

The Occupational Health and Safety Needs of Family Day Care Providers in South Australia: A Research Report

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About this Paper

- Overview of research project and methodology
- Overview of research literature
- Survey data
- Interview data
- Discussion & recommendations

Augusta Zadow Research Project

- The research was undertaken in SA in 2008 examining FDC providers' awareness of their OHS needs and the efficacy of current approaches to provider OHS.
- Aim - identify ways to improve providers' knowledge and practices of OHS.
- Funding - Augusta Zadow Scholarship, through SAFEWORK SA, to improve OHS for women in the workforce.
- FDC is a key employment area for women with the additional complexity of being home-based owner-operator small businesses.
- The project was supported by a Reference Group drawn from the Department of Education and Children's Services, Family Day Care and the Working Women's Centre.

About FDC in SA

- FDC administration in SA is unique as it is sponsored by the State Government, through a Memorandum of Understanding with the Commonwealth Government, to administer a state wide network. One third of providers are in regional and remote areas.
- In other states Commonwealth funding is paid to individual localised FDC schemes.
- Centralized administration offers opportunities to institute state-wide reforms and to provide standardized forms of support and resources.
- In SA providers receive subsidized pre-service training to a Certificate III level, and access to in-service professional development through the Lady Gowrie.
- There were 864 providers in South Australia at July 2007 (DECS, 2007).

Data Sources & Methodology

- Mixed methods were used to gather a range of quantitative and qualitative data in four stages.
- A literature review of OHS issues in child care provision was undertaken to identify key stressors.
- Informal focus groups were conducted at the Elizabeth and Port Pirie offices of FDC with providers and fieldworkers. The focus groups identified key OHS issues which then informed survey content.
- A random mail survey was sent to licensed FDC providers and some surveys were later distributed at a meeting of providers.
- Eleven providers were interviewed after volunteering in the survey that they had an occupational health and safety issue they would like to talk about.
- Survey data were quantitatively analysed using SPSS and interview data were thematically analysed across five domains: 1. Physical Stress, 2. Psychological Stress, 3. Financial Stress, 4. Training Issues and 5. Organizational Issues.

Identified OHS Risks in Child Care

- US research into child care centre based workers' occupational health and safety found the following areas of concern:
 - ❖ low wages and poor benefits
 - ❖ communicable diseases
 - ❖ occupational stress
 - ❖ ergonomic hazards
 - ❖ exposure to hazardous chemicals, such as pesticides and cleaning fluids (Swanson, Piotrkowski, Curbow, Graville, Kushnir and Owen 1994; Calder 1994)
- NZ research (McGrath & Huntington 2007) surveyed childcare teachers, kindergarten teachers and home based educators. Home based educators had less experience and formal early childhood education than centre based workers but this cohort also had the lowest adult-child ratio of 1:2 to 1:4

Workforce Turnover

- Research into workforce turnover by Bollin (1992) noted multiple roles as a major source of occupational stress for home based providers juggling parent, carer, business owner, custodian and family breadwinner.
- These competing roles and responsibilities are enmeshed in space and time.
- Bollin's US study and Vaka's (2004) review of retention processes for family day care providers in the Wynnum Family Day Care scheme in Australia both found care providers left because of :-
 - ❖ Their own family needs
 - ❖ Feeling unappreciated by client families
 - ❖ Burnout
 - ❖ Lack of Support
 - ❖ Lack of opportunities for ongoing professional development
 - ❖ Financial stress

SA Workforce Turnover

- The Family Day Care Snapshot of the South Australian Scheme at July 2007 showed that family day care provider numbers have more than halved since 1997, falling from 1878 to 864 in 2007.
- Providers' main reasons for leaving were as follows:-
 - ❖ Family Reasons 46%
 - ❖ Compliance Requirements 31%
 - ❖ Other Employment 29%
 - ❖ Lack of Income 19%
 - ❖ Health 19%
 - ❖ Paperwork demands 12 %

(DECS 2007)

Survey

- 300 surveys mailed to randomly selected care providers and distributed at a meeting of providers. 36 were completed and returned; a response rate of 12 per cent.
- The survey was developed from the process of informal consultation with care providers and fieldworkers about their experiences around occupational health and safety.
- The survey was broken into six sections.

Section A: Personal Background;

Section B: Care Provision Details;

Section C: Educational and Professional Background;

Section D: Occupational Health and Safety Practice;

Section E: Supports for FDC providers;

Section F: Your Well Being.

Section D also asked care providers if they would agree to be interviewed for further discussion of Occupational Health and Safety issues.

About the Survey Sample

- All 36 survey respondents were female.
- 28 (77%) were of Anglo culture. 5 people indicated they identified with Vietnamese, Indian, Sri Lankan, Filipina and Italian cultures.
- 80% were aged forty or more.
- The sample was drawn from diverse locations. 33% came from non-metropolitan locations.
- 69% (n=25) lived with a partner. Eleven providers had no resident children and eight of this group was partnered.
- 69% (n=25) had resident children. 10 had one child, 10 had two children, and 5 had three children. Only two providers had pre-school age children, seven had primary school-aged children, six had secondary school aged children, and nine had only adult children.
- Of the 9 providers with resident pre-school and primary school age children, all but one lived with a partner.
- 16 respondents (44%) relied on Family Day Care as their main source of household income. Single respondents were significantly more likely than partnered respondents to rely on Family Day Care as their main source of household income. **Family Day Care was the primary source of income for 82 per cent of single providers, but only 28 per cent of partnered providers.**

Provider Workloads

- Total of 192 children receiving care – average of 12 children per provider. Half provided care for 10 children or less, 14 cared for 20 children or less and four cared for more than 20 children.
- **The number of children cared for was significantly linked to the providers' income needs.** 75% of the 16 providers whose main income was from Family Day Care were caring for 11 or more children, compared to 30% of those with other income.
- One third of the sample (34%) provided care for five or fewer families, 47% provided care for between six and 10 families, whilst 17% had more than 10 families on their books.
- 34% of children in care were under three, 29% were aged 3 – 5, and 37% were aged six or more. 15 providers cared for children under one, with 13 of these having only one child under one in care, another had two babies this age and one provider had four babies under one in care. Ten of these 15 providers had only adult or no resident children of their own.

Workload Spread

- Most worked a four (n = 10) or five (n=13) day week, and all worked at least 2 days per week. Six providers worked 6 days a week, but only one worked for all 7 days.
- 91% took Sundays off, and 61% did not work on Saturdays. 22% did not provide care on Mondays and 14% did not provide care on Fridays. Over 90% provided care mid-week, on Tuesdays, Wednesdays and Thursdays.
- The majority of care hours were worked between 8am -6pm. Tuesdays and Fridays were the peak periods for overnight care, Wednesdays and Thursdays had strongest demand for early morning care.
- Eight providers (23%) worked eight hours or less. Twenty providers (55%) worked 9-12 hour days. Six providers (17%) worked 13-16 hours days, and two (6%) reported longer hours.

Education and Experience

- Over 90% had three years experience. One third had commenced FDC between 2001-05 and 58 % had commenced before then.
- Two thirds had some post-secondary education. One third had completed TAFE qualifications and five had some TAFE qualifications. Three had completed a university degree. Nine were currently studying at TAFE.
- 80% had attended a professional development activity in 2007. Compulsory child protection and first aid courses were most common courses taken – other topics covered children’s behaviour and development, and the business of providing a well-managed, safe quality child care service. Although a number of topics taken related to **children’s** safety and wellbeing, none of the nominated topics specifically referred to the Occupational Health Safety and Wellbeing of **Providers**.
- 73% participated in professional development activities provided by Family Day Care, 54% had trained with St John Ambulance and 32% had attended activities provided by the Lady Gowrie. Other providers included Care providers of South Australia (COSA) and TAFE.

Provider OHS Knowledge

- 20 % could identify all 3 major OHS risk categories in child care provision – 1.occupational stress, 2. infectious diseases and 3.muscle or skeletal injuries.
- 58% identified muscle or skeletal injuries,
- 44% identified occupational stress,
- 33% named diseases, alone or in combination with other factors.
- The researchers also identified that Provider OHS information and policies were fragmented across different sections of the FDC online resources, and were difficult to find.

What Providers Wanted

- Respondents were asked to identify information resources and supports which would assist them to manage their Occupational Health and Safety Risks.
- Information suggestions included websites, newsletters, a policy handbook, and more occupational health and safety information in TAFE Certificate 3.
- Family Day Care providers wanted after hours access to fieldworker assistance, and timely, helpful responses from Scheme administrators. Access to paid sick leave and free counseling were also suggestions.

Managing OHS Risk

- Compliance with Family Day Care accreditation and investigations of complaints were seen by providers as the most stressful processes they had to deal with.
- Getting time off, dealing with sick children or accidents and collecting fees from parents were also seen as relatively stressful activities.
- Sixteen (44%) had implemented policies to manage their OHS. Limiting work hours, reducing lifting and following policy guidelines were their main strategies.
- Providers mainly relied on FDC for their operational resources and support, however Family Day Care Australia, COSA, playgroups and other providers were also important resources for some. Respondents were also aware of their own capacity to seek out networks, information and assistance.
- A minority of providers used any resources to assist them with OHS issues. Providers thought the main ways fieldworkers assisted them with OHS were with information, informal reminders and links to networks.

Provider Well-Being

- Fatigue had the highest impact on provider well-being, followed by illness and psychological stress.
- The majority of carers did not have income insurance to protect their business if they were unable to work due to injury or illness. 9 % had insurance.
- Of those who did not have insurance, more than half said they were deterred by the high cost, and others said they didn't know enough about it.

Interview Data

- 11 providers offered details of their experiences of OHS problems.
- The main **physical** problems reported were back injuries and illness. Providers had to manage their health to maximize their availability to provide care.
- Key **psychological** stressors were 1. managing change, 2. the investigation process in response to complaints, 3. the emotional toll of care work, 4. isolation in the care role, 5. caring for children with high needs, 6. lack of paid leave, 7. extra demands from families beyond providing child care and 8. risks to personal safety from abusive parents.
- Key **financial** stressors were setting and collecting fees from parents, loss of income during investigations of complaints and from taking leave in any form.
- Access to **training** was identified as difficult by numerous providers interviewed. They indicated that the timing of the training, the distance to access training and the flow-on impact on families' access to care were three key problems.
- **Organizational** issues were also raised by providers. These included the quality of relationships with fieldworkers, the dichotomous nature of fieldworkers' roles as both support person and supervisor and the flexibility of DECS in responding to issues for family day care schemes in South Australia.

Discussion

- Stress, burnout and health problems, along with limited financial reward are commonly identified reasons why providers withdraw from the industry.
- Improvements to providers' OHS should be recognized as a key strategic focus for supporting well-being and retaining experienced providers.
- The survey data showed a clear relationship between financial need and work intensity. Providers without another source of income were likely to have more children for longer hours over more days. In turn, higher work intensity increases stress and makes it more difficult to take time out for holidays, professional development or sick leave.
- Providers were generally mature and experienced and actively managed their workload. Despite this, only one in five could identify the 3 main OHS risks of ergonomic stress, illnesses and psychological stress.
- Providers wanted easier access to OHS information. Information products and campaigns, website portals, formal training and flexible delivery methods were amongst suggestions to improve access to occupational health and safety knowledge.

Some Recommendations

- Develop a FDC Provider OHS online resource.
- Integrate OHS messaging into diverse communications with providers including newsletters, payslips, fieldworker visits.
- Diversify training delivery methods to enable online and distance education as well as in-person.
- Continue to explore strategies to improve FDC provider access to income insurance, paid leave and back-up care systems.

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