The Complexity of Family Child Care Homes as a Setting for Child Development

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Introduction

Background

❖ Although percentages can vary, studies have indicated that as many as 14% of children under the age of six spend most of their day in a family child care home (FCCH) (Federal Interagency Forum on Child and Family Statistics, 2010; Rusby et al., 2012).

❖ Growing research suggests that family child care is a complex work environment that is often considered challenging: long hours, complex relationships with children's families, work-related stress, isolation, and the co-location of family and work (Morrissey & Banghart, 2007; Porter et al., 2010).

❖ Nonetheless, the extent to which a particular family child care provider (FCCP) faces each of these challenges and their assessments of these challenges varies.

❖ Ecological models outline the importance of child-provider relationships, as well as the impact that the children's environments may have on their development and who they become as adults (Aviezer, 2008; Bronfenbrenner, 1989).

❖ This study teases apart the interrelated concepts of "complexity" or the number of components in a particular FCCH and "challenge" or providers' perceptions of whether or not they struggle with those components.

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Purpose

❖ The purpose of this research is to examine the opportunities and the environment that the participants provide for children; and to explore how the complexities related to their environment might impact the children's experiences.

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Participants

❖ We used purposive, snowball sampling to recruit 54 licensed family child care providers from two service areas in Los Angeles County through mailings and attending events for providers. We sought to obtain diversity in years of experience, ethnicity, license capacity, and participation in two quality improvement initiatives operating locally.

❖ Participants were offered an $80 gift card for completing the study (Initial Visit when children were present, completing an online Survey, taking photographs, Interview when children were not present).

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Methods

Initial Contact

❖ Initial visits with providers were conducted when children were present in the FCCH to give providers project materials, to observe a portion of their daily routine, and to see the environment in which they provide care.

❖ Participants completed a survey online and were provided with a digital camera and asked to take ten pictures of aspects of their care that they felt were meaningful or important.

Interviews

❖ The eco-cultural family interview (EFI) was originally validated for use with families (Weisner et al., 1997) and was previously adapted for use with family child care providers with input from Weisner, one of the original authors (Tonyan, Romack, Ayala, & Corral, 2014).

❖ This adaptation was necessary because FCC:
-Involves multiple families
-Operates as a small business

❖ The EFI adopts an ethnographic style that is semi-structured and comparable to conversation.

❖ Daily routines are a topic that people can easily talk about, and descriptions of what, how, and why daily activities are structured as they are provides a window into individuals' values, beliefs, resources, and constraints.

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Examples of EFI Prompts:

❖ Tell me about a typical day from the moment you wake up to the moment you go to bed at night

❖ Why do you do it that way? What would be different if you did it a different way?

❖ How do you balance activities of the child care versus those of your family?

Code Development and Coding

❖ The codes presented here were developed in a prior, pilot study (Tonyan, 2014). Each code was developed by a leader in consultation with the team. This code was originally called "challenging work environment" but was revised and called "complexity" in order to tease apart participants' perceptions of "challenge." We created an operational definition of complexity to include the domains and levels of complexity as, roughly, the number of moving parts that could break or things that can go wrong.

❖ We then operationalized three levels of complexity (high, medium, low) according to the pervasiveness of complexity across domains into a "holistic rating" completed after the EFI based on an interviewer's knowledge of a provider.

❖ After an initial visit, the interviewers rated the providers on a scale of high, moderate, and low complexity and justified the rating with specific quotes from the interview, visit, or survey responses.

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Results

Complexity

❖ We operationalized **complexity** as "the state or quality of being complicated" (OED Online, 2014) and as distinct from psychological responses to or adaptations to that complexity. Thinking of an FCCH as a system, we considered complexity to be the "parts" of the system, ranging from a simple system with few parts to a complex system with many dynamic and interacting parts.

❖ We identified six domains of complexity:
  ❖ funding streams/finances
  ❖ diversity in the children and families served (e.g., ethnicity, special needs, ages)
  ❖ domestic workload
  ❖ social support/isolation
  ❖ services/programs providers participate in
  ❖ the number and types of services that providers offer for children and their families (e.g., full-day, part-day, before/after school, sick child, variable hours, weekend care).

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Example of Complexity:

"Yes, they're coloring and then by that time the uhm infants already taking uhm taking a uhm nap. Like about at that time like 10 or 9:30 until 10:30 so I take that uhm time to have circle time with the circle time with the toddlers..... circle time is we have the numbers, letters, colors, shapes, like that. That's their academics, and then I have like sounds and I also, I mean uh show them uh movie for the morning or the kids are like infant are taking uhm, I mean uh feeding. I'm feeding them and there are some infants that are also watching the uhm sounds of the alphabet 'cause that is good for them uhm listening to the sounds so they will be able to talk uhm earlier. Lot of sounds they will hear uh a lot of music they hear around while they are taking their-while taking their uh yeah, milk." –QR_07

Levels of Complexity

❖ Providers varied in how much each level fit the description of their work.

  ❖ When FCCPs have high or **pervasive** complexity, they describe complexity across two or more domains of their work environment (e.g., financial, social support/isolation, services involved in, domestic workload, services provided to children and families, diversity in children served, etc.). FCCPs with pervasive complexity= 12

  ❖ When FCCPs have moderate or **contained** complexity, they describe some complexity, but it is contained to one domain or a small number of aspects of their work life (e.g. provider describes process involved in caring for children ranging from infant through school age, but little complexity across other domains). FCCPs with contained complexity= 24

  ❖ An FCCP with low or **limited** complexity has few complications in their FCCH. This FCCP may limit the complexity of their work or simple have less complex working conditions (e.g. being in a neighborhood with high demand for care or few competitors may make it easier to maintain enrollment. Having family members who work together well may limit the complexity of the staffing aspects.) FFCPs with limited complexity=18

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Conclusions

Discussion

❖ We believe this represents an important step forward in conceptualizing the working environment of FCCH because it allows us to disentangle the complexity of the workplace from the providers' capacity to negotiate that complexity.

❖ Our preliminary analysis of the providers' interview responses suggest that some providers thrive with at least a moderate level of complexity whereas others become overwhelmed.

❖ One possible consequence of ignoring complexity may be that providers may limit what we identified as "domains" of complexity in order to make their work environment more manageable.

❖ These results suggest that we need efforts to help some providers build their personal resources and resilience to accompany efforts to engage providers in quality improvement initiatives like Quality Rating and Improvement Systems.

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Limitations

❖ Because these are preliminary results no efforts have yet been made to assess inter-rater reliability.

❖ In addition, since snowball sampling was used we were only able to reach providers who use the resource and referral agency, therefore results are not generalizable.

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Selected References

Morrissey, T. W., & Banghart, P. (2007, April). Family child care in the United States. *Child Care & Early Education Research Connections.*

OED Online. (December 2014). "complexity, n.". Oxford University Press. http://www.oed.com.libproxy.csun.edu/view/Entry/37689 (accessed March 09, 2015).

Porter, T., Paulsell, D., Del Grosso, P., Avellar, S., Hass, R., & Vuong, L., (2010). A Review of the Literature on Home-Based Child Care: Implications for Future Directions. Princeton, NJ: Mathematica Policy Research

Weisner, T. S., Bernheimer, L., and Coots, J. (1997). The ecocultural family interview. manual. Los Angeles: UCLA Center for Culture and Health.

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