

Stratification Among In-Home Care Workers in the United States

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Abstract

Domestic workers—specifically in-home health care workers, childcare providers, and house cleaners—are generally concentrated at the bottom of the US labor market. Yet, there is also substantial stratification among and within each of these occupations. This article explores the heterogeneity in pay and working conditions among domestic workers in the 21st-century United States, which has been understudied to date. After sketching national patterns of stratification in this set of occupations, the focus shifts to qualitative evidence on inequalities among domestic workers drawn from focus groups conducted in New York City shortly before the COVID-19 pandemic. Finally, the impact of the pandemic on in-home domestic workers is briefly considered.

Keywords

carework, COVID-19, domestic labor, gender, home health care, labor, sociology

Introduction

The extensive scholarly literature on care work has effectively exposed its gendered character as well as the link between the predominance of women and the prevalence of low-wage work in this sector (Dwyer, 2013; Folbre et al., 2022). The disproportionate incidence of minimum wage and other legal violations among care workers, especially those employed in private households, is also well documented (Bernhardt et al., 2009; Theodore and Burnham, 2012). This article explores a distinct but related issue that has attracted far less attention, namely, the heterogeneity of pay and conditions across the care sector. If we conceptualize care work expansively, as some prominent commentators do (e.g. Folbre, 2012), it is self-evident that credentialed professionals like teachers and nurses are far better compensated, have better working conditions, and are more likely to have union protection, than are domestic workers like in-home health care workers, child care providers, or house cleaners. But even within the latter set of occupations, which are generally concentrated at the bottom of the labor market, there is substantial stratification. This article analyzes that phenomenon among domestic workers in the 21st-century United States. To set the stage, the next

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section briefly discusses the particularities of the US context and the overall patterns of employment in home-based care there.

National Context

The United States famously lags far behind other wealthy nations in regard to social provision for workers and their families. The nation has no laws guaranteeing the right to paid sick time, paid parental leave, or paid vacation, although many employers offer various forms of paid time off to their employees. In regard to public provision, there is considerable variation by state and region: in the 21st century, several ‘blue’ US states and cities created paid family leave programs and/or passed laws requiring employers to offer paid sick days to their workers.¹

The United States is also an outlier in regard to childcare, which is less available and more expensive there than in other rich countries. In most cases, the cost of childcare is absorbed almost entirely by parents, with minimal government assistance (Misra, 2021). Similarly, provision for eldercare under the nation’s Medicare and Medicaid programs is extremely limited, and in the case of Medicaid, means-tested (US Department of Health and Human Services, 2022). Medicare will pay for a home care aide for up to 100 days after a patient is discharged from a hospital; Medicaid will pay indefinitely for home health aides’ visits, with hours allocated on a case-by-case basis, provided the recipient has a documented need for care and virtually no financial assets (Schweid, 2021: 39).

At the peak of the COVID-19 pandemic, the United States enacted emergency federal legislation guaranteeing paid sick and family leave, along with direct ‘stimulus payments’ to most taxpayers (all but the most affluent), and later, child tax credits. But these were all temporary, short-lived arrangements, and even while they were in effect, public awareness of the benefits was limited (Berger, 2022; Jelliffe et al., 2021; Livingston and Thomas, 2019; US Bureau of Labor Statistics, 2021). Although some hoped that the pandemic emergency measures might lead to more lasting change, that did not occur; instead, the long-standing pattern of meager public policy support for working families was restored and remains intact.

As a result, the private market for childcare and elder care is far more extensive in the United States than in other wealthy nations. Thanks to high levels of maternal labor force participation and the rapid aging of the population, along with a growing preference among the elderly to ‘age in place’ in their own homes rather than to enter institutions, demand for in-home care workers has soared over the past half-century, especially among affluent US households. Long before the pandemic created new labor shortages, these jobs were often difficult to fill. From 2005 to 2015 alone, the home-based childcare workforce grew by 25% and the home-based adult care workforce by 87% (Hartmann et al., 2018). That growth is projected to continue in the coming decades, especially among home care workers. Indeed, the US Bureau of Labor Statistics (2022) projects more employment growth between 2020 and 2030 among ‘home health aides’ and ‘personal care aides’ than in any other occupations.

Mirroring the rapid growth in economic inequality over recent years, home-based care workers themselves are largely concentrated at the opposite end of the income spectrum from their employers. They are not only disproportionately female, but also increasingly foreign-born and of color (Hartmann et al., 2018; Osterman, 2017; Wolfe et al., 2020). Historically, domestic workers were excluded from many US bedrock labor and employment laws, and although in recent decades most of those exclusions have been remedied, enforcement of labor standards remains inadequate, especially among in-home workers (Boris and Klein, 2012; Goldberg, 2015). Moreover, as noted earlier, violations are widespread.

Considered in the aggregate, as a large body of research has documented, in-home care work in the United States is poorly paid, low-status and often precarious. One recent analysis found that, even controlling for demographic composition and education levels, domestic workers' median hourly wages were 25% lower than those of similar workers in other occupations. Because domestic workers often are employed part-time (despite the fact that many of them would prefer full-time hours), the annual earnings shortfall is even greater (see Kim, 2020: 284). Since their work is often informal and paid in cash, in-home caregivers often lack access to unemployment or disability insurance; employer-provided health insurance and retirement benefits are also rare (Wolfe et al., 2020). Indeed, the expansion of home-based paid care work has been a key factor contributing to the proliferation of low-wage jobs in the United States in recent decades (Dwyer, 2013).

One important source of improvement in wages has been unionization, which has steadily expanded among home health aides and childcare workers since the 1980s. By 2018, 11.6% of 'personal care aides' were covered by a union contract.² Yet, unionized home-based care workers earn far less than most other unionized workers in the United States. For example, average hourly earnings for unionized 'personal care aides' in 2018 were \$13.48, compared with \$24.18 for unionized workers in service occupations overall (Hirsch and MacPherson, 2019: 61–63).

This article focuses on the largest US in-home care occupations: home care for the elderly and disabled (the largest and fastest-growing field), in-home childcare, and house cleaning. Home care aides numbered 1.4 million nationwide in 2019. Childcare workers were the second-largest group, with about 226,000 nannies and another 276,000 providing care for children from other families in their own homes, followed by 344,000 house cleaners (Wolfe et al., 2020: 4). The discussion below draws primarily on data from the period immediately preceding the COVID-19 pandemic, but also includes a brief discussion of the pandemic's impact on workers in these occupations.

Stratification Among US In-Home Care Workers

Perhaps because of the bleak situation of the in-home care workforce as a whole, few commentators have explored the heterogeneity *within* this set of occupations in any detail. But this dimension of paid domestic labor does surface occasionally within the vast sociological literature on the topic. For example, Wrigley (1995) compared employers' treatment of *au pairs*, whom she termed 'class peers', with that of socially subordinated immigrant nannies of color doing the very same job. And Hondagneu-Sotelo (2001) deftly exposed the hierarchy of desirability among live-in nannies, live-out nannies, and house cleaners in late 20th-century Los Angeles. Romero's work (1992) had previously exposed the historical development of that hierarchy, tracing the process of 'professionalization' among house cleaners who increasingly rejected live-in jobs in favor of day work for multiple employers, rejected pay by the hour in favor of rates for set tasks, and favored employers who were absent from their homes while the work was performed. More recently, economist Paul Osterman (2017) has highlighted the segmentation of the home care workforce between self-employed caregivers and those employed by home care agencies or government entities (see also Kim, 2020).

These examples already suggest a wide range of pay rates and working conditions among in-home workers. Indeed, there are substantial inequalities and differences among the three occupations I focus on here as well as within each of them. In the US context, one key axis of variation is geographical. For example, home care workers paid through the publicly funded Medicaid system are unionized in some parts of the United States, while in other areas they are not, leading to substantial differences in pay, job security, and working conditions (Schulte and Robertson, 2021). Two other key dimensions of inequality are race and nativity: in general, US-born care workers—especially those who are White—fare better than immigrants in the same fields (as Wrigley pointed

out decades ago); unauthorized immigrants tend to be concentrated in the least desirable jobs. About one third of domestic workers are foreign-born and about 60% are people of color, although those figures vary and tend to be much higher in the nation's major cities. In-home occupations also vary in their composition by race and nativity: nannies and health aides are far more likely than house cleaners to be White and US-born (Zundl and van der Meulen Rodgers, 2021).

More generally, there is a broad spectrum of pay and working conditions within the domestic work sector. At one extreme are the growing (if still relatively modest) ranks of private servants to the super-rich. They tend to be disproportionately White and US-born, although European immigrants and those from other rich countries are also part of this elite stratum of in-home careworkers. Some employment agencies specialize in this niche market, supplying not only nannies and elder-care attendants but also butlers, chauffeurs, chefs, and personal assistants to wealthy households.³ Although no systematic data are available, these workers by all accounts are well paid and provided with superior accommodations and working conditions. To be sure, some are required to sacrifice their personal freedom as they accompany their employers to various distant destinations, and many are 'on call' 24/7 even when not traversing the globe. A recent journalistic report on the private chefs who are part of this elite group is suggestive:

Most private chefs interviewed for this article said they were earning at least twice what they made in restaurants and were working about a third fewer hours. In New York City, salaries for full-time private chefs hired through agencies start at about \$55,000 a year. . . They can go up to as much as \$130,000. Salaries are comparable in Los Angeles, but lower in San Francisco, starting at around \$45,000 for dinner only. . . James Rafferty left a position as the chef at Boughalem in Greenwich Village to become a private chef for a magazine publisher in New York City. . . He cooks lunch and dinner for the publisher five days a week and travels with him occasionally. When he goes skiing out west, Mr. Rafferty goes, too. And he snowboards in between meals. The stress at his new job, he said, is a fraction of what it was at Boughalem. He used to work 12-hour days, finishing at midnight, and was plagued with staff problems and tight costs. Now, he works seven-hour days, can experiment with different styles of cooking and has an unlimited food budget. He also gets to have dinner with his wife. (Hesser, 2000)

At the other end of the spectrum are domestic workers who are victims of labor trafficking, held in slave-like conditions in their employers' homes. One recent study found that of the approximately 8,000 labor trafficking cases identified in the United States in the decade ending in December 2017, almost 23% involved domestic workers—a larger share than for any other occupational group. Given that most trafficking cases are never reported, this is likely an underestimate (Polaris and the National Domestic Workers Alliance, 2019).

While these examples represent the extremes, substantial heterogeneity exists among more typical in-home care workers as well. The next section summarizes results from a 2018 study I conducted in New York City (Milkman, 2018), based on 12 focus groups with 115 home care aides, nannies, and house cleaners. It offers a closer look at the substantial variation in pay, benefits, employment security, and working conditions among domestic workers in a particular geographical context.

Stratification Among New York City In-Home Care Workers

Demographically, participants in the study were broadly representative of New York City's in-home workforce: 94% were female, 88% were non-White, and 81% were immigrants. Although those demographics varied little across the three in-home occupations included in the study, there were substantial differences in other aspects of their employment arrangements. For one thing, all but a

few of the nannies and house cleaners had found their jobs through informal social networks, while almost all the home care aides had obtained work through licensed home care agencies. In addition, most of the home care workers were union members, while none of the nannies or house cleaners were unionized.⁴ The unionized home care aides were paid the legal minimum wage and received regular paychecks from which taxes were deducted. Most had health insurance coverage through their union (provided they worked a sufficient number of hours). In contrast, the nannies and house cleaners negotiated their pay rates informally with their employers and were typically paid in cash, with no tax, social security or insurance deductions, and no employer-provided health insurance.

Among nannies and house cleaners, there was rarely any set definition of work duties, which, as many participants complained, meant that the tasks they were asked to perform tended to expand over time. As one nanny explained,

Once you're in, after a month, after a year, they start to drop little things: 'Can you iron this?' 'Can you do my laundry today?' It changes like crazy! They ask, 'Could you take my shoes to the shoemaker?' The job is not black and white. It's gray!

In contrast, home care aides' jobs were governed by a 'care plan' specifying their work duties; although some clients did pressure their aides to perform additional tasks, this problem was far more common among nannies and house cleaners.

Despite the fact that the home care aides were unionized and had jobs in the formal sector, the nannies and house cleaners earned substantially more—typically about \$13–15 per hour, almost always untaxed. In contrast, the home care aides were paid \$11 per hour, the legal New York City minimum wage at the time of the study, minus taxes and other deductions. As one home care worker lamented,

Our income is not much after tax deductions. Luckily our company provides medical insurance, but we still have to pay our part. After other daily expenses, the money left is not enough to make a living. The rent is the main cost, which is very expensive. The rent is too expensive and the income is too low!

Some turned to public assistance to make ends meet, as a home care aide explained,

We have to kill ourselves providing a much-needed service, and at the end of the day, we still have to go to an agency and see if we can get medical assistance or food assistance or childcare assistance. It's ridiculous! What I make, honestly, can't even pay my rent. I'm not talking about carfare, food, anything else—what I make does not pay my *rent*.

For nannies and cleaners, the relatively high pay they received was often the most positive and valued aspect of their work, particularly in comparison with the other jobs available to immigrant women. One nanny declared, 'The pay is good, compared to other jobs', adding, 'The pay is compensatory for the work you give and the responsibility that is involved. The standard here in New York City is quite competitive'.

Moreover, although their employment was informal, work hours were generally stable and predictable for the nannies and house cleaners. Most nannies could count on 40 or more hours of work each week; house cleaners typically worked fewer hours (and some would have preferred more) but their schedules too varied little from week to week. In contrast, home care workers' schedules often fluctuated, so that their hours—and their earnings—were far less predictable. That was because assignments regularly shifted among clients and government regulations determined the hours of work allocated to each client, which varied widely. On the other hand, home care workers'

jobs were relatively secure; they were not directly employed by clients but rather by home care agencies. Those agencies normally found them new work rapidly if an existing client no longer needed or wanted their services. Their employment security, combined with union protection, also meant that home care aides could freely voice concerns about working conditions without fear of being fired.

In contrast, although their incomes were relatively high, many nannies and house cleaners complained that their employment was precarious and insecure. The power imbalance between them and their employers, combined with the unregulated nature of these occupations, made it difficult or impossible for them to voice their concerns or express discontent about working conditions without fear of retaliation. Although such retaliation is illegal, workers are often unaware of that fact and enforcement of the law is poor. Indeed, several nannies and house cleaners reported having been suddenly fired if they spoke up:

If they say no, that's no. It doesn't matter how great you were for a year. Just at that moment, if you don't agree with them, they let you go. You can't talk back.

We don't speak up even though we want to. Because we need the *job*. We can't speak up, otherwise they will fire us. What would we do the next morning?

There are times when we have to put up with it because it is not easy to get another job. And when one is short on money. . . things happen that one has to swallow whole.

I'm paid well. But I don't spend much. . . because one never knows. One can have work today, and tomorrow not have any.

Although the pay was good while they were working, periods of unemployment, illness (in the absence of health insurance for many), or other unexpected emergencies could plunge their households into economic crisis:

If there is no work for 3 or 4 months, there will be a massive debt. Even a week can spoil the balance.

It's hard when I get sick, and can't work, and don't have anything saved. I had something saved last year but I got sick and spent it all. And who was going to pay my rent?

Many nannies and house cleaners commented bitterly on the lack of respect and appreciation for their work, both on the part of employers and from the wider community:

For nanny and babysitter, everyone thinks that it's not a job, you're just going there and looking after the kids.

Domestic workers are at the bottom rung of the society.

My boss, even if they know me for that long, they don't know if I have a mother, father, children—they're really interested only in you to take care of their child when they're not there, and do your best. They don't care about your life.

When we say that we are a nanny, everybody's like, 'Oh, so what is a nanny? What's the real thing you want to DO in life?' They don't consider this as a profession. So it's interesting that the job that pays for our bills, people don't consider it as a job.

They think we're robots. That we're just going to do everything super-fast.

For a woman, this is the lowest job!

They look at us and say that we are nothing. But every morning we come in and release you so you can go to work, and you don't have to worry about your precious child.

Similar complaints came from some home care aides, who were also acutely aware of the low social status of their work. But more often than among the nannies and cleaners, home care aides reported that their work was appreciated by the clients they cared for:

To do home care work, especially with sick people, especially with the people who have absolutely no one, you're the only person they see, the only person they talk to, it gives you pride to make a difference in their lives.

I'm very proud of the work that I do, because I know I made someone feel good. I made someone comfortable, they're clean or they're pain-free or they feel cared for. That's what I enjoy most about the job. It's hard work; it's difficult. And whoever is in charge of putting a price on what this job is worth needs to understand that what we do encapsulates so much. . . This is not for everybody. You really have to have a passion for this. Otherwise you will be horrible at your job and you will be a crappy caregiver.

What I like is the contact with people, that I can give them quality of life, if they need something. I like that I can serve them and treat them with the dignity they deserve.

I think old people, when they reach a certain time in their life, they need comfort. They need somebody to love them, and to assure them that you are here for them. It's a good feeling, it's really satisfying. It's not an easy job, but you have to dedicate yourself and tell yourself, 'I want to do this'. But I think the money part needs to be a little more rewarding!

These examples suggest considerable heterogeneity among in-home care workers, even within the boundaries of a single US city. New York City nannies' and house cleaners' jobs are informal and insecure, but relatively well paid, while home care aides like those included in this study are less well paid but have more employment security, union protection, health insurance benefits, and dignity. To be sure, this example does not even begin to represent the full extent of variation among domestic workers in the United States as a whole. New York City has many distinctive characteristics, including greater union density than any other major US city, a legal minimum wage among the highest in the nation, laws providing paid family leave and paid sick days, and various other forms of labor market regulation and worker protection that are less extensive in most parts of the country.⁵ The city also is home to a disproportionate share of the nation's wealthiest households, many of which employ the elite domestic workers described earlier, as well as a vast population living in poverty. Finally, New York has a distinct demographic profile, with far higher proportions of immigrants and people of color than the nation as a whole.

Other Variations Among Home Care Workers

Not all US home care aides share the pay and conditions documented in this study of New York City. Unions are present among home care workers in eight other states as well, yet their wage rates vary.⁶ But far greater disparities exist between unionized and non-unionized home care workers, even within the sector depending on Medicaid funding (which itself varies widely by state). A recent *New York Times* report on a mother and daughter, both employed as home care aides, is revealing:

Both mother and daughter rise early and make a lengthy commute—up to one hour by car for Danielle and up to two hours by bus for Brittany. They make their clients' meals. They shop for groceries and clothes, pick up medicine, run to the post office. They care for pets. They dress and undress, change diapers and give baths. They assist with medication. They dust, vacuum and do the laundry. They talk and listen to the stories of their clients' lives, often for hours.

But the similarities end there. Brittany makes nearly \$20 an hour, usually working five days a week. . . She has paid time off, medical and dental insurance, a retirement plan and many other benefits. Danielle works seven days a week making half Brittany's wage. She has no benefits through her job, qualifies for Medicaid and is barely able to survive.

Brittany lives in Washington State and belongs to a union of long-term-care workers, S.E.I.U. Local 775, that has worked with the state for better pay and working conditions. Danielle lives in Arkansas, where she has none of that. Across the nation, this pattern repeats itself: Home care aides in states where the work force has unionized and won the right to collectively bargain with the state have living wages and benefits, while those in states without unions have lower wages and minimal benefits—if any. (Schulte and Robertson, 2021)

Another widespread form of home care in the United States is entirely outside the Medicaid (and Medicare) system. Many of those who want or need in-home assistance do not qualify for Medicaid, which is strictly means-tested (with eligibility criteria varying widely among states), and Medicare only covers short-term care after a hospital stay. Thus elderly and disabled people often rely instead on home care providers hired in the private market. Some recruit caregivers via for-profit employment agencies, which charge for their services, costing consumers more and simultaneously reducing the wages the aides themselves receive (Schweid, 2021: 63). Others (a smaller but growing group) turn to platforms like the matching service care.com. Finally, many hire home care aides directly through informal social networks. The home care workers they rely on are nominally self-employed, and part of what is sometimes labeled the 'gray market', because the employment relationship is informal and almost entirely unregulated.

Data are scarce on the prevalence of gray-market home care. The most systematic national study to date found that 31% of respondents to a 2017 survey (representative of the US population) who had arranged in-home care for an aging client or one suffering from dementia did so through the gray market (Shih et al., 2022). Another recent survey of home care consumers (based on a convenience sample) in California found that 66% had recruited home care aides through friends, family, or another homecare worker, 28% through agencies, and 24% online (UCLA Labor Center, 2022: 33).

Pay and conditions for gray-market home care providers generally resemble those of the nannies and cleaners in the New York City study—many earn substantially more than their formally employed counterparts (indeed often more than those who are unionized), but they lack employment security, fringe benefits, and union protection. Paul Osterman found that the median annual earnings of self-employed home care aides in 2015 was about \$3000 a year higher than those of aides employed through agencies. His analysis also revealed that self-employed home care aides were older and slightly more likely to have attended college, on the average (Osterman, 2017: 50–51).⁷ Such data suggest that, despite the fact that it is entirely unregulated, the 'gray market' may offer better quality home care, on the average, than that obtained via public funding or through private agencies. This is also indicated by the fact that pay tends to be higher in the gray market: higher pay is correlated with lower turnover and thus with greater continuity of care, which typically enhances quality.⁸

Yet, pay rates vary widely in both the gray market and in privately paid home care involving employment agencies, in large part because the most affluent employers can afford to pay far more

than the majority, who earn too much to qualify for Medicaid but nevertheless have limited resources and struggle to pay for the care they need (Kim, 2020). A 2022 survey of home care consumers in California, some reliant on employment agencies and others hiring aides through informal networks, found that costs varied dramatically, from \$200 to \$730 for 24-hour round-the-clock homecare (UCLA Labor Center, 2022: 52). Although this survey was based on a convenience sample, it suggests the wide range of pay home care workers receive.

US In-Home Care Workers and the COVID-19 Pandemic

During the COVID-19 lockdowns, in-home caregivers in the United States were among those widely heralded as ‘essential workers’. Yet, since many came from populations with disproportionately high infection rates (immigrants and people of color), fearful employers often dismissed them from their jobs, with severe economic consequences for their families and communities (Martinez, 2021). Few domestic workers who lost their livelihoods were offered severance pay or other compensation, although an unknown proportion continued to be paid regularly by their employers, and some were offered one-time cash bonuses to encourage them to stay on the job. As one analysis put it, these workers were ‘in the contradictory position of being symbolically categorized as essential but . . . treated as dispensable and undervalued workers’ (Pandey et al., 2021: 1288). At the same time, many in-home workers—especially unauthorized immigrants—had limited or no access to the government programs that were designed to sustain families economically during the crisis.

As schools and childcare centers shifted to remote teaching or closed entirely, mothers (and a few fathers) increasingly took on unpaid care duties at home, in many cases displacing paid domestic workers. Although systematic data are unavailable, it seems likely that house cleaners and nannies were thrown out of work during the pandemic more often than home health care workers, whose labor is less easily replaced by that of family members. Their duties also expanded, with new requirements involving hygienic measures to protect employers and their families from COVID-19. Some employers even demanded that in-home care workers who had previously lived elsewhere switch to live-in work, to minimize the risk of transmission from workers’ communities to employers’ families (Pandey et al., 2021: 1293). Yet, many of the domestic workers who remained employed faced significant risks to their own health, typically with little or no access to personal-protective equipment.

Conclusion

A complex mix of factors shape the pay and conditions of US domestic workers, including geographical location, union status, employment informality, Medicaid and Medicare payment rates, and extensive inequality in employers’ ability to pay for these vital services. The nation’s minimal safety net and meager social provision likely adds to the heterogeneity, which exists in other nations too but perhaps to a lesser degree. The stratification among domestic workers sketched here is significant not only in its own right, but also because it adds to the already formidable challenges involved in organizing or advocating for this growing and often marginal sector of the workforce. Such organizing has expanded in the United States in recent decades. The National Domestic Workers’ Alliance and its affiliates have won ‘Domestic Workers Bills of Rights’ in 10 states (starting with New York in 2010) and two cities, although awareness remains limited of those rights among workers and employers alike. Unionization of Medicaid-funded home care workers began in California in late 1990s and has continued to grow since then. There is also widespread and growing interest in home care cooperatives (Leadem, 2022). A deeper understanding of the

complex and heterogeneous mix of employment in this sector may help to facilitate and strengthen these ongoing efforts.

Author's note

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Notes

1. The term 'blue' designates US states or cities where liberal Democrats are the dominant political influence; those where conservative Republicans dominate are termed 'red'.
2. The 2018 union coverage rate was 11.5% for 'nursing, psychiatric and home health aides', but the data do not disaggregate among those three categories nor between those working in private homes and those employed in institutions. Similarly, 5.3% of childcare workers were covered by a union contract; here too the data are aggregated, including both private household workers and those employed in childcare centers.
3. Examples include https://bahs.com/services/?gclid=Cj0KCQjwxIOXBhCrARIsAL1QFCZ0kOM-DayDF2yii3v1ceY6m4ekZW2YQ7xGYGer3goB5Hcw2H1jqKUaArD1EALw_wcB and <https://repremierstaffing.com/Site/Services>
4. This study did not include informally employed home care aides, a group discussed later in this article.
5. A recent example is the amendment to Local Law 88 enacted by the New York City Council on 25 August 2021, expanding human rights protections for domestic workers. <https://www1.nyc.gov/assets/cchr/downloads/pdf/amendments/Local-Law-88.pdf>
6. Home care workers are unionized in California, Connecticut, Illinois, Massachusetts, Minnesota, Oregon, Vermont and Washington state, as well as New York (Luthra, 2018).
7. Immigrant home care aides are more often college-educated than those who are US-born (Schweid, 2021: 142).
8. However, lower turnover is also associated with health insurance benefits and a retirement or pension plan (Schweid, 2021: 112), both of which are largely limited to the unionized sector of home care workers, even if wage rates are lower.

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