Actions for States, Communities, and Others to Support the National Strategy to Support Family Caregivers

2026 Update

Developed by:

The Recognize, Assist, Include, Support, and Engage (RAISE) Act
Family Caregiving Advisory Council

&

The Advisory Council to Support Grandparents Raising Grandchildren

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Introduction

This document accompanies the 2026 Update to the National Strategy to Support Family Caregivers. It presents ideas for states, territories, tribal nations, local communities, private organizations, employers, educational institutions, healthcare organizations, and other stakeholders to consider in support of the Strategy's goals and outcomes.

The actions are intended as examples of potential approaches rather than a prescribed set of expectations. They reflect the recommendations of the Advisory Councils and do not represent federal policy, guidance, or requirements. Recognizing that organizations differ in their authorities, priorities, resources, and the needs of the family caregivers they serve, readers are encouraged to consider and adapt those actions that best align with their circumstances.

This document is intended to supplement — not replace — the actions developed alongside the original 2022 National Strategy. The actions included here were identified by the RAISE Family Caregiving Advisory Council and the Supporting Grandparents Raising Grandchildren Advisory Council as additional opportunities to consider during the 2026 Strategy Update. Readers are encouraged to use it together with the original Actions for States, Communities, and Others document, which remains an important companion resource for implementing the Strategy across sectors.

The Advisory Councils recommend the following new actions by goal and outcome.

Goal 1 New Actions

Goal 1: Increase awareness of and outreach to family caregivers

Outcome 1.1 — Americans are educated about and understand the experience of family caregiving.

- **States** can consider creating family caregiver videos, holding caregiver conferences, and convening caregiver coalitions. These activities can raise awareness and provide a structure to bring together a wide range of organizations that may not otherwise have opportunities to collaborate with each other. Coalitions provide opportunities for organizations to coordinate outreach to family caregivers in different populations they serve.
- **Counties, tribes, area agencies on aging (AAAs), and community organizations** can consider designing outreach and awareness efforts to ensure they reach family caregivers in need of support.
- **Community organizations** can consider coordinating with each other to expand or launch caregiving outreach programs that include traditional partners such as employers and healthcare teams, and non-traditional partners such as grocery stores, schools, libraries, salons and barbershops, and pharmacies.
- **Health plans** can consider conducting awareness campaigns and creating resources to connect members and their family caregivers to supports.

Outcome 1.2 — Caregiver self-identification and knowledge of services are enhanced.

- **States** can consider improving website content and portals to help family caregivers self-identify and learn about supports available to them by ensuring their websites for family caregivers use plain language and include the following: definition of a family caregiver, lists of services available to family caregivers and how to access them, a search tool for nearby services, access to free training and other educational materials for family caregivers, links to additional resources from external organizations, and a user-friendly design.
- **State Home and Community-Based Services (HCBS) waiver programs and Managed Long-term Services and Supports (MLTSS) plans** can consider increasing internal awareness of family caregiver needs and services so staff can refer members and family caregivers to tools and resources, including those provided by the aging services network.

Outcome 1.3 — Outreach to family caregivers is improved.

- **States, tribes, and local AAAs** can consider developing intentional outreach strategies and educational materials for specific populations of caregivers, including but not limited to spousal family caregivers, youth caregivers, family caregivers of those with intellectual and developmental disabilities, family caregivers of people with mental illness, kin caregivers of children, and caregivers of adults and minors with disabilities.
- **States** can consider:
    - Launching training initiatives for public sector employees, covering topics such as respite care and dementia, to improve their understanding and support of family caregivers.
    - Raising awareness of caregiving through a variety of outreach approaches: bus and radio advertisements, fliers added to property tax mailings, or fliers with QR codes that link to caregiving resources. States can also consider tailoring materials based on the languages commonly spoken in their communities.
- **Community health workers and community health representatives** can consider reaching out to family caregivers, helping to educate them on their support options, and advocating for them as care team members.
- **Schools and organizations that work with caregiving youth** can consider reaching youth caregivers with programs that provide grief support or stress reduction strategies or recognize youth caregivers' contributions.
- **LTSS and MLTSS** plans can consider identifying family caregivers through member assessments.

Outcome 1.4 — Family caregiving — and caregivers — are embedded in federal, state, territorial, tribal, and local planning.

- **States** can consider including family caregiving as a priority in multisector plans on aging, state beneficiary advisory committees, state and area agency plans on aging, state health improvement plans, and related aging planning and strategies.

- **MLTSS plans** can consider ensuring family caregiver representation on advisory committees and boards.

Outcome 1.5 — Public-private partnerships at all levels help drive family caregiver recognition and support.

- **States** can consider providing guidance and assistance to employers as they support family caregivers, as well as sharing public resources that support working caregivers.
- **Employers** can consider establishing a positive workplace environment that supports caregivers. This can include training human resources (HR) professionals, supervisors, and managers on the needs of family caregivers to improve understanding and organizational support. HR professionals can also consider collecting local and national caregiving resources to share with employees and forming family caregiver support groups.
- **Philanthropic organizations** can consider financially supporting public campaigns aimed at increasing outreach and awareness to support family caregivers.

Goal 2 New Actions

Goal 2: Advance partnerships and engagement with family caregivers

Outcome 2.1 — In addition to the care recipient, family caregivers are recognized, supported, and engaged as co-leaders of the care teams when desired and appropriate, including clear documentation of caregivers and their roles in the health record.

- **State Medicaid agencies** can consider leveraging MLTSS contracts to include a requirement for care coordinators to engage with family caregivers and assess caregiver strengths, capacity, and needs for support prior to providing referral services.
- **HCBS waiver programs and MLTSS plans** can consider requiring care coordinators to designate family caregivers as part of the care team and include them in the development and execution of care plans, particularly during care transitions, and ensure intake forms use language to help family caregivers self-identify. MLTSS plans can also create financial incentives, such as new billing codes for healthcare providers, to encourage consultation with family caregivers (with the consent of the adult receiving care).
- **Health and social service provider organizations** can consider promoting the role of family caregivers within the health system by providing information to clinicians and care delivery organizations to help them ask questions that will identify the family caregiver and engage them, as desired, in medical and healthcare discussions.
- **Health systems and providers** can consider identifying care tasks expected of family caregivers and discuss with them what is entailed to determine whether they need training or additional information.
- **Community health workers** can consider expanding their roles to connect with family caregivers to ensure they are recognized as members of the care team.
- **Philanthropic organizations and other funders** can consider increasing engagement

of family caregivers in healthcare services and systems by funding studies on how to integrate family caregivers into the care team.

Outcome 2.2 — Engagement of family caregivers is driven by an assessment of their ability, needs, and preferences.

- **States** can consider:
  - Requiring caregiver assessment in their managed care contracts and HCBS waivers.
  - Funding caregiver assessments statewide.
- **State HCBS waiver programs and MLTSS plans** can consider assessing family caregivers' need for training or other supports through questions about their health, work, other commitments, and potential emotional and physical strain, taking into consideration the economic and social needs of family caregivers and making referrals to local resources. MLTSS plans can also consider identifying secondary family caregivers and backup care plans in case the primary family caregiver is unable to continue providing care.
- **State and local caregiving programs** can consider incorporating assessments to evaluate family caregivers' needs when delivering services to the caregiver or the person receiving care.
- **Service provider organizations** can consider promoting the role of caregivers within the health system by providing education, counseling, or assessment of family caregivers to help identify and address needs for services and supports.
- **Philanthropic organizations and other funders** can consider increasing engagement of family caregivers in healthcare services and systems by funding local efforts to identify family caregiver needs and connect them to support within healthcare settings.

Outcome 2.3 — Where desired and appropriate, family caregivers are included and considered in the development of care plans.

- **States** can consider:
  - Integrating information about family caregivers, their needs, and care plans into electronic case management systems.
  - Providing printed and online resources for family caregivers and providing advice about navigating the health system.
- **State Medicaid agencies** can consider leveraging Medicaid policies governing payment for services such as home health, care coordination, and case management to make sure family caregivers are included in and informed of the patient's plan of care, as appropriate.
- **State HCBS waiver programs and MLTSS plans** can consider including family caregivers in their planning processes.
- **Managed care plans** can consider including standardized questions about/for family caregivers in their assessments of economic and social needs for all beneficiaries. Specifically, MLTSS plans can consider including caregiver questions in assessments.

- **Health systems and social service providers** can consider establishing protocols for care planning when individuals live alone, are raising children whose parents cannot raise them, or have not appointed anyone to make decisions for them, particularly for those with cognitive impairment.
- **Healthcare systems** can consider:
    - Integrating information about family caregivers, their needs, and any associated care plans into the patient's electronic medical record when the care plan is contingent on caregiver support.
    - Offering education to direct care workforce personnel on topics such as discharge planning, disease-specific training, and navigation of long-term services and supports.
- **Philanthropic organizations and other funders** can consider increasing engagement of family caregivers in healthcare services and systems by funding initiatives that promote family caregiver access to electronic health records and the use of evidence-based tools for caregiver assessment, care planning, and follow-up.

Outcome 2.4 — When policies are proposed or revised, the potential impact on family caregivers is understood.

- **States** can consider:
    - Measuring family caregiver engagement and incorporating that information into healthcare quality improvement and value-based payment efforts.
    - Engaging family caregivers to get their perspectives on how to reduce barriers and make care more accessible.
    - Facilitating regular, ongoing meetings and workgroups with family caregivers to learn from them and develop authentic relationships.
    - Dedicating funding to compensate family caregivers for their time participating and providing feedback in these groups.
    - Engaging family caregivers early and meaningfully within systems change efforts.
    - Ensuring materials and meeting formats are accessible to all, such as scheduling American Sign Language interpreters and making documents Section 508 compliant.
    - Reviewing engagement strategies for alignment with National Standards for Culturally and Linguistically Appropriate Services (CLAS).
- **Philanthropic organizations and other funders** can consider increasing engagement of family caregivers in healthcare services and systems by funding the use of evidence-based tools that demonstrate positive outcomes without negative impacts.

Outcome 2.5 — Professionals who engage with family caregivers receive education and training that improves their ability to provide effective support and appropriate referrals.

- **States, including state Medicaid agencies,** can consider educating providers and other members of the care team on how to effectively engage family caregivers.

- **Professional healthcare associations** can consider encouraging their members to elevate family caregiver issues across the health system by championing greater awareness of those issues as part of association missions and strategic plans.
- **Medical schools** can consider incorporating knowledge and skills to engage and support family caregivers, including the ability to identify and make appropriate referrals to services and organizations in the community as part of their training and residency requirements.
- **Health systems** can consider providing staff training on conflict resolution and how to build meaningful and effective relationships with family caregivers and care recipients.
- **Philanthropic organizations and other funders** can consider funding training for healthcare professionals on how to form effective partnerships with family caregivers and integrate referrals for caregiver services into their workflows.
- **Health and long-term services and supports providers** can consider utilizing tools and trainings that help staff identify, engage, and support family caregivers, ensuring a more comprehensive approach to patient care.

Goal 3 New Actions

Goal 3: Strengthen services and supports for family caregivers

Outcome 3.2 — Family caregivers can obtain respite services that meet their unique needs.

- **State and community organizations** can consider developing toolkits and resource guides that describe the value of respite care, especially to family caregivers who may not self-identify as caregivers, may not know about respite services, or may feel "guilty" about needing a break from caregiving.
- **State agencies** can consider:
    - Covering respite services under an HCBS waiver program and having the managed care plans provide this benefit with transparent reporting of respite care usage back to the state.
    - Identifying opportunities to offer more flexible respite policies in their Medicaid waivers to meet month-to-month changes in individual participants' and family caregivers' respite care needs.
    - Offering respite care services that are tailored to meet the needs of children, youth, and their family caregivers.
    - Streamlining access to respite services by encouraging cross-agency and lifespan respite grantee collaboration to eliminate local- and state-level silos.
    - Engaging families and providers in respite care service design and implementation to better meet the needs of families.
- **State agencies and respite and family caregiver coalitions** can consider:
    - Promoting research on respite care to inform policies and best practices for expanding respite services. They can also consider collecting family caregiver data and outcomes from respite care services and compiling state inventories of

respite care services.

  - Prioritizing and providing resources for developing, improving, and expanding recruitment, training, and retention of respite care workers.
  - Emphasizing high-quality family caregiver training that includes caring for people with complex needs and how to be included in the care team.
  - Partnering with community, faith-based, and volunteer organizations to identify family caregivers and organize individuals to assist with respite care.
  - Building or expanding registries that link trained workers to families searching for respite providers.
  - Developing state respite plans to align with the Strategy goals, engage new leaders, and partner in the respite planning process.

- **Academic research centers and other policy and research associations** can consider researching and evaluating respite service policy to identify factors that affect service access, as well as the effects of respite care and adult day programs on physical and mental health outcomes.

Outcome 3.9 — Kinship families and grandfamilies are recognized, supported, and valued.

- **State agencies and community sectors** can consider:
  - Collaborating to provide information to kinship caregivers about legal resources and services and providing legal assistance to kinship caregivers.
  - Improving awareness of Temporary Assistance for Needy Families (TANF) child-only grants, which may serve as a source of financial support for children being raised by grandparents and other kinship caregivers.
- **State and tribal TANF agencies** can consider improving access to TANF child-only grants for kinship caregivers by simplifying application processes, reviewing eligibility requirements and grant amounts, and ensuring that kin caregivers are informed of their eligibility.
- **State and tribal child welfare agencies** can consider implementing evidence-based kin-specific foster home approval standards and processes to license more kin as foster parents and offer similar supports to children living with kin as are offered children living with non-kinship foster parents.
- **State, local, and community sectors** can consider:
  - Providing critical supportive services to kinship caregivers, including support groups and peer mentors.
  - Collaborating to coordinate supportive services through statewide commissions and workgroups.

Goal 4 New Actions

Goal 4: Ensure financial and workplace security for family caregivers and the care recipients they support

Outcome 4.1 — Family caregivers can provide care without negative impacts to their near- and long-term financial health.

- **States** can consider establishing tax credits to provide financial support for caregiving expenses.
- **Employers** can consider providing financial support and benefits such as care subsidies, emergency savings accounts, and flexible spending accounts to ease the expenses of caregiving. They can also consider sharing information about public and other community supports that are available.

Outcome 4.2 — Family caregivers have access to employee-centered flexible workplace policies and practices that support work-life balance and professional performance when personal circumstances change.

- **States** can consider:
  - Adopting broader definitions of family caregivers covered by the Family and Medical Leave Act (FMLA) or other state family leave protections. This could include expanding coverage to include extended family members, reducing the required work duration for eligibility, and extending coverage to workers in businesses with fewer than 50 employees.
  - Collaborating with employers to better support working family caregivers. Examples of state-level employer engagement initiatives are further highlighted under Goal 1, Outcome 1.5.
- **States, local governments, and organizations** can consider:
  - Including employer best practices in workplace support, family leave, and financial security for workers within their multi-sector plans on aging and workforce development programming.
  - Developing and encouraging employers to sign a "workplace pledge" to affirm their commitment to create a family caregiver-friendly work environment.

Outcome 4.3 — Family caregivers have access to and use of financial education and advance planning tools.

- **States** can consider taking the lead in promoting financial education tools and resources for family caregivers in the following ways:
  - Developing or using existing financial education and planning resources, programs, and tools to support family caregivers; creating resources specifically for new family caregivers; offering clear information on the financial implications of caregiving; and providing support to help with financial preparedness.
  - Establishing partnerships with financial institutions and professionals to help distribute new and existing resources.

- **Service provider organizations** can consider:
    - Establishing partnerships with banks, financial planners, or other knowledgeable community leaders to offer training and education on financial and workplace security for family caregivers.
    - Offering training to financial service firms, professionals, elder law attorneys, and employers in the community to ensure they are aware of supports for caregivers offered through the aging services network, as well as the prevalence of family caregivers in the workplace.
- **Nonprofit and related organizations** can consider developing and sharing resources that support employees and training programs that provide insights on financial matters, such as budgeting, ways to reduce out-of-pocket costs, online banking, obtaining tax breaks, and employment. Additionally, philanthropic organizations can consider providing valuable support to fund many of these efforts.
- **Employers** can consider providing financial wellness resources and programs to support family caregivers by improving their financial literacy. Employer initiatives could include education opportunities, such as written materials, workshops, interactive tutorials, or "lunch and learn" sessions on financial, legal, and healthcare matters to help family caregivers understand their options and rights. Additionally, employers and human resources professionals can consider increasing awareness of existing employee assistance programs that offer financial and legal support services.

Outcome 4.4 — Long-term services and supports are more affordable, allowing family caregivers to reduce their out-of-pocket costs.

- **States** (or a consortium of states) can consider exploring the feasibility of developing publicly funded long-term care insurance plans.
- **Insurers** can consider developing short-term care insurance products modeled after existing options and tailored to family caregivers. If available, employers could offer this benefit to their employees.

Goal 5 New Actions

Goal 5: Expand data, research, evaluation, and evidence-based and evidence-informed practices to support family caregivers

Outcome 5.1 — A national infrastructure will exist to support the collection of population-based data, using standardized wording of the definition of family caregiving and standardized wording of questions that address the core characteristics of the family caregiving experience.

- **States** can consider:
    - Collecting outcome data from family caregivers who receive respite care.
    - Compiling inventories of respite care programs and conducting studies on the impact of respite care and adult day programs on family caregivers' and care recipients' outcomes, such as caregiver burden or stress.

    - Adding questions to school surveys asking students about their living situations to collect data about children who live in kinship and grandfamilies.
- **Researchers and others** can consider conducting national studies of caregiving that transparently report design details such as inclusion and exclusion criteria of care recipients (age, residential setting), recall period, and approach to identification of caregivers when presenting results. They can also consider acknowledging the variability among available estimates when presenting evidence to put data in context.
- **Researchers** can consider curating a list of caregiving questions to be incorporated in the American Community Survey and, potentially, the national decennial census. They can also consider leveraging other national survey instruments to add questions to explore key issues for caregivers.
- **States, researchers, and philanthropic organizations** can consider promoting best practices when reporting the numbers, characteristics, experiences, and outcomes of caregiving, including acknowledging design features and limitations.

Outcome 5.2 — Family caregiver research facilitates the development and delivery of programs and services that support and enhance the health and well-being of the family caregiver and the person receiving support.

- **States, service provider organizations, and research institutions** can consider incorporating caregiver data collection as a priority in the development and sustainment of family caregiver support programs. States and local service organizations can consider partnering with family caregivers, who bring a wealth of expertise through lived experience, to better understand where additional data is needed and to conduct focus groups to learn more about family caregivers' experiences with accessing services.
- **States, philanthropic funders, and the private sector** can consider supporting research that evaluates the return on investment for employer-based family caregiver support programs and benefits.
- **Managed care plans** can consider conducting annual caregiver satisfaction surveys and using data to address gaps in caregiver supports and services.
- **State policymakers** can consider supporting research efforts aimed at better understanding the dynamics between direct care workers (DCWs) and family caregivers.

Outcome 5.3 — Emerging and evidence-informed practices are promoted, translated, replicated, disseminated, and sustained to support family caregivers.

- **States and service provider organizations** can consider using evidence-based and evidence-informed tools to make informed decisions regarding the collection of data on caregivers' stress and responsibilities to assist them in obtaining necessary supports.

Outcome 5.4 — Nationally representative data on caregiving youth (minors) are available.

- **States** can incorporate questions from federal findings into school-based surveys to assess whether students also have caregiving responsibilities.

- **Researchers or other organizations** can analyze national-level surveys where youth are part of the survey population.

Goal 6 Actions

Goal 6: Increase family caregivers' access to a high-quality, well-trained direct care workforce to complement the care they provide.

Outcome 6.1 — Recruitment results in more DCWs hired across service delivery models.

States can consider further strengthening the direct care workforce by expanding opportunities, reducing barriers, and creating desirable career paths with the following actions:

- Establishing and supporting community-based care direct care workforce accelerators that offer access to training, especially in rural and other areas with economic and social need.
- Identifying and elevating promising state and local initiatives that are ready to be scaled and adopted more broadly, building on existing federal efforts, such as the Direct Care Workforce Strategies Center.
- Expanding mechanisms similar to kinship navigator programs, registries, or other platforms to help family caregivers identify DCWs to meet their needs and foster stronger, more productive relationships between DCWs and family caregivers.
- Partnering with tribal nations, tribal colleges and universities, and Urban Indian Organizations to build DCW recruitment programs that reflect community caregiving traditions.
- Expanding career programs that connect K-12 education, community colleges, workforce boards, and adult education programs and create clearer pathways into direct care roles.
- Expanding statewide recruitment campaigns that elevate direct care as a valued, skilled profession that reflects community needs and preferences.
- Expanding state efforts to reduce entry barriers by streamlining credentialing, background checks, and reciprocity across settings and states.

Employers of DCWs and managed care plans can consider making direct care jobs desirable, sustainable, and visible with the following actions:

- Creating clear advancement ladders (e.g., aide → advanced aide → care coordinator).
- Partnering with workforce boards and schools to actively recruit new entrants, including young adults and career changers.
- Recognizing and recruiting independent workers and volunteers by offering pathways into paid or credentialed roles. Provide wraparound supports such as transportation assistance, childcare referrals, and language assistance that allow more people to embark on DCW careers.

Educational institutions (e.g., high schools, community colleges, universities, adult education, and professional education associations) can consider becoming catalysts for creating accessible, respected pathways into direct care work with the following actions:

- Integrating direct care jobs into career and technical education health curriculum clusters.
- Expanding university recruitment and training opportunities by establishing a DCW subspecialty or certificate programs to introduce people to fields such as nursing, gerontology, counseling, and social work.
- Partnering with employers to provide and support paid practical or clinical experiences and technical instruction for registered apprenticeships or other earn-while-you-learn programs.
- Recruiting students from communities with high unmet care needs and providing financial and academic support to ensure training completion.
- Developing and implementing innovative approaches to recognize and give formal credits for measurable skills gained through prior learning, work, and lived experience (including family caregivers themselves).

Community-based organizations, including faith-based providers, can consider helping recruit trusted community members into DCW roles with the following actions:

- Using trusted community networks to identify and encourage individuals interested in paid caregiving and service roles.
- Hosting information sessions and referral programs linking community members to training and employment opportunities.
- Partnering with employers and training providers to offer space for recruitment events or training opportunities.
- Promoting caregiving as a career path and service that benefits the community,

Philanthropic organizations and other funders can consider catalyzing innovation and scaling with the following actions:

- Funding demonstration projects that test new or expand promising recruitment models, including strategies that address the needs of rural and tribal communities.
- Providing seed funding for regional partnerships among employers, educators, and community groups to strengthen cross-sector recruitment strategies.

Multiple partners across sectors can consider strengthening recruitment through coordination with the following actions:

- Establishing regional workforce collaboratives that align recruitment, training, and employment, and share best practices across sectors to improve recruitment outcomes and care quality.
- Promoting robust data collection, evaluation, and transparency to guide decision-making, track progress, and inform strategies to improve recruitment efforts.
- Recognizing the economic importance of the direct care workforce as a rapidly growing

part of the healthcare and social assistance sectors and its role in supporting family caregivers' ability to work.

Outcome 6.2 — Training prepares DCWs to deliver high-quality, person-centered support and effectively coordinate with the care recipient and caregiver.

States can consider effectively supporting quality training for DCWs in the following ways:

- Expanding statewide caregiver training infrastructures, including free or low-cost training and standardized and streamlined pathways for DCWs, to professionalize the direct care workforce and increase quality of care.
- Aligning state-administered Medicaid and aging and disability programs to support direct care workforce training in person-centered care, dementia care, and other complex functional, medical, behavioral health, and psychosocial needs.
- Streamlining licensing and credentialing efforts and reciprocity to ensure training completed in one setting or state is recognized across programs, employers, and other states.
- Sponsoring registered apprenticeship programs or expanding and replicating other credentialing and earn-while-you-learn models, especially for personal care aides and home health workers.
- Collaborating with managed care plans to train DCWs, such as by including workforce development requirements in managed care contracts.

Employers of DCWs can consider enhancing and expanding training with the following actions:

- Providing paid apprenticeship, onboarding, ongoing training, and programs focused on person-centered care, communication skills, caregiver-family partnerships, and other priority topics.
- Developing career ladders linked to training completion, enabling DCWs to advance into specialized roles (e.g., dementia specialist, care navigator).
- Exploring or expanding mentorship and peer coaching models, especially those pairing experienced DCWs with newer workers to reinforce training, reduce isolation and burnout, and promote advancement.
- Supporting paid training time and stipends, particularly for family caregivers and privately hired caregivers who otherwise cannot afford the necessary training to become professional DCWs.

Educational institutions (e.g., high schools, community colleges, universities, training providers, and professional education associations) can consider positioning themselves as leaders in the training of DCWs with the following actions:

- Developing modular, competency-based curricula that emphasize care quality, person-centered supports, and family caregiver collaboration and can be adapted to different settings, including home and community-based and on-the-job learning.
- Partnering with employers to ensure training leads to recognized credentials and

employment opportunities, including stackable credentials and flexible training pathways that allow workers to advance without leaving the workforce.

- Offering evening, weekend, online, and hybrid learning options.
- Evaluating and modifying training programs to make them more accessible and available to workers who are older, have disabilities, are not currently attending school, or need literacy support.
- Incorporating approaches for serving tribal communities that respect tribal governance and data sovereignty in training curricula.

Community-based organizations, including faith-based providers, can consider serving as effective resources and partners for the training of DCWs by taking the following actions:

- Providing tailored training that addresses a range of caregiving experiences and community-specific needs.
- Evaluating volunteer training programs to determine if they can be modified as on-ramps to paid roles.

Philanthropic organizations and other funders can consider supporting the training of new and seasoned DCWs by the following actions:

- Funding pilot programs and innovation in training, including technology-enabled models.
- Supporting evaluation and scaling of effective practices, particularly those that improve competency and confidence, as well as care quality.
- Catalyzing cross-sector partnerships that align training, workforce development, and caregiver support systems.

Multiple partners across sectors can consider helping strengthen training through coordination on the following actions:

- Creating cross-training partnerships and community-based learning opportunities to meet workforce and family caregiver needs.
- Collaborating with employers and workforce organizations to expand training standards and worker protections tied to quality care.

Outcome 6.3 — Retention is achieved through flexible job structures, safe and supportive workplaces, and competitive compensation.

States can consider playing a key role in supporting DCW retention by the following actions:

- Providing financial incentives for employers that implement policies and programs that successfully retain DCWs.
- Establishing and strengthening wage pass-through and rate-setting policies that ensure funding increases result in higher wages for workers.
- Creating state-level career ladders and competency-based advancement pathways with corresponding pay increases.

- Supporting flexible licensing and scope-of-practice policies that allow workers to practice at the top of their training.
- Funding retention bonuses, tuition assistance, loan forgiveness, childcare supports, job counseling, and benefits navigation for DCWs.
- Addressing geographic and structural barriers that disproportionately affect tribal and rural communities, including housing, transportation, and broadband access that directly impact direct care worker retention.
- Enacting and enforcing worker protections and safe workplace requirements.

Employers of DCWs can consider leading the way in DCW retention with the following actions:

- Implementing flexible scheduling models, including self-scheduling, part-time options with benefits, and predictable hours.
- Offering competitive wages indexed to the cost of living and experience, with transparent pay scales.
- Providing benefits such as paid sick leave, family leave, health insurance, retirement plans, and mileage reimbursement.
- Reducing turnover through supportive supervision, mentorship programs, and trauma-informed management practices.
- Offering retention incentives, such as longevity bonuses and recognition programs.
- Investing in worker safety, including training, equipment, and protocols to reduce injury and burnout.
- Supporting cross-training and internal mobility across care settings.

Community-based organizations, including faith-based providers, can consider supplementing and shoring up retention and compensation of DCWs by the following actions:

- Providing wraparound supports such as emergency financial assistance, transportation help, and childcare referrals that can enable DCWs to retain employment.
- Hosting peer support groups and worker recognition events to reduce isolation and burnout.
- Advocating locally for community investment in the direct care workforce.

Philanthropy, funders, and partners across sectors can consider supporting and advancing DCW retention efforts with the following actions:

- Funding pilot programs and demonstrations focused on retention, job quality, and worker well-being.
- Supporting community-led and worker-led innovation, including cooperatives and alternative employment models.
- Investing in research and evaluation to identify effective retention strategies and scalable models.
- Convening cross-sector partnerships to align funding, policy, and practice around

workforce stabilization.

Outcome 6.4 — Data collection and research illuminate the full scope of the direct care workforce to help guide policy.

States can consider taking effective leadership by understanding the full scope of the direct care workforce in their states by taking the following actions:

- Standardizing definitions and classifications of direct care roles (e.g., home care workers, personal care attendants, direct support professionals) across agencies to improve comparability.
- Creating partnerships between state health departments and universities to conduct research on how to strengthen the direct care workforce and support family caregivers, including longitudinal studies of caregiving dyads, impact of workforce on health and service utilization, and experiences of independent and self-directed workers.
- Supporting research efforts aimed at better understanding the dynamics between DCWs and family caregivers. This research can inform the development of targeted interventions and policies to improve relationships between family caregivers and DCWs.
- Collaborating with the private sector to improve data collection, such as a state-level workforce dashboard that can help identify trends in pay, career advancement, demographics, and retention, and lead to more targeted workforce solutions.
- Assessing data collection tools to determine whether they accurately measure interactions between DCWs and family caregivers, and how the involvement of both impacts outcomes.
- Establishing or enhancing statewide direct care workforce data systems that integrate employment, health, aging, and disability data while protecting worker and consumer privacy.
- Working with tribal communities, which are often missing from national datasets, to collect direct care workforce data and ensure data practices respect tribal data sovereignty.
- Requiring and funding regular workforce reporting by Medicaid providers and managed care plans, including turnover rates, vacancies, wages, benefits, demographics, and hours worked.
- Using data to identify and address geographic and sector-specific differences in compensation, training access, and job quality.

Employers of DCWs can consider playing a major role in studying and understanding the DCW workforce by collecting and disseminating reliable, timely data through the following actions:

- Collecting and reporting standard workforce metrics (e.g., recruitment sources, retention, job satisfaction, injuries, and advancement pathways) and sharing insights with policymakers to ensure data reflects real-world caregiving contexts.
- Participating in state or regional workforce registries to improve data completeness and accuracy.

- Using worker-informed tools (surveys, focus groups) to capture data on job quality, scheduling, supervision, and career aspirations.
- Sharing de-identified data with researchers and policymakers to support evidence-based workforce improvements.
- Piloting, evaluating, and sharing lessons learned from data-driven retention strategies.
- Analyzing relationships between direct care staffing stability and outcomes such as hospitalizations, emergency visits, and caregiver strain.
- Partnering with community-based providers to assess workforce capacity gaps affecting care transitions and continuity.
- Hosting listening sessions and surveys to elevate worker and caregiver experiences and inform local policy discussions.

Educational institutions and research organizations can consider contributing to the general understanding of the direct care workforce with the following actions:

- Developing standard research frameworks and measures for studying the direct care workforce across settings and populations.
- Conducting participatory research that centers the voices of direct care workers and family caregivers.
- Studying career pathways, credentialing models, and return on investment of workforce interventions.
- Creating accessible products (policy briefs, toolkits, open datasets) to translate research into practice.
- Training the next generation of researchers and analysts focused on long-term services and supports (LTSS) workforce issues.

Philanthropic organizations and other funders can consider supporting efforts to better understand the direct care workforce through the following actions:

- Funding new and innovative data infrastructure, pilot studies, and demonstration projects that fill critical knowledge gaps.
- Supporting cross-sector data partnerships and learning collaboratives focused on workforce research and evaluation.
- Investing in studies that examine economic mobility and job quality in the workforce.
- Promoting and leading the dissemination of findings to nontraditional audiences, including workers, family caregivers, and community leaders.
- Investing in storytelling to elevate the value and impact of direct care work.

Other stakeholders and sectors can consider advancing knowledge of the direct care workforce and foster policy advancements through the following actions:

- Developing and deploying technology and other tools to improve real-time workforce data collection and analysis.
- Advocating for transparent, standardized data practices that elevate the direct care workforce in labor and health policy.

Resource List

Alzheimer's Association 24/7 Helpline — Free service offering support for people living with dementia, caregivers, families, and the public. Connect with a live person who can provide information, local resources, crisis assistance, and emotional support (Alzheimer's Association)

ARCH National Respite Network and Resource Center — Resource center that assists with and promotes the development of quality respite and crisis care programs, helps families locate respite and crisis care services, and serves as a strong voice for respite in all forums; Respite Provider Training Resources is a special feature of this center

Best Programs for Caregiving — Free online directory of support programs for caregivers of individuals living with dementia, including a tool to compare evidence-based programs from across the country (Benjamin Rose Institute on Aging and Family Caregiver Alliance)

Caregivers Communications and Marketing Toolkit — Toolkit containing ready-to-use templates, sample messaging, and other materials to raise awareness, connect caregivers to services, and strengthen public understanding of the caregiving role (NASHP)

Caregiver Services and Supports Action Guides — Series of guides that provide practical strategies and resources to help organizations develop and strengthen innovative caregiver services and supports (USAging)

Caregiver Services and Supports Innovations Hub — Online clearinghouse that facilitates the exchange of programs to foster the development of innovative caregiver services and supports (USAging)

Caregiving Toolkit: Information and Resources to Support Caregivers — Toolkit with health information articles, print publications, videos, and other resources to help you or someone you know on the caregiving journey (National Institute on Aging)

Center on Aging, Trauma, and Holocaust Survivor Care — Center that works to advance the person-centered, trauma-informed approach for Holocaust survivors, older adults with a history of trauma, and their family caregivers (Jewish Federations of North America)

Children Thrive in Grandfamilies — Fact sheet highlighting the experiences of children in relative care (Generations United)

Coalition for Care Partners — Partnership among patients, care partners, clinicians, care delivery systems, health information technology vendors, and researchers that develops and spreads health information technologies that support care partners and alleviate stress as they work to deliver care (Johns Hopkins Bloomberg School of Public Health and Beth Israel Deaconess Medical Center)

Community Care Corps — A national initiative fostering innovative local programs where volunteers provide essential nonmedical assistance to older adults, adults with disabilities, and family caregivers

Direct Care Workforce Strategies Center — Center funded by the Administration for Community Living (ACL) that provides resources, technical assistance, and training to state systems, providers, and stakeholders to improve workforce recruitment, training, and retention

EBRI/Greenwald Retirement Confidence Survey — Survey measuring worker and retiree confidence about retirement (Employee Benefit Research Institute and Greenwald Research)

Eldercare Locator — Public service of ACL that connects people to services for older adults and their families

Family Caregiving — Tips and support for family caregiving, from providing personal care, medical management, and financial guidance to finding a healthy work-life balance (AARP)

Family Voices — Family-led nonprofit organization that transforms systems of care to work better for all children and youth, especially those with special healthcare needs or disabilities

Family-to-Family (F2F) Health Information Centers — Webpage about centers that provide services to families and health professionals to help with navigating insurance benefits, building leadership, advocacy, and communication skills, connecting to peer and emotional support, finding condition-specific information and services, and developing school-based healthcare plans (Health Resources and Services Administration)

GrandFacts — Fact sheets for grandfamilies that include data and programs as well as information about public benefits, educational assistance, legal relationship options, and laws for various states, territories, and tribes (Grandfamilies & Kinship Support Network)

Grandfamilies & Kinship Support Network — ACL-funded national technical assistance center that provides free individual assistance, resources, and learning opportunities for state government agencies, tribal governments, and community-based organizations to improve their supports for kinship families and grandfamilies

Grandfamilies.org — Website that shares information impacting grandfamilies, with a broad audience that includes caregivers, policymakers, researchers, advocates, and attorneys. The site features federal and state laws and policies, national reports and data, tools to create a kin-first culture, and resources for caregivers and professionals

Grandparents and Kin Caregivers: How to Access Services — Fact sheet for grandparents and other kin caregivers about services they may need — such as legal advice, healthcare, and financial support — and how to find them (Advisory Council to Support Grandparents Raising Grandchildren)

Grandparents and Kin Caregivers: Tax Credits You May Qualify For — Fact sheet that provides an overview of the types of tax benefits and situations that may apply to grandparents and other kinship families in which children are not in foster care (Advisory Council to Support Grandparents Raising Grandchildren)

Hospital at Home Information for Family Caregivers — Technical assistance tool for family caregivers of Hospital at Home participants (The John A. Hartford Foundation)

Improving Support for Kinship/Grandfamilies: State Strategies for TANF Child-Only Grants and Related Assistance — Tip sheet that provides states with replicable practices and policies to improve access to TANF child-only benefits, so that kinship families can stay together (Grandfamilies & Kinship Support Network)

Kin and Grandfamilies: Tips for Working with Professionals — Tip sheet on working effectively with education, healthcare, and legal professionals and various agencies and organizations dedicated to child welfare (Advisory Council to Support Grandparents Raising Grandchildren)

Kin-Specific Foster Home Approval Standards — Guide to assist Title IV-E child welfare agencies in implementing the commonsense flexibility of a federal rule allowing agencies to use separate, tailored foster care standards for grandparents and other kin (Grandfamilies & Kinship Support Network, et al.)

Kinship Care Project at Atlanta Legal Aid Society, Inc. — Profile of an exemplary organization that provides free legal representation to eligible grandparents and other kin caregivers, with a focus on helping kin obtain custody of the children in their care (Grandfamilies & Kinship Support Network)

Kinship Navigator Program Toolkit — Toolkit of best practices to develop or enhance kinship navigator programs, based on years of experience working with these programs and coordinating the nation's only multi-state kinship navigator program and evaluation (Grandfamilies & Kinship Support Network)

Kinship/Grandfamilies Data — Webpage with national, tribal, and state-specific data about kinship/grandfamilies, sourced from the U.S. Census Bureau, the Adoption and Foster Care Analysis and Reporting System, and the Annie E. Casey Foundation Kids Count Data Center (Grandfamilies & Kinship Support Network)

Kinship/Grandfamilies: Strengths and Challenges — Fact sheet that provides an overview of grandfamilies and kinship families — children being raised by grandparents, other relatives, or close family friends — highlighting their prevalence, strengths, legal and financial challenges, and the need for policies and supports that help these families thrive (Grandfamilies & Kinship Support Network)

Kinship/Grandfamilies: The Role of Area Agencies on Aging and Title VI Native American Aging Programs — Report summarizing AAA and Title VI program efforts to support kinship and grandfamilies, their funding sources and budgets, and their technical assistance needs (Grandfamilies & Kinship Support Network and USAging)

Kinship/Grandfamily Assistance — Webpage with materials for service providers and kinship caregivers (Grandfamilies & Kinship Support Network)

Legal Relationships and Public Benefits for Kinship/Grandfamilies — Webinar exploring the various legal relationship options and the array of public benefits and tax credits that are available to kinship families (Grandfamilies & Kinship Support Network)

Legal Service Models for Kin Caregivers — Resource that summarizes different models of providing legal assistance to kin caregivers and provides profiles of organizations, with the goal of providing replicable ideas to others wanting to provide supportive legal assistance to kinship families (Grandfamilies & Kinship Support Network)

Making the Invisible Visible: State Strategies for Identifying and Reaching Family Caregivers — Brief presenting key strategies to help states better identify and reach family caregivers (Center for Health Care Strategies)

National Age-Friendly Banking Survey — Data from a 2024 survey of U.S. adults, aimed at improving understanding of consumers' experiences with banks and credit unions, specifically focusing on differences among people in different age groups (Consumer Financial Protection Bureau)

National Alliance for Caregiving — Association that addresses the public policy needs of families and quantifies the impact of unpaid caregivers

Parent to Parent USA — National organization with a mission to support a network of Parent to Parent programs across the country to ensure access to quality emotional support for families of individuals with disabilities or special healthcare needs

PREPARE — Free programs that help empower people to obtain and understand medical information to make informed medical decisions (University of California, San Francisco)

Program of Comprehensive Assistance for Family Caregivers — Program that offers enhanced clinical support for family caregivers of eligible veterans who sustained or aggravated a serious injury or illness in the line of duty (U.S. Department of Veterans Affairs)

RAISE Act Family Caregiver Implementation and Technical Assistance Center — Technical assistance center that supports the work of the Recognize, Assist, Include, Support, and

Engage (RAISE) Act Family Caregiving Advisory Council by providing resources, convening experts, and supporting states as they develop policies (NASHP)

State Kinship Care Contacts and Programs — Directory of kinship care programs and services offered by state child welfare departments, subcontracted private nonprofit agencies, and some tribes in applicable states and the District of Columbia. (Child Welfare Information Gateway)

SupportCaregiving.org — Resource hub for families, employers, local organizations, states, and others with guides containing specific, actionable steps to support the dissemination and implementation of the National Strategy to Support Family Caregivers (NASHP)

Tips to Include Kinship/Grandfamilies in Programmatic Decision-Making — Tip sheet on engaging with caregivers, youth, and parents with lived experience in kinship and grandfamilies so that they can meaningfully contribute to programs and services intended for them (Grandfamilies & Kinship Support Network)

Uneven Support for Kinship/Grandfamilies: State TANF Child-Only Grants — Fact sheet with state-level information on TANF child-only benefit recipients; benefit amounts; and select state policies as they relate to children raised by their grandparents, other relatives, or close family friends (Grandfamilies & Kinship Support Network)

VA Caregiver Support Program — Program that offers clinical services to caregivers of eligible and covered veterans enrolled in the VA healthcare system, with the mission of promoting the health and well-being of family caregivers who care for our nation's veterans, through education, resources, support, and services.

Valuing and Supporting Kin Caregivers: A Training for Child Welfare Agencies — Train-the-trainers webinars and other materials for child welfare agencies to deliver to their staff to support the rollout of kin-specific foster home approval standards around the country (Grandfamilies & Kinship Support Network)

Wait, I Might Be a Caregiver! What Does That Mean? — Webpage with tips to help people understand, recognize, and prevent caregiver burnout (Caregiver Action Network)

Who are Kinship Families & Grandfamilies? — Short video introducing grandparents and other kin who raise children when parents cannot, as well as the first national technical assistance center for those who serve these families (Grandfamilies & Kinship Support Network)