYSTEMS CHANGE EFFORTS, PARTICULARLY GRASSROOTS ORGANIZING GROUPS AND NONPROFITS LED BY PEOPLE OF COLOR.

Policy and systems related to the care economy must transform radically for California to achieve universal, access to affordable care for all its residents. However, the organizations fighting for these changes are severely under-resourced. Only 12% of foundation giving in California goes to policy and system change efforts such as education of policymakers, administrative advocacy, policy implementation, community organizing, research, and communications at the local, state, and federal levels.¹⁶⁸

Grassroots organizing particularly needs greater funding. These groups represent those most impacted by care challenges, who thus know the issues the best and are likely to have the best solutions. They also are more likely to have small operating budgets and to be led by people of color. A study by The Bridgespan Group and Echoing Green¹⁶⁹ found that nine out of 10 nonprofit leaders are White, and White-led groups have budgets that are 24% larger than BIPOC-led groups. Groups led by Black women receive less money than those led by Black men or White women. Funding also comes with more strings attached for BIPOC-led nonprofits: the unrestricted assets of groups with leaders of color were 76% smaller than those led by Whites. A recent report by the Association of Black Foundation Executives dubbed this practice “philanthropic redlining.”

There are cross-sector care economy policy campaigns and associated organizing efforts in California that funders can support right now. For example, as described earlier, CADA is designing a state LTSS benefit, and California Work & Family Coalition and Stronger California are working to expand the state's paid family leave program through a package of policies this year. These coalitions could benefit from funding for a range of expenses and activities to help advance their goals, as detailed in recommendation #1.

Other policy and systems change areas for exploration in California include, but are not limited to:

- Advancing apprenticeships, high-road training partnerships, and other publicly supported workforce development strategies
- Developing local and state guaranteed income programs for paid care workers and unpaid caregivers
- Expanding state and federal tax credits that benefit unpaid caregivers
- Increasing small business capital for home-based child care providers
- Improving reimbursement rates for child care providers while reducing consumers' costs
- Creating holistic approaches to pre-kindergarten education in California
- Improving supports for unpaid caregivers, including expanding policies to include youth caregivers
- Reforming the IHSS system's structure and financing
- Integrating LTSS into health care reform efforts
- Implementing local policies that increase wages and provide benefits for care workers

3 **ENABLE STAKEHOLDERS ACROSS CARE ECONOMY SECTORS TO LEARN FROM EACH OTHER, BUILD TRUSTING RELATIONSHIPS, AND WORK TOGETHER TOWARD A SHARED VISION.**

When asked about commonalities and opportunities for collaboration across care economy sectors, most interviewees expressed that they appreciated the study asking this question, one they may have heard for the first time. They shared that because their day-to-day work is stretching them to their limits, they rarely have the luxury of the time and space to think creatively beyond sectoral boundaries. Though most requested that philanthropy build on current efforts to do this, some also recommended that philanthropy could create this space and time for them by convening stakeholders

to (1) learn from and build relationships and trust with each other, (2) identify shared values and potential common purposes, and (3) imagine new futures and ideate transformational solutions together. They also recommended emphatically that though philanthropy has a key role in bringing stakeholders together, the stakeholders should have the power to direct the collaborations' design, objectives, and workplans.

4 **DIRECT MORE FUNDING TOWARDS GAPS IN CARE ECONOMY FUNDING SUCH AS INTERGENERATIONAL SERVICE MODELS, AGING, DISABILITY JUSTICE, YOUTH CAREGIVING, AND GEOGRAPHY-SPECIFIC NEEDS AND SOLUTIONS.**

As discussed earlier, several interviewees highlighted the potential of intergenerational service models that integrate ELC and LTSS to improve the quality of life of consumers. However, in California, these models are very rare. This is a strategy ripe for investigation and investment for funders interested in making care-related direct services more effective for families and communities.

All populations touched by the care economy do not receive adequate philanthropic dollars. For example, only 16% of total giving in CA focuses on children and youth. However, funding is even more meager for other populations: only 0.9% of total giving focuses on aging and older adults, and only 1% focuses on people with disabilities.¹⁷⁰ Multiple interviewees stressed these gaps. In addition, as detailed earlier, youth caregiving receives scant attention in California and the U.S. For example, no grantmakers reported funding youth caregiving in the philanthropy survey.

Lastly, the vast and diverse geography of California demands tailored funding for specific regions and communities. Remedying these glaring inequities in funding is essential to an equitable and strong care infrastructure in the state.

5 SUPPORT NARRATIVE AND CULTURE CHANGE STRATEGIES GROUNDED IN RACIAL, GENDER, AND IMMIGRANT JUSTICE.

This study makes clear that the narratives and culture around care in the U.S. that enforce racism, sexism, ableism, ageism, xenophobia, and other forms of oppression are holding back improvements to the care economy, including good jobs for care workers, affordable care for consumers, and the valuing of those who need care throughout their lifespans. Philanthropy can support strategies and campaigns to understand the current culture and promote changes that will lead to desired changes in the care economy. Specific strategies could include narrative change, public education, traditional and social media campaigns, and communications strategies for policy advocacy.

6 INVEST IN PUBLIC SECTOR EFFORTS TO ADVANCE THE CARE ECONOMY.

As this report has argued, care is a public good, and as such, government – local, state, and federal – is the primary actor in creating an equitable and effective care infrastructure. Local governments in California are centers of experimentation and innovation, and our state government oversees our major statewide ELC, paid leave, and LTSS policies and programs.

Several state agencies who are responsible for significant parts of the state’s care economy were interviewed for this study; each shared that though they have funding for their general operations, private philanthropy can help the public sector increase its impact by supporting pilot programs, research, partnerships, and other innovations. For example, the Master Plan for Aging and Master Plan for Early Learning Care are just that – plans. Their recommendations require implementation, and the government agencies, nonprofits, and other stakeholders responsible for implementation need support. Implementation of the Master Plan for Early Learning and Care and Master Plan for Aging falls under the purviews of the Department of Social Services and Department of Aging, respectively; yet public funding for this implementation is limited and

philanthropic support would help ensure its success. In fact, the development of the Master Plan for Aging was substantially funded by a collaborative of eight private foundations.¹⁷¹ These kinds of public-private partnerships could create transformational change in California and influence the rest of the nation.

7 BRING FUNDERS TOGETHER TO LEARN MORE ABOUT THE CARE ECONOMY AND COORDINATE FUNDING.

The scale of the care economy and its challenges and opportunities for change requires deeper investments from philanthropy than we currently see. This study’s philanthropy survey showed that funders are seeing the same opportunities to advance the care economy that interviewees discussed and also are interested in learning more and working together to make change. The funders of this study and others already engaged in these issues can help their peers better understand where care economy issues intersect with their priorities and how they can support the larger care economy ecosystem regardless of their individual grantmaking strategies.



Photo by Julio Martinez, Children's Council San Francisco

NEXT STEPS

This study is a first step in exploring cross-sector care economy collaboration in California. Next, we will share this report with individuals and organizations interviewed and surveyed for this report, as well as all stakeholders interested in the care economy across California and beyond. In addition, the funders of this study will review the report's recommendations and formulate a plan of action, in partnership with the field and other funders.

We hope this work will help spark a sense of urgency and inspire deeper and wider partnerships among the sectors of early learning and care, paid leave, and long-term services and supports for older adults and people with disabilities. Care should be a public good and a human right for all, so let us make it so.



Photo by Homebridge

APPENDIX A: GLOSSARY

CARE ECONOMY: The sector of the economy that is responsible for the provision of care, including early learning and care, paid leave, and long-term services and supports for older adults and people with disabilities, in both paid and unpaid forms and within formal and informal sectors.

CHILD CARE DESERT: Any census tract with more than 50 children under age five that contains either no child care providers or so few options that there are more than three times as many children as licensed child care slots. ([Center for American Progress](#))

EARLY LEARNING AND CARE: A range of publicly and privately funded education and child development services provided by family, friends, and neighbors; home-based child care providers; child care centers; Head Start and Early Head Start; state preschools; and public transitional kindergarten.

FEDERAL POVERTY LEVEL: Annual income of \$55,000 for a family of four in 2022.

HOME-BASED CHILD CARE: Child care provided in a home, rather than a center or institutional setting.

HOME- AND COMMUNITY-BASED SERVICES: Health and human services that allow people with significant physical and cognitive limitations to live in their homes or home-like settings and remain integrated with their communities. These services address the needs of people with functional limitations who need assistance with everyday activities and are designed to enable people to stay in their homes, rather than moving to care facilities.

IN-HOME SUPPORTIVE SERVICES (IHSS): California program that helps Medi-Cal eligible Californians over age 65 and with disabilities pay for home-based care. IHSS can pay for housecleaning; meal preparation; laundry;

grocery shopping; personal care services (such as bowel and bladder care, bathing, grooming and paramedical services); accompaniment to medical appointments; and protective supervision for the mentally impaired. The individual needing care can choose whom to hire to provide IHSS-authorized services, and this can be a relative or friend. ([California Department of Social Services](#))

LONG-TERM SERVICES AND SUPPORTS: A broad range of daily services needed by people with disabilities and older adults, including personal care; complex medical care; help with housekeeping, transportation, paying bills, and meals; and other ongoing social services. LTSS may be provided in the home, assisted living and other supportive housing settings, nursing facilities, and integrated settings. LTSS also include supportive services for unpaid caregivers.

NURSING HOME: Also called skilled nursing facility. Provides a wide range of health and personal care services, more focused on medical care than assisted living – including nursing care, 24-hour supervision, rehabilitation services, and assistance with daily activities.

PAID CARE WORKER: A paid professional who provides care to a child, older adult, or person with an illness or disability.

PAID FAMILY LEAVE: In California, “workers are eligible for paid family leave if they earn at least \$300 during the ‘base period’ (a 12-month period ranging from five to 18 months prior to the claim) while contributing to the state’s Disability Insurance Fund. In addition to paid family leave, birthing parents can take an additional four weeks of paid time off before their due date[s] and six weeks after the birth by using state disability insurance. Birthing parents [who] have had Cesarean section[s] receive an additional two weeks of disability insurance. After disability insurance ends, birthing parents can then take eight weeks of paid family leave. State disability insurance replaces wages at the same rate as paid family leave.” ([California Budget & Policy Center](#))

PAID LEAVE: Paid time off from work to care for oneself or a family member, friend, or other loved one, such as paid family leave, paid sick leave, and bereavement leave.

RESIDENTIAL CARE FACILITY FOR THE ELDERLY: Also called board and care facility or group home. Small, private, non-medical facility (usually with 20 or fewer residents) that provides residents with lodging, meals, housekeeping, supervision, monitoring, and assistance with ADL and IADL. The California Department of Social Services issues licenses to these facilities.

TRANSITIONAL KINDERGARTEN: Public schooling offered to children in California not yet age-ready for kindergarten. In 2010, Governor Arnold Schwarzenegger signed into law the Kindergarten Readiness Act, which changed the kindergarten entry date cutoff from December 2 to September 1, so that most children would be five when they started kindergarten. The law also established transitional kindergarten (TK) a developmentally appropriate grade to serve children with birthdays between September and December. The 2015-16 state budget amended the law to allow school districts to enroll four-year-old children in TK even if they turn five after the December cutoff date. The FY 2021-2022 California state budget committed to fund universal access to TK for four-year-old children by FY 2025-2026.

UNPAID CAREGIVER: An unpaid person, usually a family member (biological or chosen) or friend, who provides care to a child, older adult, or person with an illness or disability.

APPENDIX B: FEASIBILITY STUDY INTERVIEWEES

KIMBERLY ALVARENGA

California Domestic Workers Coalition

LINDA ASATO

California Child Care Resource & Referral Network

LEA AUSTIN

Center for the Study of Child Care Employment,
University of California, Berkeley

DONNA BENTON

USC Family Caregiver Support Center

MARK BURNS AND ORLANDO HARRIS

Homebridge

JENYA CASSIDY

California Work and Family Coalition

ANNI CHUNG

Self-Help for the Elderly

**SUSAN DEMAROIS AND SARAH
STEENHAUSEN**

California Department of Aging

CORINNE ELDRIDGE

Center for Caregiver Advancement

MARK ERLICHMAN

California Department of Rehabilitation

KIMBERLY EVON

SEIU Local 2015

**NOREEN FARRELL AND JESSICA RAMEY
STENDER**

Equal Rights Advocates

**JULIA FIGUEIRA-MCDONOUGH AND ABBY
SNAY**

California Labor & Workforce Development Agency

ALEXA FRANKENBERG

Child Care Providers United

ALISSA FRIEDMAN

Opportunity Junction

GINA FROMER

Children's Council San Francisco

ANGIE GARLING

Low Income Investment Fund

**JARED GIARRUSSO AND JESSICA
ROTHHAAR**

Alzheimer's Association

SHARON HAMILL

California State University Shiley Haynes Institute
for Palliative Care at CSU San Marcos

MARK HERBERT

Small Business Majority

CHRIS HOENE AND KRISTIN SCHUMACHER

California Budget & Policy Center

NICOLE HOWELL

Empowered Aging

MARY IGNATIUS

Parent Voices

LINDSAY IMAI HONG AND STACY KONO

Hand in Hand: The Domestic Employers Network

MARIE JOBLING

Community Living Coalition

KIM JOHNSON

California Department of Social Services

NICOLE JORWIC

Caring Across Generations

KATHLEEN KELLY

Family Caregiver Alliance

MARIA LEMUS

Visión y Compromiso

JORDAN LINDSEY

The Arc of California

PATRICIA LOZANO

Early Edge California

KIM MCCOY WADE

Office of California Governor Gavin Newsom

LAUREN PONGAN

Diverse Elders Coalition

KEVIN PRINDIVILLE

Justice in Aging

MONIQUE RAMOS

California Strategies

Early Care and Education Coalition

AMANDA REAM

United Domestic Workers/AFSCME Local 3930

JODI REID

California Alliance for Retired Americans

ERICK SERRATO

Merced County Workforce Development Board

HINA SHAH

Women's Employment Rights Clinic, Golden Gate

University School of Law

AQUILINA SORIANO VERSOZA

Pilipino Workers Center of Southern California

OSCAR TANG

California Family Child Care Network

Family Child Care Association of San Francisco

**SHARON TERMAN AND KATHERINE
WUTCHIETT**

Legal Aid at Work

NINA WEILER-HARWELL

AARP California

RANDI WOLFE

Early Care & Education Pathways to Success

ANTHONY WRIGHT

Health Access California

SILVIA YEE

Disability Rights Education & Defense Fund

APPENDIX C: PHILANTHROPY SURVEY RESPONDENTS

JAMIE ALLISON

Walter & Elise Haas Fund

FRAN BIDERMAN

Bay Area Early Childhood Funders

PARKER BLACKMAN

LA Partnership for Early Childhood Investment

CATHERINE COLLEN

Metta Fund

LAUREN CRAIN

World Education Services Mariam Assefa Fund

ASMA DAY

Blue Shield of California Foundation

ALLISON DOMICONE

Hirsch Philanthropy Partners

ROB HOPE

ReWork the Bay

SEPTEMBER JARRETT

Heising-Simons Foundation

KELLY KENT

May and Stanley Smith Charitable Trust

JEFFREY S. KIM

The California Wellness Foundation

JASMINE LACSAMANA

Archstone Foundation

MONA MASRI

Asset Funders Network

KATE MEYERS

California Health Care Foundation

ANDRE OLIVER

The James Irvine Foundation

LESLIE PAYNE

The James Irvine Foundation

KATY PELISSIER

Southern California Grantmakers

REBECA RANGEL

Y & H Soda Foundation

NATALIE RENEW

Home Grown

BERNADETTE SANGALANG

David and Lucile Packard Foundation

MANUEL SANTAMARIA

Silicon Valley Community Foundation

MEGAN THOMAS

Catalyst of San Diego & Imperial Counties

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