



Making Paid Care Work Visible

Findings from Focus Groups with
New York City Home Care Aides,
Nannies, and House Cleaners



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Office of Labor Policy & Standards

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Executive Summary

Home-based paid care work is a rapidly growing field of employment in New York City and across the nation. Yet this burgeoning workforce is nearly invisible, laboring out of sight in private homes, and overwhelmingly made up of women of color and/or immigrants.

This report, based on a series of 12 focus groups with 115 home care aides, nannies, and house cleaners, documents the experiences of New York City's home-based paid care workers in their own words, offering a bottom-up perspective that is often lacking in public policy debates. It makes visible a world of work that is hidden in the household, far from public view, and offers direct access to the concerns of workers whose voices are rarely heard by policymakers or by the wider public.

Those concerns include:

- **Low Pay:** Although some workers—especially nannies and cleaners—consider their pay high relative to other available jobs, it is often incommensurate with experience or training. Many focus group participants reported that they struggle to make ends meet.
- **Job Duties:** Focus group participants reported that job duties are often ill-defined and that when employment agreements do exist, they are frequently ignored by employers and clients.
- **Violations:** Participants reported that employers frequently violate legal requirements to pay for all hours worked, pay overtime at the proper rate, or provide paid sick leave.
- **Respect:** The most common frustration workers expressed was that the value of their work and the skills involved are not sufficiently appreciated or recognized. Participants felt disrespected by clients, employers, supervisors, and the broader public.
- **Precarity:** Vulnerability to being fired on short notice and unpredictable and/or limited hours combine to produce both employment insecurity and economic precarity.

Addressing these concerns is in the interest of both the rapidly growing vulnerable workforce and the population that relies on it to meet vital human needs.

We are domestic workers, at the bottom of society. We want more ways to express our opinions, and more consideration!

*— Home care worker,
New York City, December 2017*

Introduction

Home-based paid care work is a rapidly growing field of employment in New York City and across the nation. Home health aides are ranked first in the U.S. Bureau of Labor Statistics' most recent projections of occupations that will grow most rapidly between 2016 and 2026, with estimated growth of 46.7 percent over that decade; personal care aides are in second place, with projected growth of 37.4 percent.¹ The numbers of house cleaners and nannies are not projected to expand as rapidly as home health and personal care aides in the coming years. Still, house cleaner and nanny jobs are by their nature both essential and difficult to automate, ensuring their continued importance for the foreseeable future.

Yet this burgeoning workforce is nearly invisible, laboring out of sight in private homes, and overwhelmingly made up of women of color and/or immigrants. This report provides a bottom-up analysis of this vital yet hidden sector of the labor force, from the perspective of home-based paid care workers themselves, based on a series of 12 focus groups conducted across the five boroughs of New York City in 2017.

Several factors have contributed to the growing demand for home-based paid care work over the past half-century:

- One primary driver was women's rising labor force participation, especially among married women and mothers, which led many households to purchase services in the marketplace that were traditionally performed by women in the home without remuneration.

- At the same time, the rise of nonfamilial experts and organizations specializing in care also helped foster the shift from unpaid to paid care work.
- Rising income inequality, which enhanced the ability of affluent families to afford the services of low-wage workers, further stimulated this trend.
- Another key factor was the shift toward preferring home-based to institutional care for the disabled and elderly.
- Further spurring the growth of home-based paid care has been rising life expectancy and the aging of the population, which is accelerating further with the maturation of the “baby boom” generation.²
- Because nearly all the tasks involved in home-based paid care are highly resistant to mechanization, the vast technological advances reshaping 21st century workplaces are unlikely to slow the future growth of this part of the labor market.

Home-based paid care work includes a variety of occupations. This report focuses on three key groups: nannies; house cleaners; and home care aides, which includes both home health aides and personal care aides. Earnings and working conditions vary greatly among these three occupations, and there is also considerable variation within each of them in this regard.

However, most jobs in this sector are notoriously poorly paid. Real wages for U.S. home care workers have been stagnant, with median hourly earnings of \$10.21 per hour in 2005 and \$10.11 in 2015.³ One recent analysis found that, even after controlling for differences in demographic composition, in-home workers’ median hourly wages were 25 percent lower than those of similar workers in other occupations, and that many struggle to make ends meet.⁴ Indeed, the expansion of home-based paid care work has been a significant contributor to the proliferation of low-wage jobs in the late 20th and early 21st century United States.⁵

An important source of upward pressure on wages has been unionization, which has steadily expanded among home care workers since the 1980s. Yet unionized home care workers still earn far less than most other unionized workers. In 2016, average hourly earnings for unionized “personal care aides” were \$12.17, and for unionized “nursing, psychiatric and home health aides”(a group that also includes workers employed in nursing homes and hospitals) the figure was \$14.92 compared to \$22.89 for unionized workers in U.S. service occupations overall.⁶

The demographic makeup of the home-based paid care workforce helps to explain their low earnings. The overwhelming majority are women, many of them immigrants and women of color. Their low pay reflects the longstanding association of home-based care with unpaid labor performed by married women and mothers, and the related cultural assumption that the skills involved are “second nature” for all women. In addition, the fact that domestic work, as well as care for children and the elderly, was historically associated with slavery and servitude helps explain the low pay levels in this type of employment. Still another factor is that many in-home paid care workers today are immigrants, including a significant proportion of unauthorized immigrants. For all these reasons, these jobs are relegated to the bottom of the labor market.⁷

Economic factors also contribute to low earnings in these occupations. In-home care for children, elders, and the disabled is highly labor-intensive, and hours are often extensive, as well, so that it can be extremely expensive. As a result, individual consumers, insurance companies, and public entities paying for care have strong incentives to keep labor costs low. For home care in particular, another source of downward pressure on wages is the fact that Medicaid is the primary source of funding. Although State law imposes minimum wage and benefit standards on Medicaid-funded home care, workers’ earnings are constrained by tight government budgets and the stigma associated with Medicaid as a form of “welfare.”⁸

On the supply side, the fact that paid care jobs are an important source of employment for workers with limited labor market options—especially immigrant women and women of color—reinforces these dynamics.

Adding to the economic vulnerability fostered by their low pay, home-based paid care workers often have little or no job security, and many lack access to health insurance coverage and pension benefits. Working conditions are often difficult, as well, further aggravated by the low status of domestic labor and the disrespect many workers encounter. In addition, home-based paid care workers experience disproportionately high levels of wage theft and other violations of employment and labor law.⁹ In short, they are part of what many commentators today call the “precariat”—workers whose future employment is perpetually uncertain and who lack basic social protections.¹⁰

New York City’s home-based paid care workers, like those in the nation as a whole, are overwhelmingly women. Foreign-born workers and people of color make up an even greater share of the home-based paid care workforce in the city than is the case nationally. And despite extensive unionization among New York City’s home health care and personal care aides since the 1980s, these jobs remain overwhelmingly low-wage. But this is now changing rapidly.

An historic increase in the minimum wage is currently underway in New York City, from \$9.00 per hour in 2016 to \$15.00 per hour at the end of 2018, a two-thirds increase in the span of two years. During 2017, when the research on which this report is based was conducted, the minimum wage in New York City was \$11.00.¹¹ Relative to other low-wage occupations, subminimum wages are rare for home care workers.¹² Thus, the increases in the New York City minimum wage will mean unprecedented increases in hourly earnings for this group. The effects on other home-based paid care workers like nannies and house cleaners who have more informal employment arrangements are less certain, but past experience suggests that minimum wage increases tend to ripple throughout the low-wage labor market.¹³

This report focuses on the experiences of New York City home-based care workers, drawing on a series of 12 focus groups with a total of 115 workers, including home care aides, nannies, and house cleaners, convened between June 24 and December 14, 2017 across the city’s five boroughs. The NYC Department of Consumer Affairs (DCA) Office of Labor Policy & Standards (OLPS) partnered with a variety of organizations in the community to recruit focus group participants. Almost half (55) were recruited through worker centers; 16 through worker cooperatives; 20 through labor unions; and 24 through social service organizations. The focus groups ranged in size from two (2) to 15 participants and ranged between 60 and 120 minutes in length. The discussions, conducted in English, Spanish, Nepali, Chinese, and Russian, were audio-recorded, transcribed, and (when necessary) translated. Most participants also completed a brief written questionnaire designed by researchers affiliated with The Worker Institute at Cornell, providing demographic information, as well as basic data on the respondents’ employment. This report draws on both the questionnaires and the focus group transcripts, including extensive accounts of the experiences of home-based paid care workers in their own words.

This is a hard-to-reach occupational group, hidden in private households, and the workers’ voices are rarely included in policy discussions, which makes the findings particularly valuable. However, the focus group participants are a convenience sample, and are not statistically representative of the city’s overall home-based paid care worker population; thus, the quantitative data in this report should be interpreted cautiously. Among the 115 focus group participants, all but three (3) were women, all but 10 were foreign-born, and eight (8) were White. In terms of gender composition, the New York City home-based paid care workforce in these occupations is similar: men were 6 percent of the workforce in 2016 (see Table 1). But foreign-born workers and non-Whites were overrepresented in the focus groups. In the city as a whole, U.S.-born workers were 19 percent of workers in these three occupations, and Whites were 12 percent.

Table 1. Home Care Aides, Nannies, and House Cleaners in Focus Groups, in New York City, and in the United States, 2017

		Focus Group Participants (n=115)	New York City (n=203,631)	United States (n=2,820,230)
Occupation*	Home Care Aide	54%	82%	69%
	Nanny	26%	7%	12%
	House Cleaner	20%	11%	19%
Gender	Female	97%	94%	90%
	Male	3%	6%	10%
Race	Non-White	93%	88%	43%
	White	7%	12%	56%
Nativity	Foreign-born	91%	81%	34%
	U.S.-born	9%	19%	66%
Age	Under 40	22%	27%	40%
	40-59	57%	52%	41%
	60 or Older	21%	19%	19%

*Total does not add to 100% for focus group participants because occupation data are missing for 7 individuals.

Source: Author's enumeration of focus group participants and 2016 American Community Survey data.

Only 18 percent of the focus group participants reported English as the language they spoke at home, compared to 34 percent of all New York City workers in the three occupations. For the rest, the most common language was Spanish, which 47 percent spoke at home (compared to 39 percent for city workers in the three occupations), followed by Nepali, Chinese, and Russian.

As Table 1 shows, home care aides were the largest occupational category among focus group participants, as is also the case in the New York City workforce. Nannies and house cleaners were overrepresented in the focus groups; this oversampling allows comparisons and contrasts among the three occupations despite the small size of the study sample.

Most focus group participants were middle-aged or older: 78 percent of those who reported their age were 40 or older in 2017, and 21 percent were 60 or older. House cleaners were the youngest occupational group—none were over age 59 in 2017 and they typically were in their thirties—while home care aides accounted for the bulk of those over age 59. Citywide, the average age of domestic workers was 45, but nannies were the youngest occupational group, with an average age of 38.¹⁴

Despite their nonrepresentative character, the focus groups offer a wealth of information and insight into the challenges facing the larger population of home-based paid care workers in New York City. They vividly expose the economic insecurity and vulnerability of these workers and the challenges they face on a daily basis. They also reveal the varied experiences of nannies, cleaners, and home care aides.

Drawing on the survey data, as well as the focus group transcripts, this report documents the ways in which paid in-home care workers find jobs; their lack of employment security; violations of labor and employment law in the in-home paid care sector; earnings and hours; the challenges of economic survival for workers and their families; and the quest for respect from employers and supervisors.

*We end up doing
work beyond our
responsibilities ...
If you don't do
these things,
they ask to
replace you with
someone else.*

Getting a Job

In the home-based paid care sector, most workers find jobs through informal avenues, but some turn to employment agencies, worker centers, or cooperatives.

Most focus group participants—about two-thirds—found their current jobs through friends, relatives, or neighbors, or were hired directly by the employer (for the latter group, friends or referrals may have been involved, as well). About a third of the nannies and one-fourth of the home care aides (but only three of the house cleaners) obtained their jobs via an employment agency or a worker center. Another nine (9) home care aides had been hired through cooperatives, and one (1) respondent found her job through the Internet. Finally, a handful of focus group participants were part of New York's Consumer-Directed Personal Assistance Program (CDPAP), which allows Medicaid clients to choose their own home care aides, typically relatives or friends.

In contrast to many other occupations, finding a job is a recurring event for many paid home-care workers, especially those employed in private homes. As discussed in the next section of this report, these are precarious jobs with little or no job security; workers can be dismissed at a moment's notice. Those employed by agencies and cooperatives (in this study, only home care workers) have more employment security than those who are hired directly by private households, but many of the former also experience frequent changes in work assignments.

Like finding a job, establishing the terms of employment is often an informal process in this sector, especially for nannies and house cleaners. Among the focus group participants, only one (1) house cleaner and two (2) nannies reported that they had signed a written contract with their employers (both the nannies were members of Domestic Workers United, which has developed and promoted a model written contract). Contracts were much more common among home care aides, whose work is more regulated, especially in the Medicaid-funded sector: 17 of the 54 home care aides among focus group participants who answered the question stated that they had a written contract (although many of them referred here to the mandatory "care plan" that specifies the tasks to be performed and the number of work hours authorized for Medicaid recipients; others may have had this in mind, as well).

Apart from participants with a written contract (or with a care plan that they considered contractual), 16 nannies, nine (9) cleaners, and 17 home care aides reported that they had had verbal discussions with their employers about their responsibilities before starting their jobs. The other 46 focus group participants reported that they had neither a written contract nor a verbal discussion regarding their job responsibilities. Any communication these 46 participants had with their employers regarding their responsibilities was informal and in many cases took place after they accepted the job.

Once they began working, however, even workers with written contracts, care plans, or verbal understandings about the terms of their employment found that those were frequently breached.

When you do the interview and are hired for the nanny [job], after that you have to do all the housekeeping jobs, everything, cleaning, cooking... A nanny job is 25-50% or more housework.

We go for an interview to look after children only... But later they say you have to do this light cleaning of children's playroom, light cleaning of living room, light cooking for children... Slowly they add more work.

They will tell you when you go on the interview, "You're only here to take care of my child." But as time goes on, it will increase. They will be like, "Can you do me a favor, Bettina" ... I have lived this, every day. It's happening on the current job.

I have one job, and the mother is already telling me she's putting her [the child] in school half-day in September, so she's telling me that since the baby is in school I should clean the house for three days. So I said, "Are you paying me extra?" She never answered.

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!

I started with one baby, she was three months old when I started. She asked if I couldn't do a little housework, because they [the parents] both work, which I said was not a problem. But then it became a problem because it wasn't just a little housework. She expected me to actually be nanny and cleaner, and clean everything. She would spot check the floor when she got home in the evening! And I would have to tell her, "Listen, I came to take care of the baby!" I got tired of it.

They're never satisfied, they always want more...

In the Medicaid-funded home care sector, similar problems arose, although here the constraints imposed by government agencies played a critical role. As focus group participants explained:

In home care we have a care plan for each case ... But when you get there the family wants you to leave the sick person abandoned and do things for them.

Sometimes the client wants you to do something very personal that isn't part of the program. I have to say, "Sorry I can't do this because it's not in the care plan."

You have to limit yourselves to the care plan that they have. If you do even a little more, then they expect that from everyone who comes.

Some workers succumbed to pressure from clients or clients' family members to take on tasks that were not in the care plan.

We end up doing work beyond our responsibilities, such as cooking for the whole family, preparing meals for their grandson's next day at school, cleaning the kitchen and the bathroom. If you don't do these things, they ask to replace you with someone else.

Family members of the client ask you to do everything for them... They ask you to clean the windows, walls, doors and everything. If you don't do it, you lose your job!

And a few workers reported that they ignored the official care plan out of sheer dedication.

I'm not going to just up and leave, even though I'm approaching that four-hour mark and I'm still cooking and cleaning behind the toilet, or at a doctor's appointment where you sit for ten hours. I don't like that it doesn't matter, that I will not get an extra quarter. But I'm going to do it regardless.

I stay longer on my own initiative ... she [my client] can't stay in a diaper for 13 hours, she can't—she hardly walks even with the walker. But she doesn't have enough hours in the care plan.

CDPAP workers, whose scope of work was far less restricted by care plans but who were nonetheless paid for a limited number of hours, performed a wide variety of tasks, from medical care, bathing, and preparing meals to housecleaning, running errands, and grocery shopping or, as they typically put it, “everything.”

I actually am taking care of my mom in this program [CDPAP] and I do absolutely everything for her. She had a stroke and her left side is completely paralyzed. She can't move, she can't turn, she can't do anything. I cook all her meals, I clean her home, I do all her laundry, I do her shopping, I take her to church, doctors' appointments, everything.

He has kidney failure, he lost all his feeling in his hands, he has one amputated leg. He can't pretty much do anything. I bathe him, I clean the house, I cook for him and run errands, go and buy his food, shopping and things like that. Everything, everything for him.

I do household cleaning, I cook, food shop... oh gosh. She has arthritis, so I do everything.

*They didn't
even give me a
week's notice.
One day they
just told me.*

Employment Insecurity

Although most respondents had been in the care work field for much longer, the majority had been hired into their current jobs relatively recently. This was especially true of nannies and house cleaners: six (6) of the 21 nannies and five (5) of the 20 house cleaners who answered this question had been hired prior to 2014. Job tenure was often longer for home care workers: 23 of the 54 who answered this question had been hired before 2014.

For nannies, a job might end once a small child reached school age.

There comes a time when you are not needed anymore. They say, "I'm sorry, but next September Jason can already go to school on his own so we don't need you anymore."

In home care, too, clients' families could make an abrupt change that spelled the end of a job.

They didn't even give me a week's notice. One day they just told me. And I saw the client's look of terror, of shock. They were used to me. For me that was huge. They ended up moving her to another state.

Of course, when a client passed away, that, too, meant that home care aides no longer had a job, compounding the grief that many, emotionally attached to their clients, experienced.

Apart from these relatively predictable situations, many workers reported they could be fired on short notice, even after years of faithful service.

I was working there five years, and then suddenly they said "Bye" to me.

The lady didn't want me to work anymore. And when they say no more, you can't do anything about it, you have to leave and look for something elsewhere.

They can come and tell you they don't want you anymore and ask for the keys. They tell the doorman to take the keys, and, "Don't let the workers go upstairs."

I said, "Señora, you have to give me notice, so I can find something else." I'd been working for her for three years. And she told me, "It suits me to hire this other person I met, I like how she works... she has no family, and she can work seven days a week." So she kept her and then I was out of a job. She sent me a message that said, "Give me your address so I can take you your stuff."

There is danger if we speak up. If we talk like this, they say, "Go, get out right now..." They will kick us out of the job the next day, they will say, "Someone else will come," because there is a lot of competition.

I don't have the courage to go to the doctor if I'm sick, they would not give me a day off.

Violations of Workplace Law

Previous research suggests that violations of employment and labor law are unusually widespread in home-based paid care work, in part because the workplaces involved—private homes—are seldom monitored by enforcement agents.¹⁵ Until 2015, the “companionship exemption” denied many home care workers the core wage and hour protections afforded to most other workers under the 1938 Fair Labor Standards Act, but that is no longer the case.¹⁶ Home-based paid care workers are covered by most labor and employment laws, including minimum wage and overtime laws. In New York State, nannies, house cleaners, and some home care aides are also covered by the 2010 Domestic Workers’ Bill of Rights (DWBOR), which guarantees them:

- Overtime pay (time-and-a-half, if they work more than 40 hours per week, or 44 hours for live-ins)
- A day of rest every seven days (or overtime pay, if workers agree to work on the rest day)
- Three paid rest days per year after one year of work with the same employer
- Coverage under the New York State Human Rights Law in cases of harassment¹⁷

Although the focus group data is not representative, it does offer confirmation of high violation rates. To begin with, more than two-thirds of the nannies and house cleaners in the focus groups did not receive any tax documentation for their work. Whereas home care workers were typically paid by check and received W-2 forms, nannies and house cleaners

were typically paid in cash, with no tax documentation. Payment in cash is legally permitted, but tax documentation is required, and its absence is often associated with additional violations.

Another common violation involved access to paid sick leave, which New York City law requires for most domestic workers. Seven (7) nannies, six (6) house cleaners, and six (6) home care aides reported that they did not receive paid sick leave. Indeed, fear of getting sick and thus losing income was a major concern articulated by several focus group participants. Not only was time off for illness often unpaid, but some workers feared that they would be fired if they took unpaid sick leave.

At my work, I haven't asked for a day off to go to the hospital, they deduct my money. If we get sick, if we do not earn money, how to pay the rent?

I don't have the courage to go to the doctor if I'm sick, they would not give me a day off.

Survey respondents indicated that they had directly experienced violations of other labor and employment laws, as well. Two (2) nannies, two (2) house cleaners, and three (3) home care aides indicated that they had not been paid wages for all the time they had worked.

Sometimes you work for someone who doesn't end up paying you for the hours you worked.

By far, the most frequent complaints were for unpaid overtime and/or off-the clock work. Among the 28 nannies who completed the survey, 12 indicated that they were not paid when they stayed beyond a normal shift or arrived early, and 13 reported that they were not paid time-and-a-half for overtime (eight nannies reported both violations). Among the 22 house cleaners who completed the survey, nine (9) reported unpaid off-the-clock work, and four (4) reported overtime violations (three reported both). Among home care aides, 13 indicated that they were not paid for off-the-clock work, and 13 reported overtime violations (three reported both). These are high numbers, especially as most participants worked too few hours to be entitled to overtime.

Asked what they did when they encountered such problems on the job, participants offered a range of responses.

Me, I just put up with it. What can you do? You either deal with it, try to look for a better job, but if it's your family or friend you can't just leave them for dead like that... so I put up with it.

If there are problems, it's better not to work there, it's better to quit that place, finish what you had to do that day but not return there.

I don't think there's any job that doesn't have problems. But when problems come up, I try to resolve them. And if there's no solution to the problem, I leave.

I have rights! I go to the head and I tell them what the situation is, and they correct it.

Don't be afraid to talk out. If one door is closed, another will open somewhere. The Creator will open it another way.

We have to learn to advocate for ourselves, and not only advocate for ourselves, but advocate for the clients.

The power imbalance between employers and care workers meant it was often impossible to express any sort of discontent or assert their legal rights without fear of retaliation. Although such retaliation is illegal, many told stories of being 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 to them.

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.

The extent to which focus group participants were informed about their legal rights and workplace protections is unclear. But only nine (9) nannies, four (4) house cleaners, and 24 home care aides indicated that they were familiar with DWBOR, which has been in effect since 2010. This limited awareness suggests a need for more extensive education and outreach about DWBOR and other workplace laws and regulations.

*My income
is not stable
because
my working
hours are
not fixed.*

Earnings and Hours

Home-based paid care jobs are generally poorly paid. But there is significant variation across occupations: house cleaners and nannies generally report higher earnings than home care aides. The vast majority of the home care workers in the focus groups earned the legal minimum wage that was in effect at the time focus groups were conducted—\$11.00 per hour—including members of 1199SEIU, which represents tens of thousands of New York City home care workers. Nannies and cleaners typically earned more, in most cases \$13.00 to \$15.00 per hour, but lacked the health insurance coverage that many unionized home care workers were able to access through the 1199SEIU National Benefit Fund for Home Care Employees.

Home care workers' compensation includes significant benefits, in contrast to that of nannies or house cleaners. This is partly a result of the New York State Wage Parity Law, which requires that home care workers on Medicaid-funded cases receive total compensation equivalent to \$4.09 above the minimum wage.¹⁸ Under the 1199SEIU contract, a significant portion of this additional compensation takes the form of payments to 1199SEIU Funds, which in turn provide union members with health, education, and pension benefits, as well as tax preparation, English as a Second Language classes, and social service counseling.

Although house cleaners and nannies lack such benefits, several focus group participants pointed out that the relatively high pay they received was among the most positive and valued aspects of the occupation, particularly in comparison to other jobs accessible to immigrant women.

The pay is good, compared to other jobs. With babysitting you are assured of \$500 a week, that's the standard pay. 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.

Yet, despite the fact that their weekly earnings were relatively high, many nannies felt economically insecure because they knew that they could be fired at any time.

I'm paid well. But I don't buy name-brand clothes. I do go out, but I don't spend much. I make food at home and at work I eat the food I make to save money. Because one never knows. One can have work today, and tomorrow not have any.

These were without exception dead-end jobs, with no opportunities for advancement. Raises were few and far between, and many complained about employers' lack of consideration for workers' previous experience.

They don't increase the pay. I cannot stay forever on the same pay.

A person without experience and a person with experience, they are equally treated paywise. So if I say that I have experience of ten years and I made a certain amount of money, they will say, "Oh, excuse me, we can't afford you." So when we have more experience, instead of getting a benefit, we're not even hired.

Many of the home care workers had access to employer-provided health insurance under their union contract; others were covered by Medicaid. In contrast, not a single one of the nannies or house cleaners who answered this question had employer-provided medical insurance. A small handful had health insurance coverage through a family member; several others were on Medicaid. However, nine (9) nannies and nine (9) house cleaners were among the focus group participants who had no health insurance coverage whatsoever. Thanks to their union contract, that was the case for only three (3) home care aides.

Hours were another major concern. Nannies were the most likely occupational group to have full-time work: 15 of the 23 nannies who provided this information worked at least 40 hours per week (and some worked many more hours). House cleaners were much more likely to work part time: only four (4) of the 19 who answered this question worked 40 or more hours per week, and 11 worked less than 20 hours weekly. Among the 22 house cleaners who completed the survey, 10 indicated that they would have preferred to work more hours. Home care aides were in between: 15 of the 55 who provided this information worked 40 hours or more a week, and 29 others worked between 20 and 40 hours in a typical week. And 23 of the 58 home care workers who completed the survey indicated that they would have preferred more hours. For unionized home care aides, limited hours had significant consequences: those working less than 100 hours per month for two consecutive months were ineligible for health insurance under the union contract (although they still retained all other union benefits). Home care aides also complained about the limited number of hours assigned to their clients under Medicaid. Not only were the hours often inadequate to provide sufficiently for the client's care needs, but workers' earnings were also negatively affected.

I have a friend, and she gets these four-hour cases, five days a week, and that's it. That's what most people seem to be approved for. Or even less. I have a neighbor, he gets four hours Monday, Wednesday and Friday, three times a week. And that's another thing that plays into our wages and how much we get paid. If people aren't getting approved for the amount of time that they need, even if you get cases, it's just not enough. Most people get really small cases, and you cannot live on that.

My income is not stable because my working hours are not fixed.

Some agency and cooperative workers complained about favoritism in regard to the distribution of assignments of cases with more extensive hours.

The coordinators, they'll give their friends more hours. I was only working 12 hours but when I would ask for hours, they wouldn't give it to me. So I would just do the 12 hours and go home with \$95 after taxes, and who can pay the rent with \$95? \$10 an hour, \$95!

In calculating “hours worked” for employees working 24-hour shifts, New York State Department of Labor policy allows employers to exclude up to 11 hours for sleep and meal breaks. Although in practice, home care workers are typically required to be available to tend to their clients’ needs at any moment, in effect they are only paid for 13 out of 24 hours worked. In recent years, this policy has been challenged in the courts; as of this report’s publication, the question of whether employers are legally obligated to pay for all 24 hours worked remains unresolved.¹⁹

Not being fully paid for overnight work was also an object of concern among focus group participants, although only a few actually did overnight work. The others avoided it because of the underpayment issue.

24-hour service is counted as 13 working hours. Our working time was definitely more than that. It’s more than 13 hours, because in the night sometimes the client wants to get up and drink some water, and you need to serve him on that. It’s not reasonable because the clients who need “24-hour” service are seriously ill. You have to pay attention all 24 hours. Why is it counted as 13 hours? We can’t go home for the other 11 hours! We have to stand by all 24 hours, waking up and waking up. We are not robots!

My cousin does live-in, and this woman [the client] does not sleep. Does not sleep at all. She is up all day, all night. She’ll take a little catnap, an hour here, an hour there. She is up all night long. When my cousin works for her, she is there for three days and she does not sleep for three days. And she gets paid \$13 an hour. But she only gets paid for 13 hours out of the 24. If you’re leaving your home, your house, your family to be with someone for 24 hours, pay them for 24 hours! If they go to sleep, so what? They’re still there, they’re still on call. If something happens while they’re asleep, they’re still responsible.

For nannies, the key concern regarding hours was unpaid overtime. Employers often returned home later than scheduled, and the extra work time would not be compensated. Adding insult to injury, employers responded harshly when nannies arrived late themselves.

I think that’s one of the problems of any nanny. “We’re running late, is that okay?” You want to go, but you don’t have that choice, you have to stay. But you never get paid!

If I am five minutes late, they get upset a lot, angry a lot. But they themselves are always late!

Sometimes we face train problems, which is not our fault ... But they would get very angry. And if they sometimes are late, they just say, “Sorry!”

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

Making Ends Meet

For many focus group participants, the high cost of living in New York City, combined with their limited earnings, meant that keeping their households afloat economically was a constant struggle. There were a range of situations, with some paid care workers earning more than others, and some whose spouses or other family members were employed in relatively well-paid jobs. But most focus group participants were living on the edge economically, with little or no savings and, in some cases, substantial debt.

Every month, with the rent, with everything I pay, with what I earn, I'd like to be able to save but I can't because something always comes up. For example, I say, "Oh my God I need a pair of pants." But my daughter needs shoes for school, so I can't buy the pants. So I just wear the uniform. I don't care if people say, "She's wearing the same thing she wore yesterday." If I buy something else, I won't have enough to pay the electric bill.

I'm paying just over \$1,000 in rent. And our money basically doesn't cover that, to be able to eat, pay transportation, pay the bills for the house. The money isn't enough.

I live in public housing, but I pay rent, and I have a phone, I pay for cable, all that, and it has been a bit squeezed lately. I've had to ask for help from my sons in Santo Domingo. I'm embarrassed that I have to do that, but I can't let all the debts pile up on me.

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!

Even the nannies, who were typically paid better than house cleaners or home care aides, found it extremely difficult to accumulate savings, so that periods of unemployment or other unexpected emergencies could plunge their households into economic crisis.

If there is no work for three or four 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?

Some focus group participants had dependent family members who required paid care, although this was a relatively small group: three (3) nannies, two (2) house cleaners, and seven (7) home care workers indicated that they were paying for such care, which added to their economic burdens.

Economic stress was further intensified for the many immigrant workers who were sending remittances back home to support family members.

It's hard because you have to pay food, you have to pay rent, pay the phone, and I have to send money to my kids.

I support my kids. The one who's in Chile, I don't support her completely, she receives a pension, but I always send her money. And my son here is 10; since he was born I've been mother and father to him, since I don't have a partner.

What we earn here we send there. I would not spend it myself. Here you can save money if you live with someone; if you live alone, you won't make money.

My mom was in a hospital [in the Ukraine] and I sent the doctors money every month so that she would be taken care of. Without it, it's impossible. It's very difficult there now.

Everyone there thinks, "You're in America, you have bags full of money!" If you don't send them anything, they get offended.

Indeed, many shared apartments with other immigrants. As a South Asian nanny explained:

Back home we have big houses, but when we come here and we see the bills, we try to live together. One apartment for one person is not even possible, because we have to send money back home to kids and parents.

Others took in lodgers to help make ends meet.

I can cover part of my expenses, but I have to rent out a room to be able to save. I have a nephew who lives in my house, to help balance things out. I have to have him here...

I have to pay rent, but I have a lady who rents a room from me. I have to pay my phone, my food, my clothes, my transportation. I have to pay \$32 a week for the MetroCard. Apart from that, some extra things come up, and I help my daughter in Santo Domingo.

Many people must share apartments with strangers, because you can't make it otherwise.

Some turned to the government for help. As a CDPAP caregiver 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. Thank God, I have other ways to make money. But if this is your only way? It's not enough. You will not survive without assistance.

Others relied on food pantries or thrift stores.

It's about not going over budget. And taking advantage of food pantries. Because if you only earn a little, and you don't go to those places, you'll never save. If you always buy the food, you'll go over budget.

I go to places to get food. Because sometimes I have work and sometimes I don't. So I have to go there.

I used to go to the Salvation Army and the churches to get clothes. That's how I manage. Because I wasn't getting a raise.

Even using these survival strategies, some focus group participants fell into debt.

Of course, we can't get big credits, they won't give it to us with our salary. But I have \$2,000 in credit card debt for four years now, and I can't get off it.

I needed money for my child's medical treatment, he had a serious problem with his spine. So I borrowed money from people. The bank wouldn't give me credit, so I had to borrow from people.

In my situation, I borrow from my daughter if I don't have enough money.

Seven (7) nannies, six (6) house cleaners, and 14 home care aides reported that they had significant debts; and a larger group—11 nannies, 12 cleaners, and 30 home care aides—stated that they were able to make ends meet without going into debt, but that “it was a struggle.”

*This system says,
know your place
and stay in it!*

Power Dynamics and the Quest for Respect

The most common frustration in-home paid care workers articulated was that the value of their work and the skills involved were not sufficiently appreciated or recognized. This was reflected not only in their low pay, but also in the lack of respect they felt from clients, employers, supervisors, and the wider community alike.

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

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 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.

My boss, even if they know me for that long, they don't know if I have mother, father, children—because 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.

Domestic workers are at the bottom rung of the society.

For a woman, this is the lowest job!

Nannies were especially aware of the stark power disparity between themselves and their employers, and they deeply resented any lack of sensitivity to their needs. This was at the core of their complaints about working conditions.

When the parents are at home, after about ten or fifteen minutes, they get so tired running after the child. And they say, "Oh, I'm very tired. I don't want to do this." And they never think the nanny will get tired too! They don't realize this is a difficult job.

They have an idea of a certain way it should be done. We do everything possible to do it in the way they want, but we still fail ... They're never satisfied, they always want something more.

House cleaners, similarly, often felt disrespected by their employers.

A lot of times the person is in the house and asking, "What are you doing, why are you doing it that way?" They should assume we're doing our job and that we know how to do it! I don't like it when they follow me around. And I don't like it when they don't recognize my work.

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

I do it because it pays well, but I don't like it.

Home care aides had a more mixed experience. In many cases, they felt that their clients deeply appreciated their work. But others encountered abusive situations.

At times the patients are stressed out, and they stress you out, and a lot of them will yell at you. And they don't have a reason to yell at the worker, when we're there to help.

I've had the experience where they insult me, they yell at me, they slam the door on me. You clean up, and they throw stuff so you have to clean it up again. They tell you to leave, so they can call the office to say we didn't show up. Things like that.

Some of them see themselves as kings or queens. They treat us as their servants. We try to tell them, we are not slaves! We are here to help.

You talk about stress—this is more than stress. Stress on top of stress. Going up to the third power!

Another common grievance was the treatment home care aides experienced at the hands of supervisors, some of whom seemed more concerned about pleasing the clients than about protecting workers from abuse.

A friend of mine had a dementia patient, and she was getting hit and kicked and pinched. Every time it was bath time or she wanted to take her medicine, the woman would physically attack her. And she would call the agency and they were like, "Oh she's an old lady, she has dementia, you just have to ... " And my friend is getting beat up! And this woman is little, so the coordinator was saying, "Oh, you can't handle that woman that's like 100 pounds? You can't handle her?"

They sit at their desks, and they believe we are garbage. And then the patients treat us the same way ... Even when they lie, the staff believes them.

The person that was assigned to help me with issues did not help me with one single thing. Nobody. Everyone wrote something down and nothing happened and I called and harassed and called—this went on for months.

My biggest hope is that the company can teach the clients to respect the workers. In America, everyone is equal and free—that's why I came here! My work does not make you superior to me, or that I have to be obedient to you. My work is to provide services to you, but it doesn't mean I'm your servant. The company should tell them this!

Almost all of the focus group participants were immigrants, and many of them had been high-level professionals in their countries of origin. Because their credentials could not be transferred to the United States and, in most cases also due to their limited English proficiency, they could not gain access to jobs comparable to those they had performed back home. This further intensified their belief that their work was not respected.

When you apply for work here, you don't put your college degrees on the application, you only put high school degrees and technical education.

I compare my life now and then, and this job—I'm not very happy with it!

No matter what degree you came with, no matter what business you had before, when you come here, you start at the bottom. This system says, know your place and stay in it!

Many of these people [clients] are not very cultured, but they make demands on you like they are kings and queens! They think a slave came to them.

And yet, notwithstanding the fact that they felt deeply disrespected by others, many focus group participants expressed great pride in their work and found aspects of it highly satisfying.

Unfortunately, some people think because we work in this job, we're less than them. But there's no such thing as a dishonorable job. You can always enjoy doing your job well, even if it's cleaning floors. All jobs have value!

Some people look down at the work that we do. People think, "Oh, you're just feeding someone or dressing them." But you have to be there during their moods, when they're feeling happy, when they're feeling completely crappy and they're not nice to you, and you have to maintain how you are, you can't take it personal. You have to continue giving the best care that you can give. 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 like my job—it gives me satisfaction to arrive at that house and put it in order, and leave it clean, and my client is satisfied. It satisfies two needs: the need of the person who requested the service, because she gets her home cleaned, and my need for money. It relieves stress for the client and also for me.

Watching those girls grow, teaching them new things, like reading and writing, that was so exciting for me, and it showed me that I was doing a good job. It also gives me pride to leave the houses clean, and yes, I like it. I'm the owner of my time, I make my schedule.

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.

It's a big responsibility to go clean a house, to take care of the things that aren't yours. And when I get my money in my hands, I know I earned it with the sweat of my brow. I feel really satisfied that I can help other people who can't clean their houses because they have to work. When they get home and see my work, I know they're happy.

We love the kids. That's a true love. The kids recognize how much we love them, how much we care about them, how much we are on their side—not even parent's side, not any other side, their side. Toe to toe with them. So it's making a difference for the kids. So that they don't feel that their mother left them. No, we try to fill up that gap... The children deserve the best and that's what I do, and with dignity and respect for these kids. I love this job. It's satisfied me.

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!

The CDPAP workers saw themselves as uniquely dedicated, caring for friends and relatives.

I left my job to go home and take care of [my mother]. I mean, it has to be done. I took a huge pay cut doing this, but there was no one else... She was hooked up with a company, and it was very inconsistent. Every week they had to send someone different, because they couldn't handle it, it's a lot of heavy work.

I'm going to definitely put in 110 percent, whereas the people from a company, they just come in to do their work. They're not really caring about the person. They just want to get the hours over with. We had complaints about people who talk on their phone or text all day. Some people don't even show up; he's waiting for his bath or his food and they don't even show up.

I like the fact that they have a program that you can help family and friends. Because if you don't enjoy your job, you're not going to treat them the way that somebody that loves them is going to treat them. When I got to him, he hadn't had a bath in two weeks! So I like the program that lets family members and friends get paid to take care of you. Even though they should pay you more!!

Paid care workers often struggle to make ends meet in their own households, even as they perform intense and vitally important tasks in the homes of others.

Summary and Conclusion

Home-based paid care work is one of the most rapidly growing fields of employment in the 21st century United States, and is expected to grow even more quickly in future years as life expectancy increases and as the population ages. In New York City, there are more than 200,000 workers in this sector. They provide essential care to children, the elderly and disabled, as well as basic services like house cleaning. Yet this type of work is notorious for low pay and status, and the workers are often insecure, vulnerable, and disrespected. Women of color and immigrant women dominate the home-based paid care labor force, a demographic pattern that both reflects and contributes to the precarity, low status, and low pay typical in this sector.

Home-based paid care workers often struggle to make ends meet in their own households, even as they perform intense and vitally important tasks in the homes of others. Most are deeply dedicated to providing high-quality care and domestic services. Yet they regularly experience the injuries of their low occupational status. Indeed, their single most important concern is a lack of appreciation and respect from their employers.

Not only are most home-based paid care workers poorly paid, but their jobs offer virtually no opportunities for advancement. Home care workers who are members of 1199SEIU—a substantial share of home care workers—are an important exception in that they have access to paid training opportunities to advance into other jobs in the health care industry.²⁰ In addition, most 1199SEIU home care members have access to employer-paid health insurance, but that is rare for the rest of this workforce, who either rely on Medicaid or have no coverage at all.

For this workforce, hours are often irregular and unpredictable, and employment is highly precarious, with little or no job security. Violations of longstanding labor standards, such as minimum wage and overtime laws, are widespread in this sector, especially in regard to overtime pay. More recently established rights, such as paid sick leave, are also the subject of frequent violations. Workers' own awareness of their job rights is limited, and because their work is performed in private homes, it is rarely subject to monitoring by those charged with enforcing employment laws and regulations.

This report documents the experiences of New York City's home-based paid care workers in their own words, offering a bottom-up perspective that is often lacking in public policy debates. It makes visible a world of work that is hidden in the household, far from public view, and offers access to the concerns of workers whose voices are rarely heard by policymakers or by the wider public. Addressing those concerns is in the interests not only for this vulnerable workforce, but for the population that relies on their labor to meet vital human needs.

Endnotes

- ¹ Bureau of Labor Statistics (BLS). *Occupations with the Most Job Growth* (2018): https://www.bls.gov/emp/ep_table_104.htm
- ² See Mignon Duffy, *Making Care Count* (Rutgers University Press, 2011); Rachel Dwyer, “The Care Economy? Gender, Economic Restructuring and Job Polarization in the U.S. Labor Market,” *American Sociological Review* 78: 390-416 (2013); Ruth Milkman, Ellen Reese and Benita Roth, “The Macrosociology of Paid Domestic Labor,” *Work and Occupations* 25: 483-510 (1998).
- ³ Paraprofessional Healthcare Institute (PHI). *U.S. Home Care Workers: Key Facts* (2017): <https://phinational.org/resource/home-care-workers-key-facts/>
- ⁴ Heidi Schierholz, *Low Wages and Scant Benefits Leave Many In-Home Workers Unable to Make Ends Meet* (Economic Policy Institute Briefing Paper, Nov. 25 2013): <http://www.epi.org/publication/in-home-workers/>
- ⁵ Dwyer, “The Care Economy?” op. cit. documents this in detail.
- ⁶ Barry T. Hirsch and David A. MacPherson, *Union Membership and Earnings Data Book: Compilations from the Current Population Survey* (Bloomberg BNA, 2017), pp.61-63.
- ⁷ Eileen Boris and Jennifer Klein, *Caring for America: Home Health Workers in the Shadow of the Welfare State* (Oxford University Press, 2015).
- ⁸ Paul Osterman, *Who Will Care for Us?* (Russell Sage Foundation, 2017).
- ⁹ Annette Bernhardt, Ruth Milkman, Nik Theodore et al, *Broken Laws, Unprotected Workers* (2009): <http://www.nelp.org/content/uploads/2015/03/BrokenLawsReport2009.pdf>
- ¹⁰ See Guy Standing, *The Precariat* (Bloomsbury 2011); Arne L. Kalleberg, *Good Jobs, Bad Jobs* (Russell Sage Foundation 2011).
- ¹¹ GovDocs. *New York State \$15 Minimum Wage and Paid Family Leave* (2016): <https://www.govdocs.com/new-york-state-15-minimum-wage-paid-family-leave/>
- ¹² Annette Bernhardt, Diana Polson and James DeFilippis, *Working Without Laws: A Survey of Employment and Labor Law Violations in New York City* (2010), <http://www.nelp.org/publication/working-without-laws-a-survey-of-employment-and-labor-law-violations-in-new-york-city/> p. 27.
- ¹³ Benjamin Harris and Melissa Kearney, *The ‘Ripple Effect’ of a Minimum Wage Increase on American Workers* (2014), <https://www.brookings.edu/blog/up-front/2014/01/10/the-ripple-effect-of-a-minimum-wage-increase-on-american-workers/>
- ¹⁴ OLPS analysis of American Community Survey data, obtained from IPUMS-USA, University of Minnesota, www.ipums.org.
- ¹⁵ See Bernhardt et.al. *Broken Laws, Unprotected Workers, op.cit.*
- ¹⁶ In 2015, the U.S. Department of Labor revised its definition of “companionship services,” which extended the protections of the Fair Labor Standards Act to most workers providing home care services. See 29 CFR part 552, available at <https://www.gpo.gov/fdsys/pkg/CFR-2017-title29-vol3/xml/CFR-2017-title29-vol3-part552.xml>; See also, “Home Care Workers Can Finally Claim Victory,” *New York Times*, July 2, 2016.
- ¹⁷ The Domestic Workers’ Bill of Rights, Bill No. A01470B, S-2311-E (2009-2010 Reg. Sess.) amended several existing laws: New York Executive Law § 296-b (to address discriminatory practices in the workplace); New York Labor Law §§ 2, 161, and 170 (to include the definition of domestic workers within the Labor Law and expand day of rest, paid leave, and overtime compensation to include domestic employees), and the New York Workers’ Compensation Law §§ 201(5)(6)(A)(extending coverage to domestic workers).

¹⁸ Department of Health (DOH). *Home Care Worker Wage Parity Minimum Rate of Total Compensation* (2017): https://www.health.ny.gov/health_care/medicaid/redesign/mrt61/2017-10-31_ww_parity_min_nyc.htm

¹⁹ After several legal challenges, in 2017, New York appellate courts issued decisions rejecting the New York State Department of Labor’s interpretation and ruled that employees working 24-hour shifts must be paid for all hours worked. See *Tokhtaman v. Human Care*, 149 A.D.3d 476, 477 (1st Dept. April 11, 2017); *Andreyeyeva v. New York Health Care*, 153 A.D.3d 1216, 1218-19 (2d Dept. Sept. 13, 2017); and *Moreno v. Future Care Health Servs.*, 153 A.D.3d 1254, 1255 (2d Dept. Sept. 13, 2017). In response to these decisions, the State Department of Labor issued an Emergency Wage Order that codified the exclusion of sleep and meal breaks from “hours worked.” In 2018, workers’ organizations mounted a new legal challenge to the Emergency Wage Order, but a decision has not yet been made at this writing.

²⁰ 1199SEIU is currently involved in piloting an Advanced Home Health Aide job category. For more on this initiative, see: Department of Health (DOH). *Advanced Home Health Aides* (2017): https://www.health.ny.gov/facilities/home_care/advanced_home_health_aides/

