APRIL 2026

STRETCHED TO CAPACITY

The Workforce Crisis in Human Services

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Stretched to Capacity

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The Providers' Council is a statewide association composed primarily of nonprofit, community-based, care-giving organizations that provide human services, health, education and employment supports. The Council assists its members by providing public policy research, advocacy opportunities, communication and information, education and training, publications, and business partnerships. Its mission is to "Advance the interests of the human services sector and providers through advocacy, education, and engagement of diverse stakeholders for collective impact."

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The Human Services Providers Charitable Foundation, Inc. is a 501(c)(3) nonprofit organization and is affiliated with the Providers' Council, the state's largest human services membership association. The mission of the Human Services Providers Charitable Foundation is to promote the vision and values of community care; improve community care idealistic leadership practices; encourage development; and disseminate information which informs public policy and enhances public awareness.

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Established in 1971, the UMass Donahue Institute is a public service and engagement arm of the University of Massachusetts. Our mission is to advance equity and social justice, foster healthy communities, and support inclusive economies that alleviate poverty and promote opportunity. In collaboration with partner organizations and clients, we carry out our mission through research, education and training, capacity building, and direct services to strengthen our collective impact.

The Institute's Applied Research and Program Evaluation group partners with organizations across multiple sectors to design and implement utilization-focused studies that address the social determinants of health. We believe that research is most meaningful when findings can be applied to public benefit.

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Acknowledgements

The Providers' Council and Human Services Providers Charitable Foundation, Inc. wish to thank their member organizations and the Board of Directors for their continued support and all their contributions to building more caring communities across the Commonwealth.

The UMass Donahue Institute, the Council, and the Foundation also extend our deepest appreciation to the Council's Research Committee for their guidance, insight, and steadfast support throughout this project. We are also especially grateful to the 68 providers across the Commonwealth who generously contributed extensive data in January 2026, helping to illuminate the depth of the human services workforce crisis in Massachusetts. Their willingness to compile and share detailed information on staff vacancies, recruitment and retention challenges, and the effects of federal immigration policy changes is invaluable.

We also thank all providers who offered qualitative feedback; their stories and reflections bring essential context and humanity to the data presented in this report. Their openness and commitment to strengthening the sector made this work possible.

Finally, a special thanks is given to the Executive Office of Health and Human Services for sharing wage data about state workers in human services positions.

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Dear Reader,

The human services sector is essential to communities across Massachusetts. Nearly all of us know someone whose life has been positively shaped by these services—whether through living in a group residence, receiving support from a recovery program, securing employment, finding stable housing, accessing food and other basic needs, or engaging with public health programs. The sector's 150,000 jobs provide critical services in every corner of the Commonwealth. Yet even as the need for care continues to grow, the workforce responsible for delivering these services is ***Stretched to Capacity***.

The Providers' Council and the University of Massachusetts Donahue Institute are proud to renew our 20-year partnership and once again collaborate to examine the state of the human services sector. This report presents data that reflect the realities providers confront each day. Many of the sector's challenges have persisted for so long that they are often viewed as defining features: low wages, high turnover, and chronic understaffing. The consequences are deeply felt by the hundreds of thousands of residents who rely on these services—through longer waitlists, program disruptions or closures, and the loss of trusted staff who form meaningful, supportive relationships with the people they serve.

This report also explores the growing impact of recent federal immigration and workforce policy changes. Threats to work authorizations and changes to immigration programs have created fear and uncertainty for staff and providers alike. Direct care workers worry not only about the stability and safety of the individuals and families they support, but also about their own ability to remain in their jobs. Challenges to work authorization jeopardize the contributions of foreign-born workers who are an essential part of the human services workforce.

The facts and figures in the pages ahead illustrate a clear reality for the human services workforce and the thousands of people they serve: the system is ***Stretched to Capacity***. The sector is facing a deepening workforce crisis, fueled by chronic underfunding and the effects of federal immigration policies. If we want to ensure that essential care remains available for our family members, neighbors, friends—and even ourselves—we must advocate more effectively and call for increased investments in this vital workforce.

We extend our heartfelt thanks to the members of the Providers' Council's Research Committee for their time, expertise, and thoughtful guidance throughout the development of this report: Craig Gordon, Communities for People; Kathleen Jordan, Seven Hills Foundation; Deborah O'Brien, Community Resources for Justice; Sean Rose, Thrive Support & Advocacy; Lauren Solotar, The May Institute; Christopher White, Road to Responsibility; and Jean Yang, Vinfen. We are especially grateful to the report's authors, Christina Citino and Sarah Young of the University of Massachusetts Donahue Institute, for their dedication, expertise, and countless contributions. We also thank the Council's Caroline O'Neill for her invaluable support throughout this process.

This report tells the story of a workforce ***Stretched to Capacity*** and a system at a breaking point. We hope that ***Stretched to Capacity: The Workforce Crisis in Human Services*** underscores the vital importance of the human services sector—and what is at stake if these challenges are not met with meaningful investment and strong policy support. Addressing this workforce crisis will require renewed commitment and meaningful investment to ensure that the essential services hundreds of thousands of Massachusetts residents rely on remain strong, stable, and accessible in every community.

Sincerely,

Shaheer Mustafa
Board Chair

Bill Yelenak
President/CEO

Executive Summary

Massachusetts is facing a deep and persistent human services workforce crisis that threatens the stability and effectiveness of essential programs across the Commonwealth. The sector has been shaped by multiple converging forces: persistently low wages relative to job responsibilities; limited opportunities for advancement; high emotional demands; and widening competition from state agencies and other sectors offering higher pay, better benefits, and more flexible schedules. The COVID-19 pandemic intensified burnout and destabilized staffing levels, while demographic shifts—such as an aging population, fewer young people entering the labor force, and rising outmigration—have further constrained the supply of available workers and reduced the overall labor pool. Recent federal immigration and work-authorization policy changes have introduced additional instability, particularly for direct care roles heavily staffed by immigrant workers. The combined impact of these conditions has left the sector ***Stretched to Capacity***, limiting access to essential services and threatening the sustainability of programs statewide.

Key findings draw on publicly available data (including County Business Patterns and the American Community Survey), salary data provided by the Massachusetts Executive Office of Health and Human Services, and survey data collected from providers in January 2026.

According to 2023 County Business Patterns, human services represented a significant share of Massachusetts employment.

- With nearly 150,000 jobs, the sector made up one quarter of all Health Care and Social Assistance positions and 4% of total statewide employment.
- After two years of post-pandemic decline, the sector rebounded in 2023, with employment rising to 149,970 and recovering nearly 10,000 jobs in a single year.

According to 2019–2023 American Community Survey estimates, human services workers are:

- Predominantly women.
- More likely than workers in other industries to be people of color or to have a disability.

In January 2026, providers across Massachusetts reported high vacancies in all human services positions.

- Client-facing full-time positions had a 15% vacancy rate, and part-time positions had a 16% vacancy rate—far above the statewide job-openings rate of 3.3% in December 2025.

In January 2026, providers reported that clinical positions requiring independent license are the most difficult to fill.

- Clinicians with independent licensure had a 22% full-time vacancy rate, the highest of all client-facing roles.

149,970 full- and part-time paid positions in March 2023

78% are women
38% are POC
8% have a disability

1 in 6 client-facing positions were unfilled in January 2026

53% identified clinicians as most difficult to recruit

Although clinicians were the most difficult to recruit, other direct care positions also had high vacancy rates.

- Direct Support Professionals (DSPs) had an 18% full-time vacancy rate and a 19% part-time vacancy rate.
- Case workers, social workers, and case managers had an 18% full-time vacancy rate and a 23% part-time vacancy rate.

1 in 5 DSP positions was vacant in January 2026

In January 2026, providers across Massachusetts reported that Paid Family and Medical Leave (PFML) absences further reduced staffing availability and strained the workforce.

- Seventy-eight percent of providers had at least one staff member out on PFML. Overall, respondents indicated having 1,531 positions requiring coverage due to employees on PFML.

95% of PFML-related absences were client-facing positions

Providers routinely cite the sector's low wages as the most significant barrier to recruitment and retention.

- According to American Community Survey (ACS) data, the median income of human services workers is $17,000 less than Massachusetts workers overall.
- State agencies, such as the Departments of Developmental Services, Children and Families, Mental Health, and Youth Services, offer significantly higher wages and defined career ladders, making it difficult for community-based providers to compete.

1 in 6 human services workers earn below 200% of the federal poverty level

Foreign-born workers are essential to Massachusetts' human services sector, filling critical direct support roles.

- Overall, 24% of human services workers are foreign born.
- Foreign-born workers make up a higher proportion of DSP roles such as home health and personal care aides (35%).

1 in 4 human services workers is foreign born

Federal immigration and work-authorization policies are having a substantial impact on providers, their staff, and their clients.

- One-third of providers lost staff due to lapses in work authorization. In 2025, three providers lost 205 staff members.
- Organizations are experiencing a host of challenges, ranging from workforce instability and difficulty recruiting, fear and anxiety among staff and clients, higher administrative burden, service disruptions, and reduced program capacity.

67% of providers report being greatly or somewhat affected by immigration policy changes

Introduction

Massachusetts is confronting a deep and persistent human services workforce crisis that threatens the stability and effectiveness of programs across the Commonwealth. Human services organizations—spanning mental and behavioral health, child and family services, basic needs and crisis services, public health, and programs serving older adults, veterans, individuals with disabilities, and people experiencing homelessness—are struggling to recruit and retain qualified staff. Chronic understaffing, frequent turnover, and uncompetitive wages have created conditions in which essential services are increasingly difficult to deliver, even as community needs continue to rise. While these challenges are longstanding, their scale and urgency have intensified.

The roots of the workforce shortage are multifaceted. Low wages relative to the responsibilities and complexity of the work, limited opportunities for career advancement, and high emotional demands have long fueled instability in the sector. The COVID-19 pandemic further strained the system by accelerating burnout and intensifying competition from other industries offering higher pay and more flexible working conditions. At the same time, demographic shifts—including an aging population—have reduced the size of the labor pool.

Layered onto these pressures are ongoing challenges stemming from shifting federal immigration and work-authorization policies, which have the potential to significantly influence the size and stability of the labor pool. Many human services roles have historically depended on immigrant workers, meaning that changes in federal policy directly affect the availability of staff.

Taken together, these factors have left the sector ***Stretched to Capacity***.

About this Report

This report examines the current state of the human services workforce in Massachusetts, including employment, vacancy rates, structural factors driving the workforce crisis, and the consequences for individuals, families, and communities. It also considers how federal immigration and work-authorization policies are affecting the workforce landscape.

Data Sources

- Employment estimates are from the U.S. Census Bureau's County Business Patterns dataset (2017–2023), which provides annual employment and establishment counts based on employer payroll records.
- Demographic and socioeconomic characteristics of the workforce are from the U.S. Census Bureau's American Community Survey (2019–2023), which provides annual demographic, social, economic, and housing estimates based on a sample of U.S. households.
- Wage data were provided by the Massachusetts Executive Office of Health and Human Services (EOHHS) in August 2025 for all EOHHS employees.
- Information on vacancy rates, recruitment and retention challenges, and the effects of federal immigration and work-authorization policy changes was gathered through a survey of human services providers conducted in January 2026. Sixty-eight providers completed the survey, with strong representation across the Commonwealth.

Thank you to the organizations who provided the photos of their staff and clients shown throughout this report:

- **BFAIR**
- **May Institute**
- **Mystic Valley Elder Services**
- **Road to Responsibility**
- **Square One**
- **Toward Independent Living and Learning (TILL, Inc.)**

Employment & Establishments

Health Care and Social Assistance Employment

Of the 3.49 million payroll positions statewide in 2023, just over 618,000 (18%) were in the Health Care and Social Assistance sector.

This sector comprises facilities and organizations aimed at improving individuals' health, well-being, and daily functioning. It includes ambulatory health care services that deliver outpatient medical care, hospitals that deliver inpatient treatment, nursing and residential care facilities that offer long-term supportive living arrangements, and social assistance programs that provide non-medical, community-based services and support.

Health Care and Social Assistance is the largest employment sector in Massachusetts, placing it significantly ahead of all other sectors.

In 2023, it was nearly twice the size of the next largest sector—Professional, Scientific, and Technical Services (369,685 positions)—and it surpassed major industries such as Retail Trade (357,807), Accommodation and Food Services (307,708), and Manufacturing (234,190). The size of Health Care and Social Assistance reflects both the scale of health and social service needs in Massachusetts and the sector's broad scope, which encompasses medical care and community-based human services.

2023 Massachusetts Employment by Sector

	Employment
Total for all sectors	***3,487,228***
Health care and social assistance	**618,482**
Professional, scientific, and technical services	369,685
Retail trade	357,807
Accommodation and food services	307,708
Manufacturing	234,190
Educational services	230,184
Administrative & support & waste management & remediation services	229,675
Finance and insurance	199,733
Construction	163,600
Wholesale trade	152,588
Information	141,099
Other services (except public administration)	121,531
Management of companies and enterprises	116,778
Transportation and warehousing	110,858
Arts, entertainment, and recreation	62,264
Real estate and rental and leasing	54,095
Utilities	14,056
Agriculture, forestry, fishing, and hunting	1,143
Mining, quarrying, and oil and gas extraction	1,120

Human Services Employment

In 2023, human services jobs represented a significant share of Massachusetts employment.

The human services sector, as defined by the Providers' Council, is a subset of Health Care and Social Assistance and includes a range of community-based services, spanning mental and behavioral health, child and family services, basic needs and crisis services, public health, and programs serving older adults, veterans, individuals with disabilities, and people experiencing homelessness.

Within Health Care and Social Assistance, nearly **150,000 positions were in human services**, representing about one-quarter of the sector's jobs and 4 percent of total statewide employment.

With approximately 150,000 paid full- and part-time filled positions, the human services sector's employment exceeds that of several major Massachusetts sectors, including Information (141,099), Transportation and Warehousing (110,858), and Arts, Entertainment, and Recreation (62,264). This underscores that—even while representing about one-quarter of the Health Care and Social Assistance sector—human services is itself a sizable employer that surpasses multiple prominent sectors in total employment.

Employment is the count of **full- and part-time positions on payroll** during the week of March 12.

United States Census Bureau. *County Business Patterns (CBP).*

Changes in Human Services Employment

From 2017 to 2023, Massachusetts human services employment declined sharply, falling from 175,900 to 149,970—a net loss of nearly 26,000 jobs. This decline unfolded unevenly rather than as a steady downward trend.

In the three years leading up to the COVID-19 pandemic, employment dropped from 175,900 in 2017 to 158,642 in 2018—a 10 percent decrease—followed by slight gains in 2019 and 2020. Because the 2020 data were collected during the week of March 12, before widespread pandemic-related emergency closures, the 2020 employment count reflects a reliable pre-pandemic baseline.

From 2020 to 2021—the first full year of the pandemic—employment fell by 11 percent, followed by an additional 2 percent decline from 2021 to 2022. After reaching a low of 140,009 in 2022, the sector rebounded meaningfully in 2023, with employment rising to 149,970 and recovering nearly 10,000 jobs in a single year.

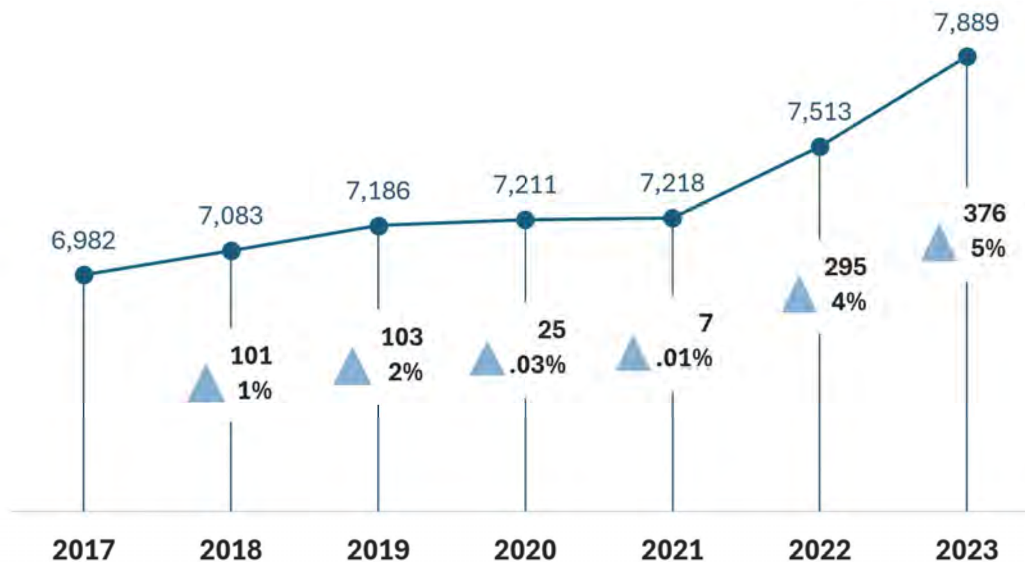
Massachusetts Human Service Employment

Changes in Human Services Establishments

Despite employment declines in the human services sector from 2017 through 2023, the number of establishments or service delivery sites continued to expand, with no periods of decline.

Over this six-year span, the number of individual physical locations providing human services grew from 6,982 in 2017 to 7,889 in 2023, an increase of 907 establishments (13%). Growth accelerated in the post-pandemic period, with the most substantial increase occurring between 2022 and 2023, when the sector added 376 new sites in a single year.

Massachusetts Human Services Establishments (Service Delivery Sites)



The increase in human services establishments suggests that providers are responding to rising community needs by opening new service sites, a trend reinforced by population aging and growing needs related to the social determinants of health. Given these pressures, the growth in establishments is unsurprising; however, the simultaneous decline in employment is both unexpected and concerning. One possible explanation is the persistently high number of job vacancies that providers faced even before the pandemic—vacancies that deepened during pandemic and continue to challenge the sector today.

Establishments are the count of **single physical locations** where services are provided. This includes single-unit businesses (one location) and multi-unit businesses (multiple sites). Each location is counted separately, even if owned by the same company.

United States Census Bureau. *County Business Patterns (CBP).*

Human Services Subsector Employment

With 55,026 positions, individual and family services makes up the single largest share of the human services jobs in Massachusetts, accounting for 37 percent of all employment. The next largest subsector is child day care services, representing 22 percent of human services employment (32,471 jobs). Together, these two areas make up nearly 60 percent of all human services employment.

Overall, three subsectors related to residential and outpatient services account for one-third of all human services employment. Residential intellectual and developmental disability facilities have 25,103 positions (17%), while residential and outpatient mental health and substance abuse services each contribute 8 percent (about 11,500 and 11,300 jobs, respectively).

The remaining 10 percent of employment includes positions in vocational rehabilitation services (7,472) and community food, housing, emergency, and other relief services (7,095).

In 2005, the Providers' Council identified **seven subsectors** within the Health Care and Social Assistance sector that comprise human services, including:

- **Outpatient mental health and substance abuse centers**
- **Residential intellectual and developmental disability facilities**
- **Residential mental health and substance abuse facilities**
- **Individual and family services**
- **Community food, housing, emergency, and other relief services**
- **Vocational rehabilitation services**
- **Child day care services**

The names of the subsectors listed above are drawn directly from the North American Industry Classification System (NAICS). Although these subsectors may be known by different names in practice, they are listed here and throughout the report according to their industry classification.

Human Services Subsector Employment

Human Services Subsectors	2023 Employment	Percent of Human Services
Total	**149,970**	
Individual and family services	55,026	37%
Child day care services	32,471	22%
Residential intellectual and developmental disability facilities	25,103	17%
Residential mental health and substance abuse facilities	11,506	8%
Outpatient mental health and substance abuse centers	11,297	8%
Vocational rehabilitation services	7,472	5%
Community food, housing, emergency and other relief services	7,095	5%

Post-Pandemic Changes in Subsector Employment and Establishments

Across the human services sector, employment declined between 2020 and 2023, falling six percent from 160,301 to 149,970—a loss of 10,331 jobs. This overall reduction, however, masks substantial variation across subsectors, with some experiencing losses and others showing growth despite the broader sectoral decline.

The most pronounced decrease occurred in individual and family services, which saw employment drop 15 percent, representing a loss of more than 9,000 positions. This subsector alone accounts for 90 percent of the sector's total post-pandemic job loss, making it the primary driver of the overall employment decline in human services.

Notably, this reduction in employment occurred alongside growth in service delivery sites (establishments). While employment in individual and family services fell 15 percent, the number of sites increased by 17 percent. Similar patterns appear in other subsectors. Residential intellectual and developmental disability facilities experienced a four percent decline in employment, paired with a 10 percent increase in sites, and residential mental health and substance abuse facilities saw a one percent decline in employment alongside a 14 percent increase in service delivery sites.

In contrast, outpatient mental health and substance abuse centers was the only subsector to experience increases in both employment (10%) and service delivery sites (9%) during the post-pandemic period, distinguishing it from other subsectors that faced declines despite an expanding organizational footprint.

Changes in Employment and Establishments: 2020 to 2023

			Change 2020-2023	
	2020 Employment	2023 Employment	Employment	Establishments (Sites)
Total	*160,301*	*149,970*	-6%	9%
Individual and family services	64,362	55,026	-15%	17%
Child day care services	31,935	32,471	2%	6%
Residential intellectual and developmental disability facilities	26,246	25,103	-4%	10%
Residential mental health and substance abuse facilities	11,681	11,506	-1%	14%
Outpatient mental health and substance abuse centers	10,238	11,297	10%	9%
Vocational rehabilitation services	8,425	7,472	-11%	-10%
Community food, housing, emergency & other relief services	7,414	7,095	-4%	-3%

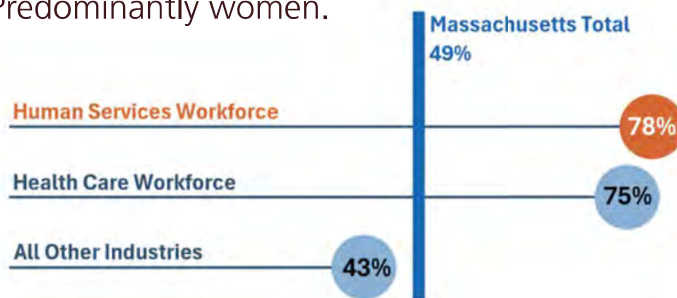
Human Services Workforce Characteristics

According to 2019–2023 American Community Survey (ACS) estimates, **185,000 Massachusetts adults** self-identify as primarily working in human services.

It is important to note that ACS and County Business Patterns (CBP) measure the workforce differently. CBP reports the number of paid positions in private-sector establishments within designated industry codes. In contrast, the ACS counts individuals who identify their primary occupation as human services. As a result, people performing human services functions in health care, education, or state and municipal agencies may consider themselves part of the human services workforce even though CBP classifies their employment in other sectors. These fundamental differences—combined with the fact that the ACS is a five-year estimate—help explain why the ACS produces a much larger count than CBP.

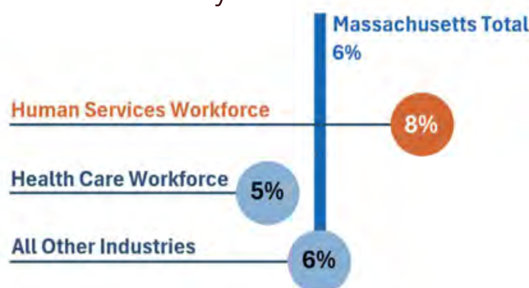
Human services workers are…

Predominantly women.



More likely than workers in other industries to be people of color.

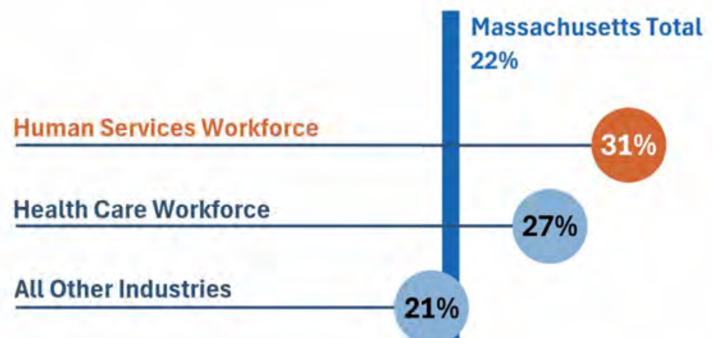
More likely than workers in other industries to have a disability.



Nearly one-half of human services workers have a bachelor's or advanced degree (48%). The percentage of human services workers with an advanced degree (23%) is comparable to Massachusetts overall (22%).

	Human Services Workforce	Health Care Workforce	All Other Industries	MA Total
Bachelor's Degree	25%	27%	29%	28%
Advanced Degree	23%	27%	21%	22%

Nearly one-third of human services workers are **employed part-time (31%)**. This is a higher percentage than in health care, other industries, and Massachusetts overall.



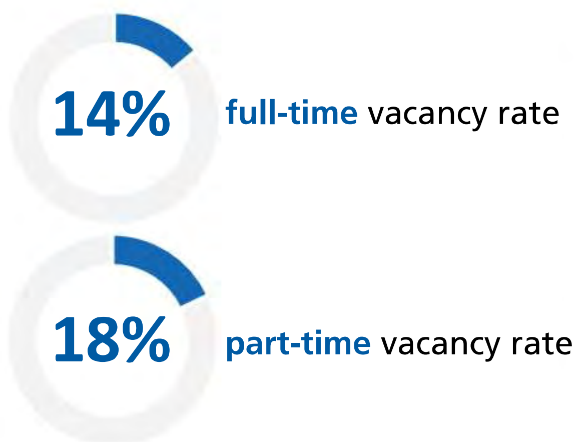
Vacancies

Data gathered from providers across Massachusetts in January 2026 offer a clear picture of the persistent staffing shortages facing the human services sector.

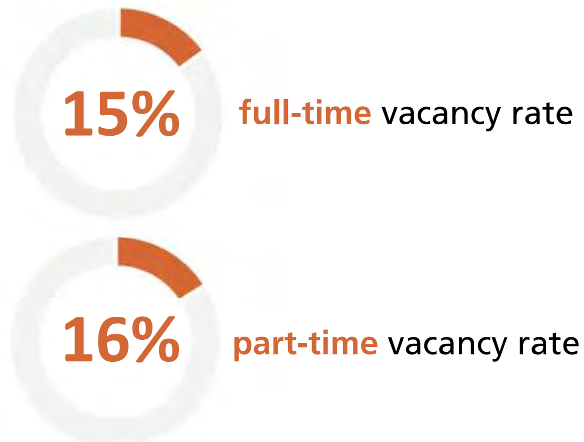
Across 63 providers, organizations reported a total of 27,159 full-time positions, with 3,858 of them unfilled—an overall vacancy rate of 14 percent. Part-time roles show even greater staffing challenges. Among 5,083 part-time positions reported by 57 providers, 898 were vacant, resulting in an 18 percent vacancy rate.

By comparison, the U.S. Bureau of Labor Statistics (BLS) reported 129,000 job openings in Massachusetts in December 2025, corresponding to a statewide job-openings rate of just 3.3 percent. Although "vacancy rate" and "job-openings rate" measure the same thing—the share of positions that are unfilled—the term *vacancy rate* is typically used in organizational reporting, while *job-openings rate* is used by BLS to describe labor market conditions statewide.

All Positions



Client-facing Positions



Client-facing roles show similar patterns. Sixty providers reported 23,898 full-time client-facing positions, of which 3,535 were vacant, yielding a 15 percent vacancy rate. Among part-time client-facing roles, 53 providers reported 5,231 positions with 840 vacancies, a 16 percent vacancy rate.

[1] U.S. Bureau of Labor Statistics' Job Openings and Labor Turnover Survey (JOLTS) state release. This figure represents the statewide total nonfarm vacancy rate, seasonally adjusted.

Staff vacancy rates are further exacerbated by employees out on Paid Family and Medical Leave (PFML), placing additional strain on providers and the remaining workforce.

Massachusetts PFML is a state law that provides most employees with paid time off for family or medical reasons and offers job protection during approved leave. It is distinct from both the federal Family and Medical Leave Act and any employer-provided leave benefits.

In January 2026, 78 percent of providers reported at least one staff member out on PFML. Overall, these 53 providers indicated having 1,531 positions requiring coverage due to employees on PFML. Furthermore, 95 percent of those jobs (1,461) were client-facing.

PFML creates wide-ranging operational and client-facing impacts due to limited guardrails when granting leave and irregular schedules that often result. Scheduling coverage for staff is challenging, as leave may be taken intermittently—sometimes only for a few hours per day or week—and often occurs during weekends, holidays, and evening hours. Because intermittent leave is common for chronic conditions, unpredictable staff availability makes consistent staffing and service planning more difficult.

PFML absences disrupt service delivery and client experience, especially in relationship-based services such as case management, counseling, and home visits. Continuity of care becomes more difficult to maintain. Clients may face delays in assessments or follow-ups, longer waitlists, or triaged services, and may feel frustrated working with temporary staff who are less familiar with their histories and support needs.

PFML also strains workforce capacity and team dynamics. Remaining staff often absorb extra tasks or clients, heightening stress, burnout, and turnover risk. Supervisors may shoulder added oversight related to onboarding temporary coverage staff or monitoring redistributed caseloads. These pressures can heighten tensions, especially if staff perceive inequities in how responsibilities are reassigned.

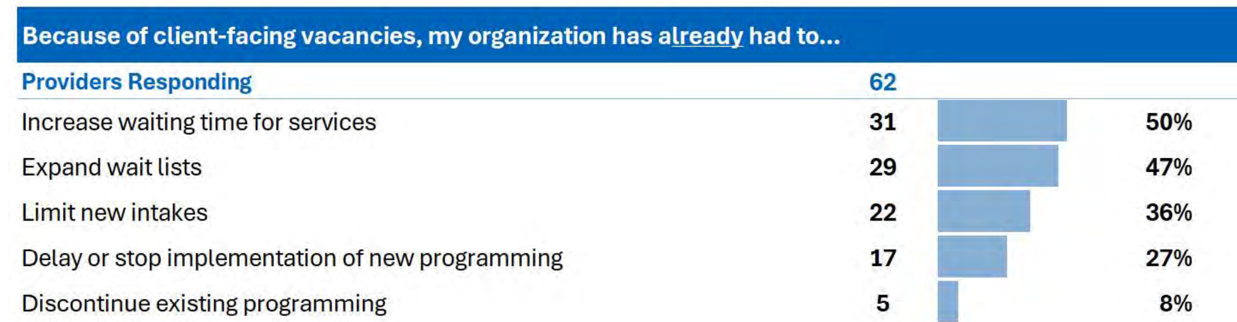
Financial impacts include increased costs related to overtime, per diem or temporary workers, and added training demands. PFML also introduces administrative complexity, requiring HR teams to track eligibility, manage documentation, and coordinate PFML with the federal Family and Medical Leave Act, the Americans with Disabilities Act, and short-term disability. HR functions are further strained when staff initiate leave during ongoing performance or disciplinary processes, requiring providers to pause those actions until the employee returns.

Finally, frequent absences affect training, quality, and safety. Coverage staff need rapid onboarding to understand program models, evidence-based practices, workflows, and safety protocols, raising quality-assurance concerns and potential safety risks.

Persistent vacancies across Massachusetts' human services workforce are straining the delivery of essential programs. Providers face growing pressure as staffing shortages limit service availability and challenge efforts to provide quality care.

Among the 62 providers who answered the survey question on vacancy impacts, many reported operational disruptions stemming from client-facing vacancies. Half (50%) reported increased waiting times for services, and nearly as many have expanded their wait lists (47%). Over one-third (36%) have had to limit new intakes, while 27 percent have delayed or stopped the implementation of new programming. A smaller but notable share (8%) have discontinued existing programming altogether.

Impact of Client-facing Vacancies



Because of client-facing vacancies, my organization has already had to...		
Providers Responding	62	
Increase waiting time for services	31	50%
Expand wait lists	29	47%
Limit new intakes	22	36%
Delay or stop implementation of new programming	17	27%
Discontinue existing programming	5	8%

Perspectives from Senior Leaders

"Virtually none of our programs are fully staffed, and the resulting workload, overtime, etc. is having definite impacts on employee morale and our ability to provide anything more than our minimum, mandated service delivery.

Because of staff vacancies, we have had to restrict enrollment of participants."

Providers also reported that client-facing vacancies are already making core aspects of service delivery more challenging. More than half say it is harder to ensure program or service quality (57%) and to maintain continuity of care (52%). About one-third report increased difficulty ensuring client safety (31%) and staff safety (32%). An additional share anticipate these challenges emerging in the future, though at lower levels. Overall, the findings indicate that vacancies are affecting not only capacity but also the stability and safety of service environments.

Perspectives from Senior Leaders

"Staff vacancies mean that we either allow existing staff to work overtime or bring in unfamiliar staff. Both options are bad for clients. Overtime means a tired, overwhelmed workforce. Bringing in unfamiliar staff means additional training requirements and lack of general knowledge."

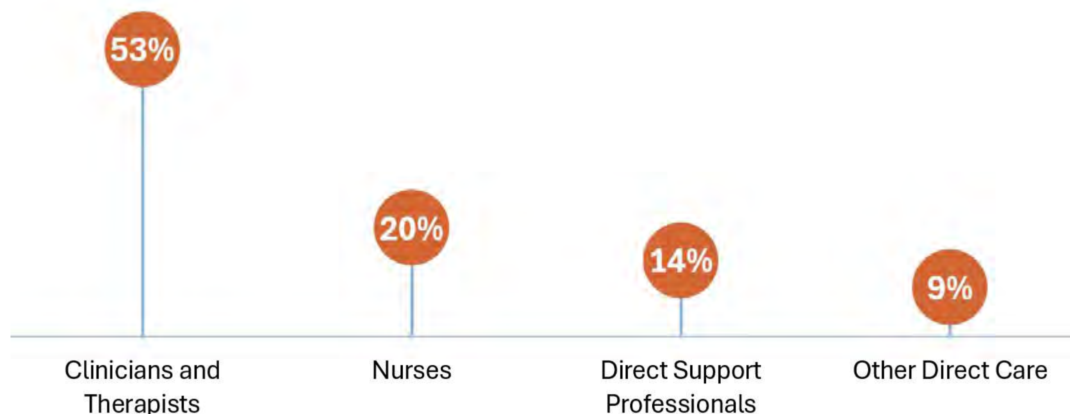
Impact of Client-facing Vacancies

Because of client-facing vacancies, is it more challenging for my organization to...

Providers Responding = 62	Yes		Maybe in the future	
Ensure program or service quality	35	57%	5	8%
Ensure continuity of care	32	52%	7	11%
Ensure safety for clients	19	31%	6	10%
Ensure safety for staff	20	32%	8	13%

Survey results indicate that, as of January 2026, clinical positions requiring independent licensure were the most difficult roles for providers to fill. More than half of providers (53%) identified these positions as their hardest to recruit. Nursing roles were the next most challenging, with 20 percent of providers ranking them as the most difficult to fill, followed by direct care positions, which 14 percent of providers identified as their top recruitment challenge.

Client-facing Position Ranked Most Difficult to Recruit in January 2026



Barriers to Recruitment and Retention

Survey results show that providers face a wide range of barriers to recruiting and retaining staff, with stress, compensation, and competition emerging as the most significant challenges.

High emotional stress and burnout risk was the most frequently cited barrier (82%), followed by low compensation (74%). However, when providers were asked to identify the single greatest barrier to recruitment and retention, the emphasis shifted. **Low compensation was selected as the greatest barrier by 42 percent of providers, while high emotional stress and burnout was identified by only 13 percent.** This contrast suggests that although both issues are widespread, compensation is viewed as the most decisive factor driving recruitment and retention challenges.

Competition for workers is also a major obstacle; **71 percent of providers identified competition from both state agencies and other human services providers**, while competition from other sectors (53%) and the health care sector (40%) further limits their ability to attract staff.

Workload-related challenges are also prominent—47 percent cited high workloads or large caseloads, and 44 percent noted a lack of job flexibility. Barriers tied to career development, including limited advancement opportunities (42%), as well as regulatory requirements such as licensing (44%), add further constraints.

Additional contributors, including geographic or transportation challenges (53%), cultural or language barriers (42%), and limited access to childcare or family supports (40%), compound the difficulty of building and sustaining a stable workforce.

Perspectives from Senior Leaders

Over the past year, our organization has faced ongoing recruitment challenges due largely to compensation limitations and increased competition from higher-paying healthcare and for-profit providers. These vacancies, particularly in frontline roles, have at times required programs to operate below full staffing levels, leading to longer waitlists, reduced scheduling flexibility, and disruptions in continuity of care for clients who rely on consistent support.

We are competing against the state for the same talent qualifications but at a lower hourly rate.

Vacancies create a sense of resentment among remaining employees who find themselves shouldering additional responsibilities beyond their usual scope, affecting morale, leading to burnout, and leaving those who are underpaid feeling undervalued and overworked.

Recruitment and retention remain ongoing challenges for nonprofit human service organizations, particularly as compensation constraints and increased competition continue to limit access to qualified candidates.

Barriers to Recruitment and Retention of Staff

Providers Responding	62	
Compensation & Benefits		
Low compensation	46	74%
Limited or lesser benefits	11	18%
Student loan debt	13	21%
Workload & Job Structure		
High workload and large caseload size	29	47%
Unpredictable schedules or frequent overtime	15	24%
Lack of job flexibility (e.g., remote work options, flexible schedules)	27	44%
Career Development & Support		
Lack of career advancement opportunities	26	42%
Limited training or professional development opportunities	13	21%
Work Environment & Stress		
High emotional stress or burnout risk	51	82%
Workplace safety concerns (physical or psychological)	12	19%
Competition		
Competition from state agencies	44	71%
Competition from other human services providers	44	71%
Competition from healthcare providers	25	40%
Competition from other sectors	33	53%
Regulatory Requirements		
Mandated minimum qualifications	24	39%
Licensing requirements	27	44%
CORI checks	20	32%
Other Factors		
Geographic location and transportation challenges	33	53%
Limited access to childcare or family support resources	25	40%
Cultural or language barriers in the workforce	26	42%

Poverty and Wages

According to 2019–2023 American Community Survey (ACS) estimates, 11 percent of human services workers have incomes below 150 percent of the federal poverty level and 16 percent earn below 200 percent of the federal poverty level.

Providers routinely cite the sector's low wages as the most significant barrier to recruitment and retention. According to 2019–2023 ACS wage estimates, the median income of human services workers is **$17,000 lower** than that of all Massachusetts workers and **$20,000 lower** than that of health care workers. This wage gap has grown from the 2016-2020 ACS wage data when the median income of human services workers was $15,000 less than all Massachusetts workers and $18,000 less than health care workers.

	Human Services	Healthcare	All Other Industries	Total MA
2019–2023 Median Wage and Salary Income	**$40,849**	**$60,904**	**$58,097**	**$57,250**

Client-Facing Hourly Rates

The Massachusetts Executive Office of Health and Human Services (EOHHS) establishes benchmark hourly rates for client-facing human services positions. These benchmarks serve as the state's standardized payment rates for human and social service programs. In this report, the benchmark rates in place for state fiscal year 2026 are referred to as the "2023 benchmark" because they are based on 2023 Bureau of Labor Statistics (BLS) data. The proposed rates, which draw on 2024 BLS data, are scheduled to take effect in fiscal year 2027.

The proposed changes include increases across most positions, though the size of the increases varies. Direct Care I roles would receive the largest increase at 8 percent, followed by master's-level clinical staff without independent licensure at 7 percent. Licensed Practical Nurses (LPNs), Case/Social Workers, and Registered Nurses would see modest increases of 2 to 4 percent. In contrast, Direct Care III staff and clinicians with independent licensure would see little or no increase.

Despite these proposed adjustments, many providers report that they are already paying above the current benchmark rates. For example, in January 2026, providers reported a median hourly wage of $22 for Direct Care I staff and $37 for LPNs—both higher than the existing benchmarks.

	2023 Benchmark Rate in Effect in FY26	Proposed Benchmark Rate for FY27	
Direct Care I	$20.79	$22.52	+8%
Direct Care III	$27.03	$27.11	+0%
Case / Social Worker	$30.98	$31.99	+3%
Case Manager / Social Worker / Clinical without Independent License	$33.76	$36.14	+7%
Clinical with Independent Licensure	$40.21	$40.47	+1%
Licensed Practical Nurse (LPN)	$35.51	$37.07	+4%
Registered Nurse	$49.82	$50.82	+2%

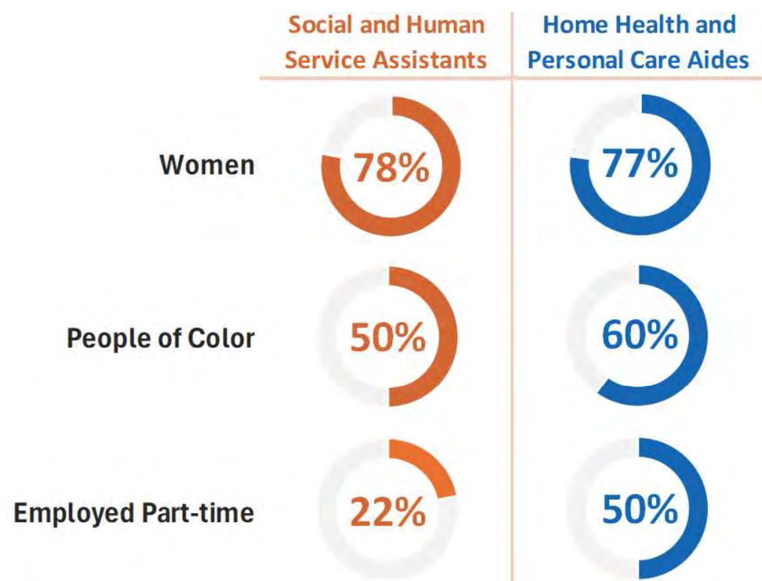
Client-facing Vacancies and Wage Gaps

Direct Support Professionals

Commonly referred to as Direct Care I, direct support professionals (DSPs) provide essential hands-on support to a wide range of vulnerable individuals, including youth and families involved with the foster care and juvenile justice systems, people with behavioral health needs, older adults, and individuals of all ages with intellectual or developmental disabilities.

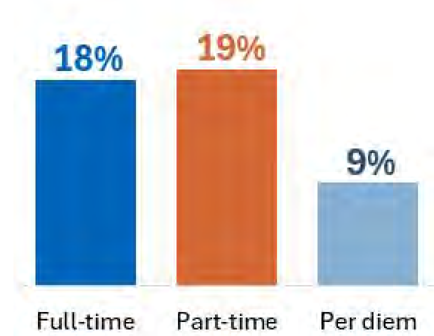
Direct Care I positions in Massachusetts generally require a high school diploma or equivalent, along with state-mandated training designed to ensure that staff can safely and effectively support individuals with intellectual and developmental disabilities, behavioral health needs, or complex medical conditions. DSPs may also complete required trainings such as CPR/First Aid or the Department of Developmental Services (DDS) competency-based training. Many providers also require ongoing professional development to meet state regulations and maintain high-quality, client-centered care. The Bureau of Labor Statistics occupational categories most closely aligned with DSP roles are social and human service assistants and home health and personal care aides. Despite the complexity and demands of this work, these positions remain among the lowest-paid roles in the human services sector.

According to 2019–2023 American Community Survey estimates, both home health and personal care aide positions and social and human service assistant roles are overwhelmingly filled by women and disproportionately filled by people of color. Additionally, half of all home health and personal care aides work part-time, reflecting both the structure of many direct care positions and the economic vulnerability facing workers in these roles.



Nearly one in five full- and part-time direct care positions was vacant in January 2026.

Across 49 providers, organizations reported a total of 14,013 DSP full-time positions, with 2,476 of them unfilled—an overall vacancy rate of 18%.



Part-time roles show a slightly greater challenge. Among 2,579 part-time positions reported by 41 providers, 493 were vacant, resulting in a 19% vacancy rate.

Wages are consistently identified as a major barrier to recruiting and retaining Direct Care I staff, particularly when compared with similar roles in state agencies.

Wage data provided by EOHHS in August 2025 highlighted a significant pay gap between community-based human services positions and comparable roles within the Massachusetts Departments of Developmental Services (DDS), Mental Health (DMH), and Youth Services (DYS).

In August 2025, the 2023 benchmark hourly wage for Direct Care I was $20.79. This wage is 48 percent lower than the median wage for a Juvenile Justice Youth Development Specialist I, 18 percent lower than the median wage for a Developmental Services Worker I at DDS, and 13 percent lower than the median wage for a Mental Health Worker I at DMH. Job descriptions for these three positions indicate that minimum qualifications are either a high school diploma or equivalent, or no formal education or experience.

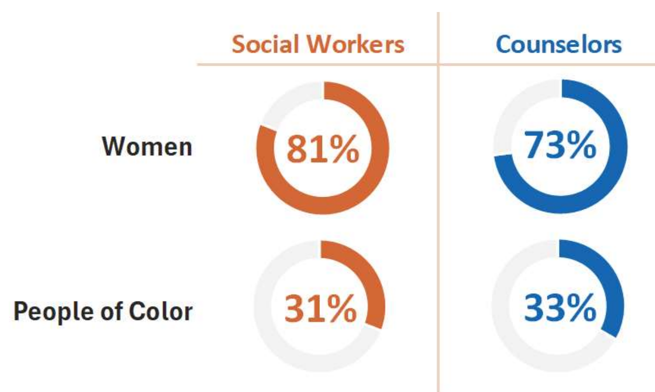
Human Services Direct Care I Wage Gap Relative to Similar State Roles

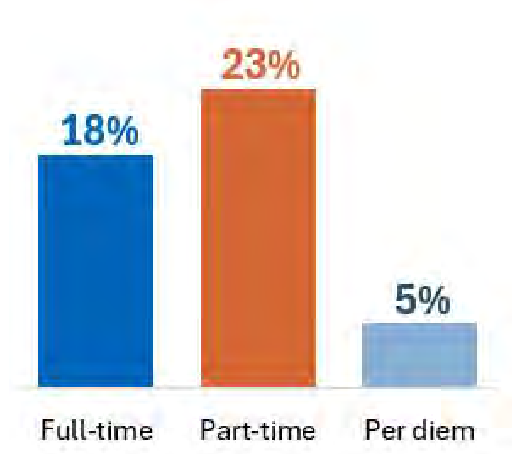
Case Workers, Social Workers, Case Managers, and Counselors

Case Workers and Social Workers in human services are typically bachelor's or master's level staff without an independent license who provide direct support, service coordination, and advocacy for individuals and families with complex needs. Case Managers, Social Workers with advanced responsibilities, and Counselors may have a master's degree but do not yet possess independent licensure. They provide more specialized assessment, treatment planning, and therapeutic support within supervised practice.

Together, these roles form a critical segment of the human services workforce, delivering a wide array of human services to diverse populations across the lifespan. They provide support across child welfare and protective services, housing and homelessness response, food insecurity and other basic-needs assistance, veterans services, early-intervention and prevention programs, residential and community-based disability services, behavioral health and substance use treatment, domestic and sexual violence services, refugee and immigrant support, youth development and after-school programs, and aging and elder services.

According to 2019–2023 American Community Survey estimates, Social Worker and Counselor positions are overwhelmingly filled by women and nearly one-third are filled by people of color.





Approximately one in five full- and part-time Case Worker, Social Worker, Case Manager, and Counselor positions was vacant in January 2026.

Across 50 providers, organizations reported a total of 5,530 full-time positions, with 983 of them unfilled—an overall vacancy rate of 18 percent.

Part-time roles show a greater challenge. Among 642 part-time positions reported by 39 providers, 145 were vacant, resulting in a 23 percent vacancy rate.

Wages are consistently identified as a major barrier to recruiting and retaining Case Workers and Social Workers, particularly when compared with similar state positions.

Wage data provided by EOHHS in August 2025 highlighted the significant pay gap between human services roles and comparable jobs within DCF, DMH, and DDS. In August 2025, the benchmark hourly wage for Case/Social Workers was $30.98—18 percent lower than the median wage for a DCF Social Worker I and a DMH Mental Health Coordinator I. Furthermore, the median wage for Human Services Coordinator I is 49 percent higher than the benchmark rate for a human services case/social worker. However, this DDS position requires both a bachelor's degree and prior experience.

Human Services Case/Social Worker Wage Gap Relative to Similar State Roles

Providers often recruit early-career professionals to fill frontline roles, bringing in staff who are eager to learn but require ongoing professional development and close supervision to build the skills needed for effective practice. As agencies invest time and resources into training, mentoring, and supporting these emerging professionals, staff competencies grow. However, once workers have gained experience, state agencies frequently draw them away with significantly higher wages, more robust benefits, and clearer advancement pathways—leaving community-based providers struggling to retain the very staff they helped develop.

Wage data provided by EOHHS in August 202 illustrate not only the wage gaps between community-based providers and state agencies, but also the structural advantage state agencies have in offering clear career ladders that human services organizations are unable to provide due to funding constraints. While community-based providers have a single benchmark wage for Case/Social Workers, DCF offers a four-tier Social Worker series (Levels I–IV) with median hourly rates ranging from $36.55 to $59.50. This tiered structure provides state employees with defined progression opportunities and substantial wage growth—options that are not available within most community-based human services roles.

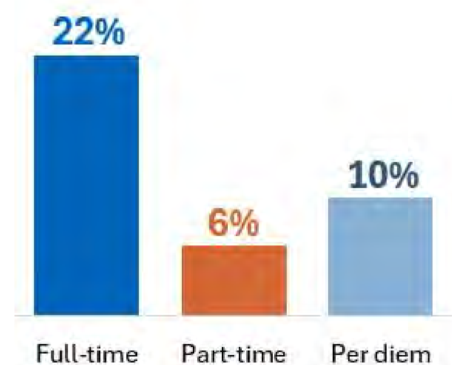
Department of Children and Families: Hourly Wages for Social Workers

Position	Hourly Wage
Social Worker I	$36.55
Social Worker II	$49.26
Social Worker III	$56.90
Social Worker IV	$59.50

Clinicians and Therapists

Clinicians and therapists are master's-level professionals who also hold an independent clinical license. They work in a wide range of settings—including outpatient mental health clinics, residential treatment programs, community-based counseling services, and crisis intervention teams—supporting individuals and families with complex life challenges. Their work often includes psychotherapy, crisis stabilization, care coordination, treatment planning, and ongoing clinical support tailored to diverse populations.

Clinicians with an independent license had the highest full-time vacancy rate of all client-facing positions in January 2026.



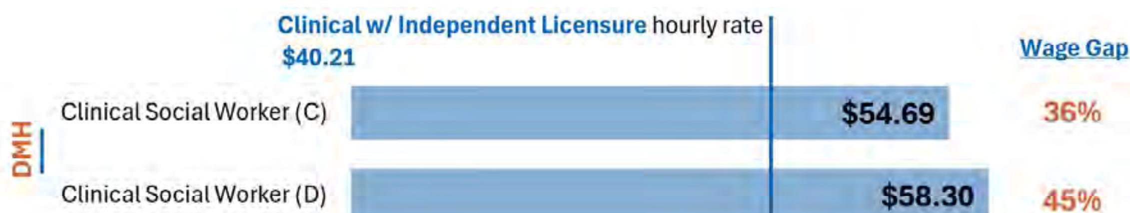
Across 48 providers, organizations reported 2,116 full-time clinical positions, with 470 unfilled—an overall vacancy rate of 22 percent. This means that more than one in every five clinical roles remains vacant. Notably, this is the first Providers' Council workforce study in which clinicians were identified by providers as the most difficult positions to recruit and retain, marking a significant shift from prior years.

The wage gap between clinicians employed by community-based human services providers and those working in state agencies is substantial.

A DMH clinical social worker at levels C or D with an independent license earns a median wage that is **36–45 percent more** than a clinician working in community-based human services. This disparity cannot be attributed to differences in qualifications: becoming a Licensed Independent Clinical Social Worker (LICSW) in Massachusetts requires a master's degree, clinical social work licensure, 3,500 hours of supervised clinical practice, 100 hours of LICSW-level supervision, and passage of a national clinical exam—representing extensive education, training, and oversight.

Clinicians are extremely difficult to recruit into human services because the sector cannot compete with the higher wages, stronger benefits (e.g., pensions), and clearer career pathways offered by state agencies and other sectors.

Human Services Clinician Wage Gap Relative to Similar State Roles



Nurses

Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) play a vital role in human services by providing essential health services and care coordination for individuals with complex physical, behavioral health, and developmental needs. RNs are licensed professionals who complete an accredited nursing program—typically an associate or bachelor's degree—and LPNs complete a state-approved practical nursing program. Both work in residential programs, community-based services, day programs, and crisis or stabilization settings, ensuring that clients receive safe, integrated health and human services support.

Although vacancy rates for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) are not as high as those seen in some other client-facing roles, human services providers continue to experience substantial openings and turnover in these critical positions.

Among 45 providers reporting on RN staffing, there were 545 full-time RN positions with 74 vacancies, yielding a 14 percent vacancy rate, while 40 providers reported 245 part-time RN positions with 23 vacancies for a 9 percent vacancy rate.
Vacancies for LPNs were more pronounced. Forty-one providers reported 442 full-time LPN positions with 82 unfilled, resulting in a 19 percent vacancy rate, and 39 providers reported 190 part-time LPN positions with 23 vacancies, a 12 percent vacancy rate. Notably, LPNs also had the highest per-diem vacancy rate among all client-facing positions at 13 percent, underscoring the difficulty providers face in maintaining adequate nursing coverage.

Although RN wage disparities are less pronounced than those found in other client-facing roles, the gap between human services providers and state agencies is meaningful.

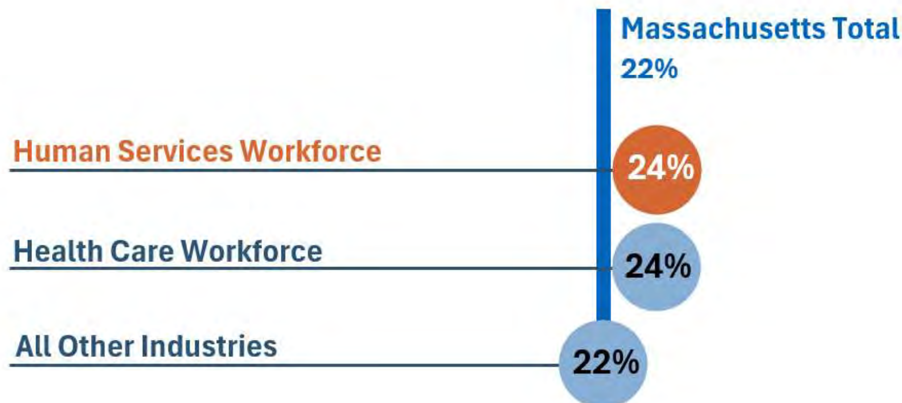
According to wage data provided by EOHHS in August 2025, RNs in human services earn a median wage that is **9 percent less** than RNs employed by DMH and **14 percent less** than those employed by DDS.

Human Services Registered Nurse Wage Gap Relative to Similar State Roles

Among LPNs, wages are more closely aligned with state positions than in other parts of the workforce. In fact, the benchmark wage for LPNs in human services surpasses the median wage for entry-level positions in DMH and is on par with wages at DDS.

Foreign-Born Workers in the Human Services Sector

According to 2019–2023 American Community Survey estimates, nearly **one in four human services workers are foreign born**. This is slightly higher than the 2016–2020 estimate (22%) and is equal to the proportion of foreign-born workers in the health care sector.



Foreign-born workers make up an even larger share of the Direct Support Professional (DSP) workforce, referred to in Massachusetts as Direct Care I. The Bureau of Labor Statistics occupational categories most aligned with DSP roles are *social and human service assistants* and *home health and personal care aides*. According to 2019–2023 American Community Survey estimates, **35 percen**t of home health and personal care aides are foreign-born, as are **26 percent** of social and human service assistants.

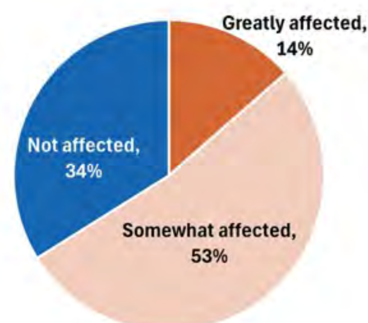
Foreign-born workers are essential to Massachusetts' human services sector, filling critical direct support roles. Providers report that they help meet persistent workforce shortages and bring cultural and linguistic skills that strengthen service delivery for increasingly diverse communities. Their contributions ensure continuity of care and enhance the sector's ability to support vulnerable residents across the state.

Impact of Federal Immigration and Work-Authorization Policy Changes

Recent federal changes to immigration and work-authorization policies—such as the elimination of automatic Employment Authorization Document (EAD) extensions and shorter renewal periods—are creating significant challenges for Massachusetts' immigrant workforce and the employers who rely on them. These burdens are compounded by the federal decision to terminate Haiti's Temporary Protected Status (TPS) designation, which puts tens of thousands of Haitian TPS holders in Massachusetts at risk of losing their legal status and work authorization. These workers are essential to sustaining Massachusetts' human services system, particularly in direct care roles. Although a federal court temporarily blocked the termination in early February 2026, the uncertainty surrounding TPS has created significant instability for workers and for human services providers who depend on them to maintain essential services.

In January 2026, 68 providers across Massachusetts responded to a survey about their workforce, which included a series of questions about the impact of federal immigration and work-authorization policy changes on their workforce.

Two-thirds of providers reported that their organization had been either greatly (14%) or somewhat affected (53%) by policy changes.



One-third of providers reported losing at least one staff member as a direct result of federal immigration and work-authorization policy shifts, with individual staff losses ranging from 1 to 97 employees across the organizations.

Perspectives from Senior Leaders

> A staff member who played a key role in a high-volume program experienced an unexpected delay in the renewal of their work authorization. Although the staff member was performing well and wanted to continue working, they were required to pause their employment while waiting for federal processing to be completed. Because this individual supported many clients with ongoing needs, their temporary absence created an immediate gap in coverage. Remaining staff absorbed the caseload, but doing so increased stress, extended response times, and reduced our capacity for proactive engagement. Clients experienced delays in follow-up, onboarding, and referrals—not because of lack of commitment, but because the team was stretched and operating without a critical member.

In Massachusetts, Haitian TPS holders alone are estimated to number more than 45,000, many of whom fill critical direct care roles in health care and human services. The reliance on Haitian TPS workers varies significantly across the human services system; providers offering residential supports, personal care, or in-home services tend to employ larger numbers of TPS workers, while others may rely on them far less—meaning not all organizations will experience the same level of impact if work authorization lapses. Although there is no reliable estimate of how many TPS holders work specifically in the human services sector or how many may have already lost work authorization, providers report that both the immediate and potential future loss of these staff pose significant challenges.

In 2025 alone, three Massachusetts providers collectively lost 205 staff members due to changes in work authorization, illustrating how severe and concentrated these losses can be for affected organizations.

Case Study: Workforce Losses in a Human Services Organization Due to Immigration and Work-Authorization Policy Changes

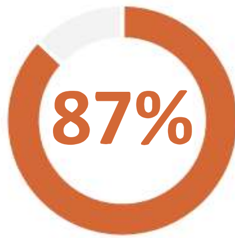
A large human services organization in Massachusetts recently experienced significant disruption as changes in federal immigration and work-authorization policies led to the loss of 50 employees whose legal status could no longer be maintained. As policies shifted and automatic work authorization extensions were eliminated, the organization found itself confronting sudden and substantial staffing losses that threatened the stability of its programs and services. Furthermore, the organization anticipates losing up to 25 additional staff if the TPS is rescinded.

These departures had immediate consequences across the agency. Staff morale declined, as remaining employees absorbed heavier workloads and coped with the emotional impact of losing valued colleagues. Clients, many of whom rely on consistent and trusted relationships with their caregivers, experienced increased stress, uncertainty, and disruption. For individuals with high support needs, the loss of familiar staff was especially destabilizing.

At the organizational level, the cumulative effect created multiple operational challenges: deepening workforce instability, heightened compliance and administrative burdens, rising costs, reduced talent pools, and service interruptions that strained the agency's capacity.

In response, the organization's leadership emphasized strong support for staff from diverse backgrounds, including those navigating complex immigration circumstances. The executive team reinforced an inclusive workplace culture and sought guidance from immigration counsel to better understand evolving policies and support affected employees. Leadership noted that many immigrant staff bring deep traditions of caregiving, warmth, and empathy—qualities that enrich human services work and strengthen the organization as a whole.

Across providers, direct care staff were identified as the client-facing position most significantly impacted by recent changes to federal immigration and work-authorization policies.



of survey respondents indicated the **direct care** positions are the **most impacted by federal immigration and work-authorization policy changes**

Perspectives from Senior Leaders

We are losing good employees to deportation and non-renewal of work authorizations.

Employees with established relationships that are on a career pathway that is disrupted by the expiration [of work authorizations] has a significant impact on the employee, teams, people served, employees' families and their community.

Last year, we lost a number of staff who were Haitian Humanitarian parolees. This was devastating for staff who had come to rely on them and colleagues who enjoyed working with them. Most of all, it left these individuals with no way to earn a living because they had lost their right to work in the U.S.

A long-term, very good DSP was recently detained while having valid work authorization. We believe he is still in custody. His co-workers, clients, and their guardians are deeply concerned.

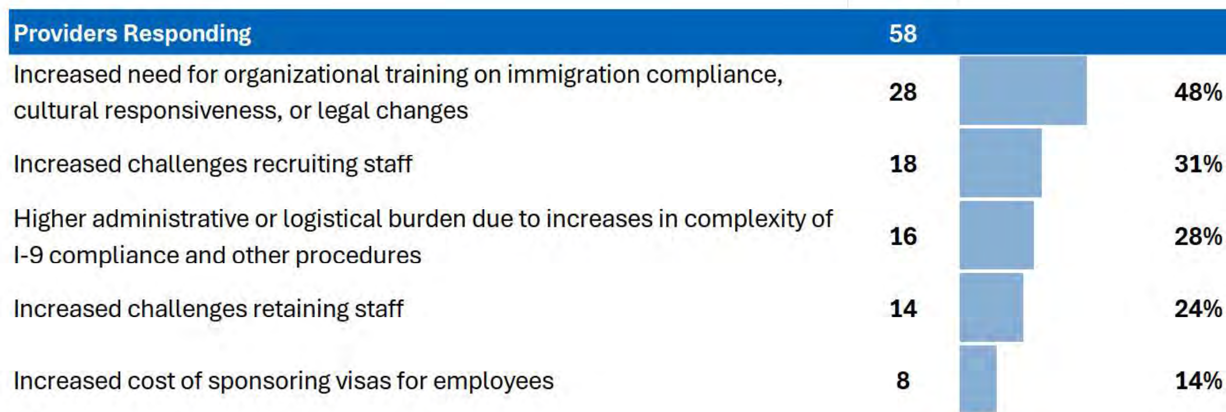
We are losing great staff due to the expiration date imposed on work authorization documents without allowing extensions.

Impact on Human Services Organizations

Of the 58 providers who responded to a question about specific organizational impacts, **31 percent reported increased challenges with recruitment, and 24 percent reported heightened difficulties with retention.**

Providers also noted increases in administrative burden. Nearly half (48%) reported an increased need for staff training related to policy changes, while 24 percent cited greater strain in managing compliance requirements. Another 14 percent reported rising costs associated with sponsoring visas, adding further pressure to already stretched organizational budgets.

Impacts of Federal Policy Changes



Providers Responding	58	
Increased need for organizational training on immigration compliance, cultural responsiveness, or legal changes	28	48%
Increased challenges recruiting staff	18	31%
Higher administrative or logistical burden due to increases in complexity of I-9 compliance and other procedures	16	28%
Increased challenges retaining staff	14	24%
Increased cost of sponsoring visas for employees	8	14%

Forty Massachusetts providers shared their perspectives on how changes in federal policies are affecting their organization, revealing four broad themes:

Workforce Instability, Recruitment Challenges, and Staffing Strain

Organizations report significant workforce disruptions tied to federal immigration and work-authorization changes. Providers described delays and expirations in authorizations for staff with TPS or EADs, leading to sudden vacancies, the loss of qualified workers, persistent shortages—especially in direct service roles—and complex scheduling to maintain critical services. Recruitment has become harder as immigration-related barriers shrink the talent pool and limit the ability to fill both frontline and specialized positions. Retention has also grown more difficult as staff face heavier caseloads, continual program adjustments, and rising administrative demands. Some organizations have even reduced capacity or closed programs due to funding cuts connected to these policy shifts, resulting in staff layoffs.

Perspectives from Senior Leaders

Chilling impact on employee recruitment—fewer position candidates.

Loss of qualified workforce, creating more burnout on staff who are working overtime to cover vacant shifts.

Recent changes in immigration and work authorization legislation add another layer of complexity by reducing an already limited talent pool and creating uncertainty for some workers.

Increased Administrative and Compliance Burden

Providers described a substantial rise in administrative responsibilities as they adapt to shifting federal policies and community fear. This includes frequent updates to internal protocols, expanded staff training, additional recordkeeping and compliance monitoring, and the development of contingency plans. Organizations described needing to revise event logistics, relocate programs, intensify communication efforts, and at times seek legal counsel to ensure compliance with evolving regulations.

Operational Disruptions and Service Delivery Challenges

Operational pressures have altered how organizations deliver services, often limiting their ability to maintain community-based programming. Rising fear among clients and staff has reduced participation, disrupted continuity of care, and in some cases forced organizations to restrict access to previously open spaces or reduce service offerings. Workforce instability and administrative overload contribute to a more reactive, resource-intensive operating environment.

Erosion of Community Trust and Engagement

Providers noted that client and staff anxiety related to immigration enforcement has weakened engagement and reduced willingness to seek help or participate in services. This erosion of trust affects the effectiveness of outreach, advocacy, and community-based programming—especially in settings where openness and public presence are essential. For some organizations, the climate of fear related to immigration enforcement actions prompted safety planning and the need to advise employees on how to respond if ICE appears at a program site. As fear and uncertainty rise, organizations face growing challenges in sustaining strong connections with the communities they serve.

Perspectives from Senior Leaders

These changes require constant adaptation—updating guidance, adjusting program workflows, retraining staff… This adds administrative burden and can disrupt service continuity.

More time and resources must be invested into immigration-related monitoring, legal consultations, and recruitment to stabilize the workforce.

Right now, we are debating how much outreach we do with ICE being present in various neighborhoods, as it puts both staff and clients at risk.

We have rescheduled and changed location of events and groups… and have closed off spaces that were previously open to the community.

We have experienced a great deal of fear among our teams of aggressive ICE actions and have had to advise our staff of what to do if ICE comes to a location or if they are pulled over by an ICE agent (whether a citizen or not)…We have encouraged all employees to carry evidence of citizenship or authorization to be in the U.S.

Impact on Human Services Workers

Recent changes in federal immigration and work-authorization policies have had an emotional impact on staff across organizations.

Of the 58 providers who responded to a question about the specific impacts of recent federal immigration and work-authorization policy changes, 69 percent reported increased stress, fear, or anxiety among staff, and 21 percent reported heightened burnout among workers who were already experiencing significant strain.

of survey respondents reported **increased stress, fear, or anxiety among staff** because of federal immigration and work authorization policy changes

Thirty-eight Massachusetts providers shared their perspectives on how changes in federal immigration and work-authorization policies are affecting staff.

Providers shared that staff are experiencing heightened **stress, fear, and uncertainty** as they navigate concerns about detainment, deportation, and the stability of their own or their loved ones' legal status. This anxiety is compounded for staff who are immigrants themselves or who work closely with immigrant communities, as they carry both their personal worries and the emotional burden of supporting clients experiencing similar fear. Providers further noted that increased psychological strain contributes to burnout, reduced morale, and challenges with maintaining a sense of safety and wellbeing in the workplace.

Even in organizations that have not yet seen direct workforce impacts, employees are deeply affected by the uncertainty experienced by their families, friends, and communities. Ultimately, these policy changes have created an environment in which stress, instability, and emotional labor significantly shape staff experiences and strain the workforce.

Perspectives from Senior Leaders

Staff experience significant stress stemming from their sense of duty to support and safeguard their participants.

There is a heightened sense of anxiety among non–US born staff, which is impacting a sense of security and job satisfaction.

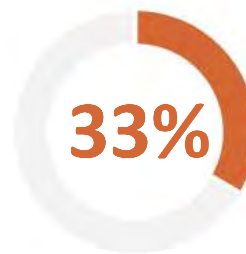
Fear, stress, and anxiety remain constant as staff worry about themselves, their families, and their clients.

Some staff who work closely with pediatric clients have been called upon to provide emotional and logistical support to families where parents have been detained or deported.

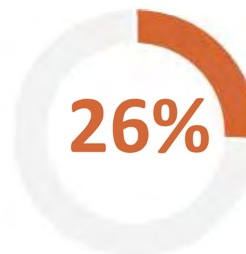
Impact on Human Services Clients

Survey responses indicate that immigration-related fears and policy changes are affecting client engagement and service needs.

One-third of providers (33%) reported decreased client participation in programs or services due to fear of exposure or immigration enforcement. At the same time, more than one-quarter (26%) noted an increase in demand for immigration-related support, including legal assistance, housing help, and language-access services. Together, these findings show that clients are both withdrawing from existing services and simultaneously needing more specialized support to navigate immigration-related challenges.



of survey respondents reported **decreased client participation in programs or services**



of survey respondents reported an increase in demand for **immigration-related support**

Forty providers across Massachusetts shared their perspectives on how changes in federal immigration and work-authorization policies are affecting clients, revealing four key themes:

Increased Fear and Uncertainty

Providers reported that shifting federal immigration and work-authorization policies have generated pervasive fear and uncertainty among clients, including worries about safety, privacy, and potential contact with immigration enforcement. Clients express fear of ICE, reluctance to disclose information, and anxiety about unpredictable government actions. These fears affect even those with legal status, creating a climate of stress, hesitation, and mistrust that shapes daily decision-making and willingness to engage with support systems.

Perspectives from Senior Leaders

"Fear of deportation. Many have lost their legal status and fear being detained and deported.

The ICE door-to-door presence in our catchment area has caused clients to fear leaving their homes and continuing enrollment in services. Further, they are afraid to visit our offices onsite at police departments, be treated at hospitals for injuries when needed, or to seek assistance in the District and/or Probate and Family Courts.

Clients have expressed concerns regarding their safety and privacy, particularly in relation to the fear of ICE. They question our ability to ensure their protection, even if they are in the country legally."

Reduced Access to or Engagement with Services

Providers shared that fear and confusion surrounding immigration policies have directly reduced clients' engagement with services. Clients are avoiding requesting help, declining home visits, limiting participation in programs, skipping events, or avoiding resource centers altogether due to concern about being identified or encountering immigration authorities. This has resulted in lower turnout, fewer clients being served, and hesitation to begin or continue services, even when those services are critical to their wellbeing.

Disruptions in Stability and Wellbeing

Providers observed that increased fear and uncertainty have led to significant disruptions in clients' emotional and practical stability. Clients are experiencing heightened stress, anxiety, and family strain, which negatively affect their overall wellbeing and ability to make progress toward stability. For clients in shelters or receiving ongoing care, interruptions in staffing, broken relationships with trusted workers, and program disruptions further undermine consistency and continuity.

Heightened Barriers to Employment, Housing, Healthcare, and Community Resources

Providers noted that policy changes have intensified clients' barriers to securing basic needs such as employment, housing, and healthcare. Delays or changes in federal processes can prevent clients from accessing work opportunities, obtaining apartments, maintaining insurance, or navigating complex eligibility systems. These barriers compound existing challenges, particularly for immigrant families, and contribute to increased instability, reduced economic mobility, and greater difficulty accessing culturally and linguistically appropriate community resources.

Perspectives from Senior Leaders

Clients are afraid to come in for services or call police when needed.

Clients may experience disruptions in continuity of care and services when staffing levels are impacted by work authorization challenges.

For clients, shifting requirements or delays in federal processing often translate into fear, confusion, and practical barriers to employment, housing, healthcare, and stability.

Strategies to Address Immigration-related Workforce Challenges

Providers described a range of strategies—drawing on internal capacity and external expertise—to manage workforce challenges stemming from immigration policy changes. Their approaches emphasize proactive planning, legal guidance, clear communication, training, and operational adjustments to stabilize the workforce amid shifting federal regulations.

Providing direct support to staff navigating immigration processes

Providers are assisting employees with visa and work-authorization renewals, offering reminders about deadlines, and connecting staff with legal resources. Several organizations have formalized partnerships with immigration attorneys or community legal-aid organizations to stay ahead of policy changes and ensure staff receive accurate, reliable guidance.

The most frequently cited source of support was strong legal and immigration expertise, with organizations drawing on immigration attorneys, legal aid, employment and compliance counsel, and internal legal departments for support. These partners played a critical role in understanding shifting policies, navigating requirements, and maintaining compliance.

Strengthening internal communication and staff reassurance

Providers are sharing frequent updates, hosting town halls, and training supervisors on how to support employees affected by immigration policy shifts. They have implemented "know your rights" trainings, distributed informational materials, and conducted documentation audits to prepare for potential enforcement actions. Some have created protocols for responding to ICE activity, conducted safety drills, and posted private-property signage.

Professional associations and provider networks—such as the Providers' Council, Children's League, the Association of Developmental Disabilities Providers, Society for Human Resource Management (SHRM), the National Employment Law Project, and the National Alliance to End Homelessness—were cited as key sources for policy updates, tools, webinars, and peer problem-solving. Providers also relied on government entities including the Massachusetts Attorney General's Office, the Executive Office of Labor and Workforce Development, the Office for Refugees and Immigrants, and local officials for authoritative guidance.

Expanding flexible staffing strategies to maintain service continuity

Organizations are adjusting operational structures to reduce disruptions caused by work-authorization delays. Strategies include cross-training staff, preparing to backfill roles before authorization lapses occur, and modifying workflows to ensure continuity of services. Providers noted that strong coordination across HR, compliance, and leadership was essential for identifying challenges early and coordinating responses.

Supporting staff well-being during periods of uncertainty

Recognizing the emotional and psychological impact of immigration-related instability, providers are offering mental-health resources, accommodations, and open-door communication with leadership to maintain trust and support staff resilience. Community-based and immigrant-serving organizations—such as the MIRA Coalition, local immigration resource centers, sexual and domestic violence network partners, and other grassroots groups—were especially valued for providing up-to-date information, referrals, and collective problem-solving support.

Conclusion

Massachusetts' human services system is truly in a moment where it is ***Stretched to Capacity***. Widespread vacancies, persistent wage gaps, competition from higher-paying sectors, and significant immigration-related disruptions are collectively undermining organizational stability and limiting access to essential services. Providers across the state report deep challenges in maintaining programs, supporting clients, and sustaining their staff.

To ensure that essential care remains available for hundreds of thousands of residents—children, families, older adults, veterans, people with disabilities, and individuals experiencing crisis—Massachusetts will need **meaningful, sustained investment and policy action.** Strengthening the human services workforce is essential to protecting the wellbeing of communities across the Commonwealth and ensuring that this critical system can continue to meet the needs of those who rely on it.

Providers' Council Advocacy for a Livable Wage

In January 2025, the Providers' Council worked with state Senator Cindy Friedman and state Representative Mindy Domb to introduce *An act relative to a livable wage for human services workers* (Senate Bill 130 and House Bill 223) to address the ongoing workforce crisis facing the human services sector and the wage disparity between community-based human services workers and state employees with similar job titles, roles, and responsibilities. The Joint Committee on Children, Families and Persons with Disabilities reported both bills favorably, sending them to the House and Senate Ways and Means committees. This legislation underscores the Council's longstanding commitment to supporting the human services workforce and ensuring the sector is valued and compensated fairly.

If signed into law, the bill would—over a number of years—phase out the pay disparity that exists between human services workers employed by community-based human service providers and state employees holding similar job titles who perform similar work.

By requiring parity in wages by July 1, 2029, this legislation would strengthen the community-based workforce and ensure that vulnerable residents across Massachusetts continue to receive the high-quality care and support they depend on.

Notes