NEW JERSEY DEPARTMENT OF LABOR
OFFICE OF CARE WORKFORCE
NEEDS ASSESSMENT SUMMARY
2026

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Acknowledgements

New Jersey's Department of Labor, Office of Care Workforce, gratefully acknowledges the many frontline care professionals who participated in the Needs Assessment process. Thank you for sharing and trusting us with your stories, journeys, experiences, and ideas. We are humbled by the difference you make in the lives of New Jersey's most vulnerable citizens and your commitment to the field. You are an inspiration to us all.

Introduction

Introduction

Background and Objectives

New Jersey's care workforce is essential infrastructure for the state's economy and family well-being, supporting children's healthy development, safe aging in place, care for children and adults with special needs, and improved maternal and infant outcomes. Yet across child care, home and maternal health, and long-term care, turnover remains high and many professionals report low pay, stress, and unclear career pathways, even as New Jersey invests significant public resources in caregiving supports and initiatives across multiple agencies.

This Needs Assessment was commissioned to ensure that the next phase of statewide strategy, specifically the Office of Care Workforce Strategic Plan, is grounded in the lived experience of care professionals and aligned to the real conditions that shape recruitment, retention, career pathways, and quality across care sectors. The scope of this work was designed as a comprehensive, mixed-methods assessment spanning planning, data collection, synthesis, and strategy development. It included a literature review and environmental scan, a statewide survey, focus groups with key care workforce subgroups, and semi-structured interviews with care professionals and system leaders, state agency staff, and system partners. To support accuracy and transparency, findings were also tested through "listen back" sessions that served as structured feedback loops for participants to validate themes, clarify nuances, and strengthen shared ownership of results.

The literature review underscores that New Jersey's challenges are part of a broader, well-documented care workforce crisis that includes persistent shortages, job-quality constraints, and growing demand driven by demographics and policy shifts toward home and community-based care. In New Jersey, federal and state research highlights pressures in the health care labor market, including low compensation, high turnover, and recruitment barriers, alongside the need for actionable retention and service-quality strategies. The evidence base also points to instability in the early care and education and maternal health workforce, including staffing shortages, turnover, wage gaps, and affordability constraints that influence the broader economy. In long-term services and supports, New Jersey's standing in the Direct Care Workforce State Index further reinforces the

importance of strengthening wages, training approaches, and data infrastructure to stabilize direct care roles[1]. National and global research similarly documents widespread workforce strain and highlights evidence-informed strategies—such as improving compensation and job quality, strengthening training and advancement pathways, and investing in supportive supervision and working conditions—to improve recruitment and retention across care professions. Notably, all participants had reported similar experiences across sectors and positions, with minimal differences.

Office of Care Workforce

The Office of Care Workforce, housed within the New Jersey Department of Labor and Workforce Development (NJDOL), is dedicated to advancing the care workforce and promoting job quality in key sectors, including:

- Early childhood care and education
- Maternal and infant health
- Direct care for seniors and people with disabilities

> *"The care workforce is passionate and dedicated, but sustained investment in training, pay, and well-being is essential to retain skilled staff. Creating a culture that values care work as a respected profession, not just a job, will strengthen both workforce stability and the quality of care delivered."*
>
> —Survey Respondent

The office supports industry connections and field-building through collaboration, partnership, and resource coordination. In collaboration across NJ DOL program areas and in partnership with state agencies such as the Department of Human Services, the Department of Education, the Department of Health, the Department of Children and Families, and the NJ Economic Development Authority, the Office of Care Workforce aims to:

- Develop sustainable career pathways
- Improve skills and training opportunities
- Increase compensation and job quality
- Align efforts across agencies and initiatives (e.g., Preschool Development Birth-to-Five Grant, Nurture NJ)

[1] PHI. (2024). *Direct Care Workforce State Index*. PHI. Retrieved from https://www.phinational.org/state-index-tool/

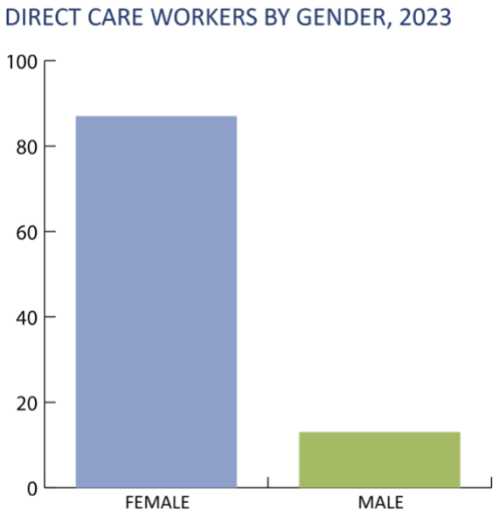
The goal is to create a robust pipeline of care professionals equipped to meet the evolving needs of New Jersey's families and communities.

Definition of Care Workforce

For the purposes of this initiative, care professionals within the care workforce are defined as individuals employed to provide assistance and support to people who cannot fully care for themselves due to age, illness, disability, or other conditions. Their frontline responsibilities often include helping with daily activities, ensuring comfort and dignity, and promoting independence. Care professionals can work in homes, hospitals, and residential or specialized facilities.

New Jersey's care workforce includes professionals employed in sectors that provide essential care services, such as healthcare, childcare, maternal health, and social services. This workforce includes professionals like home health aides, early education professionals, doulas, direct care providers for the elderly or individuals with disabilities, community health professionals, and certified nursing assistants, as well as people who support the workforce, such as educators, employers, and others. The care workforce also includes individuals employed by government agencies, private organizations, foundations, and community-based programs that aim to improve working conditions and compensation for care professionals. This workforce encompasses those who administer or deliver services related to recruiting, training, and retaining care professionals, coordinating efforts across sectors, and funding care-related programs.

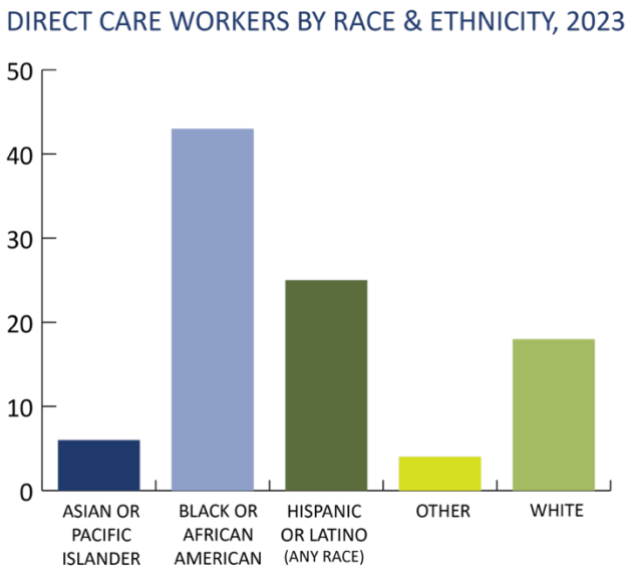
Demographics of the Care Workforce in New Jersey



The New Jersey care workforce is distinguished by a high proportion of women, significant representation of professionals of color and immigrants, and a variety of educational backgrounds depending on role and setting. In direct care, the workforce is predominantly female, over 80%[2], in every industry and features a disproportionate share of Black/African American and Hispanic/Latino professionals compared to the statewide population. Specifically, Hispanic/Latino

[2] PHI. "Workforce Data Center." Last modified September 2025. https://phinational.org/policy-research/workforce-data-center/.

and Black/African American professionals together make up more than 60%[3] of the home care workforce, while Black/African Americans alone account for nearly 70% of professionals in residential care homes and nursing homes. In contrast, based on 2022 census data, New Jersey's overall population is 50.9% female, 54.1% White, 12.4% Black/African American, and 22.0% Hispanic[4].



These demographic patterns are important for workforce strategy, as policies related to compensation, training, scheduling, transportation, and benefits will directly affect women-led households and communities historically underrepresented in higher-wage, higher-benefit jobs.

Equity

Equity is a defining issue for the care workforce because the jobs most essential to family and community well-being are frequently the same jobs that have been historically undervalued and undercompensated, especially those held by women and professionals of color. In New Jersey, direct care workforce demographics show pronounced inequities: women make up the vast majority of professionals across direct care industries, and Black/African American and Hispanic/Latino professionals comprise a substantial share of the home care workforce, with especially high representation of Black/African American professionals in residential care and nursing home settings.

Compared to overall state demographics, this reflects disproportionate representation in lower-wage care roles and reinforces why equity-focused solutions must address both who is concentrated in the workforce and what conditions they experience (e.g., wage adequacy, benefits access, training affordability, advancement pathways, and workplace supports).

[3] PHI. "Workforce Data Center." Last modified September 2025. https://phinational.org/policy-research/workforce-data-center/.
[4] U.S. Census Bureau. (2022). *American Community Survey 1-year estimates: New Jersey demographic characteristics*. https://data.census.gov

Equity also requires that strategies be designed with worker voice at the center so that recommendations reflect lived experience and reduce barriers that fall hardest on the professionals most likely to be carrying care responsibilities at home while providing care professionally.

Breaking Down Silos in Care Work Communities

Why This Matters

Care work professionals across child care, home visiting, health, early intervention, and family support systems serve the same children and families and often share remarkably similar core responsibilities. Regardless of setting, care professionals rely on a common foundation of knowledge and skills, including human growth and development, social-emotional wellness, effective communication, ethical practice, cultural responsiveness, and relationship-based care. They also share ongoing needs for professional development, mentoring, emotional support, and clear career pathways.

Yet despite these shared foundations, care professionals are frequently siloed by funding streams, credentialing systems, and program-specific requirements. As a result, systems often duplicate investments in training, coaching, data systems, and support, while care professionals navigate fragmented professional expectations and limited mobility. This misalignment contributes to burnout, inefficiency, and workforce instability while families experience repeated intake processes, inconsistent communication, and delayed access to services.

Breaking down silos strengthens the entire care ecosystem. By recognizing care work as a connected, symbiotic system and aligning both workforce strategies and funding structures, states and communities can reduce duplication, stretch limited resources further, and create stronger, more sustainable supports for the people doing this essential work.

Methods Used

This Needs Assessment was intentionally designed to center the voices of New Jersey's care workforce while also generating actionable, system-level insights for policymakers, funders, and program leaders. The approach reflects mixed-methods, participatory, and iterative design, grounded in research on lived experience, community-engaged inquiry, and continuous learning.

Rather than relying on a single data collection method or a one-time feedback point, this assessment employed multiple, complementary methods (surveys, focus groups, interviews, and "listen back" sessions) to gather information, test emerging findings, and refine interpretations in partnership with the workforce. This mixed-methods design enabled the identification of statewide patterns and trends through survey data, while using focus groups and interviews to explore lived experience and the contextual factors shaping those patterns[5]. Qualitative methods were intentionally designed to enhance survey findings and capture perspectives across care sectors[6]. Consistent with care workforce research, this approach recognizes that policy solutions are most effective when grounded in the voices and experiences of practitioners themselves[7]. In alignment with principles of equitable evaluation, findings were shared back with participants through structured feedback loops, allowing care professionals to reflect on, validate, and refine emerging conclusions[8].

Why this approach?

Research consistently shows that workforce assessments are most accurate and impactful when they:

- Center lived experience alongside administrative or quantitative data
- Use multiple methods to test, refine, and confirm findings
- Create feedback loops that allow participants to confirm, challenge, or refine interpretations

This Needs Assessment was guided by the following evidence-informed principles:

- **Lived Experience as Expertise**

  The assessment draws on guidance from the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE), which emphasizes that individuals directly affected by systems are experts in identifying barriers, gaps, and solutions. Incorporating lived experience improves both the validity and relevance of findings[9].

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[5] Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research*. SAGE Publications.
[6] Guest, G., Namey, E., & Mitchell, M. (2013). *Collecting qualitative data*. (Vols. 1-0). SAGE Publications, Ltd, https://doi.org/10.4135/9781506374680
[7] Center for the Study of Child Care Employment, 2024; U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation [ASPE], 2021
[8] Urban Institute. (2020). *Principles for advancing equitable data practice.* Washington, DC. https://www.urban.org/sites/default/files/publication/102346/principles-for-advancing-equitable-data-practice_0.pdf
[9] Assistant Secretary for Planning and Evaluation (ASPE). (2021). *Methods and practices for incorporating lived experience into human services research*. U.S. Department of Health and Human Services.

- **Care Professional as Key Informant**

  Engagement with care professionals emphasized shared learning, mutual respect, and dialogue between researchers and participants. These approaches are particularly effective in workforce and equity-focused studies, where trust and relevance are essential[10,11]. For example, based on feedback from the introductory webinar, the Burke Foundation provided stipends for participation, in partnership with the Advocates for Children of New Jersey.

- **Mixed-Methods Design**

  Combining quantitative and qualitative data strengthens findings by allowing patterns identified in surveys to be explored and explained through focus groups and interviews, while qualitative themes can be tested at scale through survey data[12].

- **Iterative Learning and Validation**

  This assessment incorporated multiple opportunities to reflect findings back to the field, supporting accuracy, transparency, and shared ownership of results.

Survey

The statewide survey served as the foundation of the Needs Assessment, providing a broad view of experiences, priorities, and challenges across New Jersey's care workforce and those who support it.

Purpose

- Reach a broad spectrum of the workforce, across the state of New Jersey
- Capture workforce-wide trends related to compensation, benefits, training, wellness, career pathways, and retention
- Identify priority challenges and areas requiring deeper exploration
- Create an evidence base to inform focus group and interview prompts

Design and Content

Survey questions included a combination of:

- Likert-scale items to assess perceptions and levels of agreement

[10] Centers for Disease Control and Prevention (CDC). (2011). *Principles of community engagement* (2nd ed.).
[11] Israel, B. A., Eng, E., Schulz, A. J., & Parker, E. A. (2010). *Methods for community-based participatory research for health*. Jossey-Bass.
[12] Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research*. SAGE Publications.

- Open-ended questions to capture nuance, context, and emerging themes

Survey content aligned with five themes:

- Compensation and benefits
- Emotional wellness and mental well-being
- Training and professional development
- Career pathways and advancement
- Retention and workforce sustainability

The full survey protocols and question sets are documented in the Appendix.

Accessibility and Ethics

- Surveys were administered online
- Participation was voluntary and confidential
- Consent language clearly outlined purpose, risks, and benefits

Participation Data

- 228 surveys were distributed and 342 surveys were returned, thanks to professionals sharing the survey link
- 28% of participants were direct care professionals, 22% represented program administrators, and 22% represented supervisors or employers, with the remaining filling roles that support the workforce
- We had a small percentage of respondents and focus group participants who represented family members

Listen Back Sessions

Listen Back Sessions were a critical component of the assessment's iterative and participatory design.

Purpose

- Share emerging themes and preliminary findings with members of the workforce
- Validate interpretations and identify misalignment or missing perspectives
- Invite clarification, nuance, and refinement before final analysis

Rather than treating data analysis as an internal process, Listen Back Sessions created structured opportunities for sense-making within the field.

Design

- Sessions were facilitated in a conversational, reflective format
- Findings were presented at a high level using accessible language and visuals
- Participants were invited to respond to prompts such as:
    - "Does this resonate with your experience?"
    - "What feels missing or overstated?"
    - "What would you add or clarify?"

Why this matters?

This approach aligns with research on participatory and equity-centered evaluation, which shows that feedback loops:

- Increase trust and transparency
- Improve accuracy and contextual understanding
- Strengthen buy-in for resulting recommendations

Participation Data

- We conducted five Listen Back Sessions with those in the workforce development, research, and advocacy fields
- Participants were instrumental in the linkage to direct care professionals

Insights gathered during Listen Back Sessions directly informed refinements to themes, language, and emphasis in subsequent focus groups, interviews, and analysis.

Focus Groups

Focus groups provided depth and context, allowing participants to expand survey findings and share lived experiences in their own words.

Purpose

- Explore why survey patterns exist
- Understand how challenges show up day-to-day
- Provide insight into how and why certain approaches are working on the ground
- Surface ideas for improvement grounded in real-world experience

Design

Separate focus groups were conducted for:

- Key sectors:
  - Early childhood care and education
  - Maternal and infant health
  - Direct care for seniors and people with disabilities

Groups were intentionally segmented to promote psychological safety and encourage open dialogue.

Facilitation Approach

- Semi-structured guides ensured consistency while allowing flexibility
- Questions emphasized reflection, storytelling, and solution-oriented thinking
- Sessions were recorded with consent and summarized using AI note-taking and checked for accuracy
- Stipends for participation were provided

Participation Data

- Six focus groups were conducted
- Focus group participants included early childhood educators, including Center Directors, family child care providers and staff, certified nursing assistants, doulas, case managers and coordinators, direct support professionals, home visitors, and employers

Interviews

Individual interviews complemented surveys and focus groups by providing strategic and system-level perspectives.

Purpose

- Capture insights from the direct care workforce with deep knowledge of policy, funding, and systems
- Explore barriers and opportunities that may not surface in group settings
- Understand how worker voice is (or is not) integrated into decision-making

Design

- Semi-structured interviews lasting 45–90 minutes

- Conducted with selected members of the workforce across state agencies, intermediaries, and support organizations
- Interview guides mirrored focus group themes while allowing deeper exploration of policy and implementation considerations
- Sessions were recorded with consent and summarized using AI note-taking and checked for accuracy
- Stipends for participation were provided

Interviews allowed participants to reflect candidly on:

- System strengths and gaps
- Workforce wellness and sustainability
- Policy and funding levers
- Opportunities for bold or innovative change

Participation Data

- Seven interviews conducted
- Interviews were conducted with a doula, a direct service provider, a family child care provider, an employer, and workforce board members
- Later phases of the project included interviews with key policymakers to ensure the findings aligned with the goals of New Jersey's broader workforce efforts

Feedback Loops

Throughout the development and implementation of the Needs Assessment activities, we embedded structured, multi-stage feedback loops to ensure our findings and recommendations accurately reflected the experiences, needs, and priorities of the entire care workforce and the geographic and cultural differences across the state of New Jersey.

A defining feature of this Needs Assessment was the intentional use of participatory strategies, enabling continuous testing and refinement of emerging findings.

How data were integrated:

- Survey findings informed focus group and interview prompts
- Focus group themes added depth and explanation to survey trends

- Listen Back Sessions tested interpretations with the workforce
- Interviews contextualized findings within policy and system realities

This approach ensured that conclusions were:

- Grounded in lived experience
- Consistent across data sources
- Refined through ongoing feedback

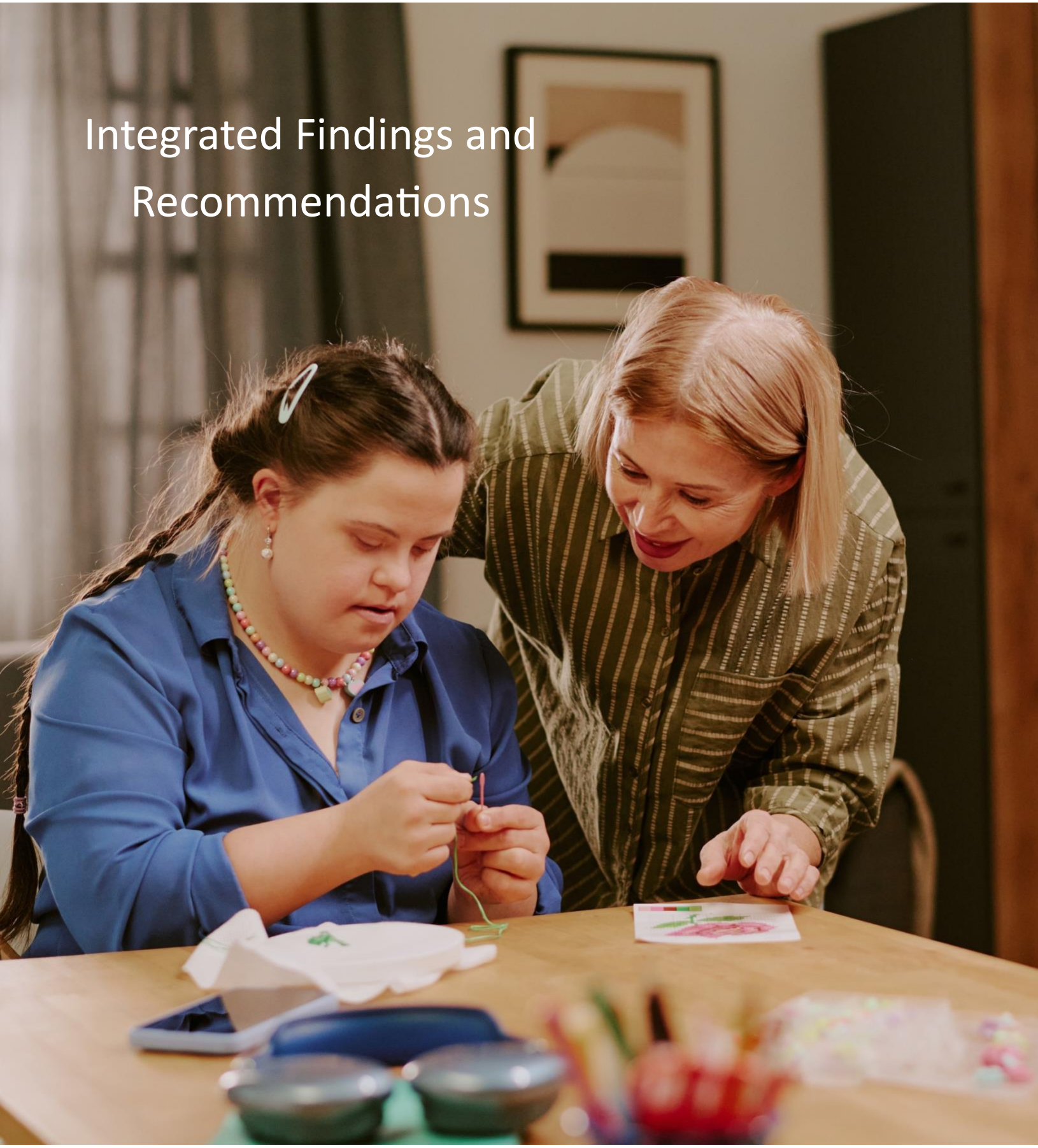
Rather than asking the workforce to respond to a finished report, this process positioned participants as co-interpreters of the data, reinforcing the principle that those closest to the work are essential partners in shaping solutions.

This layered system of feedback loops ensured that insights gathered across the workforce were continually validated, deepened, and woven into the final report, which is grounded in the workforce's lived experience.

Respondent Tenure

Direct care work is characterized by short job tenure. Our focus group and interview participants suggest that most care professionals exit the field within the first three years. This points to a critical follow-up to our work. Of our survey respondents, 64.01% had been in their positions for 10 years or longer. The focus groups and interviews showed similar longevity, with many in the workforce for 15 years or more, and some having spent nearly 30 years in the field. With only 13.57% of survey respondents having fewer than three years of experience in or supporting the care workforce, a key follow-up recommendation prior to developing the strategic plan is to conduct additional outreach to new care professionals with fewer than three years of experience.

Integrated Findings and Recommendations



Integrated Findings and Recommendations

Bright Spots

The survey results and the findings from the focus groups and interviews paint a picture of a workforce that values fair compensation, professional development, workforce supports, and quality supervision. When asked about particular New Jersey initiatives that are working, participants highlighted several bright spots.

The organizations and initiatives listed here do not represent an exclusive list. These were mentioned specifically by survey respondents and during the focus groups and interviews. The authors acknowledge there are many other initiatives and organizations making an impact for New Jersey's care workforce.

The organizations and initiatives represent career advancement and pathways; field-based mentoring, apprenticeships, and peer-led professional development; reduced financial barriers; and workforce investment, certification, and professionalization.

The list below is in alphabetical order.

- Advocacy organizations like Advocates for Children of New Jersey and advocacy networks like the Essential Jobs, Essential Care Coalition help professionals access training, advance professionally, and secure stronger advocacy at the state level
- Apprenticeship Programs offers entry level professionals pathways to grow across various care workforce sectors
- Certified Home Health Aide (CHHA) Career Program, a workforce initiative, reduces or eliminates the costs of required training and certification
- College of Direct Support (CDS) Direct Support Professional (DSP) Credentialing offers training, verification, and professionalization the field of Direct Support Professionals
- DHS-DFD Grow New Jersey Kids, the state's quality rating and improvement system offers participating early education programs access to free and discounted professional development and scholarships for staff credentialing and coursework
- Rutgers Heldrich Center's Home Health Aide Career Program provides stipends for child care, transportation and training expenses; offers peer mentors; and provides free specialty training
- Project ECHO (Extension for Community Healthcare Outcomes) for Community Health Workers functions as a virtual learning and mentoring model that builds CHWs' skills and capacity

- State funded scholarships supports the Child Development Associate Credential and free county college education
- NJ offers tax free status for live-in caregivers
- The Colette Lamonthe-Galette Community Health Worker Institute (CLG-CHWI) functions as New Jersey's official, statewide CHW training and certification program
- The Home and Community Based Services (HCBS) Loan Redemption Program helps licensed and credentialed HCBS professionals pay down student loan debt in exchange for continued service with eligible home- and community-based provider agencies (this was a one-time federal investment)
- The National Association for the Dually Diagnosed Direct Support Credential is established as a direct workforce credential, with state funding incentives
- The New Jersey Child Care Information System is a centralized platform where early educators can maintain professional profiles, access required training, and track their progress
- Wellness Mutual Aid is distributed by the New Jersey Birth Equity Funders Alliance so that funds can be used by the recipient for their own wellness

While these initiatives may face implementation challenges, they provide a solid foundation for the path forward.

Clear Alignment with The 5 Pillars of Direct Care Job Quality

PHI is a national organization that works to transform eldercare and disability services. PHI promotes quality direct care jobs as the foundation for quality care. They have identified the 5 Pillars of Direct Care Job Quality[13]. Our findings and recommendations are aligned with each of these Pillars.

Quality Training

What do the Pillars recommend?

- Training is accessible, affordable, and relevant to the job
- Content covers a range of relational and technical skills associated with quality care
- Competency-based adult learner-centered instruction with opportunities for hands-on learning
- Programs account for cultural, linguistic, and learning differences
- Documentation and verification of program completion and/or certification with connections to employment

What's working?

57.85% of survey respondents strongly agree or agree that the care workforce has access to high-quality training and professional development opportunities that help them succeed in their positions.

Focus group and interview participants cited peer support and mentorship opportunities as among the most beneficial types of training to encourage success.

Some sectors, like early education, see career pathways and credentialing as a positive, with access to supports to help them progress along the career continuum.

As with other benefits, the findings overwhelmingly point to organizational support being the catalyst for access to quality training.

[13] PHI. (2020, October 26). *The 5 Pillars of Direct Care Job Quality*. https://www.phinational.org/resource/the-5-pillars-of-direct-care-job-quality/.

What are the challenges?

A frequently cited challenge from care professionals we spoke with is the lack of access to training specific to their needs. While the content of specialized training varied across sectors, there was unanimity that it was instrumental to staff success.

> *"You can encourage people to take training all day, but without pay progression or advancement, it's demotivating."*
>
> —Focus group participant

While training exists, incentives do not. While most agree there is access to high-quality training, 39.83% of survey respondents strongly disagree or disagree that care professionals receive support (e.g., time off, reimbursement) to attend training and professional development opportunities, with 25.17% neither agreeing nor disagreeing.

Several sectors already benefit from credit and career ladders; however, those that do not find this challenging and recommend a tiered or level system to create equitable career advancement.

Language barriers were cited as a barrier to access quality training and college courses, noting that this limits career advancement of this population of the care workforce.

Key Recommendations

Create shared spaces for collaboration and shared investment

Intentional, structured opportunities such as cross-sector learning communities, joint case-reflection sessions, and rotating meeting locations support relationship-building while also creating natural venues for shared training, shared facilitation, and shared costs. These spaces allow systems to pool resources for convening, professional learning, and workforce support rather than funding parallel efforts in isolation.

Align foundational training and professional development across systems

Foundational training in areas such as human development, trauma-informed practice, ethics, communication, and social-emotional wellness is essential across care roles, as well as specialized training available to meet specific, more complex needs. Aligning training requirements and curricula allows systems to co-invest in core professional development while layering role-specific content as needed. This approach reduces redundant training expenditures, supports credential portability, and enables care professionals to advance without restarting education when moving between sectors. On-the-job training is more attainable, accessible, and more affordable and incentivizes professional development.

Build shared mentoring, coaching, and peer-support infrastructure

Mentoring and reflective support are critical workforce investments across all care sectors. Rather than duplicating coaching and peer-support structures program by program, systems can braid funding to support shared mentoring models, cross-sector communities of practice, and coordinated supervision supports. Shared infrastructure strengthens quality, reduces isolation, and maximizes the return on workforce investments.

Fair Compensation

What do the Pillars recommend?

- Living wage as a base wage
- Access to full-time hours
- Consistent scheduling and notice of scheduling changes
- Employer- or union-sponsored benefit plans
- Paid sick days and paid family and medical leave
- Grief support and bereavement leave
- Financial support and asset development programs
- Access to merit, longevity, and other base pay increases

What should the system look like in three years and how do we get there?

Responses can be summarized by saying:

"A stable professionalized workforce with tiered pay, career pathways, meaningful incentives for professional development, and strong leadership support can be achieved by aligning funding flexibility, incentives, and workforce voice included in policy decision making."

What's working?

New Jersey's Commitment to Increase Minimum Wage

The following resources provide information on current investments to increase the minimum wage in NJ:

- Minimumwage_postcard.pdf
- Wage & Hour Compliance | NJ State Wage and Hour Laws and Regulations (minimum wage)
- http://mysickdays.nj.gov/
- Wage & Hour Compliance | NJ State Wage and Hour Laws and Regulations (earned sick leave)

Across the sectors, participants pointed to short-term initiatives that have made a difference but are not sustainable. A few participants pointed to working organizational models, such as those that invest in health insurance and retirement benefits for their staff. According to the DHS Strategic plan, wages for direct care professionals in New Jersey increased from $27,000 (roughly $13.00/hour) in 2019 to $36,470 (roughly $17.50/hour) in 2023. This is a 34.1% wage increase, with New Jersey leading the US[14].

Participants in the Needs Assessment noted that targeted financial supports, such as transportation, paid time off, scheduling flexibility, and child care subsidies, make a meaningful difference in their quality of life.

[14] State of New Jersey, Human Services, (2025). *Direct Care Workforce Strategic Plan,* Retrieved from https://www.nj.gov/humanservices/news/publications/DCW%20Strategic%20Plan%20Draft_final%20draft_v6.

What are the challenges?

Compensation is the foundation but pay structure matters. Participants agree that compensation should be tied to acuity, skill, certification, experience, and degree of job difficulty, citing that flat wages disincentivize high-acuity work. 63.8% of survey respondents rated low compensation as a highly influential factor in their ability to stay in the field, and 83% disagree that care professionals are paid fairly.

Although data points to a wage increase in New Jersey, many of those we spoke with have more than one job just to pay for living expenses, and when asked what positive impact they would like to see in the next three years, working one job was mentioned frequently.

Data from the DHS Direct Care Workforce Strategic Plan[15] show that the majority of professionals across all care settings covered in the report have some form of health insurance, with coverage ranging from 84% in home care to 93% in nursing homes. Employer/union-provided insurance is most prevalent in nursing homes at 69% and least in home care at 41%. Public coverage like Medicaid or Medicare is highest in nursing homes at 23% and lowest in residential care homes at 9%. Directly purchased insurance is relatively low across all settings, ranging from 9% to 12%. Home care professionals have the highest rate of no insurance coverage, with 12% of all direct care professionals in home care lacking health insurance. The Needs Assessment revealed that 54.78% of participants felt the care workforce does not have adequate access to health insurance to protect themselves and their families.

Consistently across focus groups, professionals and employers highlighted the disparity between organizations that can offer comprehensive benefits and those that work for or operate small organizations or are self-employed, with some able to offer comprehensive health coverage and others not. Smaller organizations and the self-employed repeatedly described the provision of coverage as unsustainable. One child care center director reported a 24% year-over-year increase in insurance premiums for their small group plan, making it harder to offer benefits. Others noted that private child care centers routinely lose top candidates because they cannot offer employer-sponsored insurance or because premiums are too expensive.

[15] State of New Jersey, Human Services, (2025). *Direct Care Workforce Strategic Plan,* Retrieved from https://www.nj.gov/humanservices/news/publications/DCW%20Strategic%20Plan%20Draft_final%20draft_v6.

In addition to health insurance requirements, participants noted the requirement to carry their own liability insurance. This, too, is cost-prohibitive, with some unable to find coverage unless working for a larger organization that can offer this benefit.

While some noted short-term stipends and bonuses as benefits, others said that accepting them was prohibitive. They shared personal stories of how that additional funding led them to lose, or come dangerously close to losing, public assistance for necessities like health insurance or housing.

Key Recommendations

Leverage funding across systems: From duplication to shared infrastructure

Sustainable workforce reform requires moving beyond isolated funding streams toward intentional braiding and alignment of public and private resources. This includes leveraging child care, health, early intervention, workforce, and family support funding to support shared training, coaching, data systems, and career pathways. When systems invest together in core infrastructure rather than duplicating similar supports in parallel, resources go further, the workforce experiences improvement, and families benefit from more coordinated care.

Practical recommendations from frontline professionals:

- Ensure that all care professionals are accurately represented in the Bureau of Labor Statistics Occupational Classification system
- Creation of scales that achieve pay parity across sectors of the workforce and are revisited annually
- Provision of tax credits for the care workforce
- Provide care professionals with priority access to child care subsidies
- Explore state-sponsored group health insurance options for the care workforce

Quality Supervision & Support

What do the Pillars recommend?

- Clear presentation of job requirements, responsibilities, workflows, and reporting structures
- Consistent, accessible, and supportive supervision
- Access to personal protective equipment and other supplies to ensure worker and client safety
- Connection to peer mentors and peer support networks
- Connection to community-based organizations to address employment-related barriers

> *"You can take all the training you want, but if there's no one there to help you figure out how it actually works on the job, you're still going to struggle."*
>
> —Focus group

What's working?

Across the care workforce, management quality is considered a primary driver of retention. Strong supervisory support, listening to frontline staff, providing necessary equipment, and visible reciprocity from management are decisive factors in staff retention and morale. Turnover occurs when staff feel invisible, unsupported, or stuck. Participants often cited supportive management and organizations as the reasons, with the survey results revealing that 86.33% feel that supportive management and leadership are extremely or strongly influential in a care professional's decision to stay in the field, and only 2.52% cite this as having little to no influence.

What are the challenges?

Participants noted that the quality of supervision and support varies widely and depends on individual organizational practices rather than sector-wide standards and reported that supervisors do not receive appropriate training and skill development.

Direct care professionals across multiple focus groups reported a lack of access to essential safety equipment and protective tools, interpreting this as a sign that they are not valued and that their safety is not prioritized. Across sectors, they mentioned the administrative burdens of their jobs and the lack of access to equipment like printers and copiers to help ease those burdens.

Key Recommendations

Use common tools and platforms to reduce administrative duplication

Shared referral systems, communication tools, and resource directories reduce administrative burden for both providers and families. When systems jointly invest in data platforms and coordination tools rather than maintaining separate, duplicative systems, care professionals can focus more time on families while agencies achieve greater efficiency and accountability.

Practical recommendations from frontline professionals:

- Establish earmarked funding or grants for supplies, safety equipment, and technology essential to frontline care
- Create avenues for paid and formalized mentorship opportunities
- Create leadership and management skill-building opportunities
- Seek ways to reduce administrative burden

Respect & Recognition

What do the Pillars recommend?

- Direct care professionals reflected in organizational mission, values, and business plans
- Diversity, equity, and inclusion are formalized in organizational practices
- Consistent feedback is given on work performance, and retention is celebrated
- Opportunities for direct care professionals to influence organizational decisions
- Clear communication about changes affecting professionals, with opportunities for feedback
- Direct care professionals are empowered to participate in care planning and coordination
- Other staff trained to value direct care professionals' input and skills

What's working?

When participants described their positive experiences, they mentioned practices contingent on the organization and their direct supervisor. They mentioned strong, supportive supervisors as a key driver of retention, with one participant saying the supervisor is "…the reason I can stay in this job." Supervisors who listen and check in regularly help professionals feel valued.

What are the challenges?

Lack of respect and recognition was reported as the third most significant challenge facing the workforce today, preceded by only compensation and access to benefits. Individuals in the field clearly want the workforce to be seen as professional, skilled, and essential, often citing the complex demands of the job.

When further discussed with focus group participants and interviewees, they spoke about the work being routinely undervalued and recognition is not consistent sector-wide.

"Nothing about us without us."

Powerful reminder by focus group participant

Some participants spoke about the persistence of gender and cultural devaluation of the work as a barrier to recognition and respect of the profession.

Care work is demanding, emotionally taxing, and physically hard. Participants shared that policymakers and others outside the field, including their families, do not fully grasp the difficulty and complexity of the job.

Key Recommendations

A culture shift: Valuing the care workforce as an integrated system

True systems change requires a shift in how care work is funded, supported, and valued. Recognizing care professionals as part of a single, interconnected workforce—and investing accordingly—signals that collaboration, coordination, and shared responsibility are not add-ons, but essential features of an effective and equitable care system.

Practical recommendations from frontline professionals:

- Ensure frontline professionals are included on state advisory councils and committees and other working groups
- Ensure opportunities for the care workforce to participate in councils, on committees and to provide input are community based and offered in multiple languages
- Establish a unified professional identity across care sectors
- Expand sector-wide wellness infrastructure by scaling supervision and leadership training, peer networks, and access to mental health services

Real Opportunity

What do the Pillars recommend?

- Employer-sponsored continuous learning available to build core and specialized direct care skills
- Opportunities for promotion into advanced direct care roles with wage and title increases
- Organizational commitment to cross-training professionals and promoting from within
- Connections to external training and job development programs for other health care and social service careers

> *"There are trainings, but let them count for something. Let them be college credit. Let me grow."*
>
> —Interviewee

What's working?

Across the survey, focus groups, and interviews, participants consistently emphasized that New Jersey has strong training resources and statewide initiatives that support career development. The College of Direct Support credentialing program and apprenticeship programs across sectors were mentioned as positive supports for building skills and growing professionally.

What are the challenges?

While 61.58% of survey respondents reported a strong interest in career advancement, only 40.32% see a clear career advancement pathway.

The reality shared from care professionals who participated in the Needs Assessment is that even if they understand the path forward in their identified sector, the investment of time and money is prohibitive.

Other challenges mentioned were the difficulty in getting credits for experience or previous professional development; the lack of local degree-granting programs; challenges in transferring credits; and lack of courses offered in languages other than English.

Key Recommendations

Develop connected career pathways supported by aligned funding

Clear, portable career pathways require funding structures that recognize transferable skills and allow movement across roles without financial penalty. By aligning wage supports, scholarships, stipends, and credential incentives across systems, states can reduce workforce attrition while expanding access to advancement opportunities. Coordinated funding also allows investments in one sector to benefit the broader care ecosystem.

Practical recommendations from frontline professionals:

- Raise awareness of the Office of Care Workforce and its goals
- Create awareness of existing career pathways and opportunities
- Highlight organizational examples of those creating real opportunity
- Create career pipelines

"We'll know we've hit a home run when this profession becomes a profession people want to stay in, not a job they leave."

—Focus group participant

Mental Health and Well-Being

It is important to elevate the mental health needs of the workforce and recognize that they transcend the five pillars.

Care professionals participating in our Needs Assessment are deeply committed to the individuals they care for. They report that attrition is primarily driven by wages, a lack of respect, inadequate tools, and weak management, rather than by the work itself. They reported that people stay for the mission and leave for the conditions.

Overwhelmingly, participants and interviewees across the sectors spoke about facing tremendous mental and emotional burden, with some sectors, like home visitors, experiencing monumental stress. Care professionals experience burnout from the strain of emotionally heavy cases, family expectations, and a lack of respect and recognition for their work.

> *"I feel that there needs to be some kind of mental health resources, on-site or local, that would be beneficial. Someone to talk to when the stress and compassion fatigue is going on. With worker shortages and unreliable staffing, there is minimal downtime to address these outside of work."*
>
> —Survey respondent

53.29% of survey respondents believe that care professionals do not have access to supports and resources that help manage stress and avoid burnout, with only 3.62% strongly agreeing that such supports exist. Further, across sectors and occupations, 55.7% of survey respondents have experienced stress or compassion fatigue to a level that it made them consider leaving the field.

As reported, participants appreciate that their training reflects the realities of the work. However, limited access to pre-service and ongoing training on the types of cases that are especially complex leads to burnout. Also mentioned was the need for supervisors to have ongoing training that can help care professionals navigate difficult situations.

Low compensation and lack of access to adequate benefits for mental health services are the number one challenge and contributor to stress and burnout, with pay and benefits not matching the emotional toll the work takes. Many care professionals we spoke with are working multiple jobs, which they say compounds their stress.

Due to the low compensation, limited access to insurance, and precarious access to public benefits, care professionals say there is no safety net.

One self-employed professional shared, "I definitely did not feel supported when I got diagnosed with cancer and for three and a half years without a job...I lost everything, and no one cared." She overcame her illness, re-entered the field, and had to build her business back from the ground up.

Throughout the focus groups and interviews, we heard about individual managers who take care of their employees' emotional well-being by practicing reflective supervision. However, self-employed professionals, such as family child care educators, reported increased strain due to the isolation of their work and a lack of access to quality supervision and support.

Without structured career pathways, care professionals often feel stuck in their positions, seeing no real route to advancement, which contributes to additional burnout.

Key Recommendations

The key recommendations listed throughout this paper will help reduce the overwhelming burden facing care professionals. Additional recommendations follow.

Practical recommendations from frontline professionals:

- Explore models like the Rutgers 4Rs wellness program, which was described as a "game changer" for family child care providers facing chronic stress and isolation
- Highlight models that allow for paid time off, mental health and wellness training, and benefits
- Promote strategies like substitute pools that reduce the stress on frontline staff and shared services across sectors that can reduce administrative burden
- Provide access to mental health and wellness supports, especially for self-employed and smaller organizations with limited budgets
- Provide supervisory training to support staff with their mental health and wellness

Appendix

Appendix A: Key Recommendations

QUALITY TRAINING

Create shared spaces for collaboration and shared investment

Intentional, structured opportunities such as cross-sector learning communities, joint case-reflection sessions, and rotating meeting locations support relationship-building while also creating natural venues for shared training, shared facilitation, and shared costs. These spaces allow systems to pool resources for convening, professional learning, and workforce support rather than funding parallel efforts in isolation. Make training more attainable and access more affordable with paid on the job training and incentivize professional development attainment.

Align foundational training and professional development across systems

Foundational training in areas such as human development, trauma-informed practice, ethics, communication, and social-emotional wellness is essential across care roles, as well as specialized training available to meet specific, more complex needs. Aligning training requirements and curricula allows systems to co-invest in core professional development while layering role-specific content as needed. This approach reduces redundant training expenditures, supports credential portability, and enables care workers to advance without restarting education when moving between sectors.

Build shared mentoring, coaching, and peer-support infrastructure

Mentoring and reflective support are critical workforce investments across all care sectors. Rather than duplicating coaching and peer-support structures program by program, systems can braid funding to support shared mentoring models, cross-sector communities of practice, and coordinated supervision supports. Shared infrastructure strengthens quality, reduces isolation, and maximizes the return on workforce investments.

FAIR COMPENSATION

Leverage Funding Across Systems: From Duplication to Shared Infrastructure

Sustainable workforce reform requires moving beyond isolated funding streams toward intentional braiding and alignment of public and private resources. This includes leveraging child care, health, early intervention, workforce, and family support funding to support shared training, coaching, data systems, and career pathways. When systems invest together in core infrastructure rather than duplicating similar supports in parallel, resources go further, the workforce experiences improvement, and families benefit from more coordinated care.

Practical recommendations from frontline professionals:

- Ensure that all care workers are accurately represented in the Bureau of Labor Statistics Occupational Classification system.
- Creation of scales that achieve pay parity across sectors of the workforce and are revisited annually.
- Provision of tax credits for the care workforce.
- Provide care professionals with priority access to child care subsidies.
- Explore state-sponsored group health insurance options for the care workforce.

QUALITY SUPERVISION AND SUPPORT

Use common tools and platforms to reduce administrative duplication

Shared referral systems, communication tools, and resource directories reduce administrative burden for both providers and families. When systems jointly invest in data platforms and coordination tools rather than maintaining separate, duplicative systems, care professionals can focus more time on families while agencies achieve greater efficiency and accountability.

Practical recommendations from frontline professionals:

- Establish earmarked funding or grants for supplies, safety equipment, and technology essential to frontline care
- Create avenues for paid and formalized mentorship opportunities
- Create leadership and management skill-building opportunities
- Seek ways to reduce administrative burden

RESPECT & RECOGNITION

A Culture Shift: Valuing the Care Workforce as an Integrated System

True systems change requires a shift in how care work is funded, supported, and valued. Recognizing care workers as part of a single, interconnected workforce—and investing accordingly—signals that collaboration, coordination, and shared responsibility are not add-ons, but essential features of an effective and equitable care system.

Practical recommendations from frontline professionals:

- Ensure frontline workers are included on state advisory councils and committees and other working groups

- Ensure opportunities for the care workforce to participate in councils, on committees and to provide input are community-based and offered in multiple languages
- Establish a unified professional identity across care sectors
- Expand sector-wide wellness infrastructure, by scaling supervision and leadership training, peer networks, and access to mental health services

REAL OPPORTUNITY

Develop connected career pathways supported by aligned funding.

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Practical recommendations from frontline professionals:

- Raise awareness of the Office of Care Workforce and its goals
- Create awareness of existing career pathways and opportunities
- Highlight organizational examples of those creating real opportunity
- Create career pipelines

MENTAL HEALTH AND WELL-BEING

The key recommendations listed throughout this paper will help reduce the overwhelming burden facing care professionals. Additional recommendations follow:

Practical recommendations from frontline professionals:

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- Highlight models that allow for paid time off, mental health and wellness training, and benefits.
- Promote strategies like substitute pools that reduce the stress on frontline staff and shared services across sectors that can reduce administrative burden.
- Provide access to mental health and wellness supports, especially for self-employed and smaller organizations with limited budgets.
- Provide supervisory training to support staff with their mental health and wellness.