# Examining the Human Resource Implications of Emerging Issues in Early Childhood Education and Care (ECEC) /Communications Strategy Development

**FAMILY CHILD CARE**

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**EXAMINING THE HUMAN RESOURCE IMPLICATIONS OF EMERGING ISSUES IN ECEC/COMMUNICATIONS STRATEGY DEVELOPMENT: FAMILY CHILD CARE**

**1. INTRODUCTION**

This document is one of four reports prepared for the Child Care Human Resources Sector Council as part of Phase One of the Examining the Human Resource Implications of Emerging Issues in Early Childhood Education and Care (ECEC)/ Communications Strategy Development project.

In examining the issues and trends that have emerged during the last decade, the CCHRSC has recognized the need to examine them within the context of their relevance to human resources for the ECEC sector. The CCHRSC has specifically identified the integration of ECEC and Education as a public policy issue with potential human resource implications, and is the main focus of the research component of the project. At the same time, the CCHRSC has also identified the practice of inclusion as a program policy topic to be examined for potential human resource implications, along with program delivery models of school-age and family home child care.

Preliminary research on these four topics was undertaken through a sector survey, key informant interviews, and literature searches.

**Background to the Emerging Issues and Communication Strategy[[1]](#footnote-1) Project**

In the past ten years, there have been considerable efforts made across Canada to advance the development and delivery of early childhood education and care (ECEC) programs at the pan-Canadian and provincial/territorial levels.

At the same time, Canada participated as one of 23 countries in the 2003 International Thematic Review of ECEC conducted by the Organisation for Economic Co-operation and Development (OECD). The resulting OECD policy recommendations provided Canadian jurisdictions with an international framework of reference with respect to future ECEC policy and program directions.

The CCHRSC has recognized the need to examine emerging issues in the ECEC sector within the context of their relevance to human resources for the sector. The CCHRSC identified four issues requiring further exploration:[[2]](#footnote-2)

* Human resource implications of integration of ECEC and Education on, as an emerging policy trend across Canada
* Human resource implications inclusion in ECE (cultural diversity, special needs)
* Program delivery model of school-age child care
* Program delivery model of family home child care

The project team conducted preliminary research on these four topics through:

* a sector survey
* key informant interviews
* literature searches.

**Emerging issues and communication[[3]](#footnote-3) survey**

The purpose of the Emerging Issues and Communication Survey was to gather a wide range of perspectives on the human resource implications of the identified emerging issues in ECEC and to identify priority areas for key stakeholders. The survey also helped identify any key trends or themes to be examined in further detail in key informant interviews, and provide information for reports on each of the four issues to be examined.

The survey was developed for several target stakeholder groups:

* Employers, directors and front-line staff of full-day, part-day and school-age centre-based child care programs
* Regulated family child care providers, and where applicable, family child care agency staff
* ECE provincial/territorial/pan-Canadian organizations
* Post-secondary ECE faculty
* Government officials responsible for licensing child care programs

The survey was not intended to provide a representative sample, but rather to be a preliminary look at the four identified issues, which will inform further examination.

**Key informant interviews**

The project team conducted a total of 30 key informant interviews regarding emerging issues in the ECEC sector. Key informants were selected from the following groups:

* Provincial/Territorial (PT) Directors of ECEC
* Pan-Canadian and PT child care organizations
* Labour groups
* Post-secondary institutions
* Municipal policy staff
* Researchers
* ECEC stakeholders/experts in family child care

**Literature review**

The project team has conducted a review of recent studies and reports available from Canadian and international sources. Relevant literature is referenced within the context of reports on each of the four identified issues.

**2. OVERVIEW OF FAMILY CHILD CARE**

**The Continuum of Home-Based Child Care[[4]](#footnote-4)**

There is a broad continuum of arrangements that parents use for the care and education of their children prior to formal school entry, and outside of school hours. These range from full-time parental care to home-based care with a relative or caregiver, to formal, licensed early childhood education and care.

Home-based services are, for the most part unregulated, and there is little or no external oversight. Care may take place in the child’s own home or in the home of a caregiver; in some instances the caregiver is self-employed, and in others, she is an employee of the parent.

Family child care refers to the provision of care to children in the home of a child care provider or caregiver.[[5]](#footnote-5) This type of child care arrangement may be unregulated, or it may be regulated by the province or territory.

In unregulated care, every province and territory stipulates the maximum number of children that can legally be cared for in a home, and most have further restrictions on the permitted age mix of those children. Typically these limits are examined and enforced only if a complaint is lodged, or it has come to the attention of provincial child care authorities that a caregiver has more children in her care than permitted. Beyond the limits on the maximum number of children permitted, there are no other requirements with which the caregiver must comply, such as health and safety standards, requirements about the physical environment, or about the types of activities provided for children. Provinces and territories also provide a range of indirect and direct financial supports to home child care providers who are not regulated. In BC, the Northwest Territories and Nunavut unregulated providers may receive payment through the regular child care subsidy program; several other provinces/territories have specific programs that enable eligible parents to receive some form of assistance with their child care costs in unregulated child care.

As well, governments invest in supports to the unregulated child care sector by funding family resource centres, family places, neighbourhood houses and (in BC) Child Care Resource and Referral and *StrongStart BC*. These programs provide support, training/workshops and playgroups to both parents and other caregivers, often employing trained early childhood educators as staff.

Regulated family child care refers to the care provided in a caregiver’s home that complies with minimum standards set by provincial/territorial governments and which is monitored to ensure compliance. The standards vary across jurisdictions, but typically include requirements related to the numbers of children permitted of various ages, health and safety provisions, the physical space, record-keeping, training and/or professional development, and requirements for a criminal records check and a First Aid certificate. Depending on the way regulated family child care is organized in a particular province or territory, family child care providers may be monitored by a government licensing official or by home visitors in a family child care agency.

Figure 1 provides an overview of the continuum of home-based child care and the support available to caregivers.

**Figure 1: Continuum of Home-based Child Care in Canada**

**Care in the child’s own home**

* Relative care
* Nanny care
* Babysitters

**Regulated family child care**

**Unregulated home child care**

**Care in the provider’s home**

* Unregulated family child care

**Individually licensed**

* Newfoundland and Labrador\*
* Prince Edward Island
* New Brunswick
* Manitoba
* Saskatchewan
* Alberta\*
* British Columbia
* Yukon
* Northwest Territories
* Nunavut

\*Agency-based family child care is the primary model, but caregivers may also be individually licensed

**Agency-Based**

* Newfoundland and Labrador
* Nova Scotia
* Quebec
* Ontario
* Alberta

**Supports:** family resource centres, some provincial child care organizations; *StrongStart BC* (BC)

**Support and oversight:** Child Care Resource and Referral (BC)

Fee subsidies available in BC, NT and NU

Operating support to registered providers in BC

**Limits on maximum number of children:** All PTs

Monitored by complaint

**Limits on maximum number of children:** All PTs

Monitored by PT authority directly or indirectly

**Employment status:** Caregivers are self-employed

**Employment status:** Paid caregivers employed by parents; oversight by parents

**Support and oversight:** Provincial officials;

Fee subsidies and operating supports available

**Support and oversight:** Provincial officials monitor agencies;

Agencies monitor, support and train providers

**Support to agencies:** Provincial family child care associations in Quebec, Ontario, Alberta

**Support to providers** Family child care associations:

Saskatchewan, BC, Yukon

Provincial child care associations:

PEI, Manitoba

**Employment status of providers:** Providers are **s**elf-employed

**Employment status of providers:**

Generally deemed independent contractors by agencies; however there have been numerous challenges to this status.

In May 2009 providers granted the right to unionize in Quebec

**Oversight:** by parents

Payments under certain conditions to some eligible parents to offset the cost of unregulated care

**Live-in Caregiver Program** Caregivers coming to Canada through the Live-in Caregiver Program must meet certain eligibility criteria, including at least six months relevant training or one year full-time related employment

Employers must pay health care insurance, workplace safety insurance, holiday and sick leave, have a job contract

**Overview of Unregulated Family Child Care**

Family child care refers to the provision of care to children in the home of a child care provider or caregiver.[[6]](#footnote-6) This type of child care arrangement may be informal or unregulated, or regulated by the province or territory.

Distinctions between unregulated and regulated family child care are not always clear. For example, in BC, unlicensed caregivers who register with a local Child Care Resource and Referral must meet certain conditions and standards, which include completion of a 20-hour course in family child care within one year of registration, attendance at two professional development workshops annually, possession of a valid first aid certificate and completion of a standardized self-evaluation. This compares to or exceeds the requirements of a licensed/regulated provider in some other jurisdictions.

The numbers permitted in unregulated family child care range from a low of two children unrelated to the caregiver in BC to a high of eight in Saskatchewan, including the caregiver’s own children. Some PTs have further limits on the maximum numbers of children under a certain age, for example no more than two children under 24 months. In some PTs the caregiver’s own children are counted in the numbers; in others they are not. Table 1 shows the maximum number of children that can be cared for in an unregulated setting:

|  |
| --- |
| **Table 1. Overview of unregulated family child care[[7]](#footnote-7)** |
| **PT** | **Maximum number of children permitted** | **Fewer children allowed than in regulated family child care?** |
| **NL** | 4 including caregiver’s own children under 13; additional stipulations based on ages of children | Yes |
| **NS** | 6 including caregiver’s own preschool children; additional stipulations based on ages of children | The same number in both |
| **PE** | 5 including caregiver’s own preschool children; additional stipulations based on ages of children | Yes |
| **NB** | 5 including caregiver’s own children under 12; additional stipulations based on ages of children; 8 if all school-age | Yes |
| **QC** | 6 including caregiver’s own children | The same number in both |
| **ON** | 5 children under 10, excluding caregiver’s own children | Potentially more allowed in unregulated care |
| **MB** | 4 including caregiver’s own children under 12; additional stipulations based on ages of children | Yes |
| **SK** | 8 including caregiver’s own children under 13; additional stipulations based on ages of children | The same number in both |
| **AB** | 6 including caregiver’s own children under 12; additional stipulations based on ages of children | The same number in both |
| **BC** | 2 excluding caregiver’s own children | Yes |
| **YT** | 3 excluding caregiver’s own children under 6 | Yes |
| **NT** | 4 including caregiver’s own children under 12 | Yes |
| **NU** | 4 including caregiver’s own children under 12 | Yes |

In most PTs, regulated caregivers are permitted to care for more children than in unregulated care:**[[8]](#footnote-8)**

* Nova Scotia, Quebec, Saskatchewan and Alberta allow for the same number in both regulated and unregulated family child care.
* Other jurisdictions, except for Ontario, permit regulated family child care providers to care for more children than unregulated caregivers.
* Ontario is the only province where an unregulated caregiver may potentially care for more children than a regulated provider. The maximum number of children allowed is the same; however the caregiver’s own children are not included in that number.
* In Ontario, BC and Yukon, the caregiver’s own children are excluded from the maximum numbers allowed; however, in BC and Yukon, considerably more children may be cared for by a licensed provider.

**Overview of Regulated Family Child Care**

Provinces and territories began introducing a regulated family child care model through the late 1970s - 1980s. By 1999, with the introduction of regulated family child care in Newfoundland and Labrador, regulated family child care models were available in all jurisdictions. There are two main models of regulated family child care: one in which providers are licensed or approved, and monitored directly by the province or territory; and the other in which family child care agencies are responsible for recruitment, supporting and monitoring the providers.

In 2008, regulated family child care accounted for 16.4% of all regulated child care in Canada. Across provinces and territories it ranges from less than 1% in Prince Edward Island and Nova Scotia to close to 25% in Quebec and Saskatchewan. Quebec has by far the largest total supply of family child care spaces and much of the expansion in Quebec since the implementation of its family policy has been in family child care.

**Figure 2: Growth in family child care and centre-based**

**spaces 1995-2008: Canada and Quebec**

**Growth in regulated family child care**

While Quebec has had significant expansion in both centre-based and family child care, there has been a modest but steady growth in centre-based care in the rest of the country. In family child care, almost all of the growth in the past 15 years has taken place in Quebec. Figure 2 shows the growth in both centre-based and family child care in three points of time – prior to the implementation of the 1997 Quebec family policy, one year after its implementation and in 2008, the latest year for which space information is
available. It shows the growth across Canada as a whole, and growth across the country
excluding Quebec.

Source of data: *Child Care in Canada Provinces and Territories 1995; Early Childhood Care and Education in Canada: Provinces and Territories 1998; Early Childhood Education and Care in Canada 2008*

Figure 3 shows how the growth in regulated family child care in Canada parallels the growth in Quebec.

**Figure 3: Growth in family child Care spaces
1995-2008 Canada and Quebec**



There has been growth in regulated family child care in some provinces over the past 15 years, particularly in Alberta and New Brunswick, and in four PTs there has been a decrease in the actual number of spaces. British Columbia has seen the greatest decrease, with 16% fewer family child care spaces in 2008 than in 1995.

Table 2 provides an overview of the spaces, percentage growth in the past 10 years, the estimated number of family child care providers and the maximum number of children permitted in a home.[[9]](#footnote-9)

| **Table 2. Number of regulated family child care spaces, providers and children permitted[[10]](#footnote-10)** |
| --- |
| PT | Spaces 2008 | % of all regulated spaces | % increase in fcc spaces in past 10 yrs | Estimated no. of providers 2008 | Maximum no. children permitted when children are of mixed age groupings |
| NL | 397 | 6.6 | N/A | 66 | 6 including provider’s own children not attending school full-time; 8 with special permission |
| NS | 110 | 0.8 | -35 | 18 | 6 including provider’s own children |
| PE | 35 | 0.8 | -10 | 5 | 7 including provider’s own preschool children |
| NB | 345 | 2.2 | 121 | 58 | 6 including provider’s own children under 12 |
| QC | 88,771 | 24.1 | 308 | 14,795 | 6 including provider’s own children; 9 if assistant present |
| ON | 19,760 | 7.7 | 9 | 3,952 | 5 including provider’s own children under 6 |
| MB | 3,645 | 13.4 | 4.5 | 456 | 8 including provider’s own children under 12; 12 permitted in group child care homes with two caregivers |
| SK | 2,330 | 25.4 | 4 | 291 | 8 including caregiver’s own children under 13; 12 permitted in group child care homes with two caregivers |
| AB | 11,667 | 15.8 | 79 | 1,945 | 6 including the caregiver’s own children under 11 |
| BC | 14,635 | 16.7 | -16 | 2,091 | 7 including caregiver’s own children under 12 |
| YT | 400 | 18.3 | -4 | 50 | 8 including caregiver’s own children under 6; additional 4 school-age children permitted with second adult |
| NT | 232 | 22.7 | N/A | 29 | 8 including caregiver’s own children |
| NU | 0 | 0 | N/A |  | 8 including caregiver’s own children |
| Total | 142,327 | 16.4 | 102.5 | 23,720[[11]](#footnote-11) |  |

**Note:** The total number of regulated family child care providers is a rough estimate, calculated on the basis of the maximum number of children of mixed ages allowed in a home. The numbers will vary depending on ages of children served. In some instances providers may care for fewer children, particularly when all children are younger than three years; in other instances providers may care for more children if all are school-age, or in PTs that allow for additional children when a second adult is present. The 2006 census indicates that 47,665 Early Childhood Educators and Assistants worked at home, often considered a proxy for family child care. However, there is no way of identifying how many of those caregivers are regulated, or how many may be operating group child care facilities in their homes.

Excluding Quebec, regulated family child care accounted for 20% of all regulated care in 1998; by 2008, the percentage had dropped to 10.7%. During the same period in Quebec it rose from 12.4% of all regulated child care to 24%.

Providers who are individually licensed set their own parent fees, except for those in Manitoba, where the Manitoba Child Care Program stipulates how much a funded provider may charge, depending on the caregiver’s level of Early Childhood Classification. In agency-based models in Newfoundland and Labrador, Nova Scotia and Alberta providers set their own rates and usually collect fees from parents; in Ontario and Quebec provider rates are set by the agency or the government. In 2008 all provinces and territories provided some start-up and/or operating funding for eligible providers/agencies.

Table 3 provides an overview of the types and amounts of public funding available for regulated family child care providers and agencies (as applicable).

| **Table 3 Funding for regulated family child care 2008[[12]](#footnote-12)** |
| --- |
| PT | Fee subsidies | Other funding |
| NL | $35/day/infant - $11/day/school-age | Educational Supplements to providers:* With Level I Certification: $2,330/year
* With Level II-IV Certification: $4,660/year

Agencies receive annual operating grants |
| NS | $19.75/day/infant - $15.45/day /school-age | Agency start-up grants of $5,000 for advertising, equipment and legal fees; annual operating grants starting at $38,614.01 for staff fees and benefits, and increases based on number of homes Agency staff are eligible for up to $5,000/year reimbursement to continue their education to enhance their skills and qualifications |
| PE | $30/day/infant - $18/day/school-age | Operating grant of $544.50/year |
| NB | $22/day/infant - $10.75/day/school-age | Start up grants: $2,500/space for a minimum of 3 infant spaces or seasonal spacesStart up grants in rural communities: $3,000/space for a minimum of 3 infant spaces or seasonal spacesIf agency receives an operating grant, a one-time allowance of $250 is provided for each new provider $5,000/space for a minimum of 5 extended hour spaces for shift workers |
| QC | NA | Operating budget for agencies (coordinating office) ranges from $62,352 for 140 spaces or less to $757,096 for more than 1,700 spacesAllowances to cover the exempt fee of parents on social assistance |
| ON | No set fee subsidy rates; agencies set provider rates | Agency staff may be eligible for wage enhancements and providers may be eligible for provider enhancement grantsAgencies receive admin fee on top fee subsidies; full fee parents pay the admin fee in addition to the provider rate |
| MB | Manitoba sets maximum fees:$20.40/day/infant; if caregiver has ECE II or ECE III may charge $28; $16.40-$18.80 for preschooler and $9.60/day/ school-age regardless of education.Subsidy rates are set on a maximum fee less $1.40 parent fee | Annual operating grants for funded child care homes and group child care homes (two provider model): $1,676/infant; $768/preschooler;$512/school-age |
| SK | $410 - 485/month/infant depending on region in province$340-$405/month/preschooler $315-$365/month/kindergarten child$230-$275/month/schoolage child | Start up grants of $1,800/home; $2,000/group family home (two provider model)$350/designated space/month for maximum of three spaces for teen support homes$100/space/year equipment grants |
| AB | $502/ month/ infant $422/month/other ages  | Up to $1,000 professional development funding/year/ certified home visitor Agency administrative funding: $95/month/each of first 10 children 0-35 months; $63/month each of next 10; $65/month, each of first 10 children 3-6 years; $50/month each of next 10Provider Support Funding Grants: $1.44/hr- $4.42/hr in pre-accredited agencies, depending on level of certification to $2.14/hr - $6.62/hr in accredited agencies |
| BC | $600/ month/child under 36 months $200/month/before and after school  | One time funding of up to $380/space for new providers, and for existing providers to expand their spacesOperating funding: $3.70/ day/child 0-35 mo. - $1.46/day/school-age child |
| YT | $625/month/infant $275/month/school-age | Start-up funding of $1,000/home in Whitehorse and up to $2,000 elsewhere; capital development funding available to meet health and safety requirementsProviders eligible for unit funding, depending on age of children; a provider with 8 preschoolers would receive $820/month. Providers also eligible for training funds based on hours worked to a maximum of 40 hours/week; training funds vary between $1.00-$5.00/hour depending on certification level |
| NT | $600/month/child under school-age $145/child/after school | Start-up funding between $1,560 - $4,446/space depending on region; Operating funding between $3.00-$29.80/occupied/space/day depending on region |
| NU | $600/month/child under school-age $145/child/after school | Start-up funding between $263-$3,420/space depending on region; $1.93-$15.67/occupied space/day depending on region |

No province or territory requires family child care providers to have a post-secondary early childhood credential, although several require an introductory or orientation course in child development, ranging from 20-60 hours. All PTs except for Ontario require all providers to have a first-aid certificate; Ontario requires a first-aid certificate only if providers are caring for children with special needs. In agency-based models in Newfoundland and Labrador, Nova Scotia and Ontario, home visitors responsible for provider monitoring and support are required to have post-secondary ECE credentials; In Alberta there are no specific requirements. Three jurisdictions – Newfoundland and Labrador, Prince Edward Island, Quebec and Saskatchewan require providers to have ongoing professional development; Alberta requires agencies to offer training in accordance with the Family Day Home Standards Manual.[[13]](#footnote-13)

There is considerable variation across PTs as to the frequency of home visits and the nature of the monitoring and support. Home visits and inspections range from monthly to once a year; in New Brunswick the frequency of visits is not specified. Table 4 describes the delivery model, training requirements and frequency of monitoring by province and territory.

| **Table 4. Overview of delivery of regulated family child care, provider training requirements, and monitoring, by province and territory** |
| --- |
| PT | **Delivery model** | **Training requirements** | **Monitoring and support** |
| NL | Mixed model: Licensed family child care agencies approve homes, or providers may be individually licensed | 30-60 hour course, plus 30 hours PD every three yearsEntry-level certification with classification in family child care | Agency-based providers: monthly visits and annual inspection by home visitsIndividually licensed providers: monthly visits and annual inspection by staff of Regional Integrated Health Authorities |
| NS | Providers supervised by licensed agencies | Level 1 of the Canadian Child Care Federation Family Home Day Care Training | Frequency of home visits not specified; agencies receive annual visits from provincial Early Childhood Development Officers |
| PE | Individually licensed | 30-hour course; 30 hours professional development every three yearsCertification as a family child care home supervisor or a family child care home program staff | Annual inspections by Department of Education and Early Childhood Development |
| NB | Individually licensed | No requirements | Not specified |
| QC | Providers are supervised by a family child care coordinating office | 45-hour courseSix hours of professional development every year | Evaluation every year by the coordinating office staff |
| ON | Providers supervised by licensed private home day care agencies | No requirements; many agencies provide training | Agencies conduct quarterly monitoring visits; provincial advisors inspect a sample of homes to ensure compliance with regulations |
| MB | Individually licensed | Approved 40-hr course from community college in family child care or early childhood education within first year of operating. Relevant course work completed in the previous eight years is considered valid.The same requirements apply to group family child care. | Three drop-in visits annually; one scheduled re-licensing visit |
| SK | Individually licensed | 40- hour introductory course in ECE within one year of becoming licensed.120-hour ECE course for licensees in group family child care within three years of being licensed. Must meet or exceed the qualifications for an ECE I.Six hours of professional development annually. | Annual re-licensing visit; periodic drop-in visits |
| AB | Homes approved under contract with family day home agenciesProviders may also be individually “approved” | Agencies required to develop training in accordance with Family Day Home Standards ManualThe licence holder and each additional provider in alicensed group family child care home must be certified at a minimum level of a child development assistant.  | Agency staff visit homes monthly; provincial staff monitor agencies and homes on a regular basis |
| BC | Individually licensed | 20 hours course work in child development, guidance, health and safety, or nutrition | Annual licensing visit |
| YT | Individually licensed | 60-hour course or equivalentRequired to have a Level 1 certification. | One annual inspection; two-four unannounced visits |
| NT | Individually licensed | No requirements | Minimum of annual visit by Early Childhood Program staff |
| NU | Individually licensed | No requirements | Minimum of annual visit by Early Childhood Program staff |

**3. HUMAN RESOURCE ISSUES IN REGULATED FAMILY CHILD CARE**

The 1998 report of the first child care sector study,[[14]](#footnote-14) identified a number of human resource issues in regulated family child care, including:

* The lack of access to employment benefits for regulated family child care providers, including maternity/parental benefits
* Exclusion from employment standards legislation
* Hours of work regularly exceeding 48 hours/week
* Lack of agreement as to what constitutes appropriate training for family child care providers and how it should be delivered and supported. It also noted that training opportunities were increasing

Since the release of the report of the study, two significant pan-Canadian studies specific to regulated family child care have been conducted.

*Caring and learning environments: Quality in regulated family child care across Canada,* released in 2000, one of three studies of the *You Bet I Care!* Project, which involved examining both centre-based and regulated family child care settings, examined the quality in regulated family child care. [[15]](#footnote-15) The study collected information on the experience, working conditions and job satisfaction of 231 regulated family child care providers in seven jurisdictions, and contextual information from 24 family child care agency directors. On-site observations in the providers’ homes also took place. The study found that just over one-third of providers in the sample provided stimulating care that would encourage children’s development. Recommendations included increased provider preparation and professional development, increased infrastructure supports and income enhancements, and public awareness strategies about the importance of children’s early experiences and the value of people who work in child care.

The 2005, *Making family child care work: Strategies for improving the working conditions of family child care providers* (2005)[[16]](#footnote-16) examined delivery models in British Columbia, Quebec and Newfoundland and Labrador and the eligibility of family child care providers for various employment benefits and supports. The report made five recommendations:

* Make providers eligible for Employment Insurance benefits.
* Develop tools to better defend the rights of family child care providers with regard to retirement income.
* Extend protection for work-related injuries to all regulated providers.
* Investigate the conditions for success in sectoral models of collective bargaining.
* Evaluate the value of the family child care provider’s work.

Several changes have taken place since the release of these studies:

* As of 2008, most PTs required some form of initial training for family child care providers and four required ongoing professional development.
* In 2008, all PTs had some form of start-up and/or operating funding for eligible providers; some had training grants to help increase qualifications.
* As of January 2010 self-employed individuals can register for the Employment Insurance program, and be eligible for maternity, parental, sickness and compassionate care benefits. Individuals can opt into the program if they have a minimum of $6,000 in self-employed earnings and have paid premiums for a minimum of one year.
* In February 2010 the Government of Quebec introduced two bills that would extend some of the benefits of employment to the self-employed, including family child care providers. They would be granted the right to unionize and to negotiate their terms of work; government would be responsible to offset the usual employer contributions of insurance premiums, pension plan, parental insurance and the CSST. Caregivers would, however, remain self-employed.

**Findings from the Emerging Issues Survey**

The CCHRSC sent information about the project and the survey via email to a stakeholder list compiled from their database, inviting individuals and organizations to respond, and asking organizations to circulate the survey to their members. A total of 825 individuals and organizations responded to the survey, with representation from each province and territory, and from all stakeholder groups. Approximately half the respondents worked in centre-based programs, evenly split between employers and front-line staff.

The survey provided the opportunity for respondents to answer questions about each of the four issues (integration of care and education, inclusion, school-age care and family child care), questions specific to each target group and questions about the most important HR issues to address in each issue area. (The survey findings related to the issues of integration of care and education, inclusion and school-age care are contained in separate reports.)

All respondents were asked a number of questions about their perceptions of the HR issues and priorities related to family care; family child care providers and home child care agencies were asked additional questions specific to them. The number of responses from providers and home child care agencies was very small, and not from a majority of provinces and territories. Of the 825 survey responses, only 24 were from family child care providers and 14 from home child care agency staff. Providers from five PTs responded, including only three from provinces with home child care agency models, and all of the home child care agency staff who responded were from Ontario. There were no family child care respondents from Quebec, which has the majority of family child care providers in the country. As a result of the few responses from the family child care sector, it was not possible to do any meaningful comparison of differences in HR issues between individually-licensed and agency-based providers.

There was considerable variation in the number of children cared for by each family child care provider that did respond to the survey. The numbers ranged from a low of 3 full-time children (30 hours/week or more) to a high of 12 full-time, plus two part-time (less than 30 hours/week). (Providers who indicated that they cared for more than eight full-time children were likely operating a group family child care home, which allows for additional children in the home with a second adult present.)

More than 80% of survey respondents somewhat or strongly agreed that family child care should be part of the regulated ECEC system, that there should be a required post-secondary credential and increased development opportunities for family child care providers. Figure 4 summarizes the range of perceptions about regulated family child care across stakeholder groups.

Family child care providers were asked a number of questions related to their job satisfaction.[[17]](#footnote-17) Of the 24 who did respond to the survey there were mixed levels of satisfaction in different aspects of their work.

* 20 indicated that they were somewhat or very satisfied with the level of training they had for their job.
* 17 indicated that they were somewhat or very satisfied with the number of hours they worked, the maximum number of children they could care for, the professional support they had to do their job and opportunities to collaborate with other family child care providers.
* 15 indicated that they were somewhat or very satisfied with their level of income, their employment status and the resources available to them.
* Areas of least satisfaction were the extent to which they felt connected to the broader ECE community, their capacity to include children with special needs and the stability of their income.

**Availability of post-secondary training for family child care**

The need for additional pre-service and professional development opportunities for family child care providers was identified as a high priority for a majority of survey respondents. Few PTs require post-secondary courses for regulated family child care, but a number are available. Respondents were asked if post-secondary courses specific to family child care were available in their community. As with the other post-secondary programs, a lower percentage of respondents in rural areas indicated that such courses were available. A considerable percentage of respondents in both rural and urban areas did not know if family child care courses were available in their community.

**Figure 5. Availability of post-secondary programs specific to family child care in urban and rural areas**

A majority of providers indicated that they thought a post-secondary credential should be required for family child care providers, as well as increased opportunities for professional development. Forty-five percent of family child care provider respondents had completed an orientation course, and 65% had an ECE certificate or diploma.

Respondents were asked for their top three HR priorities for family child care providers, which were then weighted according to priority ranking and the top five identified. There was considerable consistency among stakeholder groups. Table 5 shows the priority ranking of providers and agency staff, as well as faculty in post-secondary institutions, licensing officials and ECE organizations, who all have a role to play in supporting providers .

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| **Table 5. Weighted rankings of four stakeholder groups regarding HR priorities for family child care providers** |
| **Priority ranking** | **Family child care providers/agencies**  | **Post-secondary ECE faculty**  | **Licensing officials**  | **ECE organizations**  |
| **1.** | Access to benefits, including sick leave, Employment Insurance and pensions | Need for increased pre-service education | Additional training and professional development  | Access to benefits, including sick leave, Employment Insurance and pensions |
| **2.** | More resources and grants to continue education | Networking opportunities to reduce isolation  | Training allowances and increasing compensation relative to training | Additional training and professional development |
| **3.** | Opportunities for ongoing professional development | Opportunities for ongoing professional development | Networking opportunities to reduce isolation | Professional support |
| **4.** | Higher subsidies for parents | Improved regulation, including reducing child: adult ratios and improvements to the work environment  | Access to substitutes | Recognition  |
| **5.** | Better licensing practices | Improved access to resources, materials and equipment | Access to benefits | Addressing ratios |

Areas identified for training and professional development include financial management and administration, communicating with parents and supporting the inclusion of children with special needs

**Perspectives of Key Informants**

Key informants from across Canada were interviewed regarding their perceptions on the four issues studied for this project. Thirty key informants were selected based on consideration of their representation of different parts of the ECEC sector, geographic and linguistic representation, and their ECEC expertise. Responses in relation to family child care varied somewhat across PTs and the models in place, but there were a number of common themes among the perceptions of the human resource issues in family child care.

**Key issues**

**The purpose of regulated family child care:** There is a lack of clarity as to if and how family child care fits in to an “early childhood education” framework; there was a perception that the care is often custodial. In agency models, providers reflect the communities in which they live; in higher needs communities, providers are agency-based; in more affluent communities, there are providers with more education who see no need to be part of an agency and therefore remain in the unregulated sector.

* **Educational requirements:** There is a lack of formal training required; what is offered is not credit bearing (some spoke about the need for a 1-year minimum certificate that articulates to an ECE diploma, others mentioned requirements for at least a basic health and safety course). Additional training will be needed in response to the likelihood that the focus in family child care will shift to younger age groups (particularly in Ontario where school-age child care will move to the school system).

 *Family child care sometimes becomes a career, but it is rarely by choice.*

(child care organization)

*In Toronto 45% of children in family child care are school-age. They will all be leaving as school-age care moves into the school system.*

(municipal policy staff)

* **Oversight:** The lack of monitoring of individually licensed providers (in some PTs monitoring/licensing visits are annual or less frequent), the lack of peer support and oversight, and providers working in isolation for 10-11 hours day is not in the best interests of children.
* **Work environment and conditions:**  Family child care providers are isolated from each other as well as the rest of the child care profession.
	+ Recruitment and retention is an ongoing issue, with very high provider turnover in some communities.
	+ Access to benefits (or lack thereof) remains an issue and contributes to high turnover.
	+ Concern was expressed about the ease with which providers can get a license (in PTs with individually licensed providers).

**Recommendations for related Sector Council work**

Among all key informants, family child care was a lower priority for the CCHRSC involvement than the other three issues examined. A number of key informants noted the challenges of trying to address family child care issues at a pan-Canadian level when they vary considerably by delivery model. Others expressed uncertainty about the future role of family child care in a more integrated system of early childhood education and care, with an expanded role of ministries of education. Some key informants did make recommendations for CCHRSC activity in family child care; however, several of those recommendations were outside of the scope and mandate of the sector council.

Taking into account the recommended activities for the CCHRSC noted by the key informants, the HR priorities identified in the Emerging Issues survey, and the mandate of the sector council, there are three areas of activity suggested for consideration:

* Develop specific Occupational Standards for family child care providers.
* Facilitate the development of post-secondary family child courses, including financial management and administration; communication with parents; and supporting inclusion of children with special needs.
* Examine the feasibility of addressing issues specific to agency-based family child care, the delivery model in only four provinces, but one which provides a significant majority of regulated family child care spaces.

Other activities recommended by key informants that are outside the mandate of the CCHRSC include:

* Examine the purpose of family child care and how it fits into an integrated system of early childhood education and care.
* Examine the model of family child care being a satellite of centres, with providers as employees.
* Examine the economics of family child care.

**4. CONCLUSION**

In the past 15 years, the number of family child care spaces outside of Quebec has remained constant, with virtually no net growth in service. At the same time, there has been growth in centre-based spaces for both preschool and school-age children. As a percentage of all child care spaces, family child care went from 20% to 10.7%. Almost all the growth in family child care has taken place in Quebec, where it increased from 12.4% of all spaces to 24%.

Many of the human resource issues in family child care differ according to the model of delivery. It may be an issue for the CCHRSC as a pan-Canadian body to address issues that are specific to some provinces and territories and not to others.

Of common concern among many stakeholders, regardless of the delivery model of family child care, is the lack of formal educational requirements for caregivers. As several PTs have been or are in the process of implementing new curriculum frameworks for early learning, key informants raised several questions about how family child care providers would be able to apply the frameworks to their program, and the supports that might be necessary to make that happen. As well, questions were raised about where family child care fits within the current move to further align early childhood education and care with the school system.

Some of the recommendations made both in the survey and in key informant interviews call for actions and initiatives that fall outside the scope and mandate for the work of the Child Care Human Resources Sector Council. The CCHRSC will need to determine what is relevant to their mandate, to the changing environment of the ECEC sector in Canada, and whether or not it should limit any involvement in HR issues in family child care to those which are pan-Canadian in nature.

**References**

Beach, J.; Bertrand, J. &Cleveland, G. (1998) *Our child care workforce: From recognition to remuneration, more than a labour of love.* Ottawa: Child Care Human Resources Steering Committee.

Beach, J.; Friendly, M.; Ferns, C.; Prabhu, N. & Forer, B. (2009) *Early childhood education and care in Canada 2008.* Toronto: Childcare Resource and Research Unit

Childcare Resource and Research Unit (1997) *Child care in Canada: Provinces and Territories 1995.* Toronto: Centre for Urban and Community Studies, University of Toronto

Childcare Resource and Research Unit (2000) *Early childhood care and education in Canada: Provinces and Territories 1998.* Toronto: Centre for Urban and Community Studies, University of Toronto

Cox, R. (2005). *Making family child care work: Strategies for improving the working conditions of family childcare providers.* Ottawa: Status of Women Canada, Government of Canada

Doherty, G., Lero, D., Goelman, H., Tougas, J. & LaGrange, A. (2000). *You bet I care! Caring and learning environments: Quality in regulated family child care across Canada.* Guelph: Centre for Families, work and Well-Being, University of Guelph

Government of Alberta (2008). *Family day home standards manual* retrieved March 15, 2010 from:

<http://www.child.alberta.ca/home/documents/childcare/Final_Client_Copy-FDH_Standards_Manual.pdf>

Nova Scotia Family Home Day Care Program. Retrieved March 15, 2010 from: <http://www.gov.ns.ca/coms/families/provider/FamilyHomeDayCare.html>

1. The evaluation of the current CCHRSC communication strategy as well as recommendations for communication efforts for the coming years is a concurrent aspect of the work on emerging issues, and will be the subject of a separate report. [↑](#footnote-ref-1)
2. The latter two issues represent gaps in the HR knowledge / research about the sector, vs. ‘emerging’ issues [↑](#footnote-ref-2)
3. Survey findings specific to communication issues are intended to inform the development of recommended communication strategies for the CCHRSC. [↑](#footnote-ref-3)
4. For the purposes of this report home-based child care refers to all forms of regulated and unregulated child care that takes place in a home setting – either in the caregiver’s home or in the child’s home. Family child care refers to child care that takes place in the caregiver’s home. Regulated family child care refers to family child care that meets the requirements of the provincial territorial child care regulations; caregivers may be individually licensed or may be part of a licensed or approved agency. The term regulated family child care is used for purposes of consistency only; recognizing that some provinces and territories use different terminology, including community day homes and home child care. [↑](#footnote-ref-4)
5. Note: the terms caregiver and child care provider are used interchangeably. [↑](#footnote-ref-5)
6. Note: the terms caregiver and child care provider are used interchangeably. [↑](#footnote-ref-6)
7. Source of data: Beach, Friendly, Ferns, Prabhu & Forer (2009) *Early Childhood Education and Care in Canada 2008.* [↑](#footnote-ref-7)
8. See Table 2 for details on numbers of children permitted in regulated family child care. [↑](#footnote-ref-8)
9. The estimated number of providers is based on maximum number of children of mixed age groupings permitted. Custom tabulations on 2001 census data used in the CCHRSC *Snapshot of the child care workforce* indicates approximately 43,000 ECEs and Assistants work from home (often considered a proxy for family child care providers. The census data includes individuals who are regulated and unregulated, and may also include those who operate child care centres from their homes, therefore the two figures are not comparable. [↑](#footnote-ref-9)
10. Source of data on spaces, % of all spaces and maximum number of children permitted: Beach et al. J (2009) *Early childhood education and care in Canada 2008.* [↑](#footnote-ref-10)
11. The total estimated numbers of providers is based on an average of six children per home. [↑](#footnote-ref-11)
12. Source of data: Beach et al (2009) *Early childhood education and care in Canada 2008.* Additional information for Nova Scotia retrieved March 12, 2010 from: <http://www.gov.ns.ca/coms/families/provider/FamilyHomeDayCare.html> [↑](#footnote-ref-12)
13. See: <http://www.child.alberta.ca/home/documents/childcare/Final_Client_Copy-FDH_Standards_Manual.pdf> for details [↑](#footnote-ref-13)
14. Beach, J.; Bertand, J,; Cleveland, G. (1998) *Our childcCare workforce: From recognition to remuneration, More than a labour of love.* Ottawa: Child Care Human Resources Steering Committee. [↑](#footnote-ref-14)
15. Doherty, G., Lero, D., Goelman, H., Tougas, J. & LaGrange, A. (2000). *You bet I care! Caring and learning environments: Quality in regulated family child care across Canada*. Guelph: Centre for Families, work and Well-Being, University of Guelph. [↑](#footnote-ref-15)
16. Cox, R. (2005). *Making family child care work: Strategies for improving the working conditions of family childcare providers.* Ottawa: Status of Women Canada, Government of Canada. [↑](#footnote-ref-16)
17. It must be emphasized that any conclusions must be treated with caution, due to the very small numbers of respondents. The results are presented only as preliminary information and should be considered within the context of all of the results of the *Examining the human resource implications of emerging issues in early childhood education and care/ communications strategy* project and recent related research. [↑](#footnote-ref-17)