

*Working Research Paper*

**Home Sweet Home?**

**An Evidence-Based Analysis of**

**Licensed Family Home Childcare in Manitoba**

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**Abstract**

This report provides an evidence-based analysis of regulated family home childcare in Manitoba, examining features associated with the quality of care experienced by children and parents as well as of the job experience of care providers. Family home childcare supplies nearly 3,1000 spaces or about 1 in 10 of Manitoba’s licensed spaces. The report explores variables related to stability, turnover, access, parent cost, and other regulable features of structural quality, drawing on provincial *Annual Reports* (2001 - 2015) and univariate, bivariate and multivariate analyses of a provincial administrative data set (2004 - 20013). Among other findings, the report found high turnover: the annual closing rate is 13.7 percent annually and less than one in seven homes remained open over the whole study period. Half of all homes close in four years or less, and the rate is higher in rural areas. Provincially, there are wide variations in closing and turnover rates: for example, a home in the Eastman region is 72 percent less likely to remain open than a home in Winnipeg. Across Manitoba there is wide variation in the rate of trained early childhood educators: about six in seven home providers are untrained, and the training rate drops in some regions. Close to one-third of family homes do not accept provincial funding, resulting in higher fees that shut out low-income subsidized families. Homes where the provider is likely taking care of her own children close at higher rates than homes where the provider’s own children are not present. Compared to centres, family homes are disproportionately over-represented in quality breaches. The analysis is situated in the context of Canadian and American research, and generates important issues for public policy and planning initiatives. The findings reported here raise serious doubt about the ability of the sector to provide quality reliable care for children and their parents and problematize the capacity of the sector to provide good employment and work-family balance for family home care providers.

**Introduction & Context**

In Manitoba, as in the rest of Canada, there is a significant discrepancy between the demand for, and supply of, licensed childcare spaces. The access gap is just one aspect of a larger crisis that includes high parent fees and too few trained and qualified early childhood educators (ECEs), among other issues. Regulated family home childcare is increasingly presented as a service that can remedy these problems.

Manitoba licenses both childcare centres and family homes: centres today provide more than 90 percent of spaces, while homes supply just under 10 percent. The expectations and requirements for the two sectors are very different. Unlike staff in centres, family home providers rarely hold an ECE degree, since no post-secondary early childhood education is required for the job.[[1]](#footnote-1) Providers use their own homes, so there are no public capital costs and facilities can open quickly once a provider proceeds with licensing. Homes may apply for some provincial grants and operating support, but they are funded differently than are centres. Parent fees in homes are more unpredictable than in centre-based care. In short, the family childcare sector relies on untrained caregivers and privately-owned homes to respond to Manitoba’s childcare needs.

Historically, Manitoba’s family home childcare spaces have always been a small share of the province’s total licensed spaces. In 2000-01, family homes represented 17 percent of all licensed spaces; in 2014-2015, this had fallen to 9.2 percent of all spaces. Manitoba’s decline mirrors national trends: licensed family home spaces have fallen all across the country in recent years. From a high of 12.2 percent of all spaces in Canada (outside Québec) in 2004, family homes made up just 7.9 percent in 2014.[[2]](#footnote-2)

Despite the steady decline, many policy-makers turn to family home childcare. Implicit in calls for more family home childcare are several assumptions: chief among them are that family home childcare provides reliable quality care for children and their parents, is a good income-generating strategy for family home care providers, and meets providers’ work-family reconciliation needs. This working paper evaluates these assumptions, analyzing turnover and stability, caregiver training, ratios and group size, and regulatory models. Close study of Manitoba reveals that the overall decline in family home childcare from 2000 to 2015 is complex. In addition to high rates of closure, there is considerable churning in the field. Overall, the findings raise concern over access and quality for families and children, as well as problematizing the stability of the sector and its capacity to sustain family home care providers.[[3]](#footnote-3)

**Literature review**

Regulated family childcare refers to the licensed care of children in a provider’s home. It differs from simple ‘babysitting’ because it is formally regulated under provincial regulations. Any Manitoba provider caring for more than four children under the age of 12 (including her own) must be licensed; at four or fewer children, a license is not required. All provinces and territories specify the maximum number (and age distribution) of children who can be cared for in a regulated childcare home: in Manitoba, the maximum is 8 children (with no more than 3 infants under the age of 2, and no more than 5 preschoolers) in an individual family home and 12 or fewer children in a group family home with two providers. Family home childcare providers must comply with health and safety regulations: in Manitoba, these include first-aid, CPR, criminal and other abuse checks, in addition to meeting home, safety, and administrative requirements.

Like parents, policy-makers have an interest in ensuring childcare quality in centres as well as regulated homes. Discussions of quality in childcare are inescapably value-laden and complex, requiring observers to grapple with both process and structural quality considerations. Process quality refers to the experiences of children, and structural quality captures features of the environment that can be regulated by governments. Process quality studies generally use environmental rating scales as assessed by trained observers; structural and context quality, in contrast, can be examined through administrative data, public policies and practices. International evidence about predictors of quality in family home childcare identifies provider–child ratios, group size, education and training, and providers’ use of supports as key, along with associated variables related to turnover and stability, worker caregiver environments, provider income and satisfaction, and regulatory contexts (Davis et al., 2012). These measures provide empirical resources for assessing structural quality.

This report foregrounds structural quality in Manitoba family home childcare settings, situating these findings in the context of what is known about family home care policy and practices in Canada and Manitoba.

*Adult – Child Ratios*

To ensure high quality and developmentally appropriate care, children need warm supervision by trained caregivers. Recommended adult-child ratios vary by the age of the children, since children at different development stages require different degrees of supervision, engagement and care. The criteria developed for accreditation by the American National Association for the Education of Young Children (NAEYC) specify that children aged 0-24 months should have an adult-child ratio of between 1:3 and 1:4 (NAEYC, 2013).

In Manitoba, a family home childcare provider is permitted to care for 3 infants and up to 5 other children (preschoolers and school-age). With these enrollments, Manitoba family home care regularly fails to meet the NAEYC guidelines, and would not qualify for accreditation by their criteria. While neither Manitoba centres nor homes are obliged to meet NAEYC standards, they nevertheless are considered an important quality benchmark.

*Group Size*

Like adult-child ratios, maximum group size is an important element in structural quality. In centres, different group configurations are possible; in a family home, children are considered to form a single group. Maximum family home size varies across Canada. Family home childcare regulation in most provinces stipulates a maximum of 6 children per family home, with only Manitoba and Saskatchewan allowing 8 children. American best practices recommend a maximum group size of four children in facilities where there are two children under the age of two (NRCHSCCEE, 2011). By these standards, Manitoba (like other Canadian provinces) falls short of best practices – and by a margin that is greater than in all provinces save Saskatchewan.

In discussion of both group size and adult-child ratios, the age of children matters. Canadian observational studies of process quality, using an environmental rating scale, find that average scores are lower when at least one child under age 18 months is present compared to groups where the youngest child is older than 18 months of age (Doherty, Lero, Goelman, Tougas, & LaGrange, 2000). Nevertheless, infants and preschoolers are over-represented in family home childcare settings. A large proportion of Canada’s family homes care for infants and toddlers – over two-thirds were caring for at least one infant, and 93.5 percent provided care for at least one child under the age of 3, in addition to their own children (Doherty et al., 2000, p. 52-53). Deery-Schmidt and Todd point out high turnover and lack of continuity is particularly consequential in family home care, which supplies out of home care for so many infants and young children. As they note, instability at this point in development “may have more serious long-term implications than caregiver changes in later periods” (Deery-Schmitt & Todd, 1995, p. 122).

Kershaw et al also observe that turnover can be particularly hard on parents as well as their infants and toddlers (Kershaw, Forer, & Goelman, 2005). Facility closure means a new setting and the disrupting of peer relations, as well a new caregiver. They point that that when a family home closes, unlike in a centre, when children are confronted with just one change in relationship within a center that continues to operate, family home closure

requires the children to grapple with a series of simultaneous adjustments in their web of relations and care context. The broader ripple effects of such disruption create stress and disturbance for parental work and study schedules, as well as for other aspects of family life. (Kershaw et al., 2005, p. 419).

*Early Childhood Education and Training*

One important predictor of quality is early childhood education training for caregivers: formal post-secondary training is strongly associated with higher levels of quality (Helburn, 1995; Shonkoff & Phillips, 2000; Weaver, 2002). No Canadian province, Manitoba included, mandates formal post-secondary early childhood education studies for family home care providers. The Canadian *You Bet I Care* (YBIC) study of family homes found that higher levels of formal ECE education was a predictor of higher quality (Doherty et al., 2000). American studies of observed process quality in family home care have also found that quality is positively correlated with the training and education the provider has received, and that training is more important than years of experience (Morrissey, 2007). YBIC found that nationally, 20.4 percent of study participants had a two-year ECE credential or higher.

One pan-Canadian survey of centre-based and family home providers, as well as of provincial licensing officials, found 85 percent either “agree” or “strongly agree” that there should be a required post-secondary credential for regulated family child care providers (Beach & Flanagan, 2010, p. 16). Other research has promoted increased training and ECE qualifications as a means to increase quality in family home childcare settings (Davis et al., 2012; Lanigan, 2010; Porter et al., 2010).

Training is particularly consequential for process quality, which tends to be low in the family home childcare sector. The sole Canadian study of observed process quality in family care homes, using the industry standard measurement of quality, the Family Child Care Environment Rating Scale (FCCERS-R), found “cause for concern” (Doherty et al., 2000, p. xii). Just over one-third (36.8 percent) of homes met a quality threshold for stimulating children’s social, language and cognitive development; the remaining two-thirds did not (Doherty et al., 2000, p. 73). These Canadian findings are only slightly less dire than American overviews, where similar multi-site, multi-state studies find that fewer than 10 percent of family childcare homes could be considered “good” or high quality, using the same FCCERS-R measures (as cited in the literature review by Morrissey, 2007). Caregivers with more and more specialized early childhood provide higher-quality care, and this is particularly true in jurisdictions with weaker government regulations and oversight (Morrissey, 2007).

*Quality and Regulatory Status*

Home care providers are licensed through agencies in Nova Scotia and Ontario; through individual licenses as well as agencies in Newfoundland and Alberta; and are self-employed contractors with direct (also known as individual) licensing in Manitoba and the remaining provinces and territories (Cox, 2005). These variables in regulatory status are correlated to quality variation (Doherty et al., 2000). National Canadian research has found that whether the family home care “provider networks with others through an organized association or network” was a predictor of higher quality*,*(Doherty et al., 2000). One literature overview summarizes that researchers have “consistently found that network-affiliated home care providers offer higher quality care than their unaffiliated colleagues” (Doherty, 2014). This suggests that individual licensing of home providers in the absence of agencies or other networks works against structural quality.

*Turnover and Closures*

In the US, Deery-Schmidt and Todd found 12.5 percent of licensed family homes close annually (Deery-Schmitt & Todd, 1995; Todd & Deery-Schmitt, 1996). Noting that “High turnover rates among the providers of out-of-home services currently plague the child care field” (Deery-Schmitt & Todd, 1995, p. 122),they find two periods when providers are most likely to leave: first, during the first year of operation, and again when the provider’s own children enter school (p. 138-39). Other American overviews (which often blend regulated and unregulated home care settings) estimate annual turnover rates at between 15 – 25 percent (Morrissey, 2007, p. 12).

In the sole Canadian study of turnover in childcare centres and homes to date, BC researchers found that 48 percent of family childcare facilities that operated in 1997 had closed four years later. The researchers calculated an annual closure rate of 13 percent. The BC closure rate means that close to half of all families would have had to change childcare arrangements in a four-year period (Kershaw et al., 2005, p. 418) – far from the 12 years of care from the same provider that parents often anticipate. Family home childcare closed at a much higher rate than did centres.

*Family Home Care: Working Conditions*

The characteristics of family home childcare providers and their work have been studied in Canada. The sole national study of family home care providers, *You Bet I Care!* (YBIC) (2000) provides a representative overview of the sector. It studied 231 regulated family childcare providers in six provinces and one territory, and included process quality assessments by trained observers. YBIC researchers reported on the complex process of providing a ‘public service in a private home,’ finding that the provider plays multiple roles: “Mother to her own children who are present, paid care provider for other people’s children, provider of support to child care families, and business owner/ operator.” (Doherty et al., 2000, p. 14.) From her comprehensive overview of recent American literature, Morrissey similarly observes that “Providers’ private homes become places of business, and both they and their families must confront issues of privacy and work/life balance, potentially producing conflict within the caregiver’s family” (Morrissey, 2007, p. 11).

Family home childcare providers work a surprisingly long week. In Canada, providers have at least one child not their own in their home for 50.5 hours/week, while also spending about 6 hours/week on childcare related duties. Thus the average work week was 56.3 hours (Doherty et al., 2000, p. 56). In her US sample, Nelson found that 59 percent worked 50 hours week or more (Nelson, 1990). Income received from the care of children weakly compensates for the long hours. Canadian researchers conclude that “at current income levels, family child care is an occupation that is best done only when there is a second earner in the family” (Doherty et al., 2000, p. 59). As self-employed contractors, home care providers are highly vulnerable to income disruption: 89 percent report no mechanism to protect against loss of income resulting from illness or disability, and less than two-thirds report having liability insurance (Doherty et al., 2000, p. 69). None had a pension plan.[[4]](#footnote-4) Family home care providers have no paid vacation time either, being prohibited from charging parents if they are not providing service. YBIC research found that “financial concerns, such as lack of benefits and income fluctuations, were identified as sources of considerable stress by the study providers.”(Doherty et al., 2000, p. 49). Canadian research shows that two-thirds of home care providers express dissatisfaction with their income, and half are dissatisfied with their overall working conditions (cited in Doherty et al., 2000, p. 19). Cox repeatedly characterizes family home childcare as “precarious employment” (Cox, 2005).

*Family Home Providers and Their Own Children*

In terms of demographics, YBIC research found 100 percent of home providers were female (versus 96 percent in the US (Morrissey, 2007)). Nine in ten Canadian home care providers were married or living with a partner. Close to half (47.7 percent) had at least one child under the age of 12 living at home; of these, three-quarters had a child under age 3 (Doherty et al., 2000, p. 36). These findings are similar to US research, which finds one-third of American family providers takes care of her own children (Morrissey, 2007). American research has also found high rate of family members in the homes of care providers: one study found over half of homes contained children to whom the caregiver was related (typically grandchildren, but often nieces and nephews (Layzer & Goodson, 2006).

Contrary to the anticipated satisfaction that at-home mothers might feel about earning a living while caring for their own children, family home care providers express dissatisfaction. Researchers have repeatedly found that job satisfaction and commitment are lower when the provider’s own children are present (Bollin, 1993; Morrissey, 2007). Kershaw et al (2005) argue that there is reason to believe that the presence of one’s own children in the facility is a predictor of FCC closure “because providers terminate their businesses when (some of) their children reach school age” (p. 430). They found the presence of the provider’s own young children in the home/work environment strongly correlated with higher closure rates.

*Provider Satisfaction, Income and Closure*

Another reason family home providers leave the field is dissatisfaction with their low income. Bollin (1993) found that insufficient income was cited as the primary reason by almost one quarter of the providers in her sample, regardless of what point in their careers the providers quit. Moreover, dissatisfaction with low income was often compounded by personal and lifecycle considerations. It may well be the case that family care providers are willing to trade-off long hours and low incomes to care for their own young children; but that once children are older, they opt for different income-generating strategies.

In their analysis of factors specifically associated with family home childcare closure, the BC team (Kershaw et al., 2005) found six important predictors: an absence of ECEC-specific training, high levels of job stress, dissatisfaction with earnings, being younger, and the presence of the provider’s own children. Some of the predictors were especially powerful: 72.4 percent of younger home providers (between the ages of 20-24) closed, whereas the closure rate was less than half, at 32.8 percent, among providers aged 45-55. Rural family homes were found to close at a higher rate than in large urban centres.

Some anticipated predictors of stability turned out to be insignificant. The BC study by Kershaw et al (2005) found that being in receipt of provincial operating funds did not make a difference in terms of family home stability, nor did the presence of subsidized children. Caregivers with higher education and/or more professional development did not have statistically significantly lower closure rates. Finally, the presence of subsidized children did not make a difference. Kershaw et al conclude that, with respect efforts to diminish turnover rates among family childcare providers that “governments enjoy limited influence over their longevity in the sector.” The decision to operate a family child-care facility often appears to be a “life-course issue that is relatively immune to the influence of public policy” (Kershaw et al., 2005, p. 431).

This overview of Canadian and American and Canadian literature paints a portrait of family home childcare. In about half of Canada’s family care homes, the provider is simultaneously providing care to her own and other families’ children, working a very long week, for a modest revenue stream, with little or no access to employment benefits. Rarely formally qualified in early childhood education, home providers offer a service that usually meets minimal health and safety standards, but achieves developmentally appropriate care in just one in three facilities. Ratios, group size, enrollment patters and the direct licensing model mitigate against quality. Turnover rates are high, and the average home is open for four years or less.

**Description of Data Sources and Methodology**

In order to analyze stability, turnover and quality in family home childcare in Manitoba as well as the degree to which family home childcare meets providers’ needs for work-family reconciliation and employment, we turn to province-specific data. There is a consensus in the field that analyses of turnover and stability requires longitudinal studies (Deery-Schmitt & Todd, 1995; Kershaw et al., 2005). Thus, the first data-source is the *Annual Reports* of Manitoba Family Services, which provides a consistent year-to-year presentation of administrative data from 2000-2001 to 2014-2015. Although most of the data in the *Annual Reports* are province-wide, some are broken down by the seven administrative jurisdictions: the Winnipeg, Westman, Eastman, Central,[[5]](#footnote-5) Interlake, Parkland and Northern regions.

The second source of information comes from an administrative dataset provided by Manitoba Early Learning and Child Care, which contains information on all individual and group family childcare homes in Manitoba from July 1, 2003 to June 30, 2014.[[6]](#footnote-6) The final dataset contains a total of 1,181 homes, representing the full universe of regulated family homes operating in Manitoba between 2004 - 2013.[[7]](#footnote-7) As a whole population analysis, there are no concerns about self-selection, unlike surveys or samples that capture only a sub-set of cases. The dataset includes information on dates of opening/closing, training qualifications of the provider, postal codes (allowing us to sort homes into administrative regions), and data on facility funding status as well as licensing figures (number of children).

There were some discrepancies between data reported in the *Annual Reports* and in the administrative dataset. One component of this discrepancy is that the dataset reports on 12-month periods, using July 1 of one year to June 30 of the following year, whereas the *Annual Reports* use the standard government year of April 1 – March 31.

*Descriptive Analysis*

In the follow sections, we provide univariate, bivariate and multivariate findings on regulated family home childcare in Manitoba.

*Regulated family homes and childcare centres*

Family home childcare has always provided a small share of Manitoba’s total number of licensed childcare spaces. In 2001, Manitoba had 571 family homes with 3,921 spaces and 540 childcare centres with 19,101 spaces. That year, family homes comprised 17 percent of all spaces. The share fell to 9.2 percent in 2015, when Manitoba had 430 homes providing 3,096 spaces and 681 centres providing 30,465 spaces. (See Figure 1). In absolute terms, the number of family home spaces dropped. In relative terms, their share dropped more dramatically, as the number of centre spaces increased during the same time. In both absolute and relative terms, family homes play a smaller role in 2015 than they did in 2001.

Manitoba’s experience of a steadily declining family care fits the Canadian pattern. According to national data (outside Québec), family homes made up 12.2 percent of all spaces in 2004 and had dropped to 7.9 percent by 2014.

*Typology of family homes: Understanding closures*

Family home closure is not a straightforward story of simple decline. Some homes are open and stay open during the period; others open and then close, sometimes more than once. Using the administrative dataset, we developed a typology of five different types, depending on the pattern of opening and closing during the time frame**.** First, some homes were “endurers” - they remained open over the full period without any closures. Second, there were “pick-ups” - homes that were not open in 2004 but which later opened and remained open in 2013. Third, there were “drop-offs” - homes that were open in 2004 but which permanently closed during the timeframe. Fourth, there were “one-shots” - homes that opened after 2004 and then closed before 2013. Finally, there were “flickerers” - homes that opened and closed more than once[[8]](#footnote-8) throughout the timeframe, usually closing temporarily and re-opening within a year of closure. Figure 2 provides a visual representation of these five types, and their overall share.

**Figure 2**

**Typology of Family Home Childcare Openings and Closings**

*Note: A typology of five types of family home care and their proportions, 2004-2012 (n=1,181). The black lines are abstractions of patterns of openings and closings among facility types*



As illustrated in Figure 2, endurers make up just 14% of all homes. There were nearly twice as many ‘drop-offs’ as ‘pickups’ (35 vs 18.6 percent). Most homes that opened (i.e. 26 percent) were ‘one-shots,’ meaning they subsequently closed. Calculations show the average “one-shot” remains open for 3.2 years. Finally, ‘flickerers’ comprise only 6.4 percent of all homes, suggesting that once a home ceases to operate it is highly unlikely to re-open

The degree of churning is not fully visible, since homes are both opening and closing – and opening and closing at differential rates across the province. While the *Annual Reports* show neither rates nor region, the administrative dataset permits a bivariate analysis by region (see Figure 3).

**Figure 3**

**Manitoba’s seven administrative districts**

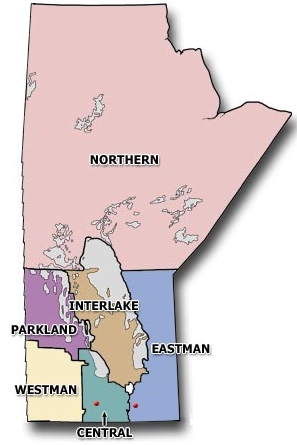


Table 1 shows the average closing and opening rates for each Manitoba region from 2004 to 2013. The number of homes fell in every region of Manitoba. Overall, the annual average closing rate for all family homes is 13.7 percent, while the average opening rate is only 8.3 percent, which translates into a net loss of 5.4 percent per annum.[[9]](#footnote-9) Homes closed at much higher rates in Central, Parkland, and Westman than they did in Winnipeg and Eastman, which had the lowest net closing rates.

**Table 1:**

**Family Home Childcare Average Opening and Closing Rates**

**by Region (2004 - 2013)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Average Closing Rate**  **(%)** | **Average Opening Rate**  **(%)** | **Net Spread** |
| **Central** | 22.8 | 8.6 | -14.2 |
| **Eastman** | 13.9 | 11.5 | -2.4 |
| **Interlake** | 13.3 | 9.2 | -4.7 |
| **Northern** | 13.6 | 7.7 | -5.9 |
| **Parkland** | 17.7 | 8.96 | -8.74 |
| **Westman** | 17.9 | 7.3 | -10.6 |
| **Winnipeg** | 11.1 | 8.14 | -2.96 |
| ***Overall*** | 13.7 | 8.33 | -5.37 |

As mentioned, only 14 percent of family childcare homes were ‘endurers’, that is to say, were open in 2004 and remained open in 2013. For the purposes of comparison with Kershaw et al.’s (2005) study, we created two four-year periods to mirror their analysis We calculate that approximately half of all homes open in 2004 were still open in 2008 (51 percent), nearly identical to what Kershaw et al. (2005) found in their study of BC homes from 1997-2001. We found the same rate (though slightly inflated due to overall attrition of family childcare homes) when we followed homes which were open in 2008- 2013. In addition, as in BC, Manitoba data shows higher closing rates in rural areas.

*Home size*

Previous studies show that enrollment, or home size, is an important predictor of family home childcare stability. Individual family homes in Manitoba are licensed for a maximum of 8 children.[[10]](#footnote-10) Data from the *Annual Reports* show that the average number of children enrolled in a family home increased slightly from 6.9 in 2000 to 7.2 in 2015. In 2000-2001, Manitoba’s 571 homes provided 3,921 spaces; in 2014-2015, 430 homes provided 3,096 spaces.

Since a provider’s income increases as her enrollment increases, home providers have an incentive to maximize the number of children. Yet, because a provider’s own children are counted in the maximum number of 8 children, a provider who cares for children of her own must include them in ratios. We assume that a provider who has less than 8 registered children is taking care of at least one of her own – an assumption that is supported by research showing 47 percent of Canadian family home care providers are taking care of at least one child of their own, usually a preschooler (Doherty et al., 2000, p. 40).

From the dataset, we are able to distinguish the mean size between homes that closed at any point in the study and those that remained continuously open. To undertake this analysis, we divide the dataset into ‘survivors’ (the endurer category) and the four remaining types. When we examine average size of survivors, Manitoba data confirm the consensus in the literature, namely homes that close have lower enrollments, almost certainly where the provider is also taking care of her own children (Table 2).

**Table 2**

**Total Spaces and Enrollments in Manitoba Homes: 2004 - 2013**

**Continuous Variables**

|  |  |  |
| --- | --- | --- |
|  | *Mean for homes that*  *remain open (‘endurers’)* | *Mean for other homes (remaining types)* |
| Total licensed spaces | 7.86 (1.36) | 6.76 (1.53) |
| Total infant spaces | 2.68 (.856) | 2.32 (1.05) |
| Total preschooler spaces | 2.56 (1.78) | 2.03 (1.5) |
| Total school-age spaces | 2.62 (1.26) | 2.21 (1.26) |

*Note*: Number in parentheses is the standard deviation

Across Manitoba, homes have different numbers of enrolled children, which is likely a function of the number of the providers’ own children in ratio. From the administrative dataset, we can track average sizes of family homes across the province’s seven regions. (See Table 3.)

**Table 3**

**Average Enrollments in Family Homes Across Regions, 2004-2013**.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *2004* | *2005* | *2006* | *2007* | *2008* | *2009* | *2010* | *2011* | *2012* | *2013* | *Mean* |
| Central | 6.95 | 6.84 | 6.5 | 6.39 | 6.3 | 6.52 | 6.95 | 7.35 | 7.08 | 7.09 | 6.80 |
| Eastern | 7.35 | 7.13 | 6.93 | 6.77 | 6.69 | 6.68 | 6.64 | 6.82 | 6.84 | 6.61 | 6.85 |
| Interlake | 7.33 | 7.43 | 7.29 | 7.34 | 7.17 | 7.57 | 7.67 | 7.52 | 7.82 | 8 | 7.51 |
| Northern | 7.19 | 7.15 | 7.16 | 7.42 | 7.37 | 7.39 | 7.33 | 7.78 | 7.0 | 7.27 | 7.31 |
| Parkland | 6.83 | 7.0 | 7.25 | 7.25 | 7.47 | 7.0 | 7.76 | 6.78 | 6.82 | 6.89 | 7.01 |
| Westman | 7.01 | 6.91 | 6.98 | 6.98 | 6.91 | 7.0 | 7.19 | 7.32 | 7.48 | 7.51 | 7.3 |
| Winnipeg | 7.01 | 6.91 | 6.98 | 6.98 | 6.91 | 7.0 | 7.19 | 7.32 | 7.48 | 7.51 | 7.1 |
| *Average* | *7.11* | *7.07* | *7.02* | *7.03* | *6.99* | *7.04* | *7.11* | *7.25* | *7.17* | *7.11* | *7.1* |

These enrolment data reveal that homes in the Central region are consistently the smallest, followed by those in the Eastern district. One explanation is that providers in these regions are more likely to be providing care for their own children, which will be discussed in more detail below.

*Operating funding*

In Manitoba, family home providers have the option of applying for a start-up grant of $300 per space, as well as annual provincial operating grants (worth $1,766 per infant space, $1,369 per preschooler space, and $790 per school age space – considerably less than operating grants to centres – see *MB Community Child Care Standards*, Schedule B, Subsection 37(2)). As a condition of receiving operating grants, providers must care for children with additional support needs, respect the provincial fee schedule, and accept subsidized children.

Unlike not-for-profit childcare centres that always seek provincial operating funding, family homes may or may not apply, or may drop funding after licensing. As illustrated in Figure 4, the share of centres in receipt of funding has increased over time, while that of funded family homes has decreased. By 2015, virtually all non-profit centres were funded, while the remainder were waiting for funding. In contrast, only 70.3 percent of childcare homes were funded. One explanation is that a family home provider who wishes to charge above market rates will not voluntarily restrict her fees to the provincial schedule.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Winnipeg** | **Westman** | **Eastman** | **Central** | **Interlake** | **Parkland** | **Northern** | ***Total*** |
|  |  |  |  |  |  |  |  |  |
| 2001 | 1557 | 947 | 131 | 143 | 244 | 88 | 141 | *3251* |
| 2002 | 1469 | 1012 | 155 | 158 | 294 | 80 | 112 | *3280* |
| 2003 | 1525 | 1075 | 171 | 169 | 283 | 107 | 124 | *3454* |
| 2004 | 1480 | 1082 | 180 | 212 | 285 | 105 | 167 | *3511* |
| 2005 | 1393 | 987 | 193 | 181 | 329 | 112 | 169 | *3364* |
| 2006 | 1438 | 988 | 242 | 157 | 326 | 129 | 165 | *3445* |
| 2007 | 1314 | 838 | 259 | 161 | 336 | 136 | 107 | *3151* |
| 2008 | 1187 | 730 | 259 | 162 | 332 | 111 | 103 | *2884* |
| 2009 | 1225 | 659 | 213 | 120 | 275 | 104 | 89 | *2685* |
| 2010 | 1182 | 613 | 185 | 131 | 271 | 99 | 82 | *2563* |
| 2011 | 1149 | 551 | 148 | 113 | 292 | 96 | 74 | *2423* |
| 2012 | 1131 | 483 | 123 | 83 | 304 | 95 | 63 | *2282* |
| 2013 | 1144 | 442 | 144 | 63 | 310 | 108 | 72 | *2283* |
| 2014 | 1092 | 426 | 158 | 55 | 305 | 106 | 58 | *2200* |
| 2015 | 1160 | 374 | 137 | 61 | 301 | 92 | 53 | *2178* |

Since the Manitoba government has proactively sought to increase operating funding to childcare facilities, the shrinking share of funded family homes reflects the choices of family home providers, and not public policy decisions.

*Access and distribution*

As mentioned, the total number of funded homes fell from 2001 to 2015: but where were these losses most acute? Table 4 shows the geographic distribution of funded family home spaces across the province from 2001 to 2015, while Figure 4 illustrates the same data through a trends chart. As shown in Figure 5, the Westman and Winnipeg regions have had the steepest decline in funded spaces over time.

**Table 4**

**Geographic Distribution of Funded**

**Home Spaces in Manitoba, 2001-2015**

Although family home spaces make up 9.2 percent of all Manitoba licenced childcare spaces in 2015, at some time points in some regions, their local *share* as a proportion of all funded spaces has been dramatically different. For instance, family home care has ranged from just under 1 in 2 funded spaces in Westman to less than 1 in 15 funded spaces in Central. As expected, Winnipeg has the majority of the province’s total spaces. In particular, funded family homes made up 12.7 percent of all funded Winnipeg spaces in 2001 falling to 5.9 percent in 2015. (Figure 6.)

There is another consequence to falling rates of funded family homes: they have a serious effect on family affordability. Unfunded homes do not normally enroll low-income subsidized children. The 2016 Commission on Early Learning and Childcare observed that an “increasing number of family child care providers are choosing not to be funded. Some may choose this option because unfunded providers may set their own fees” (p. 39). The recent Commission on Early Learning and Child Care pointed out that provincial data on fees in unfunded family homes is not collected; the provincial Family Child Care Network, however, indicates that the average fee was approximately $35/day. The Commissioners calculate that at $35/day, “an unfunded provider would receive $2,000 year more for each preschool child than a funded provider would receive from the regulated fee and the operating grant combined” (Flanagan & Beach, 2016, p. 39).

*Early Childhood Educators*

Overall, according to the administrative dataset, there are few Early Childhood Educators (ECEs) working in family home childcare (in 2015, 15.8 percent of family care providers held an ECE). Interlake has the smallest share of ECEs by region (3.9 percent), while the rate in other regions ranges between 8 and 18 percent. (See Table 5.) Parkland is somewhat of an outlier, with over one-third of its family homes led by ECEs. Given the role that ECE training plays in quality it is troubling that in many regions, children have virtually no access to a trained family home care provider.

Parent fees are also affected by caregiver qualifications. ECE status permits a provider to charge higher fees. Trained ECEs in funded family homes can charge the same rates as centres. For infant care, this means an increase from $22.20/day to $30/day - a 26 percent increase. Only about one in seven providers is trained, however. Across Manitoba, only about one in seven home providers is an ECE with better income-generating capacity, further troubling the assumption that family home care provides good work.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Central | Eastern | Interlake | Northern | Parkland | Westman | Winnipeg | Total |
| ECE | 6  (8.3%) | 10 (11.4%) | 2  (3.9%) | 6  (10.9%) | 16 (35.6%) | 45  (18.8%) | 75  (13.2%) | 160  (14.3%) |
| Non-ECE | 66 (91.7%) | 78 (88.6%) | 49 (96.1%) | 49 (89.1%) | 26 (64.4%) | 195  (81.3%) | 492  (86.8%) | 958  (85.7%) |
| Total | 72 (100%) | 88 (100%) | 51  (100%) | 55  (100%) | 45  (100%) | 240  (100%) | 567  (100%) | 1118  (100%) |

**Table 5**

**Distribution of Early Childhood Educators (ECEs) by Region**

*Source*: MELCC dataset for all homes that were open from 2004-2013.

*Quality and quality concerns*

We can approach quality from both positive and negative angles. Positive quality analysis considers the structural features associated with quality, including turnover and professional qualifications. We can also consider quality from a negative aspect, through a consideration of quality breaches when minimum quality standards are not met.

When provincial licensing officials inspect centres and homes, they are verifying compliance with provincial regulations for health, safety, or well-being. For Manitoba family homes, licensing officials normally make two unscheduled monitoring visits annually as well as one scheduled re-licensing visit; more frequent visits may occur if licensing coordinators have concerns. When there are breaches of health, safety and child well-being, provincial officials can issue a licensing order. In more severe cases, they can issue a license suspension or refusal.

Since family homes have represented between 9.2 percent and 17 percent of all regulated spaces in the province since 2000, family homes would receive this share of licensing orders and suspensions if quality violations were evenly distributed. Instead, family homes are significantly *over*-represented in quality control breaches, on a per space basis. From 2001- to 2015, 53 licensing orders were issued, of which 23 (or 43 percent) were to family homes. License suspension or refusal is the most severe penalty the provincial regulatory system can mete out. Quality in homes emerges as even more of a concern when it comes to license suspension or refusal. In 15 years, only two refusals were issued – and in both cases, the refusals were to a family home.

These data show that children who use family home child care are more likely than children in centres to be in settings that fail to met minimum standards.

*Multivariate Analysis*

In this section, we report results from logistic regression analyses performed on the administrative dataset. More specifically, we organized homes into a survival/failure dummy variable over the nine-year period. Following the methodology of Kershaw et al. (2005), survival is defined as ‘remaining open without any closures,’ similar to the category we have called ‘endurers.’ Excluded from the analysis were homes that may have opened duringthe nine-year period or opened and then closed again between the end points, as well as 66 cases that were missing regional data. Overall, this left a total sample size of N=561.[[11]](#footnote-11)

Covariates include the amount of spaces set aside for (1) infant-age, (2) pre-school age and (3) school-age children in each facility. Discrete or categorical predictors include (1) whether a home was, at any point, in receipt of provincial funding; (2) whether the licensee of a day care home is an ECE; and (3) the region of a family childcare home, categorized into the province’s standard administrative regions using postal code data with the Winnipeg region acting as the referent group. It is unfortunate that while openings and closing data are longitudinal, all other variables are cross-sectional as of June 30, 2014.[[12]](#footnote-12) This means, for example, a home reported as ‘funded’ could have been in receipt of funding for many years or just one year. Our analysis therefore *over*-estimates the effect of funding, since we cannot track years of funding. As mentioned, the data do not show how many of the caregiver’s own children are in any given home; although we assume enrolment is a proxy.

Table 6 provides a summary of the logistic regression results for all homes. The Nagelkerke Pseudo-*R2* for the overall model is .244, which, while quite high to compared to the models in Kershaw et al. (2005), is still modest. However, like Kershaw et al. (2005), these variables were not collected for the purposes of studying stability. As such, we consider the model to be “relatively robust” under the circumstances, given the lack of breadth with respect to the provided predictor variables.

**Table 6**

**Results from Logistic Regression – all homes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | 95 % Confidence Interval | |
| Predictor | B | Odds Ratio | Lower | Upper |
| Total Infant Spaces | .789 (.141)\*\*\* | 2.202 | 1.671 | 2.901 |
| Total Preschool Age Spaces | .473 (.078)\*\*\* | 1.605 | 1.378 | 1.870 |
| Total School Age Spaces | .638 (.115)\*\*\* | 1.893 | 1.510 | 2.371 |
| Funded | **-**.521 (.300) | .594 | .330 | 1.071 |
| Licensee is an ECE\* | .584 (.299)\* | 1.792 | .998 | 3.218 |
| Region (Central) | **-**3.169 (1.068)\*\* | .042 | .005 | .341 |
| Region (Eastern) | -1.267 (.558)\* | .282 | .094 | .840 |
| Region (Interlake) | .015 (.447) | 1.015 | .423 | 2.437 |
| Region (Northern) | -.216 (.471) | .806 | .320 | 2.028 |
| Region (Parkland) | -.291 (.627) | .748 | .219 | 2.554 |
| Region (Westman) | -.733 (.262)\*\* | .480 | .288 | .802 |
| \*\*\*p < .001, \*\*p < .01, \*p < .05  Note: Standard error is shown in parentheses | | | | |

Statistically significant variables include all three total licensed spaces (ie: infant – OR=2.20, preschool – OR=1.61 and school-age – OR=1.89), as well as whether or not the licensee is an ECE (OR=1.79). Put another way, ECE-led homes were 79% more likely to remain open the entire timespan compared to home where the provider did not have professional training. The higher odds of an ECE-led home remaining open is not unexpected, given findings in other jurisidictions. ECE-led homes may be less likely to contain the provider’s own children, although more research would be required to confirm this possible explanation.

A bivariate analysis shows that the typology is significant when crossed with region (*X2*=87.889, p < .001, v = .206), along with funding (*X2*= 50.227, p < .001, v = .206).  We posit that regions with more “endurers” and “pick-ups” are more stable. According to the bivariate analysis, the most stable regions are Winnipeg and Interlake. About 40 percent of all homes in both regions fall into either the ‘endurer’ or ‘pick-up’ categories. Conversely, the most unstable region by far is Central, with just 8.3 percent of homes being either “endurers” or “pick-ups.” Central is also where homes are the ‘smallest,’ and hence the most likely to be where caregivers are caring for their own children as well. These results are confirmed in the multivariate analysis with the Central (OR=.04), Eastman (OR=.28) and, to a lesser extent ,Westman (OR=.48) regions being significantly less stable when compared to the Winnipeg region. Put another way, a home operating in the Central region is 95 percent less likely to remain open compared to a home in the Winnipeg region. A home in the Eastern region is about 72 percent less likely to remain open during the nine-year period, and a home in Westman is only 50 percent as likely to remain open as its Winnipeg counterpart.

In addition, the ages of children served had a significant and positive effect on home longevity. Family childcare homes with more infant spaces (up to a maximum of three) are the most likely to stay open, which each spot making it twice as likely that the home will remain open for the entire span. Spaces reserved for school-aged children increase the likelihood of survival by 89 percent, while pre-school spaces (up to a maximum of five) have the least impact of the three, increasing the likelihood of remaining open by 60 percent.

Finally, whether or not a home is funded is not significant in a multivariate analysis. In other words, whether or not a home is in receipt of provincial funding has no impact on the odds of it remaining open. This result has been confirmed in previous research (see Kershaw et al (2005).)

**Discussion**

The literature overview provides a context within which to consider the empirical findings drawn from our analysis of stability, turnover, parent and child access and quality in family home childcare in Manitoba, as well as the degree to which family home child meets providers’ needs for work-family reconciliation and employment. Results from the empirical analyses suggest several key features for discussion.

*Stability, turnover, access and quality*

Stability is low and turn-over is high in Manitoba’s family home childcare sector. First, the number of family childcare homes is in decline across the province, dropping steadily across the time period of our study. Opening and closing rates vary across the province. The Central region in particular struggles to keep homes open, while the Eastman and Westman regions are more unstable than Winnipeg. Further, the data suggest that simply increasing the amount of funding is unlikely to have a positive effect on stability, since a growing number of providers are declining funding.

The growing number of family home providers who opt out of funding is worrisome. While this option may increase individual provider income, it shuts out low-income parents from family home care since subsidized children will not normally be accepted. Across the province, differential rates of regional funding opt-out mean that some parents have even worse access to family home care. Manitoba parents are reassured by the province that using home family care can mean that “the same adult could possibly care for the child in the same setting from the time the child is three months to age 12,” that homes are smaller than centres, and that there is a ‘family-style’ mixed age grouping (Healthy Child Manitoba, 2015), yet high turnover rates put these stated advantages at risk. Current regulations permitting up to 8 children, particularly where ECE training is absent, fail to meet best practices for process quality for children.

Although family home care is part of the regulated system of early learning and childcare, and hence parents anticipate it provides quality to their young children, there are multiple reasons to be concerned. High turn-over itself is one sign of poor quality for families and children who must cope with disruption. Since about half of all family homes close within four years, the majority of parents in the sector will have to make another childcare arrangement for their children – unlike the up to 12 years of continuous care promoted in provincial marketing literature. As we have seen, a change in family home is more consequential for young children than staff changes in centres: home changes disrupt all adult-child relations, require a new setting, and disrupt children’s peer groups. Further, the fact that 84 percent of homes have an untrained provider - -worse in some regions -- means that professional qualifications are absent in the vast majority of regulated homes. Finally, the disproportionally high rate at which family homes are sanctioned for quality breaches provides more reason for concern about quality. Dropping numbers of funded homes means that fees are often higher than in centres, for care whose quality is less assured. In rural and northern areas, where centre-based care may be scarce, low-income parents often have worse access: where providers do not accept funding, a subsidized parent will not have licensed family care. In combination with the finding that family homes close at higher rates in rural areas than in Winnipeg the evidence contradicts claims that the best model for rural areas is family home care.

The evidence about stability, turnover, access and quality indicates that the current Manitoba model of family home childcare does not provide reliable quality childcare to children and their families in Manitoba.

*Work family reconciliation for family home care providers*

What do the data reveal about the degree to which family home childcare meets providers’ needs for work-family reconciliation and employment? The analysis has identified several concerns. First, the data show that homes with fewer than 8 children are less stable than homes that are more fully enrolled. This strongly suggests that providers who simultaneously care for their own as well as others’ children have shorter tenure in the field. Regression analysis shows providers who hold ECE qualifications have a longer tenure: professional training reduces turn-over. Interestingly, our findings show that in Manitoba, as in BC, whether or not a family home is in receipt of funding is not a predictor of stability, even though it makes for better affordability for parents. About half of all home care providers opt to close their business within four or fewer years.

Family home childcare is promoted as a strategy for income generation while a provider also cares for her own children. The Government of Manitoba recognizes this explicitly: in its overview of personal, professional and financial benefits to being a family home provider, the first is “I can earn an income by providing care to more children than just my own” (Government of Manitoba, 2016). American and Canadian literature finds that the purported work-family reconciliation strategy is highly problematic. Kershaw et al found that the presence of the provider’s own children is actually a predictor of closure, not stability (Kershaw et al., 2005). Family home caregivers, like staff in centres, earn low wages; unlike them, they work much longer hours and in isolation, with fewer benefits.

In Manitoba, homes where providers’ children are present (those homes that are not ‘full’) close at higher rates than homes that enroll 8 children, confirming Canadian (Doherty et al., 2000), BC (Kershaw et al., 2005), and American (Morrissey, 2007) findings. High turnover rates considerably disrupt the assumption that home-based childcare is an effective work-reconciliation strategy for providers. In particular, provincial variation in tenure suggests that in some rural regions where childcare services or other employment opportunities are particularly lacking, mothers undertake family home childcare as a short-term strategy. In BC, researchers noted that governments have “limited influence” over tenure among family home care providers, since the decision to operate a family child-care facility often appears to be a life-course issue that is “relatively immune to the influence of public policy” (Kershaw et al., 2005, p. 431).

In sum, the challenges that characterize the family home childcare sector seem largely beyond the reach of current policy instruments. Since that there are serious quality breaches with even the current minimum health and safety requirements, it would be imprudent to ‘lessen the red tape’ to reduce regulatory minimums. The data leads us to conclude that in Manitoba, like in BC, a significant portion of family home care is provided by mothers who opt for this income-generating strategy for a short period, as a temporary way to reconcile their work-family needs. As such, attempts to grow the current system of family home childcare seem highly unlikely to be effective in meeting Manitoba’s childcare needs.

**Conclusion**

Given that an evidence-based analysis finds that current family home childcare policy has not been successful in creating reliable, quality and stable services for children and parents and does not generate long-term good jobs with stable work-family reconciliation for providers, it is worth reflecting on why this strategy continues to appeal to decision-makers.

The attraction of family home childcare seems to be two-fold. The first reason for its appeal is a constellation of economic arguments. Family home care seems to offer a vehicle to quickly increase the number of spaces at very low costs. Whereas constructing new buildings or renovating space for childcare centres incur significant delays as well as significant capital costs, family homes hold out the promise of increasing services quickly without capital outlay. Additionally, since Manitoba family home childcare providers are not required to have any early childhood education training, family home childcare services are neither predicated on growth in the professional workforce nor any expansion of two-year college and post-diploma training. A related economic assumption by decision-makers is that family home care provides good jobs and supplies childcare to providers’ own children. Overall, financial considerations underwrite much of the enthusiasm for family home childcare.

Beyond economic assumptions about increasing childcare supply and creating jobs, a second appeal of family home childcare seems ideological. Family home childcare is marketed to parents, as well as to providers, through a discourse of “home.” Parents read that there is a “home-away-from-home atmosphere” in a family child care setting (Healthy Child Manitoba, 2015, p. 41), and they may believe that family home childcare is more of a ‘haven’ for their children than is a centre (Rapp & Lloyd, 1989). Family home childcare sidesteps many of the criticisms of what some call ‘institutional’ childcare (Goar, 2016). Potential home care providers are encouraged to believe that family childcare is a “great way” for them “to stay at home with their children to start their own business and contribute to their communities” (Government of Manitoba, 2014, p. 7). The truth is considerably more complex. As we have seen, family home childcare is usually a short-lived solution to work-family reconciliation for providers. For parents, family home childcare often means poor quality and high turnover – only 14 percent of providers in our dataset were ‘endurers.’ For providers, the sector means long hours, poor pay and benefits, and isolating work undertaken without professional qualifications. The rosy picture of family home care painted for parents and providers masks the reality of a churning unstable sector.

If we seek evidence-based policy instead of relying on economic assumptions and ideological arguments, then more empirical research on Manitoba childcare is badly needed. This research project has raised a number of topics for further research.

Manitoba is currently unable to quantify the full costs of the family home childcare sector, including the costs of regulation. Given high turnover and churn rates, and the demands on provincial licensing officials to work closely with homes to set up services, there are likely opportunity costs that are not being fully captured in current assumptions. For example, the fact that 468 of the 1,717 cases in our provincial dataset were bureaucratic artifacts (either being a duplicate entry or never having opened) suggests that provincial officials are dispensing considerable effort without seeing service result. As the final report of Manitoba’s Commission on Early Learning and Care explained

continual licensing and monitoring of individual providers requires considerable investment of financial and human resources by MELCC, with little or no net gain in supply of licensed homes (Flanagan & Beach, 2016, p. 41).

If these, as well as the costs of annual drop-in visits and licensing review, as well as the extra monitoring of quality breaches, were factored in, the real costs of family home childcare could be better assessed.

Manitoba’s family care regulations should be reviewed. In light of best practices for adult-child ratios and group sizes, Manitoba would do well to reconsider current licensing regulations that permits up to 8 children per home. Research literature on quality finds current ratios and maximum group size to be problematic. Among the provinces, only Saskatchewan matches Manitoba in permitting 8 children to be cared for by a single caregiver. Newfoundland, Nova Scotia, Quebec, New Brunswick, and Ontario all cap the maximum at 6 children, including the providers’ own, with restrictions among the maximum number of very young children. PEI and BC make 7 the maximum. At 8 children per family home, Manitoba is an outlier. These group sizes and ratios are particularly troubling in a sector with very low rates of trained providers.

Another implication for research is an evaluation of the potential of an agency model of licensing. The literature review finds quality is higher when the regulatory model of family home childcare is by an agency. Many studies have found that agency models create better employment conditions for providers (Cox, 2005), reducing precarity and often finding that process quality is higher (Ferns & Friendly, 2015; Pepper & Stuart, 1991). The agency model may have cost implications as well. In her review, Cox argues that supervision of childcare within the direct licensing model “seem to be higher than those for the agency model” (Cox, 2005, p. 74). Whether or not an agency licensing model would be able to remedy high turnover, churning, uneven distribution, and quality concerns would have important implications for public policy.

Qualitative studies on caregivers would provide further valuable insights, including into who leave the field and why. It would be particularly important to understand why turnover rates among qualified ECEs is lower than among untrained providers. The Manitoba Child Care Association has recently suggested that one policy response to promote quality could be to require ECE training for all family home childcare providers. Requiring formal ECE qualifications for family home childcare further aligns with other reviews, which identify lack of professional qualifications as a structural barrier to quality (Beach & Flanagan, 2010). Manitoba would be well served by research into the family home childcare workforce and its qualifications, working conditions, and remuneration.

Currently, Manitoba’s Minister for Family Services, the Hon. Scott Fielding, is on record as saying “We know that home-based child care is part of the answer” to Manitoba’s childcare crisis, that “we want to focus in on having more home-based child care,” and that there are “not enough home-based carers” (Government of Manitoba Hansard, June 23 and June 29, 2016). He has proposed that family home childcare can respond to the growing number of names on the provincial waiting list – which has recently topped 15,000. Given that family homes supply a maximum of 8 spaces at a time, even a doubling of the current number of family home care providers would supply just 3,000 new spaces – and would require over 400 new providers to voluntarily sign-up for a shrinking and troubled sector.

In light of evidence presented in this report, as well as the outstanding research that remains to be done, it would be imprudent for provincial officials to seek to grow Manitoba’s family home childcare sector as it is currently constituted. The findings reported here on access, reliability and quality for families and children and the challenges faced by family home providers, should lead the province to rethink its reliance on the current family home childcare model.

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1. Manitoba does require that family home providers complete 40 introductory hours of family home care training sometime within their first year of operation. Legally, family home care providers in Manitoba are considered self-employed. [↑](#footnote-ref-1)
2. Where the source is not otherwise cited, longitudinal and comparative Canadian data is drawn from the series, *Early Childhood Education and Care in Canada,* published biennially by the Childcare Resource and Research Unit. The most recent edition is 2014 (Friendly, Grady, Macdonald, & Forer, 2015). [↑](#footnote-ref-2)
3. We would like to acknowledge and warmly thank Greg Peter-Joyal for his skillful assistance and exceptional knowledge in manipulating the administrative database, enabling the analyses undertaken in this paper. [↑](#footnote-ref-3)
4. Since January 2010, self-employed care providers have the option of joining the federal Employment Insurance program to be eligible for maternity, parental, sickness and compassionate care benefits if they have a minimum of $6,000 in self-employed earnings and have paid premiums for a minimum of one year (Beach & Flanagan, 2010, p. 15). [↑](#footnote-ref-4)
5. In 2003-2004, the boundaries of these regions changed slightly, as South Central merged into Central, changing the total number of regions from 8 to 7. In this report, we use the single region ‘Central’ and add the two regions together for the pre-consolidation years 2000-2003. [↑](#footnote-ref-5)
6. We entered into a research agreement with MB Family Services for the dataset. [↑](#footnote-ref-6)
7. Of the initial 1,717 cases provided, 468 were bureaucratic artifacts (were either a duplicate entry of an operating home, had applied for a license but was ineligible, or had a license pending). Of the remaining 1,249 cases, homes that were open *only* in 2003 or 2014 (n = 68) were removed from the dataset to have nine full years’ worth of data (using the government’s 12-month reporting cycle). [↑](#footnote-ref-7)
8. The dataset does not permit us to see how long the facility was closed. It is highly likely that ‘flickerers’ were closing for maternity leaves. More research on the family home care workforce would be required to confirm this hypothesis. [↑](#footnote-ref-8)
9. For group family homes, the average closing rate is 9.5 percent and the average opening rate is 7.4 percent. [↑](#footnote-ref-9)
10. Group family homes, with two caregivers, can have a maximum of 12 children, including the providers’ own. *Annual Report* data do not distinguish between individual and family homes: our research has shown group homes represent 4.7 percent of all family spaces, and so play a small role in influencing average size. In this discussion, we use a composite size and assume the typical home is an individual facility licensed for 8 children. [↑](#footnote-ref-10)
11. The data do not fully correspond to the *Annual Reports* generated by the same agency, being off by 370 - 440 home spaces, or 9 – 13 percent, in any given year. This discrepancy remained unresolved even after discussions and meeting with provincial administrators, and careful checking for duplicate/superfluous cases. One potential explanation is that we counted a home as ‘open’ for the calendar year if it operated for a single day whereas *Annual Reports* provide data for March 31st of the year: the slippage between the two systems of accounting may be explained by opening and closings. While there is discrepancy, the pattern of these data and *Annual Reports* are fully identical. [↑](#footnote-ref-11)
12. We are so troubled by provincial data management strategies that we have communicated with Manitoba Early Learning and Child Care to suggest ways to change their practices. We are not alone in our dismay about administrative data: the 2016 report of the provincial Commission on Early Learning and Child Care also dedicated a section of its report to urging new data management and evaluation systems. As the Commission wrote: “access to data is sometimes hampered by the lack of up-to-data management programs. Often, requests for data or for analysis of data using cross tabulations required manual manipulation of data – or were impossible to obtain” (Flanagan & Beach, 2016, p. 73). In 2013, Manitoba’s Auditor General also recommended that data collection be improved to better inform future planning (cited in Flanagan and Beach, 2016, p. 76). [↑](#footnote-ref-12)