

The Work Lives of Family Child Care Providers in Colorado: Factors Associated with Provider Job Intentions and Well-Being

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KEY FINDINGS

- ▷ The most common reasons family child care providers remained in business were to help children and families and to be able to stay at home to care for their own children or grandchildren.
- ▷ Family child care providers expressed significant job frustration over state licensing policies and other programs that they perceived were attempting to make family child care homes more like center-based ECE programs. They also expressed frustration over their lack of access to benefits, including health insurance and paid sick and vacation time.
- ▷ Family child care providers appeared to be somewhat emotionally and physically drained by their jobs, but at the same time, they felt a strong sense of accomplishment in their work with children and families.
- ▷ Greater feelings of frustration with state licensing requirements, higher levels of education, and working more days a week predicted greater feelings of emotional exhaustion, while more days open per week and caring for more children with challenging behaviors predicted stronger feelings of depersonalization in family child care providers' work with children and families.
- ▷ A large percentage of family child care providers, 87%, indicated that they intended to stay in business at least for the next two to three years.

These findings are discussed in light of policy recommendations for improving the working conditions of family child care providers in Colorado.

INTRODUCTION

Family child care providers are defined as professionals who are licensed by the state to care for non-relative children, typically for pay, in their own homesⁱ. Family child care providers are increasingly recognized as a vital part of the early care and education (ECE) service sector that can support young children’s development and enable their families to work. Each day in Colorado, they care for more than 10,000 young children and are a very common form of child care for infants and toddlers and for lower-income families, many of whom work non-traditional work schedules that family child care providers can often accommodateⁱⁱ. Several decades of research have also established the important role that high-quality family child care programs can play in the lives of young children and the benefits that they can have to children’s school readiness skillsⁱⁱⁱ.

The Colorado Bureau of Labor also estimates that as Colorado’s population continues to grow, the state will need to substantially increase the ECE workforce to meet the needs Colorado’s working families^{iv}. Yet many communities are struggling to recruit new early educators, including family child providers, into the field. Additionally, in a number of communities, family child care homes are the only child care option available^v, and if a provider closes their business, families are left without care. Thus, recruiting and retaining family child care providers is of major policy concern.



The working conditions that family child care providers experience undoubtedly influence their decisions to stay in or leave the field. Family child care providers work in contexts distinctly unique from teachers in center-based settings. They are considered small business owners who provide care within the context of their own home lives, with many juggling the needs of their own families with the needs of the children in their care. Yet at the same time, many family care providers choose this work precisely for its flexibility and to stay at home with their own children^{vi}. However, many providers also work long hours, often upwards of 12 hours a day, and some provide care seven days a week, often isolated from other adults for significant portions of the day^{vii}.

As a result of these factors, job burnout and depression among family child care providers are of significant concern. Burnout and depression can not only prompt a family child care provider to leave the field altogether but can also affect the quality of services they provide, as higher rates of burnout and depression have been linked to more harsh and detached caregiving^{viii}. Family child care providers may be especially vulnerable to burnout and depression because of the emotional and physical nature of their work, combined with long work hours, low pay, and limited access to benefits, including health insurance and paid sick and vacation days^{ix}. Consequently, understanding how family child care providers experience their work lives, the factors that predict their decisions to stay in or leave the field, and the factors that support or constrain their well-being can offer insights into how to improve the working conditions and retention of this vital service sector.

RESEARCH QUESTIONS

The purpose of this research brief is to explore the job perceptions, occupational burnout, depression, and job intentions among a sample of family child care providers in Colorado. Specifically, this brief addresses the following research questions:

1. What motivates family child care providers to stay in their jobs?
2. What are family child care providers' most significant job frustrations?
3. What are family child care providers' levels of occupational burnout and depression? What personal, workplace, and policy factors predict their occupational burnout and depression?
4. What percentage of family child care providers intend to leave their jobs within the next two to three years? What personal, workplace, and policy factors predict providers' intention to leave their jobs?

SAMPLE

The sample used for this research brief included 496 licensed family child care providers who provided early care and education (ECE) services to children birth

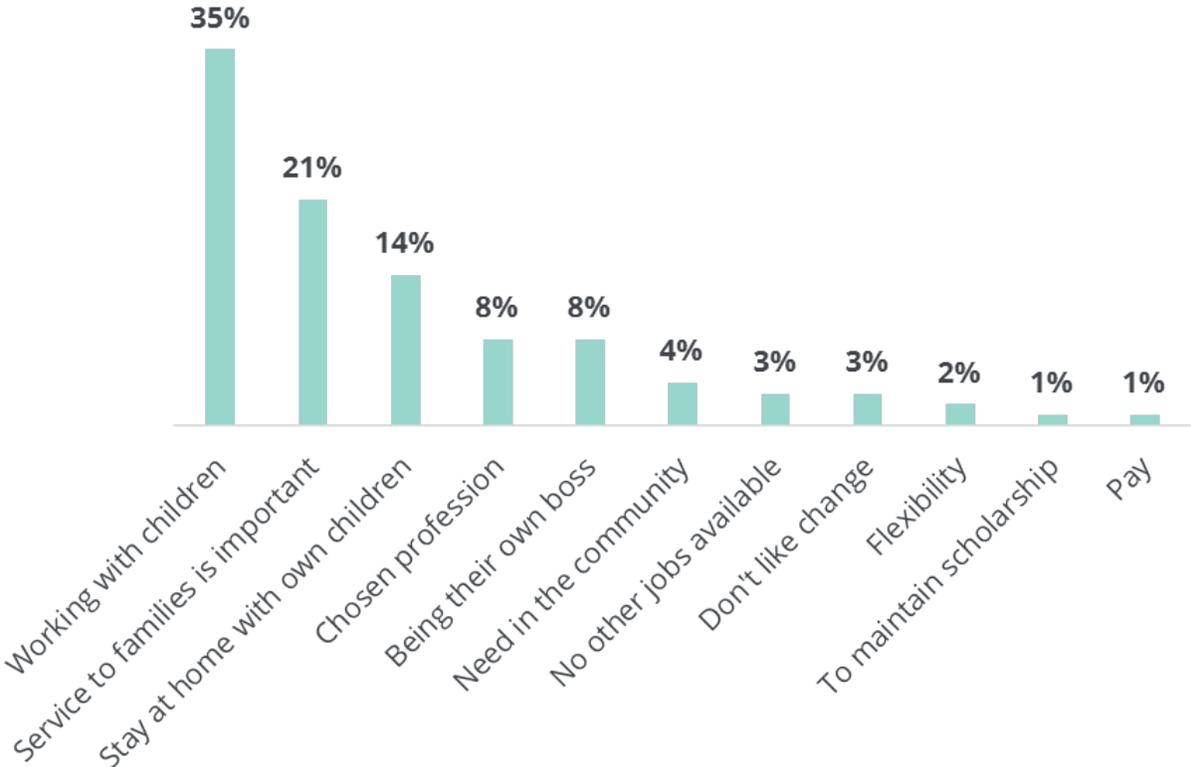
through age five across Colorado. This sample represented approximately 22% of licensed family child care providers in Colorado. For more information about the sample and how it was collected, please see *Colorado Early Childhood Workforce Survey 2017 Final Report*^x.

RESULTS

RQ#1. What motivates family child care providers to stay in their jobs?

To address this research question, family child care providers in the sample were asked to consider the main reason that they stayed in their job. Figure 1 displays their responses. In general, most providers were motivated by the work itself and for altruistic purposes. For example, 35% of providers were motivated to stay in their jobs to work with children, and 21% were motivated to stay in their jobs because they felt that the services that they provided were important for the well-being of families. Similarly, 8% indicated that providing care and education to young children was their chosen profession and that they felt effective in the services that they delivered. Four percent stayed in business because they believed there were gaps in child care in their communities and that they were filling an important need.

Figure 1. Family Child Care Provider Motivations for Staying in their Jobs



For some providers, the organization of their job provided incentives for them to remain in business. For example, 15% of providers reported that providing family child care services enabled them to stay at home with their own children or grandchildren, which served as a significant source of motivation to stay open. Eight percent indicated that being their own boss and the autonomy that came with owning a business served as a significant incentive, while 2% mentioned the flexibility of working from home provided them with work-life balance. Only 1% were motivated to stay in the field because of the pay, although an additional 3% indicated that there were no other higher paying jobs in their communities available.

RQ#2. What are family child care providers' most significant job frustrations?

To learn more about the aspects of family child care providers' jobs that frustrated them the most, providers were asked to report on their three most significant job frustrations. The results are displayed in Figure 2. These frustrations fell into five general categories: policies, compensation, families, children, and the nature of the job.

Policies. State policies served as a source of frustration for a significant proportion of family child care providers in this sample. For example, the most frequently reported source of job dissatisfaction, mentioned by over a third of providers (35%), was state child care licensing rules and regulations that guide the operation of family child care homes. Twenty-seven percent of providers also reported frustration with policies, such as program assessments and professional credentialing requirements, that they perceived as attempting to make family child care providers function more like teachers in center-based ECE classrooms. Thirteen percent reported feeling frustrated about the burdensome amount of paperwork required from different public programs operating in their homes. Only 3% of providers mentioned that late reimbursement payments for children receiving Colorado Child Care Assistance Program funding was a source of frustration.

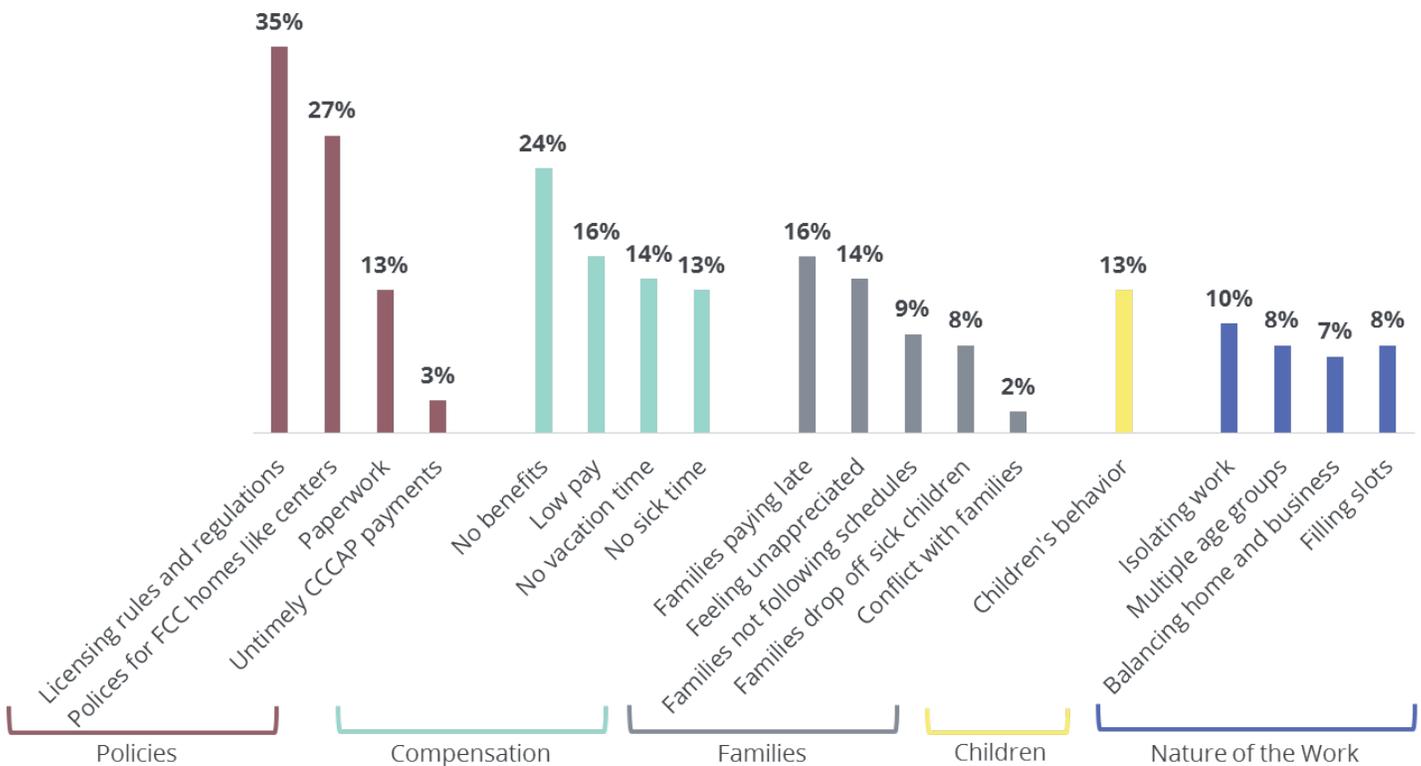
Compensation. Almost a quarter (24%) of the family child care providers in this sample experienced frustration over their lack of benefits in their jobs, most notably health insurance and retirement savings accounts. The lack of other workplace benefits, such as paid sick and vacation days, also emerged as another source of job dissatisfaction. Only 14% of providers noted low pay as a source of frustration.

Families. To a lesser extent, family child care providers noted frustrations in their work that stemmed from their relationships with the families that they served. For example, 16% were frustrated over families paying late, 9% were frustrated that families dropped off their children early or picked them up late, and 8% were frustrated that families brought sick children to their home for care. Fourteen percent also mentioned that they felt underappreciated by families, but only 2% noted conflicts with families as a significant source of job dissatisfaction.

Children. Thirteen percent of family child care providers mentioned that children’s challenging behaviors fostered job dissatisfaction.

The nature of the work. Some providers also mentioned that the nature of the work itself created frustrations. For example, 10% expressed that they often felt isolated from other adults, 8% felt frustration over having to meet the needs of multiple age groups of children, 7% expressed frustration over the stress associated with juggling the demands of running a business within the context of their family lives, and 8% reported that a frustrating aspect of running a business was having to frequently recruit new families into their programs to fill open slots.

Figure 2. Sources of Job Frustration



RQ#3. What are family child care providers’ levels of occupational burnout and depression?

To address this research question, family child care providers were administered a shortened 9-item version of the *Maslach Burnout Inventory*^{xi}, which is organized into three subscales. The first subscale assessed providers’ *Emotional Exhaustion*, such as feelings of being worn out or depleted by their jobs. The second subscale, *Depersonalization*, assessed the extent to which providers psychologically withdraw from children and families because of work stress. The third subscale, *Sense of Personal Accomplishment*, measured the extent to which providers felt effective in their work.

Each of the three items within each subscale were measured on a 7-point scale, and item scores were summed to yield a subscale score with a maximum of 21. High scores on each subscale represent more feelings of *Emotional Exhaustion*, *Depersonalization*, and *Sense of Personal Accomplishment* (e.g., less burnout).

Family child care providers were also administered a shorted 10-item version of the Center for Epidemiologic Studies Depression Scale.^{xii} Providers responded to each item of the scale by rating the frequency with which they felt a mood or symptom “during the past week” on a four-point scale, with scores ranging from 0-3, where three indicates a higher frequency of the mood or symptom. Thus the possible range of the 10-item scale is 0 to 30, and a score of ten or higher indicates the presence of significant depressive symptoms. The results of providers’ scores on dimensions of providers’ burnout and depression can be found on Table 1.

Table 1 shows that, in general:

- Family child care providers in this sample felt moderate levels of emotional exhaustion, suggesting that to some extent they perceive their work to be draining.
- On the other hand, low scores on the Depersonalization subscale suggest that the average provider is psychologically engaged in their work with children and families.
- Their work also appears to provide family child care providers with a strong sense of personal accomplishment and fulfillment, as the average provider felt very effective in their work with children and families.
- The sample did not show symptoms of depression. However, 7.46% of the sample scored a 10 or above on the scale, indicating significant depressive symptomologies, an estimate similar to what would be expected in the general population.

| Table 1. Family Child Care Providers’ Levels of Occupational Burnout and Depression | | | |
|--|-------|-----------|------------|
| Dimension | Mean | Std. Dev. | Range |
| Emotional exhaustion | 9.59 | 4.46 | 3.00-21.00 |
| Depersonalization | 4.50 | 2.39 | 3.00-21.00 |
| Personal sense of accomplishment | 17.77 | 3.43 | 3.00-21.00 |
| Depression | 4.22 | 3.92 | 0.00-27.00 |

What personal, workplace, and policy factors predict burnout and depression?

To address this research question, family child care providers were asked to report on their: (1) highest level of education, (2) age, (3) wages, (4) economic well-being^{1xiii}, (5) the number of children in their care, (6) whether they cared for their own children in their program, (7) the number of children in their care who had challenging behaviors, who had special needs, and who had received Colorado Child Care Assistance Program subsidies, (8) the hours per day and days per week they were open, (9) whether they employed another caregiver in their program, (10) whether they participated in Colorado Shines, the state's quality rating and improvement system, and (11) their most significant job frustrations (see analysis above). Ordinary least-squared regressions were then used to understand factors that predict occupational burnout and depression, and significant results reported at the 0.05 level of significance.

The results indicated that:

- Frustration with child care licensing rules and regulations, more days open per week, and having a bachelor's degree or higher, predicted more feelings of emotional exhaustion.
- Caring for more children who the provider perceived to have challenging behaviors and being open more days per week predicted greater feelings of depersonalization with children and families.
- Caring for more children in the program predicted greater feelings of personal accomplishment in the work.
- Caring for more children with challenging behaviors, predicted higher levels of depression.

One surprising result of this study is that family child care providers with higher levels of education reported greater feelings of emotional exhaustion. However, this finding is similar to research on teachers and principals in K-12 settings in which educators with more education were found to strive to be more effective in their jobs and had higher expectations for themselves as educators, thereby creating more job stress^{xiv}. It may be that family child care providers in this study with more education have a deeper grasp of what high-quality service provision entails and have higher expectations for their own performance. Thus, they may work harder, creating more emotional exhaustion. However, these are speculations and more research is needed to explore the relationships between provider education, quality service provision, and feelings of occupational burnout.

Another unexpected result in this study is that providers with more children in their care experienced greater feelings of personal accomplishment in their work. It may be that providers with larger group sizes felt a sense of accomplishment in being able to meet the needs of the array of children in their group. Family child care

¹ An item from the *Perceived Economic Pressure* survey was used in this analysis. The item asked family child care providers to rate, on a scale of 1-5, with 1 indicating strongly agree, the extent to which they felt that their income never caught up with their expenses.

providers with larger groups of children may also structure their programs differently than providers with smaller groups of children. Perhaps to maintain the order of a larger group of children, they provide more “school-like” activities that prompt providers to feel more professional in their work, fostering a greater sense of effectiveness. Again, these relationships require further inquiry.

RQ#4. What percentage of family child care providers intend to leave their jobs within the next two- three years?

To address this research question, family providers in this sample were asked to report on whether they planned on remaining in business over the next two to three years. Of the providers sampled, 87% indicated that they planned on remaining in business and operating their family child care home for at least the next two to three years. These results indicate a degree of job stability in family child care providers, at least within this sample.

What personal, workplace, and policy factors predict family child care providers' intentions to close their business?

To address this research question, the same factors used in the previous analysis were used in a logistic regression to understand the factors that predict a family child care provider's intentions to leave their job. None of the factors that were explored predicted a provider's intentions to close their business. It is possible that because there were so few providers in this sample that intended to close their business, the sample size was too small to detect effects. Another explanation is that the sample drawn for this study drew primarily from family child care providers participating in Colorado's Early Childhood Professional Development and Information System (PDIS) and other professional organizations. These providers may have more of a professional orientation to the work, and thus may be less likely to leave the field than providers who did not participate in this study. A final explanation is that there are other factors, above and beyond what was collected for this study, such as the social support available to a provider, their family income, or the ages of a provider's own children, that influence family child care providers' decision to stay in their jobs.



IMPLICATIONS FOR POLICY & PRACTICE

The results of this research brief suggest several important strategies and research areas in which Colorado might consider investing, in order to improve the working conditions of family child care providers.

Adapting State Systems to Better Serve Family Child Care Programs

Colorado should consider conducting focus groups with family child care providers throughout the state to learn more about the aspects of licensing, including the specific rules and processes that cause frustration, as well as to learn more about other state initiatives that may cause frustration. A key finding in this research brief is that a sizable number of family child care providers in this study expressed frustration with state licensing rules and regulations. Importantly, family child care providers' frustration with licensing rules and regulations also appeared to impact their work, as frustration with licensing rules and regulations was related to greater feelings of emotional exhaustion and burnout stemming from their work.

Colorado also might consider developing training within Colorado's Professional Development and Information System that is specifically geared toward home-based programs. Many family child care providers in this sample expressed frustration with programs, policies, and professional development that they perceived were attempting to make home-based child care programs look more like ECE centers. In prior briefs in this series, family child care providers also expressed that a significant barrier to their participation in in-service professional development was that they felt it was too often geared toward teachers in ECE centers^{xv}.

Developing Shared Services Alliances

A significant finding in this study is that family child care providers in this sample were less frustrated about the actual pay they received and more frustrated with the lack of benefits associated with self-employment. Colorado might consider supporting "shared services alliances" to enable family child care providers to purchase health insurance at a reduced rate. Shared services alliances could be used to purchase benefit packages at more competitive rates than may be available for individual family child care providers.

Increasing Colorado Child Care Assistance Program (CCCAP) Reimbursement Rates

Another important strategy that Colorado should pursue is raising CCCAP reimbursement rates so that family child care homes serving lower-income children can afford to take paid sick and vacation days and can purchase health insurance. Colorado might also consider restructuring current CCCAP contracts with family child care providers to provide a minimum number of paid sick days for providers in which they can still get paid so that providers can afford to close when they are

ill or so that they can afford to hire a substitute to provide care when they are sick. These strategies may alleviate feelings of burnout and exhaustion.

Investing in Evidence-Based Programs to Reduce Challenging Behaviors

Although this study indicated that only 13% of family child care providers felt frustrated by children's challenging behaviors, these behaviors nonetheless appeared to impact their work. This study found that providers who cared for more children exhibiting challenging behaviors were more likely to report psychologically disengaging from their work with children and families. Yet children with challenging behaviors are the children who need emotionally available caregivers the most^{xvi}. Consequently, providing support for family child care providers in caring for children with challenging behaviors should be prioritized. Colorado might consider investing more heavily in evidence-based models such as The Teaching Pyramid or in infant mental health consultation that work with ECE programs to improve provider skills and practices around addressing challenging behaviors and can provide more intensive intervention for children exhibiting more extreme behaviors. Special attention may be needed to appropriately adapt these and other programs for their application in family child care settings.

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