RESEARCH BRIEF | **October 2026**

California's LTSS Workforce & Federal Immigration Enforcement in 2025

Key Findings, Stakeholder Insights, and Future Research Needs

A stable Long-Term Services & Supports (LTSS) workforce is essential to preserving access to long-term care for California's older adults and people with disabilities.



Long-Term Services and Supports (LTSS)

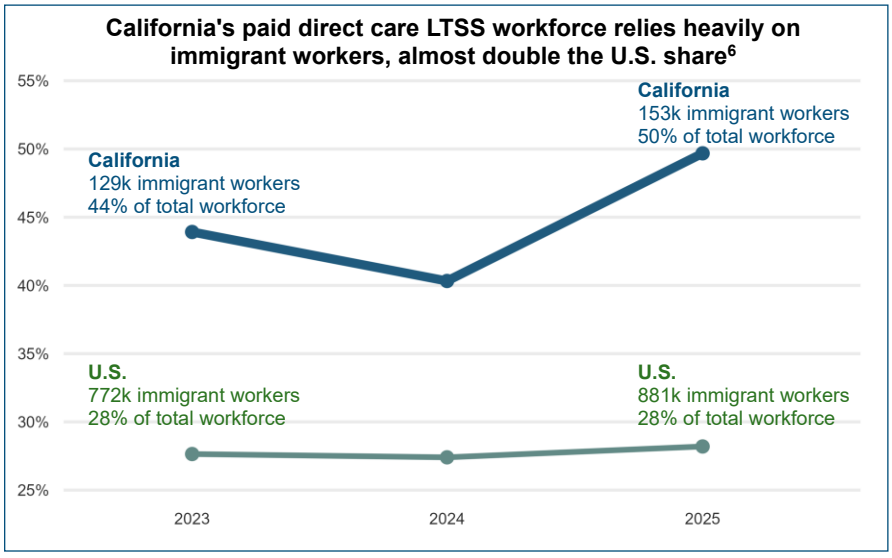
- LTSS includes a range of medical care, personal care, and social services that help older adults and people with disabilities. In California, these services are provided in institutional and home- and community-based service (HCBS) settings, including through In-Home Supportive Services (IHSS), a state and federally funded program for people who are Medi-Cal-eligible.

The Need for LTSS

- The demand for LTSS will grow substantially as California's population ages. By 2030, **1 in 4** Californians will be over age 60, including nearly 1 million people age 85 or older.[1,2]
- IHSS provides personal care and supportive services that help Medi-Cal-eligible older adults and people with disabilities to remain safely in their homes and communities. For 2026–27, California projects 875,000 IHSS recipients, each receiving an average of **127 hours** of services per month.[3]

The Need for the LTSS Workforce

- California is projected to face a shortage of 600,000 to 3.2 million paid direct care workers by 2030, raising questions about the availability of LTSS workers to meet growing demand.[4,5]
- **Half** of California's direct care workers are foreign-born, making immigrant workers an important part of the state's LTSS workforce.[6]
- By 2040, the number of rural residents age 85 and older is expected to grow **158%**, nearly 50 times faster than the growth of the working-age population (ages 18-64). This demographic shift will increase demand for LTSS services in rural areas that already face workforce shortages.[7]



Five stakeholders representing the LTSS workforce and provider organizations in California were interviewed in June 2026. They shared their views on how immigration enforcement policies may be affecting California's LTSS workforce since January 2025.

Naturalized citizens and noncitizens comprise a large share of California's LTSS workforce in home-based care and nursing home settings (see Exhibit right).[6]

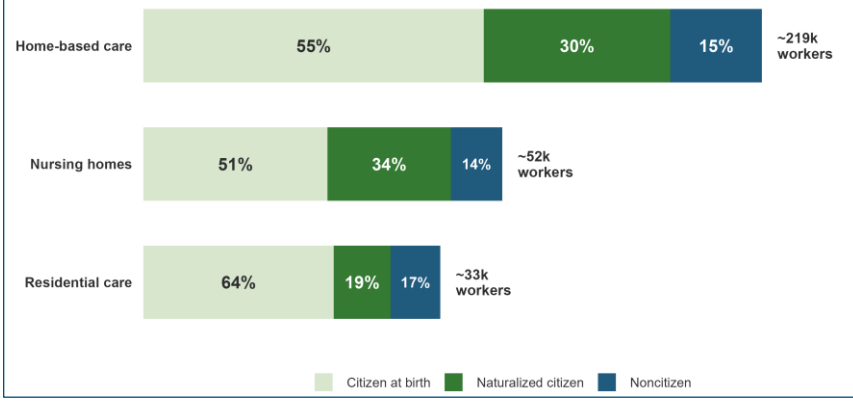
> "The immigrant population is an important component of our workforce." *(in-depth interview, IDI 1)*
>
> "[It] is a huge part of the [IHSS] labor force, the workforce in our field." *(IDI 4)*

Some stakeholders described increased U.S. Immigration and Customs Enforcement (ICE) arrests (see Exhibit right) as contributing to what they viewed as "chilling effects" among LTSS workers, care recipients, and their families. Some stakeholders reported that concerns about immigration enforcement were associated with people avoiding work, delaying care, or altering their use of health care services.

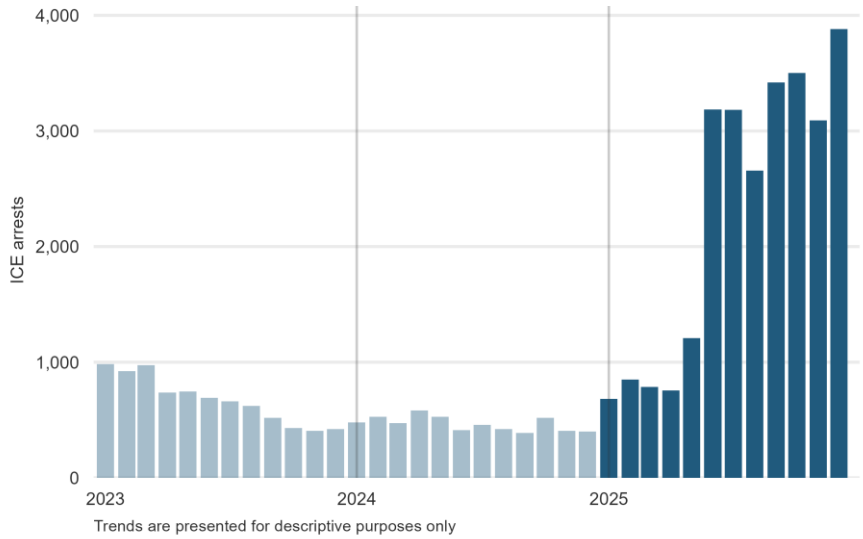
> "So we are hearing a lot [about] the ongoing chilling effect. Immigrant workers [are] clearly afraid to just go to work, [and] older adults, immigrants, and non-immigrants, [have forgone] adult day services because there was an ICE vehicle [nearby]." *(IDI 5)*
>
> "...the immigration situation, the documentation they are asking for, and walking on the streets...prevents many people from coming to see the doctor just because they were scared to share information…or being in the medical office..." *(IDI 2)*
>
> "From a home care worker perspective...we saw folks staying at their houses...on the nursing home side, we did see...at least two [instances], there's probably more, where ICE attempted to go into facilities." *(IDI 3)*

California's paid direct care LTSS workforce depends heavily on naturalized citizens and noncitizens[6]

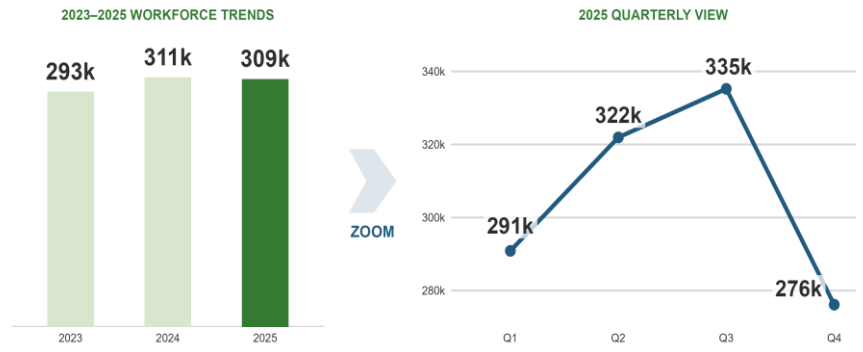
Three-year average workforce size and citizenship composition, 2023-2025



ICE arrests in California increased sharply in 2025[8]



California's paid direct care LTSS workforce grew through Quarter 3 before declining in Quarter 4[6]



Note: Annual and quarterly estimates represent the average monthly workforce size. CPS was not collected in October 2025, so the 2025 annual estimate is based on the average of 11 observed months, and Q4 is based on the average of November and December, so that the lack of October data does not affect the decline.

In 2025, California's LTSS workforce increased from Quarter 1 to Quarter 3 and then decreased in Quarter 4 (see Exhibit above).[6]

> **Stakeholder:** "We just don't know what will go into effect from a policy standpoint and what won't. While our providers are willing to hire [Deferred Action for Childhood Arrivals (DACA) recipients], there's a lot less [hiring] because [we] are worried about [whether] we can hire them." *(IDI 1)*
>
> "It's [immigration policy enforcement] closing down pathways and secure opportunities for employment in the long-term care settings." *(IDI 5)*

Stakeholders' Recommendations

- Develop and implement training for LTSS workers about immigrant legal rights and how to help noncitizen workforce members obtain appropriate documentation. *(IDI 1, 2, 3, 5)*
- Offer LTSS workers training and certifications to maintain credentials and advance their careers. *(IDI 3, 5)*
- Provide career development and higher wages that recognize the demands of LTSS work. *(IDI 3, 4)*
- Conduct community outreach, including through community health workers, to connect immigrant populations with LTSS career opportunities. *(IDI 5)*
- In the longer term, secure multiyear state and federal funding for LTSS workforce programs to meet the needs of older adults and people with disabilities. *(IDI 3, 4)*



Future Areas for Research

- Stakeholders identified immigration enforcement activities as one factor that may contribute to LTSS workforce instability. *(IDI 2, 3, 5)* **Future research could examine** whether immigration enforcement activities and related policy changes affect LTSS workforce recruitment, retention, participation, and employment decisions, including those of immigrant health care workers, and whether effects vary by region.
- Stakeholders noted that changes affecting Temporary Protected Status (TPS) and DACA could result in challenges for California's LTSS employers and workers. *(IDI 1, 5)* **Future research could explore** whether changes to immigration-related work authorization programs, including TPS and DACA, influence the LTSS workforce supply, employer staffing practices, and service availability.
- Stakeholders indicated that there is a shortage of LTSS workers in part due to a lack of required skills. *(IDI 3, 5)* **Future research could assess** the skills and training needed for LTSS occupations and identify opportunities and barriers for workers transitioning from other sectors into LTSS roles.
- Stakeholders talked about their organizations' involvement in advocacy and community organizing efforts. *(IDI 1, 4)* **Future research could document** the range of organizational responses to LTSS workforce challenges and assess their implementation and outcomes.
- Stakeholders discussed the potential effects of immigration enforcement activities on care recipients, including concerns that older adults and people with disabilities may forgo or avoid essential long-term care services, from in-home support to medical appointments. *(IDI 1, 2, 3, 4, 5)* **Future research could examine** whether changes in the availability of the LTSS workforce affect service access, continuity of care, and unmet needs among older adults and people with disabilities.
- Across these areas, future research should engage a larger and more diverse group of stakeholders to capture a broader range of perspectives.

Methodology

Current Population Survey (CPS) data from the U.S. Census Bureau and U.S. Bureau of Labor Statistics were used to quantify the share of paid immigrant workers in the direct care LTSS workforce in California and nationally and to examine changes in California's paid direct care LTSS workforce from 2023 to 2025, including quarterly changes within 2025.[6] CPS was not collected in October 2025, and workforce estimates in both November and December (287,000 and 265,000, respectively) were below the Q3 average of 335,000. For the Q4 average to equal the Q3 average, October employment would have needed to reach ~453,000 workers, exceeding monthly 2023-2025 estimates. ICE arrest data from the Deportation Data Project at UC Berkeley and UCLA were used to examine changes in the number of ICE arrests in California between 2023 and 2025.[8] These data do not establish a causal relationship between immigration enforcement activity and workforce- or care-related outcomes.

"Direct care LTSS workers" identified in CPS are employed workers in selected direct care occupations within the LTSS industries. LTSS industries include home health care services (IND 8170), individual and family services (IND 8370), residential care facilities (IND 8290), and nursing care facilities (IND 8270). For setting-specific analyses, "home-based care" includes home health care services and individual and family services; "residential care" includes residential care facilities; and "nursing homes" include nursing care facilities. Direct care occupations include registered nurses (OCC 3255), licensed practical/vocational nurses (OCC 3500), home health aides (OCC 3601), personal care aides (OCC 3602), nursing assistants (OCC 3603), and orderlies/psychiatric aides (OCC 3605). Estimates use the CPS Basic Monthly final person weight *(WTFINL)*, and annual estimates are constructed as average monthly workforce estimates using the number of observed CPS months in each year.

Thirty-minute semi-structured IDIs were conducted in June 2026 with five stakeholders representing organizations that work with LTSS workers and providers in California to obtain context about the California LTSS landscape, including the enforcement climate, workforce changes, impacts on care recipient and operations, organizational responses, and policy perspectives. Stakeholders interviewed had stated commitments to support LTSS workers, older adults, and/or people with disabilities in California. Themes were identified and organized using traditional qualitative coding methods and a separate artificial intelligence (AI)-assisted coding approach. Preliminary themes were circulated among four additional stakeholders for their external review and feedback. The stakeholder quotations included in this brief reflect the perspectives of interview participants and do not represent consensus views across all LTSS providers, policymakers, or workforce stakeholders.

Funder Information: Research reported in this publication was supported by Archstone Foundation and the California Community Foundation.

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