STUDY SUMMARY | FEBRUARY 2026

CARE THAT COUNTS

Measuring the Quality of Paid Family Caregiving Among HCBS Users Through NCI-AD 2023-24

WHAT IS *CARE THAT COUNTS*?

"Care that Counts" is a new study about paid family caregiving from researchers with National Core Indicators-Aging and Disabilities (NCI-AD). The goal of the study was to better understand how caregiving is associated with the quality of life of people who use home and community-based services (HCBS). Specifically, researchers wanted to learn whether certain types of caregiving are associated with better experiences.

WHAT KIND OF DATA WAS USED?

Researchers used survey data from the 2023-24 NCI-AD Adult Consumer Survey (ACS) to study people who have help from a caregiver at least once per week. The caregivers were divided into three types:

1. Paid staff (from an agency, non-family/friend)
2. Paid family/friend
3. Unpaid family/friend

Half of the people surveyed said the caregiver who helps them the most (their "*main helper*") is paid staff. **Almost one-third said their main helper is a paid family member or friend**. Finally, 22% of people said their main helper is an unpaid caregiver.

50%
Main Helper is Paid Staff

28%
Main Helper is Paid Family/ Friend

22%
Main Helper is Unpaid

Researchers compared how people with different caregiver types rated the quality of their experiences with HCBS, such as:

- ***Participating in activities*** with others as much as they want.
- ***Getting enough help*** with activities for daily life, or ADLs.
- ***Reaching goals*** and fulfilling needs [through services and supports].

For each comparison, the researchers looked for differences that were ***statistically significant***—in other words, differences between groups that cannot be explained by chance alone.

WHAT DID WE LEARN?

Compared to those whose main helper is a paid staff person, people whose main helper is a paid family member are ***significantly*** **more likely to report positively about their services and supports**. This differences were found even after accounting for characteristics that can influence outcomes (e.g., older age, where people live, amount of support they require).

People whose main helper is a paid family member were:

1.4x

More likely to take part in activities with others as much as they want to

2.3x

More likely to always get enough help with activities for daily life (ADLs)

1.5x

More likely to say "services and supports always meet my needs and goals"

Regardless of type of main helper, **high turnover among paid staff was consistently related to people having poorer experiences**. Importantly, the people who reported the lowest rates of caregiver turnover were the people whose main helper was paid family.

HOW CAN THIS STUDY HELP INFORM DECISIONS?

This study includes important information for policymakers and states wishing to strengthen systems amid persistent direct care workforce shortages. The findings of this study tell us that:

- **Expanding paid family caregiving options** may help maintain service quality and continuity.
- **Continued investment in the direct care workforce** is critical for people who depend on paid staff as their main helper (50% of people surveyed). This investment could include worker recruitment and retention through increased wages, improved benefits, and enhanced training strategies.
- **Training in person-centered thinking and planning** will also help individual staff's ability to meet person-centered outcomes.

ABOUT NCI-AD™

National Core Indicators—Aging and Disabilities™ (NCI-AD™) is a collaboration between ADvancing States, Human Services Research Institute, and participating states.

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