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ABSTRACT

Four Canadian provinces license or contract with family child care agencies, which in turn recruit and monitor child care providers. These family child care agencies have two primary roles: monitoring and supervising providers, and supplying their affiliated family child care providers with professional development opportunities and other types of support. This survey study examined how agencies fulfilled these primary roles and the types of services they made available to families. The study focused on providers' hours of work, time off, income levels, benefits, opportunities for career mobility within the agency system, and turnover rates. The study also examined directors' concerns related to the family child care program. Participating in the study were 24 Canadian family child care agency directors, 8 each in Alberta, Ontario, and Quebec. Findings indicate that the following were issues of concern to directors: (1) the inadequacy of agency operating funds; (2) the difficulty experienced with provider recruitment; (3) high provider turnover; (4) the challenges of making appropriate levels and types of support available to their affiliated providers; and (5) the unresolved issue of the employment status of family child care providers. Findings led to the development of recommendations related to recruitment and turnover difficulties, the provision of support to providers, the unresolved issue of provider employment status, the role of the agency, and the role of the government. (Four appendices provide: an overview of family child care requirements in jurisdictions using an agency model; the program and caregiver questionnaires; and recommendations for

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Policies and Practices in Canadian Family Child Care Agencies

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**Policies and Practices
in Canadian Family
Child Care Agencies**

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Lee Dunster and Irene Kyle provided valuable assistance in determining the content of the agency questionnaire and in helping us to determine the priority issues to explore.

Executive Summary

As part of a larger study, eight family child care agencies in each of Alberta, Ontario and Québec completed a questionnaire about: (1) their agency and the children it serves; (2) the services provided to children's families; (3) provider monitoring, fees and turnover; (4) home visitors; and (5) the level and type of supports available to its affiliated providers. A sixth section of the questionnaire gave an opportunity for the director to identify the extent to which certain issues were of major concern for the family child care program and to express opinions (see Appendix B).

Agencies have two primary roles: monitoring and supervising providers, and supplying their affiliated providers with professional development opportunities and other types of support. This report gives information about how agencies fulfill these primary roles and also about the types of service they make available to families. Providers' hours of work, time off, income levels, benefits, opportunities for career mobility within the agency system, and turnover rates are identified and discussed.

The 24 agency directors who participated in the study identified the following issues of concern: (1) the inadequacy of agency operating funds; (2) the difficulty they experience with provider recruitment; (3) high provider turnover; and (4) the challenges of making appropriate levels and types of support available to their affiliated providers. A sixth concern, the unresolved issue of the employment status of family child care providers, was identified obliquely through questionnaire responses. These concerns are explored and lead into a series of recommendations.

Summary of Recommendations

Recommendations Related to Recruitment and Turnover Difficulties

1. Starting immediately, all jurisdictions must implement an income enhancement grant for regulated providers. The grant amount must ensure that all providers working full-time and caring for four or more children receive, after child-care related expenses and before taxes, the equivalent of what would be earned, on average, by an entry-level staff person working full-time at a centre in the same jurisdiction. Full-time for providers should be defined as at least eight hours a day, five days a week, for 48 weeks or more a year.
2. Governments, family child care organizations, family child care agencies and other professional organizations must immediately undertake public education/awareness strategies that will assist people to understand the link between the importance of children's experiences during their early years and the value of people who work in child care.

Recommendations Related to the Provision of Support to Providers

3. Provincial governments expecting family child care agencies to provide training and other supports for their affiliated providers must immediately grant agencies an appropriate level of funds to enable them to undertake this responsibility on a sustained basis. Such funding must include recognition of the fact that providers caring for children who have special needs may require specific training related to the child's needs and/or special equipment as well as ongoing consultation.
4. Starting immediately, agencies should explore various ways of providing supports to providers, including the use of experienced providers as trainers and/or mentors for their less experienced colleagues and collaboration with other agencies and organizations around initiatives such as joint training.

Recommendation Related to the Unresolved Issue of Provider Employment Status

5. Provincial governments using the agency model and agency associations must immediately begin working together to clarify the employment status of agency-affiliated family child care providers and to address the issues associated with the current lack of clarification.

Recommendation Related to the Role of the Agency

6. Provincial governments using the agency model and agency associations should re-examine the current dual nature of the agency role (regulation and support) and the expectations attached to it, and the need, if it exists, for changes.

Recommendation Related to the Role of Government

7. All provincial and territorial governments must immediately implement the recommendations related to provider training (Recommendations 2 through 6) made in the companion report, *Caring and Learning Environments: Quality in Regulated Family Child Care Across Canada*. These recommendations are listed in Appendix D of this report.

Chapter 1

Introduction

1.1 The Three Studies of the *You Bet I Care!* Project

The *You Bet I Care!* project involved three studies that examined the nature and quality of care provided to young children in both family- and centre-based child care settings across Canada.

1. The first study, the findings of which are reported in *You Bet I Care! A Canada-Wide Study on Wages, Working Conditions and Practices in Child Care Centres*,¹ used mail-out questionnaires to obtain information about wages, working conditions, staff educational levels, centre practices and staff views on child care as a career from centres in each province, the Northwest Territories and the Yukon.
2. The findings of the second study are reported in *Caring and Learning Environments: Quality in Child Care Centres Across Canada*.² Study 2 collected information similar to that collected in Study 1 on a different sample of centres in six provinces³ and the Yukon. It also conducted on-site observations in the classrooms of teachers who had responded to a staff questionnaire. The study's purpose was to identify those factors most important for predicting and maintaining high quality teacher-child interactions and centre-based programs that support children's development.
3. The third study collected information similar to that collected in Study 2, but from regulated family child care homes. It included observational data, and information from family child care agencies. The findings from the responses to the study's family child care provider questionnaire and from the in-home

observations are reported in *Caring and Learning Environments: Quality in Regulated Family Child Care Across Canada*.⁴ That report presents information about the factors that influence the quality of care given to children in regulated homes, as well as the factors that influence family child care providers' experiences, job satisfaction and intention to continue providing family child care. The information on policies and practices in family child care agencies, collected through a questionnaire completed by agency directors, is the subject of the present report.

All three studies provide important information that can and should be used by politicians, policy-makers, child care professionals, and those providing basic training and professional development activities for people working in child care.

1.2 Regulation of Family Child Care in Canada

Regulated family child care providers are licensed individually by the provincial or territorial government in all jurisdictions except Alberta, Ontario, Québec and Nova Scotia. These four provinces license or contract with family child care agencies which in turn recruit and monitor providers. In Newfoundland/Labrador, family child care providers can choose to be individually licensed or to be affiliated with an agency (see Appendix A). Agencies in Alberta, Nova Scotia, Ontario and Québec receive an "administration fee" from the provincial government for agency operating costs such as home visitors' salaries and supports made available to providers.

1.3 The Agency Sample

1.3a Sample Selection

Seven jurisdictions — Alberta, British Columbia, New Brunswick, Ontario, Québec, Saskatchewan and the Yukon — were selected for participation in Study 3 of the *You Bet I Care!* project. They were chosen in order to obtain both a mixture of agency-sponsored and individually licensed family child care providers, and variation in the context created by provincial/territorial government regulations and funding practices. Regulatory differences were evident in areas such as the number and mix of children permitted in a home at any one time and the extent to which minimum mandatory provider training is required. The jurisdictions also varied in the extent to which funding is made available to providers in the form of operating or incentive grants.

Table 1.1

The Communities from Which Agencies Were Sought in Alberta, Ontario and Québec

Jurisdiction	Target Communities
Alberta	Edmonton and surrounding communities
Ontario	Burlington/Georgetown/Mississauga triangle; Ottawa
Québec	Québec City and suburbs and surrounding rural area

Three of the participating jurisdictions — Alberta, Ontario and Québec — use an agency model for regulating family child care. In these jurisdictions, lists of agencies were obtained from the relevant provincial child care authority. Study sites were selected in and around major cities and in nearby rural localities in order to obtain a mix of communities. Table 1.1 identifies the target communities in these three provinces.

1.3b Obtaining the Sample

We sought eight agencies in each of the three provinces. Agencies were deemed eligible to participate in the study if they had been operating for at least 12 months and could obtain an agreement to participate from six to eight providers who had been associated with the agency for at least a year.

Several actions were taken before contacting agencies to seek their participation. First, approval of our proposed data collection instruments was sought and received from the Behavioural Research Ethics Board of the University of British Columbia. This approval was accepted by the other two sponsoring universities, those of Calgary and Guelph. Second, a brief article about the forthcoming study was published in *Interaction*, the bilingual journal of the Canadian Child Care Federation.⁵ Third, government officials in each province as well as relevant agencies or provider groups were informed and asked to support the research.

All agency directors in target communities in Alberta, Ontario and Québec were sent a letter briefly explaining the project and informing them that they might be contacted and asked to participate. The letter acknowledged that the study would involve agency staff and provider time. Directors were told that each participating organization would receive \$100.00 and each participating provider would be paid \$50.00. In addition, both the sponsoring agency and the providers would receive a certificate of participation and a summary report of the findings from the total sample.

Table 1.2

Characteristics of the Final Agency Sample, 1999

Characteristic	Alberta	Ontario	Québec	All agencies
Number of agencies by auspice	2 non-profit 6 commercial	6 non-profit 2 commercial	8 non-profit 0 commercial	16 non-profit 8 commercial
Range of years that agency had been in operation	10 - 17 years	6 - 36 years	5 - 16 years	5 - 36 years
Range of number of active providers	16 - 97	13 - 340	33 - 63	13 - 340
Range of number of children enrolled:				
- Age 5 or younger	24 - 340	30 - 671	136 - 305	24 - 671
- Over age 5	0 - 79	0 - 306	3 - 57	0 - 306
- All children	62 - 263	33 - 977	193 - 392	33 - 977

Approximately two weeks later, agency directors were telephoned to provide additional information and to solicit participation. Those who agreed to participate were then sent a package of materials that included the questionnaire on the agency's home child care program which is the subject of this report, and an agency consent form. The questionnaire is included in this report as Appendix B.

1.3c The Final Sample

Twenty-four agencies participated in the study, eight from each of Alberta, Ontario and Québec. The original intention was to obtain an equal split between non-profit and commercial agencies in each of Alberta and Ontario. However, targeting certain communities resulted in a greater availability of one or the other auspice. As a result, there were six non-profit agencies in the Ontario sample but only two in the Alberta sample. All agencies sponsoring family child care in Québec are non-profit. One agency in Alberta and two in Québec — all non-profit — had to withdraw after initially agreeing to participate because they were unable to obtain a sufficient number of providers willing to be part of the study. All three agencies were non-profit.

With the exception of one agency in Alberta and one in Ontario, children under age five represented more than half the enrollment in the agencies.

1.4 Data Collection

The *Home Child Care Program Questionnaire*⁶ (presented as Appendix B) was designed to collect information about the family child care agencies sponsoring the providers who participated in Study 3. Its five sections sought information about: (1) the organization and the children it served; (2) the services provided to children's families; (3) provider monitoring, fees and turnover; (4) home visitors; and (5) the level and type of supports available to affiliated providers. A sixth section gave the director an opportunity to identify the extent to which certain issues were a major concern for the family child care program and to express opinions.

After creation in English and French versions, the questionnaire was circulated for pre-testing in Alberta, Ontario and Québec. A total of seven family child care program directors provided feedback; two of them were francophones from Québec. Prior to mailing the draft material, each director was telephoned by an anglophone or francophone principal investigator who explained the purpose of the pre-test and the need to be as specific as possible when making written comments. Telephone follow-up was undertaken with two directors to further clarify their comments. Suggestions made by the directors were incorporated into the final version of the questionnaire.

The questionnaire was completed by directors in April or early May 1999.

1.5 Issues in Presenting the Findings

1.5a Sample Representativeness

The extent to which a research sample accurately reflects the population from which it is drawn — its representativeness — is an important consideration. When research findings are used to inform practice or policy development, an implicit assumption is made that the results from the participants apply to the

population in general. This cannot be assumed with our agency sample. As noted above, there were eight agency participants from each province. However, at the time of data collection there were 91 agencies in Alberta, 128 in Ontario and 123 in Québec.⁷ A small proportion of participants increases the possibility that one or two atypical participants will distort the findings. Furthermore, we also selected agencies from very specific communities and these communities cannot be assumed to be representative of all communities in their province.

Our data do permit identification of practice in the participating agencies and some of the issues of concern to them. To our knowledge, there is little published information about Canadian family child care agencies that describes their practices, policies, procedures and the challenges they face. We therefore believe that even though the sample is not representative, the findings provide useful material that can inform both practice and policy development.

1.5b Reporting by Auspice

Eight of the agencies, 33% of the sample, were commercial operations; six of these were located in Alberta and two in Ontario. Having the majority of the commercial programs located in a specific province raises the possibility that findings assumed to reflect the influence of auspice actually reflect the impact of the provincial context. Therefore, this report will not compare findings on the basis of auspice.

1.6 Data Coding, Preparation and Analysis

The *Home Child Care Program Questionnaire* required respondents to answer questions either by checking an appropriate response or by writing in a response. Numerical codes, for example, 1 for “yes” and 2 for “no” were assigned for the answers to multiple-choice questions and the appropriate number(s) entered onto a spreadsheet for each individual agency. This permitted frequency counts for each response by province or for the sample as a whole. Responses to questions requiring a written-in number — for example, the number of currently active providers associated with the agency — were recorded as written on the spreadsheet. These were used to develop ranges and averages. The responses given to open-ended questions — for example, the question asking what the agency would do in case of concern about a provider’s performance — were scanned for common themes by one of the principal investigators. Then each agency’s response was categorized into the appropriate theme. All responses to open-ended questions and spontaneous remarks on French questionnaires were translated into English by a francophone principal investigator.

1.7 The Organization of this Report

The following chapter gives information about the relationship between the 24 agencies that participated in the study and the providers associated with them. It includes information about the support services made available by the agency and the approaches used to support and enhance the provision of quality child care. Chapter 3 examines provider working conditions and turnover. Chapter 4 looks at the relationship between the agencies and the families that use their services. The final chapter examines some of the issues currently facing the participating agencies, and makes recommendations.

Notes

- 1 Doherty et al. 2000a. Available on line at www.uoguelph.ca/cfww or as a printed report from the Centre for Families, Work and Well-Being, University of Guelph, Guelph, Ontario N1G 2W1.
- 2 Goelman et al. 2000. Available on line at www.uoguelph.ca/cfww or as a printed report from the Centre for Families, Work and Well-Being, University of Guelph, Guelph, Ontario N1G 2W1.
- 3 The provinces were British Columbia, Alberta, Saskatchewan, Ontario, Québec and New Brunswick.
- 4 Doherty et al. 2000b. Available on line at www.uoguelph.ca/cfww or as a printed report from the Centre for Families, Work and Well-Being, University of Guelph, Guelph, Ontario N1G 2W1.
- 5 Doherty 1999.
- 6 In developing this questionnaire, we expanded upon the questionnaire used in the study conducted in Alberta by Read and LaGrange 1990. We are also indebted to Lee Dunster and Irene Kyle for their assistance in determining the priorities to explore in our questionnaire.
- 7 Elaine Gill, Day Care Program Branch, Government of Alberta; lists obtained prior to data collection from the governments of Ontario and Québec.

Chapter 2

Agency Relationships with Affiliated Providers

2.1 Introduction

This chapter discusses the relationship between agencies in Alberta, Ontario and Québec and the providers whom they sponsor; it relies primarily on information from the *Home Child Care Program Questionnaire* (also referred to as the agency director questionnaire) that was completed by the 24 directors (see Appendix B). In some instances, this information is supplemented by responses made by the 120 providers on the self-administered *Agency Caregiver Questionnaire* (see Appendix C).

2.2 Provider Reasons for Becoming Associated with an Agency

The *Agency Caregiver Questionnaire* gave the providers a list of seven possible reasons for deciding to affiliate with an agency, asking them to identify no more than three reasons that applied to them. A space was also given to write in another reason. As indicated in Table 2.1, there were both similarities and differences in the answers given by providers across the provinces. One similarity is the high proportion of providers in all three provinces who appear to view agency affiliation as a way to assure parents that their home provides quality care by indicating that the care provided has to meet standards. A second across-province similarity is the small proportion of providers who said that they became affiliated with an

agency so that they could care for more children; in all three provinces, unregulated providers are permitted to care for as many children as those in the regulated system.

The main differences were: (1) the much smaller proportion of Québec providers indicating that they were motivated to join an agency because it would deal with parents around contracts and money issues, and/or as a way to obtain clients; and (2) the smaller proportion of Alberta providers who told us that they joined an agency as a way to get support. The difference between the providers from Québec and those from the other two provinces in approaching agency affiliation as a way to obtain clients probably reflects the implementation of Québec's \$5.00 a day child care program. This initiative has resulted in high demand for child care services.

2.3 The Agency Role

Agencies are first of all a mechanism for regulating providers. This is perhaps most evident in Ontario, where a regulation to the *Day Nurseries Act* explicitly holds agencies accountable for ensuring that their affiliated providers and homes are in compliance with very specific standards and practices; these are set

Reason	Alberta N = 39	Ontario N = 38	Québec N = 42	Total sample
To demonstrate to parents that my care meets standards of quality/to be more professional	74.4%	61.5%	71.4%	69.2%
Preferred having the agency deal with parents around contracts and money issues	76.9	71.8	23.8	56.7
As a way of getting more support such as training and equipment loans	35.9	51.3	61.9	50.0
To enable me to care for families who were receiving fee subsidy	20.5	25.6	50.0	32.5
As a means of finding client families	38.5	25.6	11.9	25.0
As a way of getting in touch with other providers	12.8	10.3	14.3	12.5
To be able to care for more children than permitted as an unregulated provider	0	0	2.4	0.8
Other reason	7.7	10.3	11.9	10.0

Note: The provider sample consisted of 39 providers from each of Alberta and Ontario, and 42 from Québec for a total of 120. The number of actual respondents to a specific question is — as in this case for Ontario — sometimes lower when, for whatever reason, not all providers responded.

out in some detail in the regulations.¹ The regulatory role is also evident in other provinces, however, in the legislative provision for an agency to terminate its affiliation with a provider if it believes that the health, safety or well-being of children in the home is in jeopardy. All provinces using the agency model require agency staff to make regular home visits to observe the care being provided. The required frequency of home visits ranges from twice monthly in Nova Scotia to four times annually in Ontario and Québec (see Appendix A).

In addition to monitoring the care provided, agencies recruit and screen potential providers, make referrals to homes, make available to their affiliated providers both professional development opportunities and supports such as equipment lending, and may undertake administrative functions such as collecting parent fees or assisting parents to obtain fee subsidy.² Nova Scotia now requires agencies to provide 10 hours of workshops a year and the other four provinces “expect” agencies to give training and support (see Appendix A).

2.3a The Regulatory Role

Directors were asked to describe their agency’s procedure, if any, for periodic performance evaluation or the formulation of a professional development plan for providers. Twelve directors, five in Alberta, four in Québec and three in Ontario, reported formal annual reviews. Two additional Alberta agencies reported that evaluations are carried out every six months. Most of the other directors told us that their agencies perform regular safety checks as part of the home visits. Only some directors reporting formal evaluations indicated that these were written. A parallel question on the *Agency Caregiver Questionnaire* specifically asked about written evaluations. Nearly two-thirds of providers, 62.2%, reported receiving regular written performance appraisals (65.8% from Ontario, 61.5% from Alberta and 59.8% from Québec).

Three Québec directors and one from Ontario responded to the question about provider performance evaluations by writing in “not applicable.” The Ontario director noted, “We are not the employer ... so evaluations and yearly development plans are not done.” A similar sentiment was expressed by one of the Québec directors who stated, “Our providers are self-employed workers.” Responses of “not applicable” reflect the unresolved issue of the employment status of agency-affiliated providers. This issue and its implications is discussed in Chapter 5.

We also asked directors to describe what their agency does in the case of concerns about a provider’s performance or the home environment. Eighteen directors reported that there would be a discussion with the provider and additional home visits. In ten agencies, six of them being in Ontario, the concern would also be raised in a formal letter to the provider. In some agencies, this letter would specify a date for compliance with agreed-upon actions. Most of the directors noted that if the concern was not addressed, the agency would stop using the home and/or would inform the provider that her association with the agency was being terminated. The written-in responses reflected an effort on the part of the agencies to be very specific with the provider about what needed to be done and to support her in addressing the identified concern. A Québec director described her agency’s process as, “Meeting with the provider outside the family child care home, agreement on remedial actions and objectives, if no compliance, written notice, if concerns still not met, suspension or revocation.”

2.3b The Support Role

As reported in *Caring and Learning Environments: Quality in Regulated Family Child Care Across Canada*,³ we found that the level of quality of a child care home was predicted by:

- whether the provider had completed specialized training related to the provision of family child care; and
- whether the provider networks regularly with other providers through an organized association or network.⁴

Previous research studies have found an *association* between quality and the amount, type and diversity of supports available to providers.⁵ For example, providers who were actively involved with a family child care organization were found by a Canadian study to be more sensitive and responsive with children, and obtained a higher score on an overall measure of quality.⁶ An Israeli study reports that the quality of interaction between provider and children was directly related to the amount of support provided by the agency home visitor.⁷ Researchers in the United States found that the perceived amount of social support from various sources was positively correlated with provider job commitment and job satisfaction.⁸

1. Opportunities for Professional Development

Twelve of the 24 directors reported that their agency had no desired or recommended pre-placement training requirements for providers. Seven directors said that their agencies require a first-aid certificate, while another four told us that the provider must complete an agency orientation before children are placed in her home. A Québec director reported that her agency will begin requiring providers to first

Table 2.2

Provision of Supports that Assist Providers to Obtain Specialized Training or Participate in Professional Development, Agency Director Responses, 1999				
Support	Alberta N = 8	Ontario N = 8	Québec N = 8	Total sample
Provision of workshops and/or conferences at no charge to the provider	7	8	5	20
Free one-to-one training in the provider's home	7	7	1	15
Payment of fees for training/professional development activities that the provider would otherwise have to pay for	2	5	3	10
Free child care while the provider participates in training or professional development	2	2	0	4
Free transportation to training/PD activities	2	2	0	4
Paid time off to participate in training	0	1	0	1
Do not provide any of the supports listed	1	0	3	4

Note: All the agencies that pay fees for providers to engage in training or other professional development activities also provide workshops and/or conferences without cost to the provider. Some double-counting is possible here, with some directors checking off both types of support when in actuality their agency provides workshops and conferences but does not pay the fees for activities conducted by another organization.

complete a 45-hour training course; this is in response to the new provincial requirement that providers complete such a course within the first two years of giving care.

As discussed later in this chapter, agency staff visit each affiliated provider's home on a regular basis. Eighty-seven percent of the providers told us that these visits include the provision of advice and support — both of which can serve as a form of in-service training. The directors were asked whether their agency offered any of a list of supports that would assist a provider to obtain specialized training or to participate in professional development activities other than through the home visit. As illustrated in Table 2.2, most of the agencies made available at least one of the supports. The seven Alberta agencies that reported offering workshops and/or conferences at no charge also reported giving one-to-one training in the provider's home. The director of the eighth Alberta agency told us that her agency offered none of the supports listed in Table 2.2. One of the Québec agencies that reported providing workshops and/or conferences also does in-home training. Three directors from Québec responded that their agency offered none of the listed supports.

2. Opportunities for Networking with Other Providers

As noted earlier, this study found that whether or not the provider networks with other providers through some formal association *predicts* the level of quality in her home.⁹ Providers themselves are very aware of the value of regular networking with other providers, both to overcome the isolation associated with family child care giving and as a learning opportunity. As one of the providers interviewed for the Canadian National Family Day Care Training Project noted when asked about the value of workshops:

"You get so much out of them, not just from the trainer and the materials but from sharing each other's experiences. It's even encouraging to hear that other people are having the same problems you are. You get new ideas from each other about how to handle it and sometimes you can share things you've learned that worked. To me that is training."

— National Family Day Care Training Project 1998, p. 16.

There is increasing recognition that, for the home visitor, "Balancing the roles of supporter/mentor with those of licenser/monitor is a difficult task."¹⁰ The report of an evaluation of a family child care agency suggests that since it may be difficult for providers to seek advice from a person who is monitoring their performance, agencies should actively stimulate and assist the development of provider mutual-support networks.¹¹

Nineteen of the 24 directors reported that their agency specifically facilitates provider networking, most frequently by setting aside time to socialize as part of regular workshops and training sessions (18 agencies). Six agencies in Ontario, four in Alberta and one in Québec reported using methods such as regular "network nights," play groups and/or park days, and periodic social events throughout the year. Four directors reported that their agency introduces new providers to others who live in their neighbourhood and another agency has established a formal provider support network.

3. Other Types of Support

On the *Agency Caregiver Questionnaire* we asked providers about the types of support given by their agency that might assist them in setting up their home and in understanding the agency's expectations.

Table 2.3

Initial Assistance Provided by Agencies, Provider Responses, 1999

Assistance	Alberta N = 39	Ontario N = 38	Québec N = 42	Total sample
Orientation session to explain agency requirements and policies	94.9%	97.4%	85.7%	92.4%
Written policy/procedure manual	89.7	92.1	81.0	87.4
Written job description	61.5	65.8	59.5	62.2
Written contract with agency	100.0	94.7	73.8	89.1
Sample parent contracts, attendance forms, etc.	97.4	94.7	95.2	95.8

As illustrated in Table 2.3, almost all providers reported having received an orientation session during which agency requirements and policies were explained. Most had also received a written policy and procedure manual and signed a written contract with the agency. The provision of sample parent contracts, attendance forms and similar documents was reported by almost all of the respondents.

The directors were asked to describe the process or arrangement in their agency for a provider to reach an agency staff member in an emergency after office hours. Six agencies reported that there was no process or arrangement. Another eight told us that providers have staff telephone numbers and could call the person. Four directors in Ontario and one in each of Alberta and Québec reported that the agency uses a pager or a cellular telephone. The other four agencies have telephone answering services; presumably the answering service would contact an agency staff person.

The *Home Child Care Program Questionnaire* also asked directors to identify the three support services offered by their agency that they think are the most important or valuable to the providers. The services most frequently identified were the toy-lending library (by 15 directors), and equipment loans or rentals (also by 15 directors). Seven directors listed the collection of parent fees as among the most important supports, while five identified the provision of art/craft supplies. Other services identified as among the most valuable were: the provider newsletter, respite care to give providers a break, and the provision of written documents such as sample parent contracts. One director cited the availability of group liability insurance.

4. Support for Providers Caring for Children with Special Needs

Seventeen directors (71%) told us that their agency was currently providing care for at least one child who has a special need.¹² A follow-up question asked what, if any, supports are available to providers who are looking after children who have special needs. Seven of the directors reported that the provider could access the services offered through a community organization such as an infant stimulation program. Their responses did not indicate whether the agency had a special arrangement with a community organization or whether the provider simply accessed services in the same way as any parent. Two Alberta directors reported that their agency would provide special training. An Ontario director told us that the provider

Table 2.4

Agencies' Educational Requirements for Prospective Home Visitors, Agency Director Responses, 1999				
Requirement	Alberta N = 8	Ontario N = 8	Québec N = 8	Total sample
Minimum of a two-year ECCE credential	0	8	5	13
One-year ECCE credential or currently doing course work towards this credential	6	0	0	6
Either an ECCE credential or a background in a related discipline such as family studies or social work	1	0	0	1
None	1	0	2	3
Missing information	0	0	1	1

would be given respite care every Friday morning. The other seven directors did not respond to the follow-up question.

2.4 The Home Visitor

In Canada, the home visitor is a key player in both the agency's regulatory and support roles. Her job is complex and multi-faceted. She is the monitor/supervisor and also the supporter/mentor for a group of providers. Often the home visitor is involved in, or responsible for, recruiting and screening potential providers, giving orientation or training, deciding or participating in decisions on home placements, mediating misunderstandings between providers and parents, and communicating regularly with parents.¹³

2.4a Educational and Experiential Requirements for Home Visitors

We asked agency directors to tell us what prior experience and/or formal education level was required for someone to be hired by their agency as a home visitor. Table 2.4 indicates the number of agencies specifying each type of educational background. It should be noted that Ontario regulations require home visitors to have at least a two-year ECCE credential, while neither the Alberta nor the Québec regulations specify a particular educational level (see Appendix A).

All eight Ontario agencies require at least two years' prior experience in working with children, again a stipulation of the provincial government regulations. Three of the Ontario directors told us that this experience must include two years at a supervisory level. Alberta regulations do not address experiential requirements for prospective home visitors. Six Alberta directors reported that their agency requires a home visitor to have had child-related experience while a seventh requires experience in adult education. Québec regulations specify three years' prior experience in direct services for children. However, only six

directors from that province reported this as a stipulation in their agency. One reported that her agency did not have any specific experiential requirements and the eighth did not respond to the question.

We also asked directors what, if any, were their agency's requirements for home visitors to participate in ongoing professional development. Five Ontario directors and one from each of Alberta and Québec stated that home visitors were required to participate in ongoing agency in-service activities. Three Alberta directors stated that their agencies "expect" home visitors to attend conferences. The other respondents either wrote in N/A or that they "encouraged" their staff to engage in professional development.

2.4b Home Visits

Much of the training and support for providers occurs within the context of the home visit. The home visitor's caseload gives a sense of the amount of time she might have available for this activity. Reported average home visitor caseloads varied across provinces and across agencies within each jurisdiction, as follows:

- Alberta — 9 to 28 homes, 80 to 90 children;
- Ontario — 15 to 25 homes, 48 to 62 children;
- Québec — 17 to 53 homes, 90 to 382 children.

Ontario regulations set a ceiling of 25 homes for each home visitor. Six of the eight Alberta agencies reported average home visitor caseloads of 25 homes or fewer. In contrast, with one exception, reported average caseloads in Québec were 30 or more homes.

Agency directors were asked how often, on average, home visits occur for an experienced provider who has been with the agency for more than a year and about whom there are no specific concerns. As illustrated in Table 2.5, the most frequent response was once a month. This is consistent with the average number of visits reported by the providers in Alberta and Ontario on the *Agency Caregiver Questionnaire* (average of 13 and 12 respectively in the previous 12 months). However, the average number of visits reported by Québec providers was 5.1 visits, approximately one visit every two months. The majority of directors in all three provinces reported that new providers would receive more frequent visits.

The most frequently reported length of planned visits was 60 minutes in Alberta, 90 or 120 minutes in Ontario and 120 minutes in Québec. In all three provinces, the majority of agencies reported that visits for new providers would usually last longer than visits with experienced providers. According to the participating providers, all of whom had been with their agency for at least 12 months, the average length of a home visit was just over one hour.

The providers were asked to tell us what types of assistance they receive during home visits, the extent to which they find the home visits helpful, and the types of assistance that they would like during the home visit. The majority of providers, 86.6%, reported that the home visitor gave advice and support. The next most frequently identified type of assistance was ideas for activities with the children, 24.1%. Some providers, 13.4%, identified the home visits as the time when they received supplies and resource materials. This response was most often given by providers in Alberta, 23.1%, and least often by those in Québec, 2.8%.

Providers were asked to indicate the extent to which they found the home visits helpful on a five-point scale, with 1 indicating the visits are "not helpful" and 5 indicating that they are "very helpful." Providers

Table 2.5

Frequency of Home Visits to an Experienced Provider, Agency Director Responses, 1999

Frequency	Alberta N = 8	Ontario N = 8	Québec N = 8	Total sample
More than once a month	0	1	1	2
Once a month	8	6	3	17
Once every two months	0	1	1	2
Once every three months	0	0	2	2
Missing data	0	0	1	1

Note: Past government practice in Alberta has been to expect agencies to visit each home at least once a month; this expectation may change under the new system of regional children's authorities. Ontario and Québec regulations require quarterly visits.

in Alberta and Ontario rated the visits as giving substantial support, with an average ranking of 4.0 and 4.2 respectively. Québec providers gave the visits an average ranking of 3.6.

Just over half, 54.0%, of the providers responded to the question about the types of support that they would like from the home visitor by saying that they were satisfied with what they already received. Table 2.6 illustrates the other most frequent responses to this question. One Ontario provider's wish list for assistance from her home visitor was, "Organized outings, phone lists of other providers, help with emergency doctor appointments, craft and story ideas, a provider tea-time with no agency business — just down time."

Table 2.6

Types of Assistance from the Home Visitor Desired by Providers, Provider Responses, 1999

Desired Assistance	Alberta N = 31	Ontario N = 28	Québec N = 28	All respondents
Additional personal support	9.7%	14.3%	39.3%	20.7%
Substitute to allow time off	9.7%	10.7%	7.1%	9.2%
Ideas for activities	3.2%	7.1%	17.9%	9.2%
Advice regarding problem situations	3.3%	3.6%	17.9%	8.0%
Supplies, resource materials	12.9%	3.6%	3.6%	6.9%
Opportunities for provider socialization	3.2%	3.6%	0%	2.3%
Other	6.4%	3.6%	0%	3.4%
Number of providers who did not respond to this question*	8	11	14	33

* In spite of having been assured that the questionnaire would not be shared with the agency, 27.5% of the providers did not respond to the query about the types of support they would like from the home visitor. It is not possible to determine the proportion of non-respondents who, by not responding, were actually indicating satisfaction with the types of assistance they were receiving.

2.5 Summary

Two major agency roles are: (1) supervising and monitoring providers, and (2) making available training and other supports such as equipment loans. Fifty-eight percent of the directors reported that their agency conducts periodic performance evaluations of its affiliated providers. Most of the other directors told us that their agency does regular safety checks on every home. The majority of directors reported specific mechanisms or approaches for addressing concerns about a provider's performance or a home.

Almost all the agencies assist the new provider to set up her home and business through an orientation and the provision of materials such as sample parent contracts. Twenty-one of the 24 directors identified one or more ways in which their agency assists providers to participate in training or professional development. The value of provider networking also appears to be appreciated by the agencies. Nineteen of the directors reported that their agency specifically facilitates provider networking. Other types of supports identified by the directors included toy and/or equipment loans, a regular agency newsletter, and collecting parent fees. Although 71% of the directors told us that their agency has at least one child with special needs, only two reported that their agency provides special training for the providers who look after the children.

The home visitor is a key player in both the agency's regulatory and its support roles. Thirteen of the 24 directors reported that their agency requires home visitors to have a two-year ECCE credential or equivalent, while six others reported that a one-year ECCE credential is required. Almost all the directors told us that they require prospective home visitors to have had prior experience in working with children. Except in Québec, home visits occur monthly and, on average, last between one and two hours. The reported frequency of home visits in Québec was approximately once every two months. We asked the providers to tell us the type of support they would most like from the home visitor. Twenty-one percent identified a desire for additional personal support.

Notes

- 1 Government of Ontario 1997.
- 2 Filger 1994; Richer 1992.
- 3 Doherty et al. 2000b.
- 4 Other predictors are identified in Doherty et al. 2000b.
- 5 For a review, see Doherty et al. 2000b, Appendix C.
- 6 Pence and Goelman 1991.
- 7 Rosenthal 1991.
- 8 Kontos and Riessen 1993.
- 9 Doherty et al. 2000b.
- 10 Musick 1996, p. 27.
- 11 Ibid.
- 12 "Special need" was defined on the questionnaire as a physical or intellectual disability or emotional disorder diagnosed by a physician or other health professional.
- 13 Richer 1992; Waddington 1996.

Chapter 3

Provider Working Conditions and Turnover

3.1 Introduction

This chapter, which looks at provider working conditions, relies on a mixture of information from the questionnaires completed by the 24 agency directors and the 120 providers (see Appendices B and C). Additional information about agency providers' working conditions can be found in the companion to this report: *Caring and Learning Environments: Quality in Regulated Family Child Care Across Canada*.¹

Working conditions are important because they influence the quality of the care given to the children in a family child care home. The observational component of this study found that higher quality was associated with providers: (1) taking more vacation days; (2) being compensated for extra time and/or being paid when children are absent for reasons such as their family holiday; and (3) receiving higher remuneration levels.² Interestingly, we also found a positive correlation between quality and a higher number of hours engaged in child care-related activities when children are not present. These unpaid hours appear to reflect the provider's commitment and the extra effort required for quality care. With one exception in regard to ratio, other researchers have found associations between quality and fewer children

per provider³ and smaller group size.⁴ The exception to these findings found that quality was associated with more children per provider; the researchers noted that providers with more children tended to have both higher levels of formal education and higher levels of training related to the provision of family child care. Thus, the effect of ratio was confounded by the effect of educational level.⁵

Working conditions are also important because they influence job satisfaction, which in turn influences provider turnover. For example, 23.4% of the providers who indicated job dissatisfaction by telling us that they would not choose family child care as a career again, cited the financial instability associated with this occupation as their reason. Other researchers in both Canada⁶ and the United States⁷ have reported an association in family child care between turnover rates and low remuneration and/or few benefits.

3.2 Ratio and Group Size

Ratio and group size are the same in family child care unless the provider has a second person working with her. As indicated in Table 3.1, the average ratio among the agency providers in our study was close to 1:5 across all three provinces. In Québec, where 40.5% of the providers had an assistant present at the time of the observation, the average group size was larger than in Alberta or Ontario. Providers in Québec were also, on average, serving a larger number of families. While having an assistant allows for a sharing of responsibility for the children, the provider is likely to be solely responsible for negotiations with parents around hours, fees and so on, unless this is done by the agency. The Québec providers in our sample thus tended to have to engage in a greater number of relationships than their counterparts in the other two provinces.

3.3 Hours of Work and Time Off

The *Agency Caregiver Questionnaire* asked providers to tell us the number of hours per week and the days of the week that they provide child care, and the average number of hours a week they spend on child care-related duties, such as preparing activities, when no child care children are present. It also asked the respondents the number of days' vacation they had taken in the previous 12 months. As indicated in Table 3.2, most providers reported providing care for five days a week and working about 50 hours each week. They told us that, on average, they spent another 5.0 hours a week on child care-related activities when child care children are not present. Almost a quarter, 24.4%, reported working one or more of: before 7:00

Table 3.1

Average Ratio, Group Size and Number of Families Being Served, Provider Responses, 1999			
	Alberta N = 39	Ontario N = 39	Québec N = 42
Ratio	1:5.0	1:4.7	1:5.4
Group size	5.0	4.7	7.3
Number of families being served	4.2	3.7	6.2

Table 3.2

Hours of Work and Time Off, Provider Responses, 1999

	Alberta N = 39	Ontario N = 38	Québec N = 42	Total sample
Provide child care five days a week	87.9%	92.3%	97.6%	95.0%
Average number of hours per week that there is a child care child in the home	50.9 hrs.	50.5 hrs.	49.3 hrs.	50.2 hrs.
Provide child care:				
- On the weekend	10.3%	5.1%	2.4%	5.9%
- One or more of: before 7:00 a.m., after 7:00 p.m., on the weekend	30.8%	23.1%	19.0%	24.4%
Average number of hours per week of work on child care-related duties when no child care child is present	5.0 hrs.	4.3 hrs.	5.9 hrs.	5.1 hrs.
Average number of vacation days in the previous 12 months	10.7 days	11.4 days	19.2 days	13.8 days

Note: The provider sample consisted of 39 providers from each of Alberta and Ontario and 42 from Québec, for a total of 120. The number of actual respondents to a specific question is sometimes less when, for whatever reason, not all providers responded.

a.m., after 7:00 p.m., or on the weekend. Across the sample as a whole, the providers had taken about 14 vacations days in the previous year.

Directors were asked how alternate care is arranged when a provider becomes ill or has an emergency in her own family. Eighteen of the twenty-four agencies provide or arrange for an alternate. Four Québec directors told us that the provider is responsible for having a back-up arrangement. In two of the Alberta agencies, parents are given a list of alternatives by the agency and make their own arrangements.

3.4 Remuneration

Providers were asked to indicate their gross income from child care provision in the previous year, 1998, and the proportion of this income that was spent on child care expenses.

As illustrated in Table 3.3, the majority of Alberta providers reported a gross annual income between \$10,000 and \$14,999 in 1998, while the majority in both Ontario and Québec told us that they earned between \$15,000 and \$24,999. The lower average income in Alberta reflects an average smaller number of children than in Québec, but not fewer children than are cared for by the average provider in our Ontario sample (see Table 3.1).

As illustrated in Table 3.4, in many cases a significant proportion of a provider's net income is used for child care-related expenses; these include food for the child care children, and toys, art supplies and other programming materials.

Table 3.3

Annual Gross Income from Child Care Provision in 1998, Providers Working 48 Weeks or More Only, Provider Responses

Range	Alberta N = 39	Ontario N = 39	Québec N = 42	Total sample
Less than \$10,000	17.9%	20.5%	7.1%	15.0%
\$10,000 - \$14,999	48.7	5.1	21.4	25.0
\$15,000 - \$19,999	25.6	25.6	23.8	25.0
\$20,000 - \$24,999	7.7	33.3	21.4	20.8
\$25,000 - \$29,999	0	10.3	14.3	8.3
\$30,000 and over	0	5.2	11.9	6.0

Income level depends on a number of factors, among them the number of children for whom the individual provides care and the level of fee received for each child. All the agencies reported that the average fee for an infant would be higher than for a preschooler, and the fee for a preschooler would be higher than for a school-age child.

We gave the directors a list of circumstances and asked them to indicate which, if any, would result in the provider receiving a higher than usual payment for a child. A space was also given for a director to write in a circumstance that was not listed. As indicated in Table 3.5, the most frequently cited circumstances were that the provider was looking after a child with special needs or was providing extended care. Financial recognition of specialized training was only reported by two directors, while none reported that experienced providers in their agency receive higher fees than those with less experience. However, our data show that among individually licensed providers, those who had completed early childhood care and education (ECCE) courses or a formal family child care training course command and receive higher daily

Table 3.4

Estimated Percentage of Gross Income Spent on Child Care-Related Expenses in 1998, Provider Responses

Estimate	Alberta N = 38	Ontario N = 38	Québec N = 41	Total sample
15 - 29 %	28.9%	28.9%	14.6%	23.5%
30 - 44%	31.6	34.2	24.4	29.4
45 - 59%	18.4	23.7	43.9	28.6
60 - 75%	21.1	13.2	17.1	16.8

Note: The total sample does not sum to 100% when some providers do not respond to a specific question.

Table 3.5

Circumstances in Which a Provider Would Receive a Higher than Usual Fee for a Child, Agency Director Responses, 1999

Circumstance	Alberta N = 8	Ontario N = 8	Québec N = 8	Total sample
Provider is looking after a child who has been diagnosed as having a special need by a physician or other health professional	7	5	6	18
Provider is providing extended care, e.g., more than 10 hours a day, care on the weekend or overnight	4	6	5	15
Provider has an ECCE credential or has completed the <i>Step Ahead</i> program*	1	1	0	2
The provider has reached a certain level of experience in our home child care program, e.g., an increase after a certain period of time	0	0	0	0
None of the above	0	2	0	2

* *Step Ahead* is a family child care training program developed by the Alberta Association of Family Day Home Services (1996).

Table 3.6

Benefits Available Through the Agency, Provider Responses, 1999

Benefit	Alberta N = 38	Ontario N = 39	Québec N = 42	Total sample N = 119
Payment in the event of a child's absence due to illness or family holidays	71.1%	97.4%	88.1%	85.7%
Payment for statutory holidays, e.g., New Year's Day	84.2	100.0	21.4	67.2
Payment for overtime, e.g., late pick-up	28.9	38.5	71.4	47.1
Payment in the event of a child being withdrawn from care without notice	34.2	51.3	66.7	51.3
An appeal procedure for situations such as parent complaint	38.5	42.1	78.6	53.8
Liability insurance	73.7	35.9	88.1	66.4
Disability insurance	2.6	2.6	11.9	5.9

fees. This recognition of specialized training is consistent with practice in other occupations. Length of experience as a regulated family child care provider was not related to fees among our individually licensed providers.

As illustrated by Table 3.6, most providers in all three provinces receive payment in the event of a child's absence due to illness or family holidays. However, few providers in Alberta or Ontario reported being paid for overtime.

3.5 Benefits

The net income attained by providers is low; mechanisms to protect their income are therefore important. We gave the providers a list of possible mechanisms and asked them to tell us which were available through their agency (as opposed to being available through a partner's insurance or other source). As indicated in Table 3.6, practice varies considerably across the three provinces. However, in most cases, providers are poorly protected against loss of income resulting from a child being withdrawn without notice or from the provider's inability to work due to illness or disability.

3.6 Recognition

A Canada-wide survey of regulated family child care providers conducted in 1998 found that only 36% of the respondents were satisfied with the respect accorded to their work by others.⁸ Remuneration levels may be part of the reason why providers feel that their work is not valued. Given the current high reliance on parent fees for operating revenue, agencies' ability to address low income is very limited. However, respect for the value of the work can also be conveyed in other ways — for example, by giving care

Table 3.7				
Ways in Which Agencies Acknowledge Providers, Agency Director Responses, 1999				
	Alberta N = 8	Ontario N = 8	Québec N = 7	Total sample
Agency reported having at least one specific way to acknowledge providers	7	7	4	18
Most frequently cited methods:				
- Provider appreciation occasion	4	5	0	9
- Recognition of an individual in the agency newsletter	3	0	2	5
- Certificate of excellence or achievement	1	2	1	4
Other methods	1	5	1	6
Missing data	0	0	1	1

providers a voice in decisions that affect them, making a point of expressing appreciation for the work done, and providing formal recognition of a provider's skill and expertise.

We asked directors if their home child care program had any special way in which it acknowledges providers as a group and/or those who provide exemplary care. As indicated in Table 3.7, 18 of the 24 agencies do have some formal means of recognition.

Other methods cited included: (1) an evening out for a provider and her husband based on a draw for all providers who achieve a perfect safety check; (2) a break-away visit (respite care) on the provider's birthday; (3) introduction of providers who are deemed to be giving exemplary care at the agency's annual general meeting; and (4) gift certificates.

Respect and recognition is also accorded individuals when they are asked to share their expertise with others and/or are provided an opportunity to participate in agency decision-making. Table 3.8 illustrates the extent to which providers receive this type of recognition. Fewer than half the directors reported that providers in their agency have opportunities to act as mentors or trainers. In the United States, where mentoring programs have been operating in both family- and centre-based child care for several years, mentoring has been credited with providing a new and meaningful role for experienced providers,

Table 3.8

Provider Opportunities to Share Expertise and/or Participate in Decision-Making, Agency Director Responses, 1999

	Alberta N = 8	Ontario N = 8	Québec N = 8	Total sample
At least one provider in the agency served on the board of directors within the previous 12 months	0*	1*	8**	9
At least one provider served on an Advisory, Training or other agency committee within the previous 12 months	2	2	5	9
Providers acted as mentors (formal role in supporting other providers) in the previous 12 months	3	4	2	9
Providers acted as trainers and/or workshop leaders in the previous 12 months	3	2	1	6
Number of agencies indicating at least one of the above opportunities	7	5	8	20

* Six Alberta and two Ontario agencies were part of the commercial sector and therefore did not have a board of directors.

** Québec regulations require all family child care agencies to be non-profit and to have providers on their boards of directors.

reducing the isolation endemic in family child care, and providing professional development for both the mentor and the protégé.⁹ In the training area, experienced providers would bring a level of credibility that is not present when the trainer has never actually been a family child care provider.

3.7 Career Mobility

Opportunities to be trainers and/or mentors give providers a lateral career opportunity that not only acknowledges their expertise but also provides a stimulating change of work within the family child care field. As indicated in Table 3.8, such opportunities appeared to be relatively rare in our sample of agencies.

In an effort to obtain a sense of career ladder, we asked the directors to tell us how many, if any, of their home visitors had prior experience as a family child care provider. Six Alberta, five Ontario and three Québec directors reported that at least one of their home visitors had prior experience as a family child care provider. Twenty-three such people were identified out of 93 home visitors in the total sample (24.7%). The highest proportion of home visitors with previous experience as a provider was in Alberta, 38.5%, followed by Québec, 25.0%, then Ontario, 17.6%. The low rate in Ontario may reflect, in part, the legislative requirement that home visitors have a two-year ECCE credential, a requirement that does not exist in the other two provinces.

3.8 Provider Turnover

Provider turnover was identified as a moderate concern by four Alberta directors and as a major concern by two other directors in that province. Turnover appeared to be less of a concern among the directors in the other two provinces.

As illustrated in Table 3.10, Québec and Ontario agencies reported the lowest proportions of providers who had been in the home care program for less than a year (16.3% and 16.5% respectively). Nearly half of the Ontario providers (41.2%) and over a third of the Québec providers (34.5%) had been with their

Table 3.9				
The Extent to Which Provider Turnover Was Identified as a Concern by Agency Directors, 1999				
Extent to which turnover was identified as a concern	Alberta N = 8	Ontario N = 8	Québec N = 7	Total sample
Not a major concern	2	5	6	13
A moderate concern	4	3	1	8
A major or very major concern	2	0	0	2
Missing data	0	0	1	1

Table 3.10

Average Estimated Proportion of Time that Providers Have Been with Their Current Home Child Care Program, Agency Director Responses, 1999

Time with program	Alberta N = 8	Ontario N = 8	Québec N = 8	Total sample
Less than one year	23.4%	16.5%	16.3%	18.4%
One year to three years	35.0	20.8	24.3	25.6
Three years to five years	17.4	23.0	25.0	21.9
Five years to ten years	17.0	26.0	30.0	24.5
Over ten years	7.5	15.2	4.5	10.5

Notes: The estimated proportions by timeframe for each province were calculated from two questions; one asked each director the number of active providers with her agency, the other asked the director to estimate the proportion of providers who had been with the agency for each timeframe. Columns do not add precisely to 100.0% because of rounding.

Table 3.11

Intention to Remain with or Leave the Agency, Provider Responses, 1999

	Alberta N = 39	Ontario N = 38	Québec N = 42	Total sample
Yes, expect to be with the agency in 3 years' time	74.4%	71.1%	71.4%	72.3%
Don't know if I will be with the agency in 3 years	7.7	21.1	21.4	16.8
No, will not be with the agency in 3 years' time	17.9	7.9	7.1	10.9

agency for five years or more. There was, however, considerable variation across agencies in each of the three provinces. For example, in Alberta the estimated proportion of providers who had been with the agency for between five and ten years varied from 2% to 27%, while in Québec it varied from zero to 60%.

A sense of potential turnover rate is also provided by the responses of providers to a question that asked, "Do you expect to be associated with the same agency three years from now?" As illustrated in Table 3.11, the highest proportion of providers responding that they did not expect still to be with their agency were those living in Alberta. Nearly a quarter of providers in both Ontario and Québec were unsure about their future plans. Fifty percent of Alberta providers saying that they probably would not remain with the agency indicated that they planned to change their occupation.

It is important to keep in mind when reviewing Table 3.11 that participation in the study was voluntary. We would expect that only the most satisfied providers would agree to complete a fairly lengthy questionnaire and permit someone to come into their home and observe their program. In addition, although providers were assured that their questionnaire responses would not be shared with the agency, some providers who were thinking of leaving might not have wanted to admit it. Previous Canadian studies report actual annual agency-affiliated provider turnover rates of 40% in Ontario¹⁰ and 51% in Alberta.¹¹

3.9 Reasons for Turnover

We asked directors to tell us the three reasons most frequently cited by providers who had left the home child care program voluntarily in the previous 12 months. The combination of “a family move” and “family responsibilities” accounted for the most frequently cited reasons, followed by “to work outside the home.” To some extent, “to work outside the home” may reflect that group of women who begin providing family child care because they want to stay at home with their young child(ren) but enter the occupation with the intention of leaving as soon as their youngest child enters elementary school. However, this response may also apply to people who leave the field to enter a better paying job. As illustrated in Table 3.12, a number of directors cited “dissatisfaction with income” and/or “to provide home care privately” as reasons frequently given by providers for leaving. One of the questions on the provider questionnaire asked the respondent to indicate the fee that they would receive for a child placed by the agency and the fee they would charge for a child of the same age who was placed privately. In both Alberta and Ontario

Table 3.12

Most Frequent Reasons Given by Providers for Leaving the Agency Voluntarily, Agency Director Responses, 1999

Reason	Alberta N = 8	Ontario N = 7	Québec N = 8	Total sample
To work outside the home	5	6	6	17
Family move	3	5	3	11
To provide care privately	5	3	2	10
Dissatisfied with income	3	3	1	7
Health reasons	0	2	4	6
Family responsibilities	3	3	0	6
Found work too stressful	3	1	1	5
To go to school	0	3	1	4
Missing data	0	1	0	1

Note: The numbers in each column refer to the number of directors who cited this reason.

the providers said that the fee would be higher for a private placement for each of three age groups. This was reported only for school-age children by Québec providers. The perception of being able to earn more by providing care privately may contribute to a decision to leave the agency system. This would be particularly likely if the provider felt that she was getting few benefits, such as professional development opportunities or equipment loans, from her association with the agency. As noted at the beginning of this chapter, other researchers in Canada¹² and the United States¹³ have found an association between high turnover rates in family child care and low income levels.

3.10 Agency Decision to Cease Using a Home

Directors were also asked how many homes the agency had stopped using in the past 12 months and the single primary reason in each case. Assuming that the number of current providers represents the number of homes in each agency, we calculated the termination rate to be 4.9% in Alberta, 3.0% in Ontario and 2.6% in Québec. The rate for the total sample was 3.4%. The most frequently cited reason for no longer using a home in all three provinces was that the provider had failed to meet requirements; this was followed by the home environment failing to meet standards. Two agencies in Alberta and one in each of the other two provinces reported no longer using a home because of complaints from parents. Only three agencies, all in Ontario, told us that a home was no longer used because there was insufficient demand in the home's area.

3.11 Summary

The majority of providers in our sample took care of five child care children for approximately 50 hours a week spread over five days. In addition, they spent an average of 5.0 hours a week on child care-related activities when no children were present. The majority of Alberta providers reported a gross annual income of between \$10,000 and \$14,999, while most of the colleagues in Ontario and Québec earned between \$15,000 and \$24,999. As illustrated in Table 3.4, in many cases a significant proportion of a provider's income is used for child care-related expenses. While many providers told us that they get paid when a child is absent due to illness or their family vacation, only half reported being paid when a child is withdrawn from care without notice. Two-thirds of the providers told us they have liability insurance through the agency, but only 6.0% reported having disability insurance. Across the sample as a whole, providers had 14 days' vacation time in the previous year. Opportunities for career mobility appeared to be limited for our group. Fewer than half of the agencies reported using experienced providers as mentors, and fewer than a third use them as trainers. Across the sample as a whole, directors reported that only 24.7% of their home visitors had been family child care providers.

Provider turnover was identified as a moderate concern by four of the eight Alberta directors and as a major concern by two others in that province. It appeared to be less of a concern for directors in Ontario and Québec. Alberta directors also reported the highest proportion of providers who had been with their agency for less than a year. Responses by the directors suggest that provider dissatisfaction with their income is an important contributor to turnover, an association that has been noted in previous research.

The annual rate of an agency's ceasing to use a home in the previous 12 months was 4.9% in Alberta, 3.0% in Ontario and 2.6% in Québec. The reasons for no longer using a home most frequently noted by the directors were that the provider failed to meet requirements or the home environment failed to meet standards.

Notes

- 1 Doherty et al. 2000b.
- 2 Ibid.
- 3 Howes 1983; Howes and Norris 1997; NICHD Early Childcare Research Network 1996; Stith and Davis 1984.
- 4 Fosburg 1981; Kontos 1994.
- 5 Galinsky et al. 1994.
- 6 Norpark 1989; Read and LaGrange 1990.
- 7 Modigliani 1994; Nelson 1990.
- 8 Goss Gilroy Inc. 1998, p. 9.
- 9 Whitebook and Bellm 1996; Whitebook, Hnatiuk and Bellm 1994.
- 10 Norpark 1989.
- 11 Read and LaGrange 1990.
- 12 Norpark 1989; Read and LaGrange 1990.
- 13 Modigliani 1994; Nelson 1990.

Chapter 4

Agency Relationships with Families

4.1 Introduction

Family child care agencies provide a major family support service through recruiting, screening, monitoring and supporting family child care providers. These activities not only enable parents to engage in paid work or to further their education, they also provide parents with some assurance that their child will be well cared for in their absence. However, the potential for agencies to support parents goes beyond this. For example, they can be sources of information about child development and other community services. Their ability sometimes to provide a newcomer to Canada with a caregiver from the same culture may assist the immigrant or refugee family through the difficult adjustment to new ways of doing things. This chapter, which relies on information provided by the 24 directors, looks at some of the relationships between agencies and families.

4.2 Finding an Appropriate Care Provider

Typically, a family's first contact with an agency occurs when they are seeking child care. As illustrated in Table 4.1, a preliminary telephone interview to discuss the parent's needs and preferences for child care is common practice in all three provinces. The eight Ontario directors told us that their programs also set up a

Table 4.1

Approaches to Finding an Appropriate Provider, Agency Director Responses, 1999

Service	Alberta N = 8	Ontario N = 8	Québec N = 8	Total sample
Telephone interview to determine the child care needs/preferences	8	7	8	23
Face-to-face interview with the parent(s) <i>only</i> to determine the child care needs/preferences	2	4	2	8
Face-to-face interview with the parent(s) <i>and</i> child to determine the child care needs/preferences	5	7	2	14
Information/orientation sessions to explain the home child care program policies, procedures, services and expectations and parental rights	5	5	2	12
Written information packages to explain the home child care policies, procedures, services and expectations and parental rights	8	8	5	21

Note: The directors could report more than one approach.

face-to-face interview with the parent(s), in seven cases with the child present. Having the child present gives agency staff an opportunity to assess the child's temperament and developmental stage prior to suggesting a specific home. The practice of a meeting with parent and child was also reported by five Alberta agencies and two directors from Québec. As indicated in Table 4.1, some agencies have two parent interviews, one with and the other without the child. The home visitor was reported as participating in the interview with the parents by six Ontario directors, three Alberta directors and two directors from Québec. Being present at the parent interview may give the home visitor valuable insights into the family's child-rearing values and practices that can assist her in future contacts with the parents.

Agencies that meet with the parents often use this as an opportunity to discuss the program's policies and procedures. All the Alberta and Ontario directors reported that parents are provided with written information about the program. In Québec, five directors reported providing only written material, one reported providing both a verbal orientation and written package and another reported a verbal discussion only.

4.3 Making the Decision to Use a Specific Home

We gave the directors three possible ways in which the actual home might be chosen, plus the option to write in other approaches, and asked them to indicate all that apply. As indicated in Table 4.2, parents are most frequently given a short list of selected providers from whom to choose. Six of the Alberta and five of the

Table 4.2

Approaches to Choosing the Specific Home, Agency Director Responses, 1999				
Reported approach	Alberta N = 8	Ontario N = 8	Québec N = 8	Total sample
Home child care program staff suggest a specific home	7	6	3	16
Families are provided with a short list of selected providers	7	6	5	18
Families are provided with a list of all providers who have vacant spaces	0	0	1	1
Note: The directors could select more than one approach.				

Ontario directors who reported this approach also told us that agency staff suggest a specific home to the parents. Only two Québec directors reported the combination of agency staff suggestions and giving the parents a short list of providers. Two other Québec agencies, as well as one director from Ontario, reported that their placement decision includes a visit to the potential provider's home by parent, child and home visitor. These visits would give parent and home visitor a chance to see how the child reacts to the provider, and the provider an opportunity to express her opinion about taking the child into her program.

4.4 Other Services for Parents

We gave directors a list of various ways in which they might support parents, in addition to the provision of child care, and asked them to indicate all that applied to their agency. There was also space to write in a service not listed. As illustrated in Table 4.3, the agencies in our sample all provided a number of the services indicated. One Alberta director told us that her agency makes referrals to other community services. An agency in Québec reported regular social activities involving agency staff, care providers and parents.

4.5 Giving Parents a Voice

Parents are supported when they feel that they have a voice in decisions that might affect their child. We therefore asked directors to tell us whether their agencies provided mechanisms for parental involvement in service evaluation and/or agency decision-making. As indicated in Table 4.4, most agencies do involve parents in program evaluation. Because we wanted to keep the response burden reasonable in our questionnaire, we did not ask directors to describe the mechanisms used. Québec regulations require parents to sit on the boards of directors of child care agencies and all the directors from that province reported such representation. Parent participation on advisory committees or boards of directors appears to be less common in Alberta and Ontario.

Table 4.3

Other Services for Parents, Agency Director Responses, 1999

Service	Alberta N = 8	Ontario N = 8	Québec N = 8	Total sample
Assistance in applying for a government fee subsidy for low-income families	8	6	8	22
Information/education regarding child health and/or guidance	8	7	5	20
Information/education regarding partnering with your child care provider	7	7	3	17
Contact (by phone or in person) on a regular basis to discuss any possible concerns about the child care being provided	8	8	3	19
Mediation/assistance with child care-related problems	8	8	7	23
Newsletter or bulletin	8	8	4	20
None of the above	0	0	0	0

Note: The Québec child care legislation requires that two-thirds of the members of the board of directors be parents who are currently using the service (Jocelyne Tougas, personal communication).

Table 4.4

Mechanisms for Parent Involvement, Agency Director Responses, 1999

Mechanism	Alberta N = 8	Ontario N = 8	Québec N = 8	Total sample
Involvement with the regular evaluation of the care provided and/or agency services	7	7	6	20
Opportunity to participate on the board of directors or a parent advisory committee	4	4	8	16

4.6 Summary

Typically, a parent's first contact with an agency is a telephone call to seek child care. In most cases, this is followed by a face-to-face interview with agency staff that may or may not include the child, and the provision by the agency of a short list of possible homes. Agency staff may also suggest a specific home. Most agencies provide other services such as assistance in applying for a fee subsidy, information regarding child health and/or guidance and mediation/assistance with child care-related problems. Parents are given a voice in ongoing decisions that affect their child through being involved in regular evaluation of the care provided and/or participating on the agency's board of directors or a parent advisory group.

Chapter 5

Issues and Recommendations

5.1 Introduction

This chapter begins with a brief summary of the changes in government policies and practices related to child care that occurred in the three years prior to data collection; as noted, some of these had a direct effect on the agencies' operation. It then discusses issues of concern as identified by the directors or that emerged indirectly from their questionnaire responses. The chapter ends with a list of recommendations.

5.2 The Effects of Changes in Government Policies and Practices

Over the course of the three years prior to data collection all three provinces implemented a major restructuring of child care services and significant changes in government policies.¹ In 1998, the Alberta government began to transfer responsibility for planning, licensing and monitoring all children's services to regional children's authorities. This became effective on April 1, 1999. The transfer includes responsibility for contracting with each family child care agency for the specific services it will provide, and negotiating the administration fee it will receive to cover operating costs such as home visitors' salaries and the provision of supports to its affiliated providers. While there had been no government reduction in the agency administration fee in the three years prior to the transfer, the new authorities are at liberty to demand more services for the same fee or to reduce the fee.²

In Ontario, all non-profit agencies and those commercial agencies licensed prior to 1987 receive a “provider wage enhancement grant” in addition to the agency administration fee. In 1993, Ontario capped the provider wage enhancement grants. As a result, new agencies do not receive these grants and existing agencies receive no additional funds if the number of their affiliated providers increases. In 1998 Ontario began the initial work of transferring responsibility for the delivery of child care services to 47 Consolidated Municipal Services Managers. After transfer, all municipalities will be required to fund 20% of the cost of fee subsidies, wage-enhancement grants, and grants for children who have special needs. Previously, municipal funding was limited to 20% cost-sharing of parent fee subsidies. Some municipalities have expressed concern, first, that these new responsibilities will result in higher overall costs for them, even though the province will be assuming some of the municipalities’ other previous responsibilities, and second, that they do not have the tax base to cover additional costs. People in the child care field are concerned that the change will result in reduced financial support for child care services and a cap on, or reduction in, fee subsidy availability and in fee subsidy rates.

Since September 1997 both non-profit child care centres and family child care agencies in Québec have been licensed as early childhood centres (*centres de la petite enfance* [CPE]). By 2003, every CPE must provide both centre- and family-based care. Centres and family child care agencies in every community are having to discuss whether to amalgamate to form one program providing both types of care, or to expand separately and add the missing component to their individual programs. Providers are also being required to comply with new government standards on implementing a core curriculum across both family- and centre-based settings and on new training requirements. The implementation of the government’s \$5.00 a day parent fee program has substantially increased parent demand for child care, a demand that services are having difficulty in meeting.

We asked directors an open-ended question about the impact, if any, on their home child care program of changes in government policies, practices or funding over the previous three years. Directors in all three provinces identified two major impacts: (1) providers leaving the agency to provide care privately; and (2) cut-backs in support services to providers or the implementation of a charge to providers for services that were previously without cost.

5.2a Alberta

Six of the eight directors reported that a decrease in the agency administration fee received from the government had resulted in the agency having to charge its own administration fee to parents, and/or to increase its fees for service. This action is taken in an attempt to ensure that the agency-affiliated providers receive a level of income similar to that earned by unregulated providers in the same community. However, charging parents an administration fee or a higher fee for child care means that regulated care becomes the more expensive option. Two directors noted that the fee increase in their agencies was associated with both parents and providers leaving the agency to make private arrangements (that is, an arrangement between parent and provider that does not involve the agency). This results in a loss of regulated spaces. Three respondents expressed concerns that the decreased government funding had quality implications — for example, fewer funds for provider training. There are, of course, also quality implications when a provider leaves the agency in order to provide care privately, since she forfeits agency supports such as professional development activities (see Table 2.2). One director did not answer the question about the effect of changes in government practices. The eighth director identified reduced government funding as a problem but did not elaborate.

5.2b Ontario

Two Ontario directors did not respond to the question about the effect of changes in government policies or practices over the previous three years. Three of the other six respondents noted that their program had been unable to increase remuneration levels for providers for several years because of the cap on provider wage enhancement grants. Two of these directors told us that providers are making private arrangements with parents (private placements) rather than arrangements through the agency because they receive more money per child by following this route. In some cases the provider leaves the regulated system altogether. In other situations she remains with the agency but accepts private placements. This may mean that a space is not available for use by the agency when required, thus making placement more difficult for agency staff. One director noted that providers in her agency were having to rely on a family resource centre for supports. Another director observed that fees have increased, but fee subsidies have not; as a result, “Middle income families are being squeezed out of the system.”

5.2c Québec

Two of the eight Québec directors noted that changes to government policies and procedures have reduced their agency’s flexibility in its use of government funds. There are now more specific definitions of the supports that agencies are funded for and are expected to provide to their affiliated caregivers. Any other supports or services are deemed to be optional and therefore not included in the government funding. As a result, providers are now being asked to pay for support services that previously were provided free-of-charge. Given the low remuneration levels in family child care, having to pay is a disincentive to seeking support. Thus there is a quality implication. If a majority of providers are unable or unwilling to pay for a support service, such as a training workshop, it is no longer feasible for the agency to provide it. Having to pay for supports may also lessen the perceived value of being affiliated with an agency.

Change and the need to cope with change is clearly a big issue in this province. Six of the eight directors commented that the changes in Québec had increased their workload, stress and frustration, in part because of the substantial increase in demand and in part because of the speed with which the changes were made. One of these directors noted that there have been constant changes over the past five years — changes to the regulations, changes to the subsidy system, the announcement of the \$5.00 a day program, the creation of CPEs — “It’s as if we were the captain of a ship in uncharted waters.” Another commented on agency staff burnout as a result of constant changes in government requirements and expectations and the need for rapid expansion of the program. Three respondents observed that the new government requirements forced the agencies to be more intrusive with the providers, a change that is resulting in some providers leaving the regulated system.

5.3 Issues Identified by the Directors

5.3a Agency Funding

Agency operating funds in Alberta and Ontario come from a combination of parent fees, fee subsidies and government grants such as “administration fees.” As is the case with centres, the ability of the agency to increase parent fees is limited by the need to keep fees affordable so that spaces are full and generate revenue. Therefore, even though agencies in these two provinces may be able to use a proportion of the

parent fees and fee subsidies to cover operating costs rather than giving the provider the whole amount, the money available for operating costs from these sources is extremely limited. In Québec, the \$5.00 a day contributed by the parent is paid directly to the provider, while the government's portion of the fee is paid to the agency. However, this government portion must be transferred in its entirety to the provider. As a result, agencies cannot take a percentage of the government money granted for fees and use it for operating costs. Instead, they must rely on government "administration fees" for their operating revenue. The exception is that small percentage of agencies that negotiate a small fee to be paid by their providers for certain types of support services.

Agency directors in all three provinces indicated that the current inadequate levels of operating funds had one or more of the following negative effects:

- agencies are unable to address the current very poor remuneration levels received by providers;³
- providers are leaving the regulated system or are accepting private placements to increase their income; and
- agencies are either having to cut back on training and other supports or are having to charge providers a fee for them.

When we asked the directors what, if anything, they would most like to change in their home care program, nine said they would like to provide more training, resource materials and supports for their providers, while six wished they could increase providers' income levels. This identification of a need to increase provider income is consistent with a survey of 110 agencies in Ontario which found that the need for "improved provider remuneration" was among the top three most critical issues facing home child care programs.⁴

The desire to increase provider remuneration and make more training and other supports available for providers is consistent with research findings on variables associated with quality. Our study found that the overall quality of a home was *predicted* by a number of factors, including: (1) the provider's level of training related to the provision of family child care; (2) her income level; and (3) whether she regularly networked with other providers. Relationship continuity is also important for quality. It enables the child to develop a relationship of trust with the adult and assists the adult to provide developmentally appropriate care for the child. Income earned from child care provision has been found to be directly related to turnover among family child care providers.⁵

"Compared to 10 years ago, home child care is really starting to show the chronic underfunding. Since 1991, I have had one raise of approximately \$60 a year on a home of five kids! We used to have monthly craft and idea booklets as well as supplies. My home visitor now has an annual craft budget of \$200 for 25 providers. I spent \$800 on toys and crafts for myself last year! The training has also dropped off and we are now charged for it. The saying is true, it isn't the government who provides daycare subsidy for parents, it is the daycare workers who are working for low wages!"

— Ontario provider

5.3b Provider Recruitment

We gave the directors a list of four possible factors, asking them to indicate on a five-point scale, with 5 being “a very major issue,” the extent to which each factor was a concern for their program (see Appendix B). Recruiting providers in general was clearly the most pressing issue in all three provinces, with an average score of 4.0 for the whole sample. It was identified as a major or very major issue by 17 of the 23 respondents who answered this question (74%) and as a moderate concern by four others. Research in both Canada⁶ and the United States⁷ identifies the expectation of low income and few benefits as major barriers to recruitment. The perceived lack of respect for family child care provision as an occupation has also been recognized as a barrier.⁸ A 1996 Canada-wide survey found that only 36% of regulated providers were satisfied with the respect they perceived for their occupation on the part of society in general.⁹

Recruiting providers from the same cultural or ethnic background as the families served was identified as a major or very major issue by only three directors, all of whom were located in Alberta. As noted by one Ontario director whose agency serves a multi-cultural community, when an area has many families from a particular cultural or ethnic background seeking child care it also has a number of potential caregivers with the same background.¹⁰

5.3c Provider Turnover

Provider turnover was identified as a major concern by two of the eight Alberta directors and as a moderate concern by four others in that province. It was also a moderate concern for three Ontario agencies (see Table 3.9). As illustrated in Table 3.10, nearly a quarter of Alberta providers, 23.4%, had been with their agency for less than a year. We asked all the providers, “Do you expect to be associated with the same agency three years from now?” The highest proportion of those who did not, 17.9%, lived in Alberta (see Table 3.11).

Directors were asked for the three reasons that providers give most frequently for leaving the agency. Among the eight Alberta directors, the most frequently identified reasons were: “dissatisfied with income,” “to provide care privately” and “to work outside the home.” Providers in Alberta and Ontario told us that the fee they would obtain for a private placement would be higher than that for a child of the same age who was placed by the agency. Thus, providing care privately translates into the possibility of higher income. Some providers who leave to work outside the home are people who only intended to provide family child care until their own child started school. However, as noted by a U.S. researcher, providers who enjoy working with children leave family child care “for what they call ‘real jobs’ with fringe benefits and promotion opportunities as well as better incomes.”¹¹

The dissatisfaction with income noted above is consistent with the findings of a national survey of regulated family child care providers conducted in 1996. That study found that two-thirds of the providers, 67%, were dissatisfied with their income.¹² Dissatisfaction with income as a major reason for leaving a family child care agency has been found in previous studies conducted in Ontario¹³ and in Alberta.¹⁴ Over half the providers in the Alberta study cited lack of benefits as a second contributing factor in the decision to leave.

Our study did not measure turnover rates directly. Previous Canadian studies report annual agency-affiliated family child care provider turnover rates between 40% and 51%.¹⁵ Turnover rates of this

magnitude are of serious concern. First of all, loss of a familiar caregiver can be devastating for a young child who has to adjust not only to a new adult and a new physical setting but must do so without the support of a familiar peer group. Finding a new child care provider is also a worry for parents, even when an agency is assisting them. Furthermore, high turnover is expensive for agencies in terms of the staff time and other expenses associated with replacing providers. A survey conducted for the Ontario government¹⁶ found that the annual median cost¹⁷ incurred by agencies for recruitment, selection and orientation of new providers was \$12,242.31.

5.3d Appropriate Levels and Types of Provider Support

Fifty-two percent of the respondents told us that ensuring they have supports appropriate for experienced providers as well as for beginning providers was a concern in their agency. Family child care providers are a diverse group. Not only do some have years of experience while others are newcomers, they come from diverse ethnic and cultural backgrounds; they have different views of their role as well as varying child-rearing practices. In some parts of Canada, a substantial proportion of providers have a mother tongue that is neither English nor French. Given this diversity, training and support must be individualized and participant-oriented.¹⁸ However, providing a variety of options is challenging for agencies when they are faced with limited resources and the need to spend considerable staff time in recruiting and selecting new providers. Our findings do suggest, as indicated in Table 3.8, that agencies could perhaps capitalize more on the potential of experienced providers to act as mentors or trainers for their colleagues. Doing so would recognize the providers' skills and give them new challenges that could contribute to their remaining in the field.

Seventeen directors, 71% of the sample, told us that their agency was currently providing care for at least one child with a special need.¹⁹ Only two of these directors told us that their agency would provide special training for the provider. Seven respondents said that the provider could access the services offered through a community organization such as an infant stimulation program. Their responses did not indicate whether the agency had a special arrangement with such an organization or whether the provider would simply access services as any parent would. There is growing recognition that the small group size and the consistent presence of the same adult at all times can provide a particularly appropriate setting for a child who has special needs. However, providing personalized and appropriate care for such a child requires an understanding of the need and may require adaptations to the environment, the provider's way of communicating with the child, and/or daily activities. Thus, special training relative to the child's special need and ongoing consultation are very important supports for family child care providers who are working with these children.²⁰

5.4 The Unresolved Issue of the Employment Status of Family Child Care Providers

The issue of the ambiguity of the employment status of family child care providers came up indirectly through directors' responses. An Ontario director commented that, "We are not the employer ... so evaluations and yearly development plans are not done." One of the Québec directors referred to the agency-affiliated providers as "self-employed workers." This view is consistent with that of Jocelyne Richer who, when writing about the agency model in Québec, notes that, "The family day care provider is not an agency employee ... she is an independent worker."²¹

Unlike employees, agency-affiliated providers do not get paid sick days or paid vacations and are not covered by workers' compensation plans. Similarly, Revenue Canada (now Canada Customs and Revenue Agency) has historically treated them as being self-employed for the purposes of submitting income tax returns. However, the employment status of agency-affiliated family child care providers is not as clear-cut as it might seem. Some directors reported that their agency handles all the contracting with parents and the collection of fees, then gives the provider a regular income cheque in much the same way as an employee receives a salary cheque. In so doing, these agencies accept overall financial responsibility for the providers — one of the standard “four tests” that determine employee status.²²

The unresolved issue of agency-affiliated providers' employment status has both short- and long-term implications and highlights the need to address two other issues. Under current labour legislation, employees are entitled to minimum wage, a break from their work during the workday and benefits such as paid vacation and maternity leave. They are also prohibited from working more than a certain number of hours per week.²³ If agencies had to meet these requirements their operating costs would increase — an obvious concern for a system that is already experiencing substantial financial challenges. Administration would also become more complex due to requirements such as providing a substitute while the regular provider had her break. In the long run, deeming agency-affiliated providers to be employees, with all that this term implies under current legislation, might make this regulatory model no longer financially viable. Agencies could, of course, seek exemption from labour legislation requirements but this might require a lengthy and costly legal battle. In the short term, there are implications for quality when agencies do not engage in formal evaluations with their providers nor require them to take basic training because of concern that in doing so they will be perceived as employers.

The unresolved issue of providers' employment status also highlights:

- the contradictions between the nature of family child care provision, where usually one person works alone for nine or ten hours a day in her own home, and the current requirements of labour legislation; and
- the ambiguities in the agency role. Holding agencies responsible for providers' actions, which Ontario does explicitly²⁴ and the other provinces do implicitly, forces agencies to act in a quasi-employer role — for example, in establishing certain requirements.

The potential for the unresolved employment status of providers to generate problems and possibly jeopardize the agency model as it currently exists is real. In Ontario, a union successfully argued that the degree of organizational and financial control exerted by a particular agency over its providers was evidence of an “employment relationship” and therefore the providers affiliated with that agency were entitled to the benefits afforded in the *Employment Standards Act*.²⁵ More recently, officials of the Ontario Pay Equity Commission deemed that providers affiliated with some municipal agencies are employees for the purposes of pay equity and therefore must be included in the municipal pay equity plan.²⁶ These Commission rulings are under appeal but, if upheld, could have substantial cost implications for the municipalities in question. In the short term, arguments about benefits and/or pay equity may pit providers and agencies against each other and could negatively affect their working relationships.

In Alberta, Revenue Canada ruled in the late 1990s that providers affiliated with a certain agency were employees and that therefore the agency was responsible for costs such as the employer's portion of Employment Insurance and Canada Pension Plan contributions. This ruling was reversed after a lengthy and expensive legal battle, but the same thing has subsequently happened to other Alberta agencies, that have also successfully fought against providers being classified as employees.²⁷

Québec is proceeding to integrate family- and centre-based child care under the same administrative structure — CPE — across the whole province. The government is also requiring both homes and centres to implement a similar curriculum and has instituted a requirement that all providers must complete a 45-hour training program within their first two years of providing care. Inevitably, family child care providers will become more aware of the salary level and benefits received by their centre colleagues working for the same CPE. When they are expected to meet similar standards, some may feel that they should also receive similar remuneration and could become interested in the possibility of obtaining employee status.

5.5 Recommendations

The recommendations made in the companion study, *Caring and Learning Environments: Quality in Regulated Family Child Care Across Canada*,²⁸ are reproduced as Appendix D of the present report for those readers who wish to consider both sets of recommendations together.

5.5a Recommendations Related to Recruitment Difficulties and Turnover

Family child care is a vital part of the child care system and makes a significant contribution to the Canadian economy, not only by enabling parents to engage in other forms of paid work but also through providing employment. According to data collected by the National Longitudinal Survey of Children and Youth (NLSCY), 56.2% of children under age 6 and 51.1% of those age 6 to 11 who were receiving non-relative, out-of-home care on a regular basis in 1996/97, received this care in a family child care home. This translates into approximately 390,200 children under age six and an additional 246,400 children age 6 to 11.²⁹

Family child care is able to address the diversity of parents' needs and preferences for out-of-home care for their children. For example, many parents prefer family child care to centre care for their infants and young toddlers because they value both having the same adult care for the child for the whole of the child care day, and the home-like atmosphere of family child care.³⁰ Parents from minority cultures are often particularly anxious to find "caregivers [who] will honor and reinforce in their child values that they themselves uphold in their homes."³¹ Finding such a caregiver may be easier in the family-based than in the centre-based system. Family child care is also more able to accommodate working parents' changing schedules or to provide extended hours, something difficult for centres to do because of staffing schedules.³²

The quality of family child care exerts a profound effect on Canada's children, given the large number who spend a substantial part of their early years in these settings. Research in both Canada and the United States indicates that while quality varies in both regulated and unregulated homes, regulated providers as a group are generally rated as providing higher quality care on standardized measures.³³ As a result, encouraging and supporting the regulation of family child care providers would appear to be an important goal for governments.

The current combination of recruitment difficulties and high turnover has serious implications for the continued supply of agency-affiliated — and thus regulated — family child care providers in the provinces that use the agency model. Our findings and those of other researchers indicate that the current low level of remuneration and few benefits contribute both to the recruitment difficulties and the turnover experienced by agencies. The situation is clear. If governments are genuinely concerned about young children's development, they must support regulated child care. If governments want to maintain regulated family child care, they must increase provider remuneration levels.

Recommendations Related to Recruitment and Turnover Difficulties

1. Starting immediately, all jurisdictions must implement an income enhancement grant for regulated providers. The grant amount must ensure that all providers working full-time and caring for four or more children receive, after child care-related expenses and before taxes, the equivalent of what would be earned, on average, by an entry-level staff person working full-time at a centre in the same jurisdiction. Full-time for providers should be defined as at least eight hours a day, five days a week, for 48 weeks or more a year.
2. Governments, family child care organizations, family child care agencies and other professional organizations must immediately undertake public education/awareness strategies that will assist people to understand the link between the importance of children's experience during their early years and the value of people who work in child care.

5.5b Recommendations Related to the Provision of Support to Providers

Our study confirms previous research findings of an association between family child care quality and the availability of supports to the provider.³⁴ It also extends these findings to show that supports such as the provision of family child-care specific training or provider networking opportunities *predict* the level of quality.³⁵ Some of the directors in all three provinces told us that their agency had cut back supports to providers and/or were charging providers for support services that had previously been supplied free of charge. These changes were associated with inadequate levels of operating funds for agency expenses such as staff salaries.

If governments want quality family child care they must provide funding for support services either through mechanisms such as child care resource and referral programs, as in British Columbia, or through family child care agencies. Currently all provinces using the agency model "expect" or require agencies to provide supports for their affiliated providers. If governments impose such an expectation, they must make available to agencies operating funds that are adequate for the provision of such services.

Recommendations Related to the Provision of Support to Providers

3. Provincial governments expecting family child care agencies to provide training and other supports for their affiliated providers must immediately grant agencies an appropriate level of funds to enable them to undertake this responsibility on a sustained basis. Such funding must include recognition of the fact that providers caring for children who have special needs may require specific training related to the child's needs and/or special equipment as well as on-going consultation.
4. Starting immediately, agencies should explore various ways of providing supports to providers, including the use of experienced providers as trainers and/or mentors for their less experienced colleagues, and collaboration with other agencies and organizations around initiatives such as joint training.

5.5c Recommendation Related to the Unresolved Issue of Provider Employment Status

We believe that the unresolved issue of provider employment status will not go away. In fact, changes such as those occurring in Québec increase the likelihood that it will become a pressing issue. Current employment legislation fails to recognize or accommodate the nature of family child care. If providers were deemed to be employees, the whole practice of family child care would have to change to meet current legislative requirements; alternatively, agencies would have to engage in lengthy appeals in order to obtain exemptions. We are aware of an agency group in Ontario that is reviewing this issue and we urge its review in other provinces.

Recommendation Related to the Unresolved Issue of Provider Employment Status

5. Provincial governments using the agency model and agency associations must immediately begin working together to clarify the employment status of agency-affiliated family child care providers and to address the issues associated with the current lack of clarification.

5.5d Recommendation Related to The Role of The Agency

Governments' holding agencies explicitly or implicitly responsible for the care provided by their affiliated providers carries two implications: first, it encourages agencies to act like employers and thus increases the likelihood of providers being deemed employees; the second implication is a blurring, for both providers and agencies, of the fact that providers must ultimately be responsible for the quality of care that they provide. No third party can assume this responsibility. There is also a contradiction in having one entity — the agency — and in current practice the same individual, responsible for both regulation and the provision of consultation and support.

Recommendation Related to the Role of the Agency

6. Provincial governments using the agency model and agency associations should re-examine the current dual nature of the agency role (regulation and support) and the expectations attached to it, and the need, if such exists, for changes.

5.5e Recommendation Related to the Role of Government

Agencies are explicitly or implicitly held responsible for the quality of care provided by the caregivers affiliated with them. Our study on family child care³⁶ found that higher quality was predicted by the provider having completed family child care-specific training. However, agencies are not employers and do not have the authority to require their affiliated providers to take such training, nor should agencies have such authority. We believe that pre- and in-service training is an essential ingredient for quality family child care and should be required by all provincial and territorial governments. Therefore, in

Caring and Learning Environments: Quality in Regulated Family Child Care Across Canada, we make several recommendations for government action related to provider preparation. These recommendations are reproduced in Appendix D of this report.

Recommendation Related to the Role of Government

7. All provincial and territorial governments must immediately implement the recommendations related to provider training (Recommendations 2 through 6) made in the companion report, *Caring and Learning Environments: Quality in Regulated Family Child Care Across Canada*. These recommendations are listed in Appendix D of the present report.

5.6 Closing Words: The Importance of Family Child Care

Quality child care has been recognized as a crucial component in promoting broad societal goals such as the optimal development and school readiness of all children,³⁷ reducing levels of child poverty,³⁸ supporting labour-force attachment,³⁹ and promoting social cohesion. We believe that the current high usage of family child care and the apparent preference of many parents for this type of care illustrates how vital it is as part of the child care system. As such, family child care must be affirmed and strengthened. We also believe that this must be done in a way that recognizes and respects that home-based child care is not just a variation of centre care but is different and unique in certain respects.

Notes

- 1 The information for this section comes from key informant interviews conducted in the Fall of 1998, just prior to beginning this study. It is supplemented by a September 2000 interview with an Alberta official.
- 2 Deborah Landry, Day Care Programs, Alberta Family and Social Services, personal communication.
- 3 In *Caring and Learning Environments: Quality in Regulated Family Child Care Across Canada*, we calculate that the average provider working full-time and caring for between four and seven children would earn a pre-tax income of \$13,000 after deducting child care-related expenses (Doherty et al. 2000b, Section 9.7d).
- 4 Nancy M. Draper Consultants 1993, p. 35.
- 5 Mueller and Orimoto 1995; Nelson 1990.
- 6 Norpark 1989.
- 7 Modigliani 1994.
- 8 Ibid.
- 9 Goss Gilroy Inc. 1998, p. 9.
- 10 Follow-up interview with the director of one of the participating agencies.
- 11 Modigliani 1994, p. 25.
- 12 Goss Gilroy Inc. 1998, Table 2.3.
- 13 Norpark 1989.
- 14 Read and LaGrange 1990.
- 15 Norpark 1989; Read and LaGrange 1990.
- 16 Nancy M. Draper Consultants 1993.
- 17 The median is the point at which an equal number of cases fall above and below a specified value.
- 18 DeBord 1993; Filger 1994.
- 19 Special need was defined on the questionnaire as, "A physical or intellectual disability or emotional disorder diagnosed by a physician or other health professional."

- 20 Canning and Lyon 1990; Harms and Clifford 1989.
- 21 Richer 1992, p. 17.
- 22 Ontario Municipal Social Services Association 1995.
- 23 Ibid.
- 24 The Ontario government licenses agencies which are held accountable for ensuring that providers and their homes are in compliance with the *Day Nurseries Act* and the *Private Home Day Care Regulations* regarding health, safety and child care practices (Home Child Care Association of Ontario 1994, p. 3).
- 25 Home Child Care Association of Ontario 1994, p. 3.
- 26 Maria de Wit, member of an agency group that is examining the provider employment status issue, personal communication.
- 27 Wendy Yewman, Day Care Program, Alberta government, personal communication.
- 28 Doherty et al 2000b.
- 29 Calculations by Paul Roberts, Canadian Council on Social Development, using the 1996/97 NLSCY data set.
- 30 Galinsky et al. 1994; Goelman, Rosenthal and Pence 1990; Kontos 1992; Lerner 1996; Modigliani 1994.
- 31 Chang 1993, p. 34.
- 32 Foster and Broad 1998.
- 33 Kontos et al. 1995; Pence and Goelman 1991; Stuart and Pepper 1988.
- 34 Galinsky et al. 1994; Fosburg 1981; Pence and Goelman 1991; Pepper and Stuart 1992.
- 35 Doherty et al. 2000b.
- 36 Ibid.
- 37 Council of Ministers of Education, Canada 1998; National Forum on Health 1997.
- 38 National Council of Welfare 1999.
- 39 Cleveland and Krashinsky 1998.

Appendix A

Overview of Family Child Care Requirements in Jurisdictions Using an Agency Model, 1999

Jurisdiction	Variable	Requirements for <i>unregulated care</i>	Requirements for <i>regulated care</i>
Alberta	Permitted numbers	No more than six children under age 12, including the provider's own. Maximum of three under age 2.	No more than six children under age 12, including the provider's own. Maximum of three under age 3 and two under age 2
	Educational requirements		None.
	Formal provision for support		Providers connected with an agency that is expected to visit once a month (not a statutory requirement and may change with the transfer to regional children's authorities in 1999). Home visitor not required to have an ECCE background. Agency expected, but not required, to provide support services.

Jurisdiction	Variable	Requirements for unregulated care	Requirements for regulated care
Ontario	Permitted numbers	No more than five children under age 12, excluding the provider's own.	No more than five children under age 12, including the provider's own under age 6. No more than two may be under age 2, and no more than three under age 3.
	Educational requirements		First-aid certificate, but only if working with handicapped children. No ECCE training requirements
	Formal provision for support	200 child care resource programs (also known as family resource programs) funded by the Child Care Branch, with a mandate to provide support to both the unregulated and regulated sectors.	Providers connected with an agency that is required by legislation to make quarterly home visits. Home visitors must have an ECCE-related post-secondary program and at least two years' experience working with children. Regulatory requirement that agencies have a training plan for each provider, but no requirement for type, frequency or length of training. Agencies expected to provide some support services. Network of child care resource programs.

Jurisdiction	Variable	Requirements for <i>unregulated care</i>	Requirements for <i>regulated care</i>
Québec	Permitted numbers	No more than six under age 9, including the provider's own.	No more than six, including the provider's own under age 9. No more than two under age 18 months. With two providers: No more than nine, including the providers' own. No more than four under age 18 months.
	Educational requirements		First-aid certificate within six months of starting to provide care, and completion of a 45-hour ECCE training program within the first two years (as of September 1999). A minimum of six hours professional development each year.
	Formal provision for support		Providers connected with an agency that must do quarterly home visits. Home visitors are not required to have an ECCE qualification but must have three years experience in direct services for children and three years supervising experience. Agencies are expected but not required to provide some training and support services.

Jurisdiction	Variable	Requirements for unregulated care	Requirements for regulated care
Nova Scotia	Permitted numbers	No more than six under school age, including the provider's own. May have eight if all, including the provider's own, are of school age.	No more than six under school age, including the provider's own. May have eight if all, including the provider's own, are of school age.
	Educational requirements		None before starting to provide care. Required to attend four hours of ECCE workshops each year.
	Formal provision for support	Child Care Connections NS in Halifax provides training and support to unregulated and regulated providers in its area.	Providers connected with an agency that must do two home visits each month (policy, not regulation). Two-thirds of home visitors in each agency must have a two-year ECCE diploma, or an ECCE credential and experience (regulation). Agency required to provide 10 hours of workshops a year.
Newfoundland/ Labrador	Permitted numbers	No more than four, including the provider's own under age 7.	Effective June 1, 1999. No more than six in a mixed-age group, including the provider's own under age 6. Maximum of three under age 3 or two under age 2. If all children are under age 2, maximum of three.
	Educational requirements		First-aid certificate. Must complete an orientation course in early childhood education within the first year of providing care.
	Formal provision for support		Providers can be either linked with an agency or be licensed as an individual. Family child care agencies are required to do an annual monitoring visit to each home and additional monthly visits for consultation and professional development activities. Home visitors must have at least a level two ECCE certificate and not less than two years' experience in a family child care setting.
Sources: Childcare Resource and Research Unit 2000; Government of Newfoundland, <i>An Act Respecting Child Care Services in the Province</i> , 1998, and <i>Regulation 37/99</i> ; Jocelyne Tougas, personal communication; and telephone interviews with government child care officials in Alberta, Ontario, Nova Scotia and Newfoundland/Labrador.			

Appendix B

Home Child Care Program Questionnaire

General instructions

We are interested in learning more about how your home child care program operates and the challenges you face. Therefore, we are asking information about the children enrolled, your caregivers, and program practices. This information, collected from Alberta, Ontario and Québec, will help us to better understand the agency home child care model.

The survey is to be completed only by the home child care program director/owner or a person delegated by the director/owner. Please provide an answer to **each** question unless specifically instructed to skip a question. If we have not provided enough space for your answer to any question, please add your additional comments in the page margin or the space provided at the end of the questionnaire.

All the information that you provide will be treated confidentially. We will code the information you provide so that it cannot be traced back to you or to your agency. Absolutely no identifying information regarding individual responses will ever be released or published. Information will only be reported as group data.

The survey will take about an hour to complete. Please return the questionnaire in the self-addressed stamped envelope that was sent with it.

If you have any questions about this survey or the study please contact the Site Coordinator for your province:

Name: _____ Toll-free number: _____

Section A: Your Organization

A1. Which of the following best describes your home child care program? Please put a check mark (✓) beside only one response.

- A stand-alone organization (that is, we only provide home child care)
- Part of an organization that offers other child care services (e.g. group care)
- Part of a multi-service organization that offers a variety of community and family services
- Other, please specify _____

A2. When did your home child care program start operation?

19 _____

A3. How many children are currently enrolled in your child care program in each of the age groups below? Please write in a number or N/A beside each age group.

a) Age 5 or younger _____ children

b) Over age 5 _____ children

A4. How many children started care in your home child care program and how many left it during the **past 12 months**? Please write in a number or N/A beside each age group.

Age group	# of children who started care	# of children who left care
a) Age 5 or younger	_____	_____
b) Over age 5	_____	_____

A5. How many active caregivers are currently with your home child care program?

_____ caregivers.

A6. How many home visitors are employed by your home child care program?

_____ a) Full-time (30 hours or more per week)

_____ b) Part-time (less than 29 hours per week)

A7. We would like to get a sense of the range of fees that parents pay for home child care. What is the usual (average) rate a full-fee parent would pay in each of the following three situations? Quote by day or month, whichever is easier for you.

For care provided from 8:00 a.m. to 5:30 p.m., Monday to Friday, for a child who does not have any special needs:

a) Nine-month-old infant

\$ _____ per day OR

\$ _____ per month

b) Three-year-old child

\$ _____ per day

OR \$ _____ per month

c) For care provided to a seven-year-old, who does not have special needs, and is in care over lunch and after school for a total of four hours a day.

\$ _____ per day

OR \$ _____ per month

A8. Does your home child care program serve a community with any of the following special circumstances? Please put a check mark beside all that are appropriate.

- High immigrant population
- Low socio-economic area
- Large geographic area (rural community)
- Community with high levels of seasonal employment
- Community with high levels of chronic unemployment
- Community with specific language and/or cultural needs

Section B: Relationships with Families

B1. Which, if any, of the following **pre-placement** services do you provide to families? Please put a check mark beside all that apply.

- Telephone interview to determine the child care needs/preferences
- Face-to-face interview with parent only to determine the child care needs/preferences
- Face-to-face interview with parent and child to determine the child care needs/preferences
- Information/orientation sessions to explain home child care program policies and procedures, services, rights and expectations
- Written information/packages to explain home child care program policies and procedures, services, rights and expectations
- Other similar services, please specify: _____

B2. How are placements made? Select all that apply.

- Home child care program staff match family with caregiver
- Families are provided with a short list of selected caregivers
- Families are provided with the list of all the home child care program's caregivers
- Other, please briefly describe/identify _____

B3. Does the home visitor participate in parent and caregiver pre-placement interviews?

- No
- Yes

B7. Which, if any, of the following **ongoing** services does your home child care program provide to families if needed or requested? Select all that apply.

- Assistance in applying for a government fee subsidy for low income families
- Information/education regarding child health, guidance
- Information/education regarding partnering with your caregiver
- Contact (phone or in-person) on a regular basis to discuss any concerns
- Mediation/assistance with child care related problems
- Involvement with regular evaluation of the care provided and agency services
- Newsletters/bulletins
- Opportunity to participate on Board of Directors, Advisory Committees, etc.
- None of the above
- Other, please specify: _____

Section C: Caregivers

C1. Considering all your current active caregivers, approximately what percentage would you estimate to have been with your home child care program for:

- a) Less than one year _____ %
- b) One to three years _____ %
- c) Three to five years _____ %
- d) Five to ten years _____ %
- e) Ten or more years _____ %

C2. In the **past 12 months**, what were the three main (most frequent) reasons that caregivers left the home child care program **voluntarily**? Please indicate no more than three reasons. If no caregivers left voluntarily, skip to C3.

- a) Family responsibilities _____
- b) Family move _____
- c) To work outside the home _____
- d) To provide care privately _____
- e) To go to school _____
- f) Found work too stressful _____
- g) Health reasons _____
- h) Dissatisfied with income _____
- i) Don't know _____
- j) Other, please specify _____

C3. How many homes did the agency close in the **past 12 months**? Please write in a number or N/A.

_____ homes closed. If none, skip to C 5.

C4. How many homes were closed by the home child care program in the past 12 months for each of the following reasons? Please indicate the single primary reason for each closure. Write in a number or N/A beside each option.

- _____ a) Insufficient demand for care in home's area
- _____ b) Caregiver consistently failed to meet agency/regulatory requirements
- _____ c) Home/environment consistently failed to meet requirements
- _____ d) Complaints from parents
- _____ e) Other, please specify _____

C5. What desired/recommended training requirements for caregivers does your home child care program have? Write in N/A if none.

- a) Pre-placement: _____
- b) Ongoing: _____

C6. In which, if any, of the following circumstances would a caregiver receive a higher than usual payment per child? Please indicate all that apply.

- Caregiver has reached a certain level of experience with our home child care program (e.g. an increase after a certain period of time with the home child care program)
- Caregiver has an ECE certificate or has completed the *Step Ahead* program
- Caregiver is looking after a child who has been diagnosed as having a special need by a physician or other health professional
- Caregiver is providing extended care (e.g. weekend, overnight)
- None of the above
- Other, please specify: _____

C7. What procedure, if any, do you have for periodic performance evaluation or developing an individual professional development plan for caregivers? Please describe, including its usual frequency, or write in N/A if none.

C8. What course of action is taken if there are concerns about a caregiver's performance or the home environment?

Section D: Home Visitors

D1. What are average home visitor case loads? Please write in a number or N/A (not applicable)

- _____ homes OR
- _____ children for a full-time home visitor (or FTE if all are part-time)

D2. What qualifications, if any, are home visitors required to have to be employed by your home child care program? Please identify both **experience and education requirements**. Write in N/A if there are no particular requirements.

a) Prior experience required: _____

b) Educational requirements: _____

D3. What, if any, requirements do you have for home visitors to participate in ongoing professional development? Please identify or write in N/A if no requirements.

D4. How many, if any, of your agency's home visitors have experience as **home child care providers**? Please write in a number or N/A.

_____ Home visitors

Section E: Supports to Caregivers

E1. Sometimes there is a difference in the frequency and length of home visits to new caregivers (those with less than one year experience) and more experienced caregivers. Please indicate which of the following apply to the usual practice with new caregivers in your home child care program. Check off more than one answer if appropriate.

- a) New caregivers receive more home visits
- b) Home visits to new caregivers usually last longer
- c) Home visits tend to be at the same frequency for all caregivers
- d) Home visits tend to last about the same length of time for all caregivers
- e) The frequency and duration of the home visits is determined by the individual needs of the caregiver

E2. On average, how often do planned home visits occur for an **experienced caregiver** (one who has been with the your program for more than a year), assuming a home where there are no specific concerns or problems? Please check off **one** option only.

- More than once a month
- Once a month
- Once every two months
- Once every three months
- Less than once every three months. How often? _____

E3. On average, how long is a planned home visit?

_____ minutes or

_____ hours

E4. Does your agency specifically facilitate networking/contact among caregivers?

- No
- Yes. Please describe how the agency facilitates caregiver networking _____

E5. Which, if any, of the following are provided to caregivers by your home child care program? Please indicate yes or no beside each option.

Support Service	Yes	No
a) Provision of workshops/conferences at no charge to the caregiver	<input type="checkbox"/>	<input type="checkbox"/>
b) Payment of fees for training/PD activities that the caregiver would otherwise have to pay for	<input type="checkbox"/>	<input type="checkbox"/>
c) Payment of the caregiver's child care expenses while she/he participates in training	<input type="checkbox"/>	<input type="checkbox"/>
d) Provision of free alternate care while the caregiver participates in training or PD activities	<input type="checkbox"/>	<input type="checkbox"/>
e) Free on-site child care while participating in training	<input type="checkbox"/>	<input type="checkbox"/>
f) Paid time off to participate in training	<input type="checkbox"/>	<input type="checkbox"/>
g) Free transportation to training/PD activities	<input type="checkbox"/>	<input type="checkbox"/>
h) Free one-to-one training in the caregiver's home	<input type="checkbox"/>	<input type="checkbox"/>

E6. Your agency may provide a range of services to caregivers, with or without charge, from newsletters to play groups or equipment loans. Please tell us what you think are the three most important / valuable services you provide to your caregivers. **Do not include home visits or training in your list.**

1. _____
2. _____
3. _____

E7. Does your home child care program currently provide care to any child with a special need (a physical or intellectual disability or emotional disorder diagnosed by a physician or other health professional)?

- No
- Yes. Please identify what, if any, supports are available to caregivers looking after children with special needs, for example, special training or respite care.

E8. What process or arrangement is there for a caregiver to reach a home child care program staff person in an emergency after office hours?

E9. How is alternate care arranged when a caregiver becomes ill or has an emergency in her own family?

E10. Approximately how many of the caregivers with your home child care program, if any, have acted in the following capacities in the **past 12 months**? Please write a number or don't know beside each option.

- _____ Trainers, workshop leaders
- _____ Mentors (providing support to other caregivers)
- _____ Served on Board of Directors (write in N/A if no Board)
- _____ Served on Advisory, Training or other agency committees

E11. Does your home child care program have any special way in which it acknowledges the contribution of caregivers as a group and/or those who provide exemplary care?

- No
- Yes. Please describe _____
- _____

Section F: Final Thoughts

F1. To what extent has each of the following been a major issue for your home child care program? Please circle your choice for each on the one to five scale, 1 indicating not a major issue and 5 indicating a very major issue.

	Not a major issue					A very major issue				
a) Caregiver turnover	1	2	3	4	5					
b) Recruiting caregivers in general	1	2	3	4	5					
c) Recruiting caregivers to match the cultural/ethnic diversity of the families we serve	1	2	3	4	5					
d) Ensuring that we have supports that are appropriate for experienced caregivers as well as beginning caregivers	1	2	3	4	5					

F2. What has been the impact on your home child care program, if any, of changes in government policies, regulations and/or funding in the **past three years**?

F3. What do you consider to be the three greatest strengths of your home child care program?

1. _____

2. _____

3. _____

F4. What, if anything, would you most like to change in your home child care program?

1. _____

2. _____

3. _____

Thank you for completing this survey. We realize that filling it out took both time and effort and we appreciate your assistance. Are there any comments, thoughts, or suggestions that you would like to share with us?

Additional comments:

Please return the completed questionnaire in the self-addressed, stamped envelope that was provided.

Appendix C

Agency Caregiver Questionnaire

General Instructions

The purpose of this questionnaire is to develop a better understanding of home-based child care. Therefore, it seeks information about your experiences, the multiple roles you have, and your feelings about the system you work in. The findings of this study will draw attention to what is involved in providing child care in a home setting.

We encourage you to answer **each** question unless specifically instructed to skip a question or questions. Please feel free to add any additional comments in the page margin or the space provided on the final page.

Here are answers to some questions that you might have.

- **Will my answers be confidential?** Yes. All the information you provide will be treated confidentially. Absolutely no identifying information regarding individual responses will ever be released or published. Information will only be reported as group information.
- **What if I decide to withdraw before completing the questionnaire?** The choice of whether to take part is up to you. If you decide to withdraw at any time, you may.
- **How much time will be required?** We have set up the questionnaire in stand-alone sections. You can either do it section by section, as you have the time, or tackle it all at once. Most of the questions simply ask you to choose from a list of possible responses. It takes about an hour or a little longer to complete the whole thing.
- **When and how should the questionnaire be returned?** The person coming to your home will pick up the completed questionnaire when she visits.

If you have any questions, contact the Site Coordinator for your Province or Territory:

Name _____ Toll-free telephone number _____

Section A: Child Care Experience

A1. People who care for other people's children use a variety of terms to identify themselves. Which word/phrase do you usually use to describe your work? Please put a check mark (✓) beside only **one** option.

- Caregiver
- Family child care provider
- Early childhood educator
- Babysitter
- Other, please specify _____

Note: For consistency, we will use the term "caregiver" throughout this questionnaire.

A2. How did you become interested in being a home-based caregiver? If several of the following reasons apply, please put a check mark (✓) beside no more than **three** of them.

- I was looking for a way of earning income while caring for my own child(ren)
- I love children and wanted to work with them
- A friend/relative/neighbour was seeking care
- I was unable to find child care for my own children
- I wanted companions for my child(ren)
- Other employment options were not available
- I responded to an advertisement by an agency
- I had worked in a child care centre and wanted to operate my own program
- Other, please specify _____

A3. Please put a check mark (✓) beside each of the following forms of child care that you have provided and write in the length of time in years for each.

Type of Care	Length of Time (in years)
<input type="checkbox"/> In your home as an agency caregiver	_____
<input type="checkbox"/> In your home as an unlicensed caregiver	_____
<input type="checkbox"/> In a child care centre	_____
<input type="checkbox"/> In a child's home as a nanny/paid caregiver (do not include occasional babysitting as a teenager)	_____

A4. Why did you decide to work with an agency? If several reasons apply, please indicate no more than **three** reasons.

- As a means of finding client families
- Preferred having the agency deal with parents around contracts and money issues
- To be able to care for more children than permitted as an unlicensed caregiver
- As a way of getting in touch with other caregivers
- As a way of getting more support (such as training, equipment loans)
- To enable me to care for families who were receiving subsidy
- An agency recruited me to provide care

- To demonstrate to parents that my care met standards of quality
- To be more professional
- Other, please specify _____

Section B: The Children in Your Care

B1. Starting with the youngest child currently in **paid care**, indicate the child's age in years and months. Then the approximate number of hours per week the child is in your care and when the child entered your care.

<i>Child #</i>	<i>Child's age (years & months)</i>	<i>Approximate number of hours/week</i>	<i>Entered my care (month & year).</i>
Example:	2 yrs, 4 months	45 hours	April, 1998
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____

B2. In all, how many families are you currently providing care for?

_____ families

B3. How many children began regular care in your home in the **past 12 months**?

_____ children

B4. Other than temporary periods, e.g. summer holidays, how many children left your care in the **past 12 months**?

_____ children

B5. How many of the children in your care are receiving a government fee subsidy for low-income parents?

_____ Children receiving fee subsidy for low-income parents

_____ Don't know how many are receiving fee subsidy for low-income parents

Section C: Working Conditions, Income, and Benefits

- C1. Using last week as your guide, identify the days of that week when you looked after child care children. Then, for each of these days, indicate the time the first child arrived (start time), the time the last child left (finish time), and the total number of hours that child care children were in your home.

<i>Day</i>	<i>Start time</i> (time 1st child arrived)	<i>Finish time</i> (time last child left)	<i>Total hours</i> (child care children were in your home)
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

- C2. Approximately how many hours a week do you spend on child care-related duties such as paper work, preparing activities and meeting parents when there are **no child care children** present? Approximately

_____ hours per week.

- C3. For each of the following situations, please estimate the rate you would be paid by the agency, and the rate you would be paid by a full-fee parent in a private arrangement. If you do not accept children through a private arrangement, put N/A (for not applicable) in that column. If you are not paid by the day, write in your hourly or monthly rate. In this case, cross out the word "day" and write in "hour" or "month".

	<i>Agency placement</i>	<i>Private arrangement</i>
For care provided from 8:00 a.m. to 5:30 p.m., Monday to Friday, and the child does not have any special needs:		
a) For a nine-month-old infant	\$ ____ a day	\$ ____ a day
b) For a three-year-old child	\$ ____ a day	\$ ____ a day
c) For a seven-year-old child who does not have any special needs on a day when the child is in your care for lunch and after school for a total of four hours of care	\$ ____ a day	\$ ____ a day

- C4. Has the agency raised the fees it pays you in the past three years?
- Yes
- Not applicable, I have not been with the agency for three years
- No

C5. What was your gross income (income before deductions or expenses) from child care provision in 1998? Put a check mark in the appropriate box.

- less than \$4,999
- \$5,000 - \$9,999
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- more than \$35,000

C6. Approximately how much of the 1998 income you earned from child care was spent on child care-related expenses (for example, food, toys)?

- less than 15%
- 15% - 29%
- 30% - 44%
- 45% - 59%
- 60% - 75%

C7. Approximately what percentage of the total cost of maintaining your household is covered by your child care earnings?

- 80% to 100% of the cost of maintaining my household
- Over 50% but less than 80% of the cost
- Over 25% but less than 50% of the cost
- Less than 25% of the cost

C8. In total, in the past 12 months how many weeks did you personally provide child care? Exclude your vacation and days when an alternate or substitute looked after your child care children.

- 52 weeks
- 48 - 51 weeks
- 36 - 47 weeks
- 24 - 35 weeks
- less than 24 weeks

C9. In the past 12 months

- a) How many days did you not provide care because you took a vacation?
_____ days
- b) How many days did you want to provide care but had no child care children?
_____ days
- c) Did you have any unfilled spaces that you would have liked to have filled?
 - Yes
 - No

C10. Which of the following are available to you through your agency? Check all that apply.

- Orientation session to explain agency requirements and policies
- Written job description
- Written contract between me and the agency
- Sample parent contracts, attendance forms, etc.
- Written policy/procedure manual
- Regular written performance appraisal/evaluation
- An appeal procedure for situations such as parent complaint
- None of the above

C11. Please indicate on the following table whether or not you have/receive any of these benefits through the agency.

<i>Benefit</i>	<i>Yes</i>	<i>No</i>
a) Payment in the event of a child's absence due to illness or family holidays	<input type="checkbox"/>	<input type="checkbox"/>
b) Payment for statutory holidays, e.g. New Year's Day	<input type="checkbox"/>	<input type="checkbox"/>
c) Payment for overtime, e.g. late pick-up	<input type="checkbox"/>	<input type="checkbox"/>
d) Payment in the event of a child being withdrawn from care without notice	<input type="checkbox"/>	<input type="checkbox"/>
e) Disability insurance (short- or long-term)	<input type="checkbox"/>	<input type="checkbox"/>
f) Liability insurance	<input type="checkbox"/>	<input type="checkbox"/>

C12. Generally speaking, how easy is it for you to take time off when you have to? Circle your choice on the 1 to 5 scale with 1 indicating not difficult, whether absences planned or unplanned, and 5 very difficult.

Not difficult 1 2 3 4 5 Very difficult

Section D: Supports

D1. Do you network formally or informally with other home-based caregivers? Check all that apply.

- Yes, through an organized association/network
- Yes, informally with other caregivers I know
- No

D2. On average, how often do you speak or meet with other caregivers?

_____ times per month

D3. In addition to your agency connection, which, if any, of the following organizations or associations do you currently belong to? Select all that apply.

- A local caregiver network or association in my community
- A family resource program (FRP) or child care resource and referral program (CCRRP)
- A provincial or territorial child care organization
- The Canadian Child Care Federation (CCCF)
- The Child Care Advocacy Association of Canada (CCAAC)
- Other, please specify _____
- None

D4. Please indicate whether you have used any of the following services or community programs in the past **12 months** and generally how often you use them.

<i>Service</i>	<i>Used?</i>		<i>Frequency of use</i>		
a) Play groups	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Occasionally <input type="checkbox"/>
b) Drop-in for adults and children	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Occasionally <input type="checkbox"/>
c) Library story hour	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Occasionally <input type="checkbox"/>
d) Other adult and child activities (e.g. Gym and Swim)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Occasionally <input type="checkbox"/>
e) Toy-lending library	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Occasionally <input type="checkbox"/>
f) Large equipment loans (e.g. cots, climbers)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Occasionally <input type="checkbox"/>
g) Opportunities for bulk buying (e.g. food, craft supplies)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Occasionally <input type="checkbox"/>
h) Resource library (e.g. for books, videos on child care)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Occasionally <input type="checkbox"/>
i) Telephone support or advice on child care matters	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Occasionally <input type="checkbox"/>

D5. Are there any services that you use that we have missed?

- No
- Yes, please identify _____

D6. Are there any services that exist in your community and you would like to use but cannot?

- No
- Yes.
- a) Please identify the service (s) _____
- b) What is the nature of the difficulty (e.g. lack of transportation, fee charged) _____
- _____

Section E: Your Feelings About Caregiving

E1. Which statement **best** describes how you view your job as a home-based child caregiver? Indicate only **one** choice.
I see home child care as:

- My chosen occupation
- A stepping-stone to other work in the child care or a related field
- Not my chosen occupation but good while my children are young
- Something I'm doing until a better job is available
- None of the above

E2. In your opinion, what are the three most positive aspects of providing home child care? Write in the three that are most important to you.

1. _____
(most positive)
2. _____
(second most positive)
3. _____
(third most positive)

E3. In your opinion, what are the three most negative aspects of providing home child care? Write in the three aspects that you feel are the most negative.

1. _____
(most negative)
2. _____
(second most negative)
3. _____
(third most negative)

E4. Do you expect to be providing home child care three years from now?

- No. Why not? _____
- Yes. Why? _____
- Don't know

E5. If you were choosing a career now, would you choose home child care?

- No. Why not? _____
- Yes. Why? _____
- Don't know

Section F: Feelings About Your Work Situation

F1. We all experience some stress in connection with our work. In the following chart we have indicated several possible sources of stress. Please indicate on a scale of 1 to 5 (1 indicating no stress and 5 indicating a great deal of stress) how much stress you experience from each of these sources. Put a check mark in the "Doesn't apply" column if a source is not applicable to your situation.

Possible sources of stress	Doesn't apply	No stress					A great deal of stress				
a) Expectations of spouse/partner	<input type="checkbox"/>	1	2	3	4	5					
b) Meeting the needs of my own family while providing child care	<input type="checkbox"/>	1	2	3	4	5					
c) Problems with parents (late pick-ups, late payments, etc.)	<input type="checkbox"/>	1	2	3	4	5					
d) Dealing with licensing rules/regulations	<input type="checkbox"/>	1	2	3	4	5					
e) Income fluctuations	<input type="checkbox"/>	1	2	3	4	5					
f) Lack of privacy for me and my family	<input type="checkbox"/>	1	2	3	4	5					
g) Expectations of parents of child care children	<input type="checkbox"/>	1	2	3	4	5					
h) Helping new families and children adjust	<input type="checkbox"/>	1	2	3	4	5					
i) Children leaving care	<input type="checkbox"/>	1	2	3	4	5					
j) Financial concerns re: lack of benefits, e.g. lack of pension	<input type="checkbox"/>	1	2	3	4	5					

F2. To what extent do you feel that you have control over most of the important things that affect your satisfaction with your job? Circle your choice on the 1 to 5 scale, 1 indicating a feeling of little control over some important things and 5 indicating plenty of control.

Little control 1 2 3 4 5 Plenty of control

Section G: Relationship with Your Agency

G1. In the past 12 months, how often have you been visited by your home visitor? _____

G2. On average, how long does the home visitor stay? _____

G3. What assistance do you receive through the visit by the home visitor?

G4. What assistance would you like to receive through visits by the home visitor?

G5. How helpful do you find visits by the home visitor? Circle your response on the scale from 1 to 5 (1 indicating not helpful, 5 indicating very helpful).

Not helpful 1 2 3 4 5 Very helpful

G6. Put a check beside each of the following statements that describes your relationship with your home visitor?

- Encourages me to try new ideas
- Supervises me too closely
- Provides support and helpful feedback
- Sets high but realistic standards
- Makes me feel inadequate
- Trusts my judgement
- Is unavailable
- Appreciates the difficulties of balancing work and family responsibilities
- Is hard to please

G7. Does your agency provide services for its caregivers, with or without charge, such as equipment loans, a toy-lending library, bulk buying, or playgroups?

- No
- Yes. Overall, how satisfied are you with these services? (Circle your choice on the 1 to 5 scale, 1 indicating very dissatisfied, 5 indicating very satisfied)

Very dissatisfied 1 2 3 4 5 Very satisfied

G8. Do you expect to be associated with the same agency three years from now?

- No. Why not? _____
- Yes. Why? _____
- Don't know

Section H: Educational and Professional Background

H1. What is the highest level of education that you have completed?

- Some high school
- High-school diploma
- Some college/university, but did not complete certificate/diploma/degree
- Completed college/university, please specify certificate/diploma/degree received: _____

H2. Which, if any, of the following home child care provider training courses have you completed?

- Step Ahead* (Alberta Association of Family Day Care Homes)
- Good Beginnings* (The Western Canada Family Child Care Association of B.C.)
- Training Plan for Family Day Care Providers Manual* (Family Day Care Association of Manitoba)
- B.C.'s 150-hour orientation to child day care course
- Saskatchewan's 120-hour orientation to child day care course
- None of the above

H3. Have you completed any certificate, diploma or degree courses specifically related to children or child care through a community college, university or other post-secondary institution? (Please exclude first aid and CPR certificates and anything identified in the previous question.)

- No
- Yes. Please indicate the certificate, diploma or degree and the duration of the program in the appropriate box in the following table. You may indicate more than one if appropriate, e.g. an early childhood certificate and a degree in teaching.

Area studied	Certificate	Diploma	University degree	Program length (e.g 10 months)
Early childhood education				
Child development				
Teaching				
Child and Family Studies				
Other, please specify				

H4. Are you currently enrolled in a certificate, diploma or degree program at a college, university or other post-secondary institution?

- No
 Yes. Please specify type of program (e.g. certificate, diploma, degree) and area of study (if applicable)

Type of program: _____

Area of study (e.g. ECE): _____

H5. Have you participated in any professional development activities during the **past 3 years**, for example conferences, workshops or courses?

- Yes
 No. **Skip to Section J**

H6. How many of each of the following activities related to child care did you participate in during the **past 3 years**?

- a) Conference _____
 b) Workshop/seminar _____
 c) Non-credit course _____
 d) Credit course _____
 e) Other, please specify _____

H7. Why do you participate in professional development activities? Please check all that apply.

- To meet the training requirement of the licensing system
 To get information on a particular problem/area of concern
 To learn more about the work I do
 To network with other caregivers
 To be able to charge higher fees
 Other, please specify _____

H8. Of all the professional development activities that you participated in during the past three years, which was **most helpful** and why/how?

Section J: Personal Background

- J1. What was your age on your last birthday?
- Under 20
 - 20 - 29
 - 30 - 39
 - 40 - 49
 - 50 - 54
 - Over 55
- J2. What is your marital status?
- Married or living with a partner
 - Single (includes separated, divorced or widowed)
- J3. Please indicate the number of children in each of the following age groups who live with you full or part-time:
- None
 - Children 0 to 35 months old
 - Children 3 to 5 years old
 - Children 6 to 11 years old
 - Children 12 to 18 years old
 - Children over 18 years old

Section K: Recommendations

- K1. If a friend told you she was thinking about becoming a home-based caregiver, what three pieces of advice would you give her?

1. _____
2. _____
3. _____

Thank you for completing this questionnaire. We realize that it took time and effort. Are there any comments, thoughts or suggestions that you would like to share with us?

Additional comments:

The person coming to your home will collect your completed questionnaire when she visits.

Appendix D

Recommendations for Supporting Quality in Regulated Family Child Care

These recommendations are reproduced from *Caring and Learning Environments: Quality in Regulated Family Child Care Across Canada*, a report on the findings of a study that examined the level of quality in regulated family child care in Canada in 1999 and identified the factors that predict high-quality homes.¹

Recommendation on Regulation

1. Starting immediately, all jurisdictions must examine their existing policies and practices to identify those that act as disincentives for family child care providers to join the regulated system. Policies and practices that act as disincentives must be changed. In addition, all jurisdictions must immediately begin work on the development and implementation of policies and practices that will encourage family child care providers to join and remain in the regulated system, including the implementation of our Recommendations 7 and 8.

Recommendations on Provider Preparation

2. Starting immediately, all jurisdictions must require the successful completion of a first aid course, including CPR for young children, as a pre-condition to a provider becoming regulated.
3. By the year 2003, all jurisdictions must require regulated providers who have not completed a post-secondary ECCE credential to complete a basic family child care provider course within the first year of starting to provide care. This course should include units on: basic health and safety, setting up the environment, nutrition, child development, child guidance, working with mixed-age groups, formulating appropriate daily routines, partnerships with parents, good business practices, and balancing work and family responsibilities. Providers who have completed a post-secondary ECCE credential, but not a formal family child care-related course, must be required to take training on issues specific to family child care within the first year of providing care. This training should include working with mixed-age groups, appropriate business practices, and balancing work and family responsibilities.
4. By the year 2003, all jurisdictions must require regulated providers to engage in a minimum of six hours of professional development each year.
5. Between now and the year 2003, all jurisdictions must take the steps required in their jurisdiction to ensure the availability and accessibility of appropriate training and professional development for *ALL* family child care providers, regardless of their regulatory status.

Recommendation on Infrastructure

6. By 2003, all jurisdictions must ensure the availability of a variety of provider support services across their jurisdiction through adequate levels of funding for existing provider supports such as child care resource programs and family child care agencies, and creating new services where none exists. Particular attention must be given to financial assistance for the development and ongoing support of provider associations.

Recommendations on Provider Income

7. Starting immediately, all jurisdictions must implement an income-enhancement grant for regulated providers. The grant amount must ensure that all providers working full-time and caring for four or more children receive, after child care-related expenses and before taxes, the equivalent of what would be earned, on average, by an entry-level staff person working full-time in a centre in the same jurisdiction. Full-time for providers should be defined as at least eight hours a day, five days a week, for 48 weeks or more a year.
8. Starting immediately, all jurisdictions must begin providing start-up grants and annual operating grants to all regulated providers.

Recommendations Relating to Children with Specific Characteristics

9. Starting immediately, all jurisdictions must provide an “infant incentive grant” to regulated family child care homes that care for a child under age 18 months in recognition of the additional time, expense and effort required to provide high-quality care for very young children.
10. All jurisdictions must work with family child care provider associations, family child care agencies and other organizations that deliver training and professional development to develop and implement opportunities for providers to obtain special training for working with infants and young toddlers in the context of a family setting and a mixed-age group.
11. Starting immediately, all jurisdictions must provide “special needs funding” to regulated family child care providers who look after a child with special needs. Such funding must take into account the particular needs of the individual child(ren) and the type of additional assistance or costs that might be required to give appropriate care. In situations where a provider cannot accept her full complement of children because of the time and attention required by the child, the special needs funding must include compensation for her lost income.
12. All jurisdictions must take action to ensure the provision of training specific to the child’s needs, plus consultation and appropriate resources for providers caring for a child who has special needs.

Recommendation on Provider Recruitment

13. Governments, family child care organizations and professional organizations must immediately undertake public education/awareness strategies that will assist people to understand the link between the importance of children’s experience during their early years and the value of people who work in child care.

Note

- 1 Doherty et al. 2000b.

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Glossary of Abbreviations

CCV	Child Care Visions Program, Social Development Partnerships Division, Human Resources Development Canada
CPE	<i>Centre de la petite enfance</i>
ECCE	Early childhood care and education
NICHD	National Institute of Child Health and Human Development (U.S.)
NLSCY	National Longitudinal Survey of Children and Youth (Canada)



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