



DEFINING THE CARE ECONOMY IN NEW JERSEY

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Abstract

The care economy is a fundamental segment of the labor force, supporting the needs of vulnerable groups such as children, older adults, and those with health challenges and disabilities. This report provides an overview of how states and scholars conceptualize the care economy. It proposes a holistic framework for New Jersey to define its care economy. Its authors hope the report contributes to similar discussions in other states. Drawing from a plethora of literature and expert consultations, this report outlines the industries and occupations that comprise the care economy in New Jersey. Researchers highlight seven occupations that make up the paid care workforce in New Jersey and show that these occupations are concentrated in 12 industries in the state.

Executive Summary

This report is the first in a series of research reports from the New Jersey Statewide Data System (NJSDS) regarding the care economy in New Jersey. This report provides an overview of how states and scholars conceptualize the care economy. It also proposes a holistic framework for New Jersey to define its care economy by outlining the industries and occupations that comprise the state's care economy.

This report uses a systematic literature review and expert judgement to establish the occupations included in New Jersey's paid care economy. It also reports their associated industries and industry codes using information from the U.S. Bureau of Labor Statistics and New Jersey's Occupational Employment and Wage Statistics (OEWS).

The report identifies seven occupations that are concentrated in 12 industries that comprise the paid care workforce in New Jersey. The seven identified occupations that comprise the paid care workforce in New Jersey are:

- ▶ Home health and personal care aides,
- ▶ Social and human service assistants,
- ▶ Nursing assistants,
- ▶ Direct support professionals,
- ▶ Rehabilitation aides,
- ▶ Childcare workers, and
- ▶ Teaching assistants (special education).

These occupations are concentrated in 12 industries in New Jersey:

- ▶ Other residential care facilities,
- ▶ Child and youth services,
- ▶ Services for the elderly and persons with disabilities,
- ▶ Other individual and family services,
- ▶ Nursing care facilities,
- ▶ Home health care services,
- ▶ Childcare services,



- ▶ Assisted living facilities for the elderly,
- ▶ Continuing care retirement communities,
- ▶ Residential mental health and substance abuse facilities,
- ▶ Specialty hospitals except psychiatric, and
- ▶ Residential intellectual and developmental disabilities facilities.

This report presents the Standard Occupational Classification (SOC) code and the SOC definition for each care occupation. Similarly, this report presents the North American Industry Classification System (NAICS) codes and the industry definitions for these care occupations. The report also shows the percentage of care workers in each of the selected industries using New Jersey's OEWS. For example, of all paid employees working in other residential care facilities (NAICS code: 623990), 62.7% are care workers — home health and personal care aides and social and human service assistants.

The information in this report is a step in the larger goal of supporting policymakers to holistically create targeted workforce policies and programs to improve the care workforce. Future reports in this series will examine the size and characteristics of the paid formal care economy in New Jersey across its various component industries and occupations.

Introduction

The care economy, also referred to as the purple economy internationally, is fundamental to sustaining societal welfare by addressing the needs of vulnerable groups such as children, older adults, and those with health challenges or disabilities (Oxfam International, n.d.; Peng, 2021; United Nations Development Programme, 2023). Multiple authors present varying viewpoints on what occupations and industries constitute the care economy and how the care economy should be conceptualized. Clearly defining the care economy would continue to set the stage for policy efforts toward properly valuing the social and economic contributions of those in the care economy and addressing challenges faced by this sector.

New Jersey's government has shown a commitment to improving its care economy. Among other efforts, New Jersey Governor Phil Murphy highlighted that his administration has invested more than \$1 billion in expanding access to high-quality, affordable childcare across the state (New Jersey Economic Development Authority, 2024). However, an evidence-based approach to improving the care economy would start with understanding what occupations and industries are included in New Jersey's care economy, beyond what is known about individual sectors. This will strengthen research and analysis, highlighting challenges and practical policy solutions to improving the care workforce in New Jersey.

The care economy includes activities undertaken to meet the physical, psychological, and emotional needs of vulnerable groups in society, such as children, older adults, individuals with disabilities, and individuals who are ill (Addati et al., 2018a). To fully grasp its scope and impact, it is imperative to understand which occupations and industries constitute the care economy. Research literature has described the care economy as comprising paid and unpaid labor within the formal and informal care sectors (United Nations Development Programme, 2023). As the term denotes, unpaid care work can be defined as caregiving and household management activities without monetary gain. In contrast, paid care work is caregiving and household management activities that provide financial compensation (Addati et al., 2018a). Even though care work requires workers to possess strong relational and interactive skills, due to the overlap between care work and tasks typically performed at home, the skills in care work are often undervalued and deemed ubiquitous due to their strong association with mothering and the confounded belief that care is innately interwoven in the fabric of a woman's character (Dwyer, 2013).



Researchers from the John J. Heldrich Center for Workforce Development at Rutgers, The State University of New Jersey, sought to understand the New Jersey care economy by first highlighting the occupations and industries that should be considered as part of the paid care economy by using publicly available data and expert opinions. The following question guided this report:

- ▶ What occupations and industries are included in New Jersey's paid care economy?

Using a review of the research literature and the expert judgment of various stakeholders from the New Jersey Department of Labor and Workforce Development (NJLW), this report highlights seven occupations that comprise the paid care workforce in New Jersey:

- ▶ Home health and personal care aides,
- ▶ Social and human service assistants,
- ▶ Nursing assistants,
- ▶ Direct support professionals,
- ▶ Rehabilitation aides,
- ▶ Childcare workers, and
- ▶ Teaching assistants (special education).

These occupations are concentrated in the following 12 industries in New Jersey:

- ▶ Other residential care facilities,
- ▶ Child and youth services,
- ▶ Services for the elderly and persons with disabilities,
- ▶ Other individual and family services,
- ▶ Nursing care facilities,
- ▶ Home health care services,
- ▶ Childcare services,
- ▶ Assisted living facilities for the elderly,
- ▶ Continuing care retirement communities,
- ▶ Residential mental health and substance abuse facilities,
- ▶ Specialty hospitals except psychiatric, and
- ▶ Residential intellectual and developmental disabilities facilities.

The next section of this report provides an overview of the various perspectives in defining and understanding the care economy; the other sections of the report present the care economy in New Jersey, including methodology and data, findings, and data limitations, as well as a conclusion.



Perspective in Defining the Care Economy

There is a wide range of tasks typically performed in care work, including direct, personal, and relational care activities, such as taking care of an infant or child or caring for ailing relatives, and indirect care activities, such as completing household chores and cooking (Addati et al., 2018b). As a result, scholars often overlap and differ in their definitions, interpretations, and understanding of what constitutes the care economy (Vasilyev, 2023).

Many scholars have attempted to provide different frameworks to understand care work, including a macro or a micro perspective. From a macro perspective, the care economy can be viewed as the cornerstone and engine of a productive economy and a determinant in economic outcomes such as workforce participation and retention, job creation, earnings, gross domestic product, and more (Piaget et al., 2024). Following this perspective, the care economy encompasses paid care sectors, such as health, education, and personal care services, as well as unpaid activities, all of which can influence the development of other sectors. Similarly, care work is “the hidden engine that keeps the wheels of our economies, businesses, and societies turning” (Oxfam International, n.d.). Because of care work, individuals employed in companies and governmental jobs can be gainfully employed with peace of mind because those under their care receive the support they need. If such a system were not in place or were to collapse, employment outside of the home would be challenging (Diaz Langou & Rodriguez Franco, 2024). As such, organizations engage with the care economy in several ways: fulfilling their responsibility to support employees and their supply chains, investing in and driving innovation within the sector, and offering care-related services and products (Piaget et al., 2024). From a micro perspective, Folbre (2006) posits that care work can be viewed by considering who benefits. Folbre (2006) asserts that work directed toward meeting the needs of the vulnerable in society, such as children and those with health challenges and disabilities, would fall under care work. These care recipients often lack a “political voice.” They may not have the same opportunities or ability to advocate for themselves, making care work a necessary and integral aspect of society.

Other scholarly frameworks involve defining the care economy using an industry-wide framework, which includes all occupations and workers that fall under a particular care industry, regardless of whether these workers provide care, or following a more streamlined receivers framework, which focus on only occupations that function as a substitute for home production of care. In the industry-wide model, accountants and administrators working in the healthcare industry would be considered part of the care economy, even though they do not directly provide care (Wedenoja, 2022). However, the more streamlined approach defines the care economy as including occupations like home health aides, community support staff, and early childhood education teachers. Occupations requiring specialized skills not typically found in the home, such as nurses, doctors, and secondary school teachers, would be excluded from this more streamlined framework (Wedenoja, 2022).

New York and California have adopted this more streamlined receivers’ approach to defining the care economy. New York City defines the care economy as including a subset of “core” care workers who deliver hands-on services to assist with daily living needs as a replacement for tasks typically done within the home (Vasilyev, 2023). The occupations of interest included in their definition are preschool and kindergarten teachers, home health aides, personal care aides, nursing assistants, and childcare workers. The industries of interest include individual and family services, home health care services, residential care facilities (except skilled nursing facilities), child day care services, elementary schools (for kindergarten and Pre-K), and private households. Nursing assistants in home health care services are also included in the framework, but they do not include nursing assistants who work in hospitals. Similarly, McConville et al. (2024) define and identify care jobs in California’s care workforce by focusing on caregivers who support daily living and well-being, rather than occupations that provide care in the broader health and educational services landscape. They categorize the care workforce in California into two distinct groups:



- ▶ An early care and education workforce, which encompasses childcare workers, preschool teachers, and self-employed workers, and
- ▶ A direct care workforce comprising home health aides, personal care aides, and nursing assistants, not including nursing aides in hospitals.

Regardless of the adopted framework, it is essential to acknowledge that unpaid care workers — most often family members, neighbors, and friends — are a crucial part of the care economy and should be considered in any care economy analysis, as data availability permits.

Defining New Jersey's Care Economy

While there is significant information on individual industries and occupations that provide care in New Jersey, there is limited guidance on the professions and industries that should be the focus when the paid care economy is discussed and analyzed. Heldrich Center researchers are working with NJDOL to define the care economy workforce in New Jersey. This report is one of many collaborative efforts with NJDOL focused on holistically understanding the paid care economy to help improve policies and programs supporting this workforce in New Jersey and the nation. The methodology, data, findings, and data limitations are detailed below.

Methodology and Data

First, researchers conducted a systematic review to establish the occupations included in New Jersey's paid care economy. They did this by conducting a literature review using search terms, including care, care work, care occupations, care economy, care workforce, and paid care work. Synthesis of this search produced 123 occupations under nine broad occupational categories:

- ▶ Life, physical, and social sciences;
- ▶ Community and social services;
- ▶ Educational instruction and library;
- ▶ Healthcare practitioners;
- ▶ Healthcare support;
- ▶ Food preparation and serving;
- ▶ Building and grounds cleaning and maintenance;
- ▶ Personal care and service; and
- ▶ Production.

These 123 occupations were reviewed and screened by stakeholders at NJDOL. From the screening, seven occupations were selected as occupations that comprise the New Jersey care economy. The inclusion criteria followed the more streamlined recipient framework of selecting only occupations that provide care as a substitute for home production of care for the vulnerable population, including children, older people, and individuals with developmental disabilities. The exclusion criteria included occupations not within the health and social assistance industry with a two-digit NAICS code of 62.



The SOC codes and the associated definitions for these selected occupations were determined using New Jersey's [alphabetical listing of titles](#), the [occupational guide and definitions for the SOC system](#), the [occupational employment and wage statistics survey](#), and O*Net.

To generate the industries associated with selected occupations, researchers used the SOC code to determine each occupation's associated NAICS code(s). First, researchers searched for the occupation in NJDOL's [2023 occupational employment and wage estimates for New Jersey by industry sector](#) (this only has a two-digit NAICS code). Researchers then searched for the six-digit NAICS code using the U.S. Bureau of Labor Statistics' industry finder tool from the quarterly census of employment and wages. They used the [industry finder tool](#) to obtain the industries associated with each occupation. Researchers supplemented the industry finder tool with [Indeed](#) and the [CareerOneStop business finder](#), which captures a wide range of job vacancies and occupations in New Jersey. For the various occupations, researchers selected the industries that had a significant number of jobs. Once the NAICS codes for the different industries where these occupations are represented were selected, researchers used the [NAICS search](#) and the U.S. Bureau of Labor Statistics' industry finder to define the NAICS code. The search generated between one and three industries for each occupation.

Researchers further validated their list of care industries by using publicly available data from New Jersey's OEWS for 2023. OEWS produces employment and wage estimates for approximately 830 occupations based on a survey of business establishments (employers). For each care occupation, researchers generated the percentage of care workers represented in each industry associated with that occupation. For example, to obtain the percentage of home health and personal care aides (SOC code: 31-1120) working in the other residential care facilities industry with four-digit NAICS code 6239, they divided the employment number for home health and personal care aides (SOC code: 31-1120) by the total employment in that industry and multiplied by 100. The selected sectors and associated statistics were subjected to expert judgement of members from NJDOL, who validated the industries, removed industries that had fewer than 10% of care occupations, and then selected the final list of care industries in New Jersey.

Findings

This report identifies seven occupations concentrated in 12 industries that comprise the paid care workforce in New Jersey.

Table 1 on page 7 presents the occupations of the paid care economy, their SOC codes, and their definitions. There is limited information about direct support professionals and rehabilitation aides, although these occupations were selected as part of the care economy in New Jersey. This analysis shows that these two occupations are also called occupational therapy aides and physical therapy aides, respectively.

Table 2 on page 8 presents the 12 industries that were selected as part of the care economy in New Jersey, their NAICS code, and the definition of these industries. In Table 3 on page 9, researchers present results that validate the selection of these industries by using OEWS information. Researchers show the care occupations represented in the care industry and the percentage of care workers who make up the total workers in that industry in New Jersey. For example, of all paid employees working in other residential care facilities (NAICS code: 623990), 62.7% are care workers — home health and personal care aides and social and human service assistants (see Table 3).



Table 1: Care Occupations and Their Definitions

Care Occupational Title	SOC Code(s)	SOC Definition
Home health and personal care aides	31-1120 31-1121	As defined in O*NET's search tool, these workers monitor the health status of an individual with disabilities or illnesses and address their health-related needs, such as changing bandages, dressing wounds, or administering medication. Work is performed under the direction of off-site or intermittent on-site licensed nursing staff. They assist with routine healthcare tasks or activities of daily living, such as feeding, bathing, toileting, or ambulation. Depending on the client's abilities, they may also help with tasks such as preparing meals, doing light housekeeping, and doing laundry. The work is performed in various settings depending on the care recipient's needs. It may include locations such as their home, place of work, in the community, or at a daytime nonresidential facility.
Social and human service assistants	21-1093	These workers assist in providing client services in various fields, such as psychology, rehabilitation, or social work, including support for families. They may assist clients in identifying and obtaining available benefits and social and community services. They may also help social workers with developing, organizing, and conducting programs to prevent and resolve problems relevant to substance abuse, human relationships, rehabilitation, or dependent care. This definition excludes rehabilitation counselors (SOC code: 21-1015, NAICS code: 624300), psychiatric technicians (SOC code: 29-2053, NAICS code: 622200), personal care aides (SOC code: 39-9021, NAICS code: 621600), and eligibility interviewers, government programs (SOC code: 43-4061).
Nursing assistants	31-1131	These workers assist in providing basic patient care under the direction of nursing staff. They perform duties such as feeding, bathing, dressing, grooming, moving patients, or changing linens. They may transfer or transport patients. This definition includes nursing care attendants, nursing aides, and nursing attendants. This definition excludes home health aides (SOC code: 31-1011), orderlies (SOC code: 31-1015, multiple NAICS codes appeared under different industries), personal care aides (SOC code: 39-9021), and psychiatric aides (SOC code: 31-1013, various NAICS codes appeared under different sectors).
Direct support professionals (occupational therapy aides)	31-2012	This occupation was not found in either New Jersey's SOC listing or SOC definitions. However, researchers found that direct support professionals was listed as a sample of reported job titles for occupational therapy aides (SOC code: 31-2012) via O*NET's search tool. Occupational therapy aides (SOC code: 31-2012.00), under the close supervision of an occupational therapist or occupational therapy assistant, perform only delegated, selected, or routine tasks in specific situations. These duties include preparing the patient and the treatment room. A sample of reported job titles includes certified occupational rehabilitation aides, direct service professionals, direct support professionals, occupational rehabilitation aides, occupational therapist aides, occupational therapy aides, rehabilitation aides, rehabilitation services aides, and restorative aides.
Rehabilitation aides (physical therapist aides)	31-2022	Rehabilitation aides did not appear in O*NET or the OEWS data. Instead, O*NET and OEWS listed physical therapist aides as an alternative occupational title, so the SOC code for physical therapist aides was used. The O*NET search defines physical therapist aides as working "under close supervision of a physical therapist or physical therapy assistant, perform only delegated, selected, or routine tasks in specific situations. These duties include preparing the patient and the treatment area."
Childcare workers	39-9011	These workers attend to children at schools, businesses, private households, and childcare institutions. They perform various tasks, such as dressing, feeding, bathing, and overseeing play. This definition excludes preschool teachers, except special education (SOC code: 25-2011, NAICS code: 624400) and teacher assistants (SOC code: 25-9041, NAICS code: 611100).
Teaching assistants (special education)	25-9043	O*NET defines teaching assistants (special education) as someone who "assists a preschool, elementary, middle, or secondary school teacher to provide academic, social, or life skills to students with learning, emotional, or physical disabilities. They serve in a position where a teacher is primarily responsible for designing and implementing educational programs and services."



Table 2: Care Industries and Their Definitions

Care Industry Title	NAICS Code	NAICS Industry Definition
Other residential care facilities	623990	This industry comprises establishments primarily engaged in providing residential care (except residential intellectual and developmental disabilities facilities, residential mental health and substance abuse facilities, continuing care retirement communities, and assisted living facilities for older people). These establishments also provide supervision and personal care services.
Child and youth services	624110	This industry comprises establishments primarily providing nonresidential social assistance services for children and youth. These establishments provide for the welfare of children in such areas as adoption and foster care, drug prevention, life skills training, and positive social development.
Services for the elderly and persons with disabilities	624120	This industry comprises establishments primarily providing nonresidential social assistance services to improve the quality of life for older people or persons with intellectual and/or developmental disabilities. These establishments provide for the welfare of these individuals in such areas as day care, non-medical home care or homemaker services, social activities, group support, and companionship.
Other individual and family services	624190	This industry comprises establishments primarily providing nonresidential individual and family social assistance services (except those specifically directed toward children, older people, or persons with intellectual and/or developmental disabilities).
Nursing care facilities (skilled nursing facilities)	623110	This industry comprises establishments primarily engaged in providing in-patient nursing and rehabilitative services. The care is generally offered to individuals requiring nursing care for an extended period. These establishments have a permanent core staff of registered or licensed practical nurses who, along with other staff, provide nursing and continuous personal care services.
Home health care services	621610	This industry comprises establishments primarily engaged in providing skilled nursing services in the home, along with a range of the following: personal care services, homemaker and companion services, physical therapy, medical social services, medications, medical equipment and supplies, counseling, 24-hour home care, occupational and vocational therapy, dietary and nutritional services, speech therapy, audiology, and high-tech care, such as intravenous therapy.
Childcare services	624410	This industry comprises establishments primarily providing day care for infants or children. These establishments generally care for preschool children but may care for older children when they are not in school, and may also offer pre-kindergarten and/or kindergarten educational programs. The care and early learning provided by these establishments may include opportunities for development in health, social, and emotional learning, and family engagement.
Assisted living facilities for the elderly	623312	This U.S. industry comprises establishments primarily engaged in providing residential and personal care services (i.e., without on-site nursing care facilities) for the elderly or other persons who are unable to care for themselves fully, and/or the elderly or other persons who do not desire to live independently. The care typically includes room, board, supervision, and assistance in daily living, such as housekeeping services.
Continuing care retirement communities	623311	This U.S. industry comprises establishments primarily engaged in providing a range of residential and personal care services with on-site nursing care facilities for the elderly and other persons who are unable to care for themselves fully, and/or the elderly and other persons who do not desire to live independently. Individuals live in various residential settings, where meals, housekeeping, social, leisure, and other services are available to assist residents in daily living. Assisted living facilities and on-site nursing care facilities are included in this industry.
Residential mental health and substance abuse facilities	623220	This industry comprises establishments primarily engaged in providing residential care and treatment for patients with mental health and substance abuse illnesses. These establishments offer room, board, supervision, and counseling services. Although medical services may be available at these establishments, they are incidental to the counseling, mental rehabilitation, and support services offered. These establishments provide a wide range of social services in addition to counseling.
Specialty hospitals except psychiatric	623310	Definition not available.
Residential intellectual and developmental disabilities facilities	623210	This industry comprises establishments (e.g., group homes, hospitals, intermediate care facilities) primarily providing residential care services for individuals diagnosed with intellectual and developmental disabilities. These facilities may provide some health care, though the focus is on room, board, protective supervision, and counseling.



Table 3: Care Industries and Percentage of Industry Employees Who Are Care Workers

Specific Industry	NAICS Code	Occupational Title(s)	SOC Code(s)	Percentage of Care Workers
Other residential care facilities	623990	Home health and personal care aides	31-1120 31-1121	62.7%
		Social and human service assistants	21-1093	
Child and youth services	624110	Home health and personal care aides	31-1120 31-1121	67.4%
		Social and human service assistants	21-1093	
Services for the elderly and persons with disabilities	624120	Home health and personal care aides	31-1120 31-1121	69.0%
		Social and human service assistants	21-1093	
		Nursing assistants	31-1131	
Other individual and family services	624190	Home health and personal care aides	31-1120 31-1121	33.0%
		Social and human service assistants	21-1093	
		Nursing assistants	31-1131	
Nursing care facilities (skilled nursing facilities)	623110	Nursing assistants	31-1131	33.2%
		Home health and personal care aides	31-1120 31-1121	
		Direct support professionals/occupational therapy aides	31-2012	
		Rehabilitation aides (physical therapist aides)	31-2022	
Home health care services	621610	Home health and personal care aides	31-1120 31-1121	70.6%
		Nursing assistants	31-1131	
		Social and human service assistants	21-1093	
Childcare services	624410	Childcare workers	39-9011	25.1%
		Teaching assistants (special education)	25-9043	
Assisted living facilities for the elderly	623312	Nursing assistants	31-1131	14.2%
Continuing care retirement communities	623311	Nursing assistants	31-1131	32.4%
		Home health and personal care aides	31-1120 31-1121	
Residential mental health and substance abuse facilities	623220	Home health and personal care aides	31-1120 31-1121	32.4%
Specialty hospitals except psychiatric	623310	Nursing assistants	31-1131	14.2%
Residential intellectual and developmental disabilities facilities	623210	Home health and personal care aides	31-1120 31-1121	50.0%



Data Limitations

The care economy is a critical sector of the New Jersey workforce, bifurcated into paid and unpaid care work. While extensive data exist for individual care sectors, such as childcare services, home health aides, and nursing assistants, there is limited information, as in most states, on how these sectors collectively interact and contribute to New Jersey's economy. While this report fills a significant gap, there is still limited knowledge on the unpaid care sector, representing a substantial part of the overall care economy.

Conclusion

Multiple authors present varying viewpoints on what occupations constitute the care economy and how the care economy should be conceptualized. Researchers have discussed viewing care work through a broad, all-encompassing industry-based classification lens, suggesting that all care workers who fall under a specific industry should be classified as care workers, regardless of whether they provide care (Wedenoja, 2022). Folbre (2006) proposes that care work should be viewed through the receiver's lens, explicitly focusing on the beneficiaries or receivers of care. Despite the variation in the research literature, a common thread exists — it can be agreed that the care economy is a foundational pillar that sustains societal well-being and enables other industries and businesses to thrive, making it a crucial sector (Oxfam International, n.d.).

Heldrich Center researchers have examined how care work should be characterized in New Jersey through extensive literature searches and expert consultations. Their analysis indicates that the care economy in New Jersey primarily falls under seven occupations that make up the paid care workforce in New Jersey. These occupations are concentrated in 12 industries in New Jersey. These occupations and industries provide direct care services to vulnerable groups, making them a cornerstone of New Jersey's economy. Therefore, when possible, analysis should be done at the occupational and industry levels.

Future work in this series on the care economy will present foundational baseline analyses that assess the size and characteristics of the paid formal care economy and identify potential disparities in employment outcomes in New Jersey by demographic factors. This will be followed by other analyses that detail the experiences of those in the care economy sector by providing more information about their educational and training pathways before entering the field, their concurrent employment, and their retention in the industry.



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About the New Jersey Statewide Data System

The [New Jersey Statewide Data System](#) (NJSDS) is the State of New Jersey's centralized longitudinal data system for education and workforce data. Its mission is to safely use the state's existing administrative data for evidence-based policymaking. Developed in 2012 through a grant from the U.S. Department of Education, NJSDS creates a single place where state education, postsecondary education, employment, and workforce longitudinal data are securely stored to help stakeholders make data-informed decisions to improve student learning and labor market outcomes. The data system is owned by the State of New Jersey and operated by the Heldrich Center for Workforce Development at Rutgers, The State University of New Jersey. NJSDS is a collaboration between the New Jersey Office of the Secretary of Higher Education, the New Jersey Department of Labor and Workforce Development, the New Jersey Department of Education, and the New Jersey Higher Education Student Assistance Authority.

About the Heldrich Center for Workforce Development

The [Heldrich Center for Workforce Development](#) at Rutgers University is devoted to transforming the workforce development system at the local, state, and federal levels. The center, based at the Edward J. Bloustein School of Planning and Public Policy, provides an independent source of analysis for reform and innovation in policymaking and employs cutting-edge research and evaluation methods to identify best practices in workforce development, education, and employment policy. It is also engaged in significant partnerships with the private sector, workforce organizations, and educational institutions to design effective education and training programs. It is deeply committed to assisting job seekers and workers attain the information, education, and skills training they need to move up the economic ladder.