Personal and Home Care Aides

(O*NET 39-9021.00)

Significant Points

- Job opportunities are expected to be excellent because of rapid growth in home health care and high replacement needs.
- Skill requirements are low, as is the pay.
- About 1 out of 3 personal and home care aides work part time; most aides work with a number of different clients, each job lasting a few hours, days, or weeks.

Nature of the Work

Personal and home care aides help people who are elderly, disabled, ill, and/or mentally disabled to live in their own homes or in residential care facilities instead of in health facilities or institutions. Most personal and home care aides work with elderly or physically or mentally disabled clients who need more extensive personal and home care than family or friends can provide. Some aides work with families in which a parent is incapacitated and small children need care. Others help discharged hospital patients who have relatively short-term needs. (*Home health aides*—who provide health-related services are discussed in the section on nursing, psychiatric, and home health aides, elsewhere in the *Handbook*.)

Personal and home care aides—also called *homemakers*, *caregivers*, *companions*, and *personal attendants*—provide housekeeping and routine personal care services. They clean clients' houses, do laundry, and change bed linens. Aides may plan meals (including special diets), shop for food, and cook. Aides also may help clients get out of bed, bathe, dress, and groom. Some accompany clients to doctors' appointments or on other errands.

Personal and home care aides provide instruction and psychological support to their patients. They may advise families and patients on nutrition, cleanliness, and household tasks. Aides also may assist in toilet training a severely mentally handicapped child, or they may just listen to clients talk.

In home health care agencies, a registered nurse, physical therapist, or social worker assigns specific duties and supervises personal and home care aides. Aides keep records of services performed and of clients' condition and progress. They report changes in the client's condition to the supervisor or case manager. In carrying out their work, aides cooperate with health care professionals, including registered nurses, therapists, and other medical staff.

The personal and home care aide's daily routine may vary. Aides may go to the same home every day for months or even years. Aides often visit four or five clients on the same day. However, some aides may work solely with one client who is in need of more care and attention. In some situations, this may involve working with other aides in shifts so the client has an aide throughout the day and night.

Personal and home care aides generally work on their own, with periodic visits by their supervisor. They receive detailed instructions explaining when to visit clients and what services to perform for them.

Aides are individually responsible for getting to the client's home. They may spend a good portion of the work day traveling from one client to another. Aides must be careful to avoid over-exertion or injury when they assist clients.

Work environment. Surroundings differ from case to case. Some homes are neat and pleasant, whereas others are untidy and depressing. Some clients are pleasant and cooperative; others are angry, abusive, depressed, or otherwise difficult. Aides may spend a large portion of each day traveling between clients' homes.

About 33 percent of aides work part time, and some work weekends or evenings to suit the needs of their clients.

Training, Other Qualifications, and Advancement

In some States, the only requirement for employment is on-thejob training, which generally is provided by employers. Other States may require formal training, which is available from community colleges, vocational schools, elder care programs, and home health care agencies.

Education and training. Most personal and home care aides receive short term on-the-job training in a range of job functions. Aides are instructed on how to properly cook for a client, which includes iinformation on nutrition and special diets. Furthermore, they may be trained on basic housekeeping tasks, such as making a bed and keeping the home sanitary and safe for the client. Generally, they are taught how to respond to an emergency situation, learning basic safety techniques. Employ-



Personal and home care aides assist elderly and disabled clients with daily tasks, like housekeeping and personal hygiene.

Occupational Title	SOC Code	Employment, 2006	Projected employment,	Change, 2006-16	
			2016	Number	Percent
Personal and home care aides	39-9021	767,000	1,156,000	389,000	51

NOTE: Data in this table are rounded. See the discussion of the employment projections table in the *Handbook* introductory chapter on *Occupational Information Included in the Handbook*.

ers may also train aides to conduct themselves in a professional and courteous manner while in a clients' home.

Other qualifications. Personal and home care aides should have a desire to help people and not mind hard work. They should be responsible, compassionate, patient, emotionally stable, and cheerful. In addition, aides should be tactful, honest, and discreet because they work in private homes. Aides also must be in good health. A physical examination, including State-mandated tests for tuberculosis and other diseases, may be required. A criminal background check, credit check, and good driving record may also be required for employment. Additionally, personal and home care aides are responsible for their own transportation to reach patients' homes.

Certification and advancement. The National Association for Home Care and Hospice (NAHC) offers national certification for personal and home care aides. Certification is a voluntary demonstration that the individual has met industry standards. Certification requires the completion of a 75-hour course, observation and documentation of 17 skills for competency assessed by a registered nurse and passing a written exam developed by NAHC.

Advancement for personal and home care aides is limited. In some agencies, workers start out performing homemaker duties, such as cleaning. With experience and training, they may take on more personal care duties. Some aides choose to receive additional training to become nursing and home health aides, licensed practical nurses, or registered nurses. Some experienced personal and home care aides may start their own home care agency or work as a self-employed aide. Self-employed aides have no agency affiliation or supervision and accept clients, set fees, and arrange work schedules on their own.

Employment

Personal and home care aides held about 767,000 jobs in 2006. The majority of jobs were in home health care services; individual and family services; residential care facilities; and private households. In 2006, about 8 percent of personal and home care aides were self-employed.

Job Outlook

Excellent job opportunities are expected for this occupation because rapid employment growth and high replacement needs are projected to produce a large number of job openings.

Employment change. Employment of personal and home care aides is projected to grow by 51 percent between 2006 and 2016, which is much faster than the average for all occupations. This occupation will be amongst the occupations adding the most new jobs, growing by about 389,000 jobs. The expected growth is due, in large part, to the projected rise in the number of elderly people, an age group that often has mounting health problems and that needs some assistance with daily activities. The elderly

and other patients, such as the mentally disabled, increasingly rely on home care.

This trend reflects several developments. Inpatient care in hospitals and nursing homes can be extremely expensive, so more patients return to their homes from these facilities as quickly as possible to contain costs. Patients who need assistance with everyday tasks and household chores rather than medical care can reduce medical expenses by returning to their homes. Furthermore, most patients—particularly the elderly—increasingly prefer care in their homes rather than in nursing homes or other in-patient facilities. This trend is aided by the realization that treatment can be more effective in familiar surroundings. Finally, home care has become easier and more feasible with the development of better medical technologies for in-home treatment.

Job prospects. In addition to job openings created by the increased demand for these workers, replacement needs are expected to lead to many openings. The relatively low skill requirements, low pay, and high emotional demands of the work result in high replacement needs. For these same reasons, many people are reluctant to seek jobs in the occupation. Therefore, persons who are interested in and suited for this work—particularly those with experience or training as personal care, home health, or nursing aides—should have excellent job prospects.

Earnings

Median hourly earnings of wage-and-salary personal and home care aides were \$8.54 in May 2006. The middle 50 percent earned between \$7.09 and \$10.19 an hour. The lowest 10 percent earned less than \$6.05, and the highest 10 percent earned more than \$11.60 an hour. Median hourly earnings in the industries employing the largest numbers of personal and home care aides were as follows:

Residential mental retardation facilities	\$9.54
Services for the elderly and persons with disabilities	9.18
Home health care services	7.19

Most employers give slight pay increases with experience and added responsibility. Aides usually are paid only for the time they work in the home, not for travel time between jobs. Employers often hire on-call hourly workers and provide no benefits.

Related Occupations

Personal and home care aides combine the duties of caregivers and social service workers. Workers in related occupations that involve personal contact to help others include childcare workers; nursing, psychiatric, and home health aides; occupational therapist assistants and aides; physical therapist assistants and aides; and social and human service assistants.

Sources of Additional Information

Information about employment opportunities may be obtained from local hospitals, nursing care facilities, home health care agencies, psychiatric facilities, residential mental health facilities, social assistance agencies, and local offices of the State employment service.

For information about voluntary credentials for personal and home care aides, contact:

➤ National Association for Homecare and Hospice, 228 Seventh St., SE., Washington, DC 20003.

Internet: http://www.nahc.org