

Research Report

2022-23



family home childcare program



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For the Department of Education
and Early Childhood Development

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The opinions and interpretations in this publication are those of the author and do not necessarily reflect those of the Government of Canada or the YWCA Halifax.

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Executive Summary

The *Family Home Child Care Development Project* was initiated in 2022 to help the province in engaging and recruiting more care providers into the program. The Family Home Child Care program (further – FHCC¹) is monitored by the Department of Education and Early Childhood Development (further – DEECD) in Nova Scotia which offers:

1. an opportunity for childcare providers (further – CPs or CCPs) to offer childcare services within their own homes under approval of a FHCC agency, following certain requirements and receiving a number of benefits;
2. an alternative monitored childcare option for families, entitling them to receive benefits that regulated childcare in the province provides.

This report documents the process and the results of the research which was conducted among the FHCC agencies and new care providers in September-November 2022. The purpose of this study is to learn more about the FHCC program, how FHCC providers can join it, what attracts them, how the agencies operate the program and engage potential care providers, and what can be improved in the processes of the FHCC program promotion and delivery.

The findings can be summarized as follows:

- 100% of the FHCC providers (156) are women as of October 2022.
- The FHCC offers long-term business opportunity: 55.1% of care providers work in the program for four or more years.
- The FHCC program doesn't sufficiently cover the need for spaces for toddlers and infants in the province: these age groups make up only 21.5% and 8% of children in the FHCC program respectively.
- The program is culturally diverse, and visual minority groups representation is at least twice higher than average within the population across Nova Scotia. The only group which is underrepresented in the FHCC program is the Indigenous population.
- Despite the initial assumption, there are almost no newcomers among childcare providers (only one is a permanent resident for less than 3 years, everyone else being either a citizen or PR for 3+ years). This group can be potentially promising, due to initial obstacles in the labor market which exist for newcomers (such as diplomas certification, language barriers, lack of local work experience, etc.), active involvement in own ethnic/cultural community, and necessity to have childcare. This direction requires appropriate onboarding

materials to be created which would introduce not only the requirements and benefits of the program, but also wider topics on culture, early education principles, food, programming, etc., for faster integration of this group of potential care providers.

- There are misconceptions and false information about the program in addition to existent general underrepresentation. The creation of appropriate educational materials together with the wide PR effort will help to raise awareness among potential care providers and families.
- The division into non-profit and for-profit agencies requires further explanation and the development of appropriate actions for both groups to reach the common goal in the sector – the increase of childcare spaces availability in the province.
- There are certain pain points in the process of approval for a new FHCC provider, which can be mitigated with province-wide support. The items which draw attention and require actions are not limited to but include: rates range variety and obstacles with obtaining an insurance for new childcare homes; introduction of and adjustment to documentation and reporting requirements; cultural sensitivity of approving and monitoring procedures.

1 The initial name of the project, *Family Home Child Care program* is kept throughout the document while the recommendation to adjust it to *family home childcare program* is developed in the branding guide and reflected in the proposed logotype for the program.



- For recently joined care providers, the key motivation to join the FHCC program is the opportunity to earn income while staying with their own children in their own home setting. They especially appreciate the support the FHCC agencies provide in the process of approval. It is important to secure and increase transparency of procedures and requirements, presenting them in comprehensive, step-by-step instructions, and to demonstrate the credibility of the program, which may be delivered through the creation of educational and promotional materials.
- The documentation volume during the approval process is one of the overwhelming issues for new care providers.
- To simplify it, the FHCC agencies may provide various templates and recommendations for documents administration. The introduction of knowledge exchange tools and communication platform for internal collaboration among agencies and/or care providers would also help solving this issue.
- While children's ratio and so-called frozen rates (due to inability to raise costs by childcare providers without confirmation from the agency/ DEECD) are not of much concern among potential or new care providers (particularly among those with no prior childcare experience), it becomes an issue with those who have been providing care for years. It would be beneficial to introduce a set of actions aimed at experienced FHCC providers' development and retention.

- The FHCC program and its implementation by the agencies requires improvement of both online and offline representation. For online, the program needs to be presented with up-to-date materials, benefits, and contacts, etc. on the dedicated page/ website for the FHCC program, being connected with the DEECD website as well as with the agencies' own web resources. For offline, the program would benefit from provincial and local in counties partnerships establishment efforts. The PR strategy developed for the program outlines the recommended steps and directions.
- To attract private care providers, the program implementing agencies would appreciate additional incentives. Due to high requirements and limitations this audience might not be proactive in getting approved. While the ability to offer parental fee deductions and subsidies may secure families' interest, for private care providers to become approved would mean minimizing their own earnings and increasing the documentation overload.

- There are strong relationships and individual connections with the care providers already established by the agencies' representatives and consultants, which they want to maintain while any actions towards the program's growth and improvement are taken. These connections also work as one of the main retention factors: the support provided by the agencies is highly appreciated by the approved care providers. To secure and nurture such connections in the future will help to maintain the endurance of a FHCC care provider's in-service term.

Introduction

The Family Home Child Care (FHCC) program has been operating in Nova Scotia since the 1980s. In summary, this program connects care providers in local communities who are willing to offer safe and high-quality childcare, with families seeking affordable, regulated, flexible, and home-like childcare for their children. Childcare services are provided in the homes of care providers who undergo regular professional development and receive ongoing support from FHCC agencies and experienced childhood educators. This program is based on the traditional practice of providing childcare within the community, which is integrated into the provincial childcare system and meets the necessary regulations and standards to ensure the child's safety and development.

According to Canada Statistics², 4400 children aged 0-5 are attending family home child care across Nova Scotia. Though the current research shows that the approved family home child care providers offer only 1008 spaces for children of all age groups, including after-schoolers. The rest of the spaces, apparently, are provided in private homes.

In July 2021, the government of Nova Scotia introduced the Canada-wide Early Learning and Child Care Agreement, which included a plan to make childcare more affordable in the province³. One of the strategies involved investing in the FHCC program as a regulated childcare option. To achieve this goal, the Department of Education and Early Childhood Development (DEECD) in Nova Scotia aims to recruit 66 new FHCC providers in 2022-2023. To develop recruitment and promotional plans, the DEECD launched the FHCC Development Project, which is being implemented by the YWCA Halifax. During the project's onboarding phase, analysis revealed that the program lacks representation of its key benefits and up-to-date information about processes and experiences of care providers and families involved in the program. As a result, internal research was conducted to address these issues and prepare for further actions toward program promotion and the recruitment of care providers. With the main research question, **How to recruit more FHCC care providers?** this study also helps to answer the following questions:

What is the unique value proposition of the FHCC program?

What is a care provider's profile?

What does the process of recruiting look like?

What can be improved in order to engage more care providers?

The findings of this research will be beneficial not only to government officials promoting the FHCC program, but also to FHCC agencies seeking to enhance their internal processes and utilize research methods to address other questions that may arise in the course of their operations. Additionally, potential care providers that hope to learn about the program, other researchers, and experts from other provinces who are seeking solutions to similar challenges will also gain from the results of this research.

² Statistics Canada: Type of child care arrangement, children aged 0 to 5 years

³ <https://www.canada.ca/en/early-learning-child-care-agreement/agreements-provinces-territories/nova-scotia-canada-wide-2021.html>

Research design

The purpose of this research was to gather first-hand data from the agencies coordinating the FHCC program and their care providers to understand the internal processes, successes, challenges, and obstacles within the program.

The research process was divided into three stages, each using different methods.

The first stage of the research

Was focused on gathering quantitative data from all 14 FHCC agencies, specifically on their work with care providers since 2018. This data was requested through the inquiry form which included three sections. The first section included the number of care providers at the beginning and end of each year, as well as the number of new care providers and those who left the program. This allowed for an understanding of the growth of the FHCC program over time. This data was updated in early 2023.

The second section of the inquiry form included parameters of operational activity of care providers in service. The questions asked for the year the care provider joined the program, the number and age of children in the FHCC program, etc. This data was provided by the agencies for all care providers they had in service at the moment of data request (156 care providers in October 2022).

Finally, the last part of the requested table included demographic parameters, such as gender, ethnicity, status in Canada, age group, family status, and property ownership. This section also provided information on the care provider's income, their interest in obtaining an Early Childhood Educator (ECE) level, and the enrollment of their own children in the program. This data helped establish target audiences for public relations and recruitment campaigns

At the second, qualitative stage

the agencies were invited to share their experience with the FHCC program in greater detail. Through one-hour semi-structured interviews, agencies provided feedback on their process of engaging and approving new care providers, their ongoing support, and the successes and challenges of the program. The commentaries provided in the report are anonymous and grouped by agency number, listed in a random order.

The third and final stage of the research involved conducting three one-hour phone interviews with care providers who joined the program in 2022. The process was designed following the **customer journey framework** and included phases such as building awareness, the decision-making process, approval, launch, support, and overall impressions. This stage provided insight into the experiences and decision-making processes of care providers who had recently joined the FHCC program

Limitations

Format

All data for this research was gathered remotely, with the quantitative data requested through emails using an excel file template that each agency submitted individually. Interviews with the agencies were conducted mostly through Teams, with the exception of two agencies where the interviews were conducted in person in their offices. Caregivers were interviewed by phone. Such format limits the research and possible range of data due to multiple outcomes. It includes limited ability to establish rapport, to observe surroundings should the interview be conducted in person, and to ask more questions.

Timing

The project initially started in July with a deadline of December 2022, which was later extended until March 2023. This naturally limited the scope of what could be discovered and which audiences might be engaged. Accordingly, appropriate research methods, participants and formats were chosen at the research design phase. The research was conducted in September-November 2022 including preparation and data organization stages.

Participants

Eleven out of 14 agencies agreed to an interview within the requested time frame, including all those in the recruitment drive. The quantitative data was provided by all agencies. Further research is recommended to obtain more information from other stakeholders, including approved care providers who have been in the program for more than a year, care providers leaving the program, private childcare providers, enrolled families, etc.

Data source

Due to the above-mentioned factors, in order to compile the caregiver's profile, it was decided to limit the data sources and receive information not from the caregivers themselves (156 in total across the province) but from the agencies' consultants who knew their caregivers well enough and could share non-sensitive information about them (still anonymously). Such an approach secured the provision of data necessary for understanding the current state of the approved caregiver community and an average caregiver's profile. However, further direct communication with caregivers through regular, annual surveys or focus groups would be beneficial.

This report includes an Executive Summary, Introduction, three main chapters with the research findings, and the Conclusions and Recommendations. In the first chapter, *The Family Home Child Care Program in Numbers*, quantitative results are visualized in charts and graphs with provided commentary on the trends and dependencies detected. The data covers the years 2018-2022. The second chapter, *The FHCC Program Routine: Qualitative Findings*, provides findings grouped according to key topics, revealing tendencies, common challenges, and successes throughout the standard processes of recruitment and support offered by the FHCC agencies. Together with quantitative data from the first chapter, it is possible to see if a particular phenomenon revealed in qualitative evidence has implications on a larger scale. Further research may be needed to disclose numeric parameters of the issues in question where there is no quantitative data available to support analysis. The third chapter, *The New Family Home Child Care Provider Journey*, unfolds the process of approval of a care provider and allows insight about the most challenging and most valuable moments of the process from the care provider's perspective.

Part 1. The Family Home Child Care Program in Numbers

The first stage of the research provides available data which covers the operational work of the FHCC agencies, as well as the care provider’s demographic profile. This data will be helpful in targeting any recruiting and communication efforts for the program, as well as, with further specific research, for future program’s development and retention initiatives.

In 2022, 14 FHCC agencies were budgeted for 213 childcare providers; with 159 operating at the moment of the research data update (early 2023), it makes up to 75% of full capacity. On average, each agency has 11 care providers, with one agency having as many as 31 and three agencies having as few as 5.

The average operational period of an agency is 14.4 years, with the longest-serving agency having been in operation for 42 years and the shortest-serving agency for only 2 years.

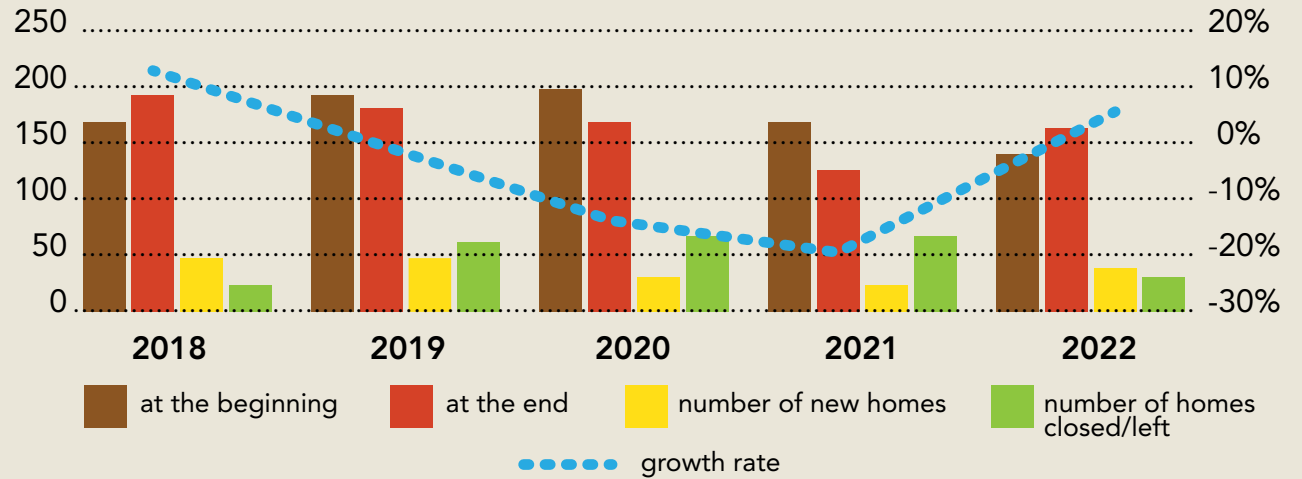
The dynamics of growth of the FHCC program within the last five years:

Q-ty of homes	2018	2019	2020	2021	2022
at the beginning	169	192	199	171	146
at the end	192	188	171	138	159
# of new homes	53	53	30	27	43
# of homes closed/left	27	57	58	61	28
growth rate	13.6%	-2.1%	-14.1%	-19.3%	8.9%
retention rate	84.0%	70.3%	70.9%	64.3%	80.8%
turnover rate	14.1%	30.3%	33.9%	44.2%	17.6%

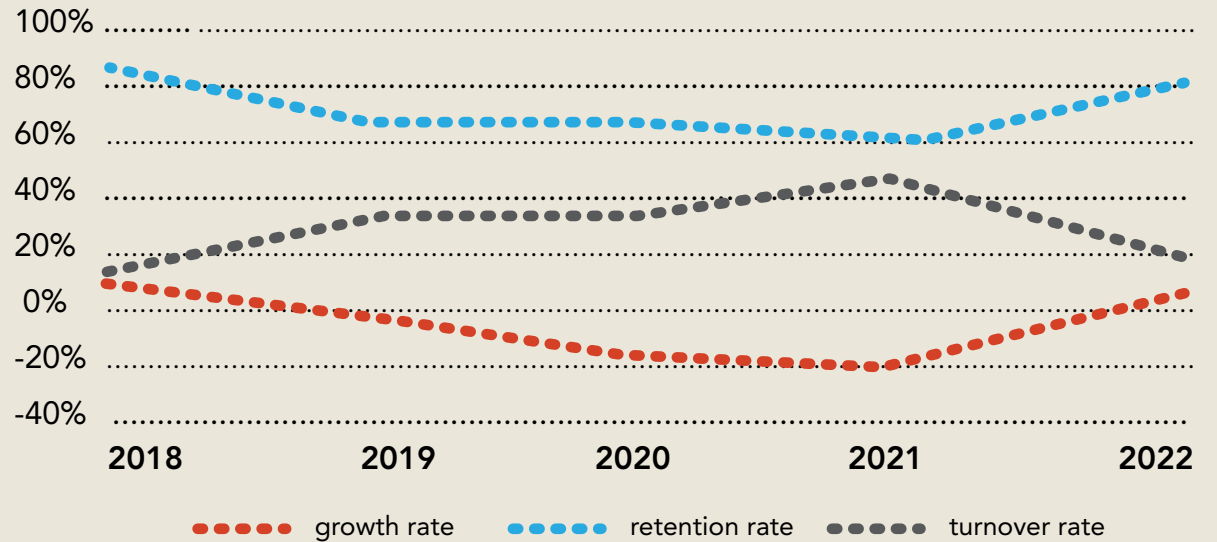
In 2018, the FHCC program experienced a positive growth rate, with more CCPs at the end of the year than at the beginning. However, in 2019, the growth rate declined, resulting in fewer CCPs at the end of the year than at the beginning. While 53 new care providers enrolled in 2019, the number of CCPs leaving more than doubled from the previous year (27 in 2018 and 57 in 2019). In 2020-21, the number of closing CCPs remaining high, at least twice the number of new care providers joining each year. The main problem was in engaging new CCPs. The number of new CCPs joined the program remained low since 2019 for three years (30 and 27 new CCPs each year in 2020-21 respectively) up until 2022. The positive dynamics in both recruitment and retention can be seen this year with 43 new homes joining the program and only 28 homes closing this year. In 2022, the number of homes was higher at the end than at the beginning of the year, which resulted in a positive growth rate (8.9% in 2022 comparing to -19.3% in 2021) for the first time since 2018.

This implies that possibly the crisis is over, and with the introduction of new conditions (such as further fee reductions, and increased rates for ECEs), following with an implementation of recruitment efforts and province-wide PR campaign, this positive trend for further growth in the program will expand.

FHCP growth, (2018-2022)



Growth, turnover and retention rates, % (2018-2022)



On average, current providers are operating on their 5th year in service, with one provider offering childcare services for more than 38 years.

Year of approval of care providers

before 2000	2.6%
2000-2004	0.0%
2005-2009	4.5%
2010-2014	8.3%
2015-2019	39.7%
2020-2022	42.9%

Of the care providers in the FHCC program, the largest group (42.9%) were approved within the past three years (2020-2022). Another 39.7% have been operating for 4 to 8 years, while 15.4% have worked in the program for more than 9 years. Overall, 57.1% of care providers have stayed in the program for at least 4 years.

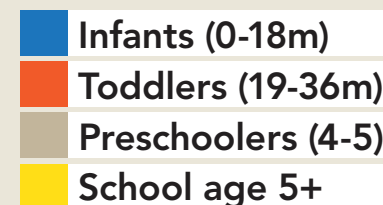
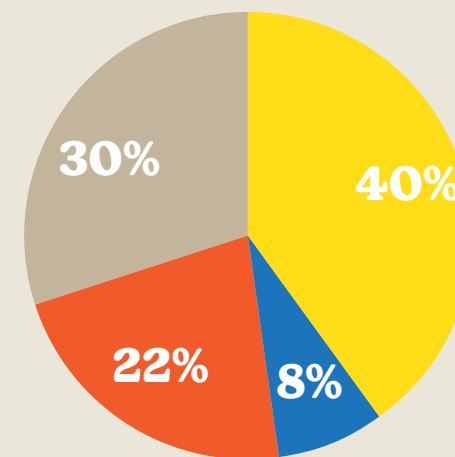
Currently, 156 care providers are responsible for taking care of 1008 children (including those in part-time care). The majority of the children are of preschool and school age, representing 30.2% and 40% of the total, respectively. Due to the current ratio limitations, many care providers are unable or unwilling to take on more toddlers or infants. As a result, these age groups make up 21.5% and 8% of the children in the program, respectively.

Children's age group	Q-ty spaces	%
Children, total	1008	100%
infants (0-18m)	84	8.3%
toddlers (19-36m)	217	21.5%
preschoolers (4-5)	304	30.2%
school age 5+	403	40%

60.5% have no infants in care, while 34.9% of CCPs don't have toddlers; 23% of CCPs offer after-school service only.

Under current conditions the FHCC program only partially alleviates the dearth of care for children under the age of 3.

Children in FHCC, by Age, %

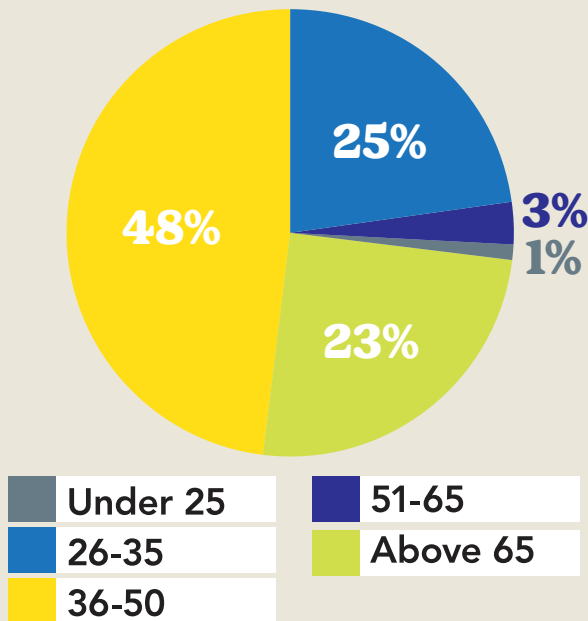


60.5% have no infants in care

34.9% of CCPs don't have toddlers

23% of CCPs only after school care offers

CCPS by Age, %



100% of CCPs are women as of 2022: 48% of 36-50 years old,

23% of 51-65, 26-35 – 25%, 3% are 65 and above, 1% is under 25 years old.

The FHCC is a culturally and ethnically diverse program. If compared with 2016 Census in Canada⁴, the FHCC has more people of various visible minority groups than statistically in Nova Scotia. Only one group is underrepresented in the program being the Indigenous population. While this group makes up 5.7% of the population in Nova Scotia, only one CCP, or 0.6% of all CCPs in the FHCC program, identifies themselves as Indigenous. Low representation of this population in the program can be explained

⁴ <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810030801>

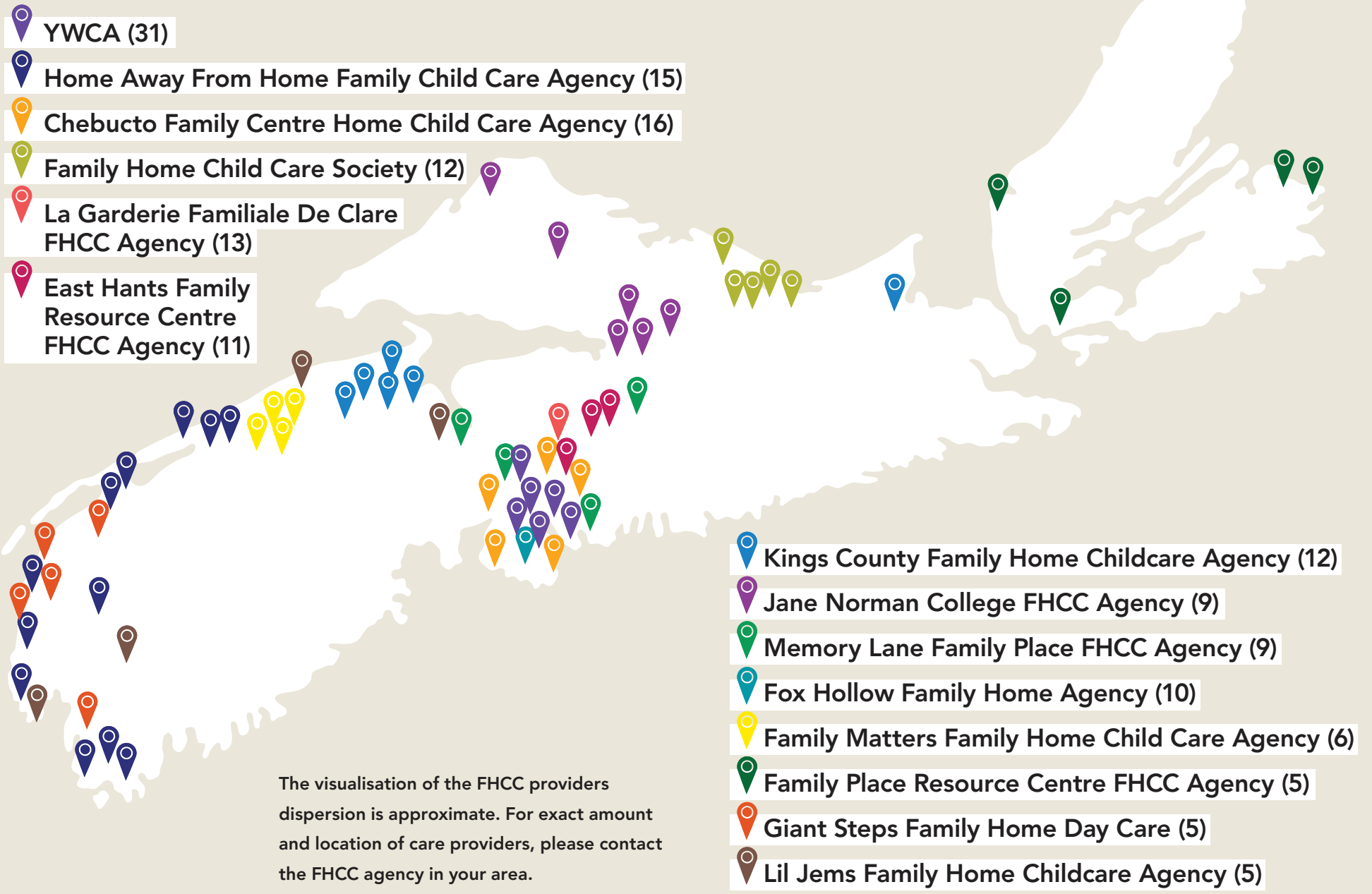
	Visible minority representation in the FHCC, 2022	Visible minority groups population of Nova Scotia (Census 2016)
White	69.87%	87.90%
South Asian (East Indian, Pakistani, Punjabi, Sri Lankan)	7.69%	0.90%
Middle Eastern (Lebanese, Egyptian, Iranian, Turkish)	7.69%	1.10%
Black (African, Caribbean)	5.13%	2.40%
Asian (Chinese, Korean, Japanese)	4.49%	1.30%
Filipino	1.92%	0.40%
Southeast Asian (Cambodian, Indonesian, Laotian, Vietnamese)	0.64%	0.10%
Latin American (Mexican, South American, Central American)	0.64%	0.20%
Other	0.64%	0.10%
Indigenous (First Nations, Inuit, Metis)	0.64%	5.70%
Multiple visible minority	0.64%	0.20%
	100%	100%

with various possible reasons such as low interest in joining government-approved childcare programming, a preference for community-based childcare models, and limited access to information about the program.

Geographically, the FHCC care providers are quite dispersed across Nova Scotia, having care providers in various areas, from Clark's Harbour on the West to South Harbour on the East of the peninsula, and from Amherst on the North of Nova Scotia to Eastern Passage in Halifax Area. Still, there are many areas where appearance of

family childcare homes would help to solve the childcare availability challenge. As can be seen on the map, there are currently no FHCC providers between Kings County and Lunenburg area (one agency has recently hired a consultant in that area and is going to expand there); the territories along south coast of Nova Scotia would also benefit from new care providers. This desirable expansion is tied to agencies' capability to serve those areas, among other factors. The areas that the agencies see as their high priority territories for further expansion are indicated on the Map 2 in the Part 2 of this report (p. 22).

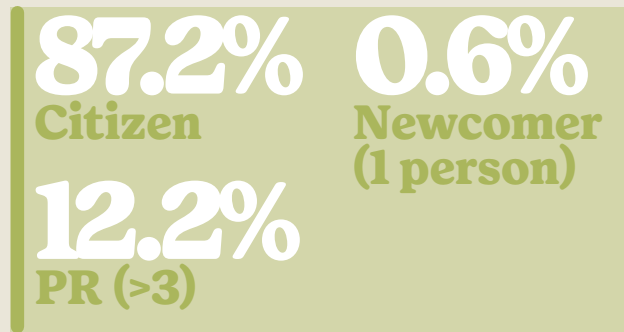
Map 1. The FHCC providers in Nova Scotia, October 2022, by agencies



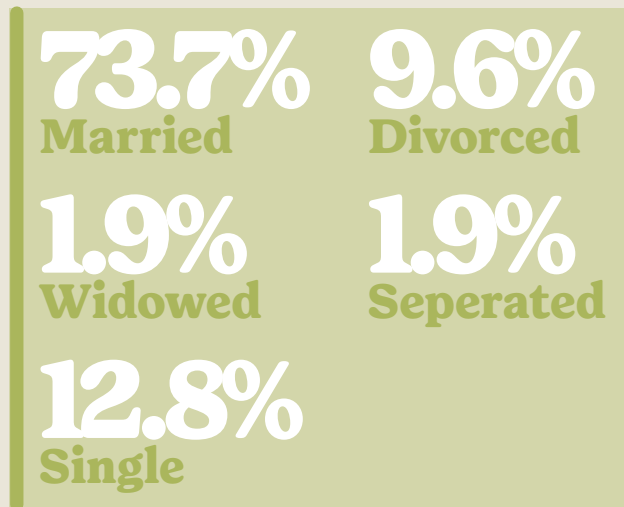
The visualisation of the FHCC providers dispersion is approximate. For exact amount and location of care providers, please contact the FHCC agency in your area.



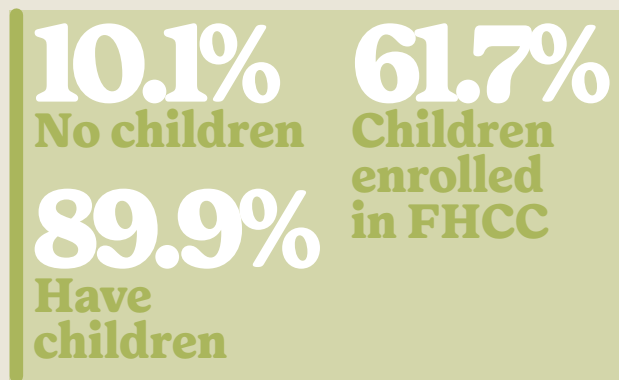
As per legal status in Canada, the majority of care providers are citizens (87.2%), 12.2% being permanent residents for more than 3 years. There is only 1 person who is a newcomer (having PR for less than 3 years).



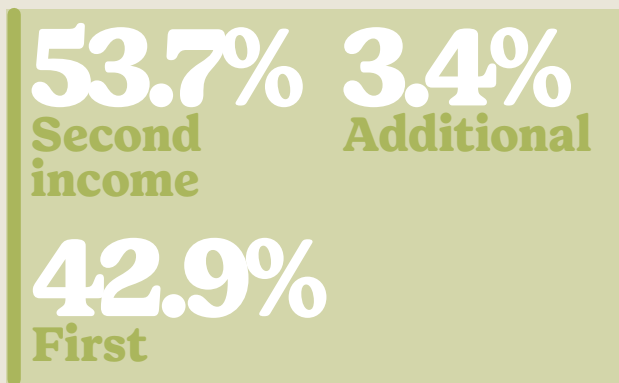
Based on the data received, the majority of care providers in the program are either married or live in civic partnerships. However, there is a significant percentage of women who do not have partners, with 12.8% being single, 9.6% being divorced, 1.9% being separated, and 1.9% being widowed, making up a total of 26.3% of all care providers.



The vast majority of care providers have their own children (89.9%), and 61.7% have their children enrolled in the program. The remainder (10.1%) don't have children.

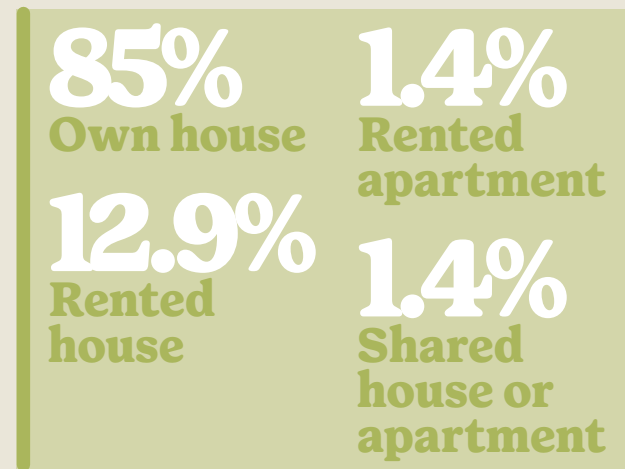


For slightly more than half (53.7%) of all care providers, the program secures a second income in the family, while for almost 43% providing childcare services at home is the main source of income in their households.

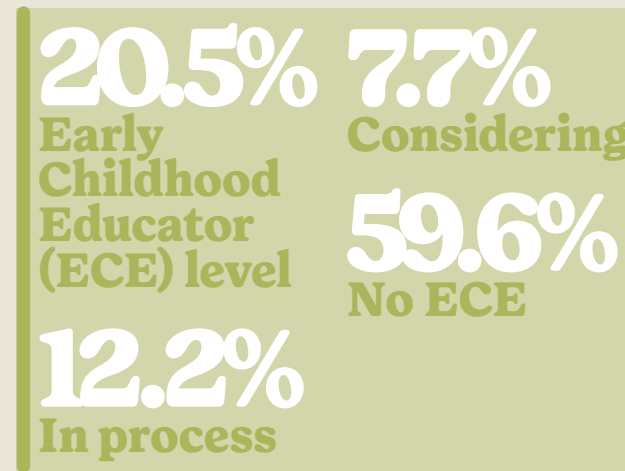


Among those for whom the FHCC provides primary income, 87.3% have their own children, and 54.5% are either single, widowed or divorced.

85% of care providers offer their childcare services in the house or apartment they own, 14.3% – in a rented house or apartment.



Among FHCC providers, 20.5% have ECE diplomas of any level, 12.2% are taking courses to obtain diplomas, and 7.7% are considering it, with the majority of 59.6% having no interest.



Part 2. The FHCC Program Routine: Qualitative Findings

The interviews with the agencies' representatives, 11 in total, were held in September-October, online and in person, with at least 1-3 representatives, sometimes having 4-5 people from the agency sharing their knowledge and opinion on how the FHCC program works in the province. These interviews were provided with key information on internal processes within an agency, regular interaction with potential, new and approved care providers and families. Particularly, the focus of conversation was held on challenges in attracting new care providers, flaws, and benefits of the program from the perspective of experienced FHCC agencies' workers. What's more, these meetings have allowed to picture the FHCC program as a system, to see the interconnections among stakeholders, and to detect new opportunities for further program development. Some of the findings might seem microscopic, but their consideration will help the program to reach integrity, full transparency, and well-deserved recognition among the wide public.

General

Language

One of the findings from the sources analysis, which was confirmed during the interviews with the agencies' representatives, relates to the differences, sometimes contradictory or misleading, in the language and the use of terms related to the FHCC program. One of the examples would be the use of *child care* versus *childcare*. While *childcare* is the correct spelling in British English grammar, other forms used in official documentation and communication from the Government of Canada and the province of Nova Scotia include two other forms such as *child care* and *child-care*. According to the 2020 Amendments to Day Care Act and Regulations³, *day care* was replaced with *child care*, and *family home day care program* with *family home child-care program*. These grammatical forms and their variations are causing confusion even among agencies' representatives.

Other noted notions which have variations in use included:

- Some agencies' workers used terms **grant**, **payments** or **funding** to describe fee reductions, a governmental initiative to cut childcare costs for parents.
- The **approved** Family Home Child Care Providers were sometimes called **licensed**. This leads to confusion in understanding what the FHCC home is, causing false analogy to a licensed child care facility (with a different set of requirements).
- One agency representative suggested to focus on **child** while mentioning FHCC program and use the **childcare providers** term over the more generic **care providers**.

³ https://www.ednet.ns.ca/earlyyears/documents/amendments_to_act_regs_2020_en.pdf

Rural vs urban

The challenges and opportunities for the agencies are tied to the socio-economical and socio-geographical factors specific to the areas these agencies provide their services in. The availability of potential care providers, as well as an ability to reach them, the specifics of interaction with them and their approval, depend highly on either its rural or urban area, population density, economic opportunities in the area (fish plants, military bases etc.). These factors should be studied further to detect commonalities and dependencies with further application of methods and tools effective in those particular conditions. In some areas, online initiatives and town halls will work the best, while in others the partnerships with key organizations in the area and interpersonal relationships development might bring better results.

Status and reputation

The FHCC agencies are both non-profit and for-profit organizations which are usually established on the basis of licensed childcare facilities or family resource centers, which helps to reach the audience and develop and maintain reputation in the field. Basically, the FHCC program is an additional service these organizations offer to their communities.

The challenges begin with expansion to new areas, where those agencies are not well known enough to be considered for cooperation.

“It’s hard to get foot in the door in those small communities in remote areas.” (AGENCY #1)

“We go through these small rural communities, people do it privately. But if we reach those people, they don’t want to join us, as there is ratio.” (AGENCY #2)

The agencies are licensed by the Department of Education and Early Childhood Development and the FHCC program realization is fully funded by the Department. This was discovered during the initial analysis of program documents, particularly of agency licensing procedure⁴ and mentioned in interviews. However, there is no information about the DEECD ownership and financing of the program on any agencies’ web resources. There is no visual confirmation of connection the DEECD as well (the placement of Government of Nova Scotia logotype, for instance). While the requirement to put a sticker on an approved care provider’s home door exists and it is communicated by the agencies, there is no analogue for an online presence in use. It must be clear that the program is monitored and overseen by the Department of Education.

100% female enterprise or family business?

Even though the FHCC program is 100% represented by women (at the time of data collection in October 2022), de facto it is a family business. Among care providers there are many of those whose partners participate in the program in some way. Even just being around, due to their own work schedule, makes those partners integrated into the FHCC program. Sometimes they have common activities with children, while building some pieces for outdoor play, or cleaning the car engine together. Some partners take the financial and reporting part of responsibilities on themselves, shopping, or cleaning.

“Men are very helpful. One is in charge for all the forms for fee reduction and so on. Another one picks up the children from school, so the CP doesn’t need to do it when it’s a nap time.” (AGENCY #8)

⁴ <https://www.ednet.ns.ca/earlyyears/providers/FamilyHomeDayCarePrograms.shtml>

There was only one man who was running his FHCC program, a foreigner who temporarily left Canada, but the agency who approved him hopes he'll be back. Why aren't there more men in the program though?

“I only had one man who approached me. They would be amazing care providers but they're worried about what people think of them. Those who have husbands, – they were always together at home. If they're there, they are involved.” (AGENCY #6)

It is mandatory for other adults in the house to obtain criminal record and child abuse checks, the same as for care providers, but otherwise the second person's presence has no reflection in the FHCC program conditions – there is no increase in children's rate, or ability to officially share hours etc. while having a second adult in the household. As one agency's representatives put it,

“It's a one man show. Care provider, she is doing everything.”

This also causes many consequent problems and risks (need of substitute, burning out and closing the home, limited time for uncovered sick days and vacation, etc.) Some provinces found solutions and offer alternative formats for FHCC providers. In Manitoba⁵ and Saskatchewan⁶, there is an opportunity to run a group family home, offering services to up to 12 children together with another adult. In Quebec⁷, having another adult assisting at family home child care, allows the care provider to have up to 4 infants under 18 months old.

Distinguishing the FHCC program

For some in the program, it's quite important to keep the peculiarity and distinguishing nature of what the FHCC program is.

“There is a lack of understanding in the department. I hear the department, but it seems there is a gap in understanding what actually family home childcare is. They see us as a center-based care, and it's not a center-based childcare.”

The agencies' representatives have mentioned multiple times how intimate and family-like the atmosphere in such homes, and that because there are a very few children (maximum 7 or if they all

after schoolers – maximum 9⁸) and only one care provider, the relationships built there with children and their families are very personal, often long-term, and sometimes last even after a child grows up and leaves the FHCC provider's home.

“It's an option for parents, but what's happening is that there is an attempt to turn the homes into child care centers, basically taking away this alternative opportunity from parents away. There will be no home environment, it will be just a small facility. The thing I love about home it's the environment and the family style atmosphere. The more we go the way to turn the homes into facilities, we take away opportunity to choose the format of family home childcare. For those who don't have an extended family around it's a great chance to get a family feeling.”

5 https://www.gov.mb.ca/education/childcare/centres_homeproviders/homebased_childcare/what_is.html

6 <https://www.saskatchewan.ca/business/entrepreneurs-start-or-exit-a-business/start-a-business/managing-a-child-care-business/start-a-licensed-family-child-care-home>

7 <https://www.mfa.gouv.qc.ca/en/services-de-garde/rsg/ouverture-service-de-garde/Pages/Garde-en-milieu-familial.aspx>

8 <https://www.ednet.ns.ca/earlyyears/providers/>

The FHCC Agency's Operational Activity

The role of agency in the FHCC program

Answering the question about the role of the agency in the FHCC program, most of the agencies mention the provision of quality childcare in the area, and the support of the care providers and families. Support is the word most often used by the agencies' representatives while describing the role of their agency. They also see the agency as a bridge, or a middleperson, to ensure the requirements are met and CPs receive what they need on one end, and that families, on the other end, can access monitored childcare in their area. Some agencies added, the FHCC is an alternative to licensed childcare, accessible option particularly in rural areas for those looking for quality childcare. The agencies see their role in making it possible and in engaging new care providers in the areas which require childcare the most.

Priorities in work

The key priority for all the agencies is to recruit more care providers and maintain the quality of childcare. Many interviewees emphasized their dedication to quality, which correlates with the necessity to meet the standards presented in the Regulations and monitored by the licensing officers.

“I see an explosion of this form of childcare in the future, adds one of the agencies' workers” (AGENCY #9)

She was also confident that due to the parental fee reductions, there will be no shortage of care providers in their area (Greater Halifax).

The division of the agencies for for-profit and non-profit with further limiting of former in their growth is one of the biggest concerns in their work as a few agencies expressed. According to the NS Canada-wide Early Learning and Child Care Agreement issued in 2021⁹, only non-profit FHCC agencies receive funding for the further program growth. Being for-profit de jure, the agencies claim that de facto they are 100% funded by the DEECD for this program. And even more, according to their words, they invest their own funds in the FHCC program development they deliver.

Their frustration relates to the fact that they are not allowed to grow (meaning not provided with the funds to support additional care providers beyond the approved number) even though the need for accessible child care exists in practically all areas across the province:

“I'd like to have more homes, I am always allowed to have 5 as I am for-profit. I had a person who'd like to start and I had a whole list of parents who need infant care, and unfortunately I was told I can't add another care provider.” (AGENCY #8)

What's more, these expectations and limitations are left without further explanation and affect the agencies' planning, according to the interviewee who is managing one of the for-profit agencies. Is that for long? Would they be allowed to get more care providers in the future? What is the actual difference between the non-profit agency and for-profit agency if both are fully funded by the DEECD?

7 agencies which are on the extension agreement have quite encouraging plans: they expect their number of care providers will double on average, with maximum of 12 new care providers for one agency (which is triple to this agency's current number of care providers).

⁹ <https://www.canada.ca/en/early-learning-child-care-agreement/agreements-provinces-territories/nova-scotia-canada-wide-2021.html>

Not all agencies are looking forward to growing though. While pro-profit agencies are not expected to get more homes, one non-profit agency is concerned with the upcoming growth, particularly due to the risk of losing quality and personal connection with the care providers:

“It’s a hard question. As once we pass XX [number of homes the agency evaluates it can manage without loses – ed.], we’ll loose the personal connection (we are expected to have five more homes...) We don’t want to loose what we provide.” (AGENCY #3)

Though being ready to expand their own organizational capacity, i.e. to hire and train new consultants, the agencies are facing certain challenges which they believe might prevent them from getting new providers into the program.

Challenges in work

Ratio, frozen rates, requirements (regulations) are probably the most often repeated challenges the agencies’ representatives mentioned during the interviews. These factors, in their view, prevent them from getting new care providers, especially among those who have experience in childcare running privately.

“We’re not arguing the regulations, it’s good. It’s hard to sell it. We’re struggling with making the program more attractive for CPs.” (AGENCY #11)

For many, not only is it hard to get the care providers, but also to have children to fit the allowed ratio:

“Getting children is the hardest part for us right now. ... I am trying to keep the waiting list but it’s a struggle. ... Families are there and CPs are there, but particularly of ratio they back off – going to pre-primary and staying private [respectively - ed.]” (AGENCY #11)

“3 under 3 is hard. Also hard to get preschool children because of pre-primary.” (AGENCY #8)

Here, and in some other comments, the agencies explained how the pre-primary childcare option took away the children of age of 3-5 from family home child care providers, while the ratio for children under 3 doesn’t allow them to replace preschoolers with toddlers or infants, in order to have enough children to sustain themselves.

“3 under 3 has always been an issue. But because of pre-primary the numbers of children in fhcc dropped, it’s financially not feasible.” (AGENCY #11)

The ratio of children a care provider is allowed to have is something many agencies expect to change, and suggest their variant of the ratio as they see it, based on own experience and care providers’ feedback:

“My suggestion would be: to keep 2 under 18 months, and have 4 under 3. These 6 months between 2 and 3 makes a big difference. We certainly not looking at adding another infant, just a toddler.” (AGENCY #9)

“2 to 3 years group is the biggest thing. If children of 2.5 y.o. join the 3+ group would be fine.” (AGENCY #11)

There is an incentive of 1\$ per day for having an infant, but due to the ratio and how the infant care is supposed to be set at home, it’s not motivating enough for care providers to have other infants except their own.

“The biggest need is infant care. It’s hard to have infants and other children, to work over the schedule and logistics. There are lots of requirements for having infants. As long as it stays this way nobody is taking infants in care. It’s just doesn’t worth it with this 42 dollars per month.” (AGENCY #9)

However, numbers from the previous chapter show that 76.2% of enrolled in program infants are not care providers’ own children, but those offered with these services.

What’s more, the agencies also claim that families don’t know about this childcare option and all the benefits it offers, and with the proper informational outreach it would be easier to fit the gaps in children of certain age for care providers who are looking for it:

“Parents don’t see approved home at the same level as licensed care. People don’t understand why and how it’s different from usual home care. People call and they don’t know about the benefits and how it’s different.” (AGENCY #4)

“We stuck in the middle between those CPs who are doing it privately and don’t want to join agency and those parents who don’t know about us.” (AGENCY #2)

Recently introduced visits by licensing officers are one of those factors which make many CPs feeling uncomfortable. A few agencies mentioned that their care providers left due to this new requirement introduction, as they were just not willing to have strangers checking their own homes. For some it’s also a cultural barrier:

“The most difficulties with licensing officer was with those for whom English is a second language. The husband of this CP had to take day off to stay with his wife, as our licensing officer is male, so it’s something hard for them to have. And the reason is not clear as we are checking things all the time, if everything meets the requirements. I always thought that was my job.” (AGENCY #8)

One of the issues which could potentially jeopardize the retention of care providers is that they can get their ECE level through the program and then leave it: “We have ECE CP with level 2, and she’s thinking to drop it” (Agency #11). The availability of ECE level for FHCC providers doesn’t seem to be reflected in the ratio or rates for them, so the way for improvement and/or further professional development for such care providers is the way out. As per the numbers introduced in previous chapter, 40.4% of care providers either have ECE level or are considering getting it, and raising this number may result in losing the best FHCC care providers, unless retention efforts are taken.

Current Recruitment Efforts

Where geographically is the lack of CPs?

With the regular turnover rate, the agencies continue to face the problem of recruiting. With a few exceptions of well-staffed agencies in the Halifax area, most of the FHCC agencies need to find new care providers to stay within the approved numbers every year.

“We need homes everywhere. No specific area for that.” (AGENCY #4)

One of the challenges is to reach the rural remote areas:

“The areas we are looking to expand in are small rural communities, with established private care providers, there are no licensed care, so those parents will pay whatever, because there are no options.” (AGENCY #2)

To sum up the answers for this question, the areas the FHCC is looking to expand includes: Antigonish, Guysborough, Sherbrooke, Sheet Harbour; Lunenburg and Digby; “Everywhere, especially in Spryfield area”; “Special need is in Cumberland county, there is nobody in Springville, Tatamagouche”; “In our French area: between Saulnierville and Weymouth, but anywhere right now is a bonus.”; Tantallon area, St Margaret’s bay, “More homes in Dartmouth would be good.”

In some areas the situation with childcare availability is tricky due to the partial growth of FHCC program, only for non-profit agencies:

“[We need care providers across – ed.] all the Tantallon area. There were two I was trying to get in some subdivisions around, but I can’t now. And all the agencies in this area are for-profit so we all can’t have more care providers.” (AGENCY #8)

The amount of care providers each agency is allowed to manage is limited as a matter of policy. Usually, usually one agency, if at full capacity, would pass potential care providers to another agency which operates in the same area. In this case, when all the agencies in the area are for-profit, the potential care providers had to go private.

Map 2: The FHCC program expansion plans 2022-23



The map pictures the areas of planned expansion based on the answers of the FHCC agencies' representatives. The actual areas of the FHCC program growing plan might differ from depicted. Please contact the FHCC agency in your area for detailed information.

What is the usual recruitment process for care providers?

Care providers had been drawn into the program by word of mouth since the program's introduction in 1980's. 11 out of 14 agencies have been operating for more than a decade, and they are fundamental to their communities:

“We have a close connection with community.” (AGENCY #3)

“Our providers are the biggest support in recruitment. There is a lot of help within a group... We continue to do more grassroots approaches.” (AGENCY #6)

Due to the COVID-19 pandemic and lockdowns, with the considerable loss of care providers by most of the agencies (in 2020, 13 agencies lost more care providers than recruited new ones), the FHCC agencies faced the problem of getting new people and used new methods to find them.

“In pre-covid times we didn't need to advertise.” (AGENCY #4)

The agencies put certain efforts in reaching their audiences, offline and online. Many agencies are using posters and flyers to develop and promote the program in their communities. The distribution paths include thrift stores, churches, public events, notice boards and lampposts.

While sharing their experience, one agency's employee mentioned that some people who saw those flyers and posters first thought it was scam. This happened in the new area where people are not familiar with the organization the agency is a part of just yet.

**“Many of the unregulated CPs asked me once I reached them out if that's not scam. I had to communicate the following:
1) we don't need your money;
2) we are not your boss,
3) it's a free support system for you. One mom wasn't responding for a month as she thought I am scam.” (AGENCY#1)**

A few agencies initiated open halls or info sessions with their audiences to introduce the program:

“We have info sessions. We will talk to military base to establish a partnership, couple of recreation centers, to reach a [nearby – ed.] family center ...” (AGENCY #4)

These formats, it seems, are not attracting enough visitors but require the agencies' employees to spend considerable time to prepare. Even though the outcomes of such events are hard to evaluate as they might result in return calls sometime later, being time-consuming and not immediately productive leave these formats in less favor among the agencies' professionals. However, with proper planning and a systematic approach, there is potential in this direction for gaining more attention and recognition in the province.

Used to relying on word of mouth, there are certain struggles with reaching the audience online among the agencies' professionals. As further analysis has shown, not every agency has its website, or a designated page with the information about the FHCC program, and/or established presence in social media:

“We are not using social media at the moment, we need to develop the whole SM policy for that. You have to have time, and update things, we’re looking on using it more but not to keep it in the interactive way.” (AGENCY #1)

To keep social media profiles updated, to stay in touch with people and learn how to engage them and use available tools and approaches would require additional time and not everyone is ready to dedicate time to this. If the agency has enough employees, these tasks are being incorporated in their work. But when the FHCC program is operated by 2-3 people, some working part-time, social media is something that is left behind.

Some of the interviewees connect the decline in the interest from potential care providers with the new regulations which came to action in 2020:

“Before all new regulations come in, people were coming to me. And now we are putting ads out there and there is no response.” (AGENCY #5)

They are getting desperate due to a low interest:

“We use social media, facebook and ads to share, use buy&sell newspaper, word of mouth. Last time it was [1,5 years ago – ed.] when we had a new home.” (AGENCY #5)

The reasons for such a decrease of interest from potential care providers can be complex and includes, along with new regulations factors, internal migration (with people leaving the community and new people unfamiliar with the agency/program arriving), inflation, birth rates decrease, etc. This requires further research and deeper analysis with the responsive actions towards assuring decent work conditions for care providers, and the FHCC program receiving necessary publicity.

One of the approaches many agencies practice is to recruit parents in need of childcare into opening their own FHCC program:

“Mostly parents call us. A few cases were like parents were looking for a place and then considered to open.” (AGENCY #4)

Many consultants and agencies’ employees consider direct cold contacting through emails and messages on different platforms. They also advertise the program to the parents who call them with an inquiry on child care availability:

“Usually it’s word of mouth. And the parents who were looking for childcare. I used to call through the waitlist.” (AGENCY #9)

And the data on the current care providers’ profile prove that the most interest to start their own FHCC program comes from the parents in need of childcare.

Recruitment and approval materials

Every agency develops informational materials on its own based on the Regulations. Usually, they prepare the whole folder with the step-by-step instructions alongside with requirements to introduce to a care provider. This New Care Provider Guide includes a care provider’s guide, a parental guide (sometimes they are combined in one), necessary forms, etc. Each agency has their own strategy in presenting this information. Some anticipate that it might be too overwhelming and prefer to keep it until meeting with a potential care provider in person, sharing just a simple list of the scope of the approval process. Some do not want to invest much time or mislead in the approval process complexity, before

they know that the person is ready and seriously considering this opportunity, and choose to show the whole guide at once:

“We give this kit to share with potential CPs. We give it and wait for questions. Being responsive to that it’s important.” (AGENCY #4)

And almost no one offers the full guide online:

“We were talking about putting it online, we should do it. We need to give more info online, a handbook [putting it on a list – ed.]” (AGENCY #4)

Not all of the agencies have information about the FHCC program and the approval process available online. Some of the agencies at the time of the interview, didn’t have the FHCC program mentioned on their sites at all, while some had a very brief description, without details on the process of getting approved, or the requirements explanation. Some agencies had the link to the care provider’s guide, a 30-page document with a lot of information structured following the regulations logic, but not answering the questions someone new to the program would have. This was one of the points mentioned in many interviews, that the

information about the approval process can be, and should be, put differently, being more accessible, structured according to the logic of inquiry of potential care providers, rather than just plain regulation-like text. It is one of the directions which is mentioned in the Recommendations section of this report for further development.

There are agencies which are trying to engage care providers and help them process the information in portions. They use posters and flyers which outline the algorithm of becoming approved care providers, and the materials which answer particular questions (FAQ lists). Such are breakdown calculations of what a care provider can potentially make having children within ratio and own preferences, that some new care providers would inquire about. It helps to see how a care provider can manage the ratio and focus on particular age groups of children in their home preparation and programming.

New CPs’ potential from the agencies’ perspective

While discussing the audiences which can potentially be interested in starting their own FHCC program, the agencies distinguish a few groups: private FHCC providers; people with previous experience (nurses and early childhood educators); new to childcare people, mostly parents themselves; and newcomers in Canada:

“Totally new in business (nurse), another one is from a different field. ECE who works at licensed CC, and want to run her own being based at her home.” (AGENCY #6)

Those who are new in childcare face complications, not only with the regulations and requirements that might be overwhelming at first, but also with something that is hard to put on paper through a checklist, and evaluate via personal visits that the agencies insist on having in order to proceed with the approval process.

“New homes are harder, to prepare. The question is to check how they are going to fit in our agency and other CPs community.” (AGENCY #3)

A few agencies emphasized that it takes longer to get newcomers prepared, as apart from the procedures and requirements, there are cultural differences, language barriers, etc. –

“The newcomers who just came they need to reflect to the culture and differences – preparation is a process.” (AGENCY #3)

However, the data above has shown that there are almost no newcomers in the program, though the agencies frequently receive inquiries from people of various cultural backgrounds who recently arrived in Canada. With an appropriate approach, a wide range of culturally sensitive and inclusive materials created on what it means to be a Family Home Child Care provider, and what the core values and principles of childcare in Canada are, this program might attract many new care providers among newcomers and engage them into solving childcare challenges in their own cultural communities.

The Big Switch: private care providers willing (or not) to get approved

As per one of the key potential audiences for recruitment – care providers that currently run privately – here the opinions are divided. Quite a few agencies said this just doesn't happen to them, as private care providers are simply not interested in joining the program:

“We don't have many coming from private to us. We have vice versa, CPs leaving us to go private.” (AGENCY #7)

But a larger portion of agencies claimed that it happens quite often, if not in most cases of becoming an approved FHCC provider. Those who had approved formerly private CCPs say it's the easiest transition, as they're familiar with many processes and know what to expect.

“The majority of new homes before us were trying by their own first.” (AGENCY #3)

Again, for many private providers, ratio is the key stopper to becoming approved:

“Ratio is the main reason why unapproved homes don't join.” (AGENCY #3)

“Private childcare is not becoming approved. Approved homes and agencies have a bad reputation.” (AGENCY #4)

This is one of the surprising findings which requires further monitoring and responsive actions. If solved, it would help to increase enrollment of private care providers into the program. Some other agencies confirmed that when they try to recruit and post in various Facebook groups, there are negative comments and reactions, sometimes causing bans from such communities:

“They are some groups which are private who are very anti agency. And they kicked us out” (AGENCY #11)

“Some of the potential CPs who were interested in joining and we were talking to went private, because they can have six toddlers then. And parents don't mind. We are talking to five people now but none of them are looking to be approved.” (AGENCY #7)

“Why would I go into this formalized structure with all the paperwork and ratio? We need to offer incentives.” (AGENCY #1)

“They can have 6 kids of any age, there are no regulations for unapproved care.” (AGENCY #11)

With all these extensive comments, not many private care providers would switch to the monitored FHCC program, so it seems the chances to attract these qualified, experienced workers are low. However, with the introduced changes, further fee reductions and, hopefully, wide promotion campaign towards families, it will be possible to engage the private childcare providers into offering high quality services.

What’s more, the agencies say that the private care providers don’t feel limited or pushed enough into getting approved:

“There are have to be more restrictions on private homes.” (AGENCY #4)

Many of those, according to commentaries, have no limit in the number of children attending their homes: there are some regulations but they are not met, and those not meeting them are not penalized.

“We do our job to report but who is checking that. Licensing officer comes up to 10 times to some private CPs, but nothing happens. It’s not our business to follow up on that but it’s frustrating to see this.” (AGENCY #6)

For some care providers it’s also a question of matching values and philosophy. Many agencies refer to it as one of the factors why some inquiring people don’t proceed with the approval process.

Some private care providers, especially those who are well established, with long-standing reputation and often an ECE diploma, just don’t want to be overseen. They don’t need support, or anything offered by an agency, and just want to keep their business in their way.

“ECEs choose to not be approved. They have no interest in joining the agency. So I wonder why they don’t want to. Maybe there is misinformation as well.” (AGENCY #10)

With subsidies and further fee reductions it might be hard for them to continue on their own, and it gives hope to the agencies to recruit more experienced care providers.

Some CCPs are looking for options. They keep some of their services private, and get approved for a part of the services:

“One CP keeps her before school privately and offers through us only after school program.” (AGENCY #2)

They can also quit one agency and join another, or join the same one later on, with new, raised fees, as the rate is frozen and there is no way to increase their fees for parents while being approved by the agency.

“... some [care providers – ed.] are asking if they can leave and then come back with higher rates.” (AGENCY #5)

New Approval

The process of approval of a new care provider

Many agencies' consultants prefer meeting in person over having phone conversations. The focus is on personal relationships in this program, and the consultants usually check to see if the candidates are the right fit through in-person conversations. With so much work together ahead, it's important for both sides to feel comfortable and to establish rapport for future effective collaboration.

“After they contact us we send application form, the procedure how to set up a home, 4 page cheat-sheet from handbook, and then we go visit the home to approve it” (AGENCY #2)

After the home is checked and pre-approved, the agency leads the potential care provider through check-ups and paperwork.

“It's a bit overwhelming to see that whole folder, and it's a wow to them, so it's important to move step by step. Once somebody had 2-3 meetings with us, they proceed.” (AGENCY #1)

For those potential care providers who rent their homes or apartments (14.3% of all CPs according to the data from the previous chapter), one of the challenges is connected with the landlord policies which may prevent them from running such a small enterprise as the FHCC home. A few agencies mentioned this issue as it prevented otherwise perfect candidates to continue with an approval process. The insurance companies also often treat the care providers in a different way, sometimes offering commercial wages for updating insurance for their homes:

“Insurance companies are not updated on the numbers; they don't have information.” (AGENCY #4)

This issue is covered in greater detail in the next chapter, based on the comments from the care providers who recently underwent the journey of negotiating insurance for their FHCC programs. The agencies believe that a wider communication campaign on what the FHCC is about, as well as some focused actions from the FHCC program owner towards insurance companies in NS might help solve these issues as well.

In different periods of time, some additional bonuses were introduced for new care providers, such as coverage of expenses to meet new requirements introduced in 2020, which could be

used for fencing or surfacing (the requirements on the safety of a play zone in the backyard of a FHCC provider's house). Many agencies would appreciate such incentives on regular basis, as it attracts more people into the program.

Support for care providers

Opening grants or start-up support is something many (but not all) agencies are offering to their care providers. This financial support is aimed to help with meeting the requirements of fencing and surfacing the outdoor play area. Agencies also cover CPs with the necessary materials and equipment, like cribs or strollers. There is a highly popular toy library, offered by all the agencies, and it works as one of the main motivational factors for people to join the program. Many care providers are using provided toys and equipment and highly appreciate it as it reduces start-up costs.

Support of care providers is being provided in many ways by the agencies. Agencies assist with insurance companies, and any additional services or checkups needed during the approval process.

In case of doctor appointments, or while being sick, there are either substitutes available, or the agency's consultants come and cover for the care providers. There is a lot of mediation between care providers and parents, and the agencies step in for conflict mitigation and resolution. Many issues include assistance and advisory on children's behavioral issues, which consultants help to resolve by reconsidering programming or toys availability.

Apart from the mandatory professional development courses all care providers have to take, there are multiple efforts taken by the agencies' representatives on how to simplify and guide new care providers through busy operational process. Some agencies offer extra support in preparing to smooth FHCC program running:

“We gather information to help run their business, like meeting with accountant. We will do the workshop on loose parts with another agency.” (AGENCY #6)

“It’s their small business, so we can’t push and have to meet in middle. I made calculation/ scenarios on how to operate it. And we help with income tax return explaining how to do it. So the CPs can focus on children.” (AGENCY #7)

The paperwork burden is an issue which all of the engaged parties are seeking to solve by trying to simplify it, create templates and step-by-step instructions. One of the ways that is worth considering is to go digital using some of the available applications on the market for managing

the FHCC business (HiMama, Kangarootime, Brightwheel and many others). This requires a closer look and analysis of available options with their cost, benefits, and opportunities offered.

“We get together for dinners, we communicate through facebook as well. And they call us often to talk through any issues. We don’t have play groups. We meet at homes. We did have play groups but the transport is a big issue. When they meet it’s without kids in the evenings to network” (AGENCY #6)

Play groups is one of the recommended activities for FHCC providers, to ensure communication and minimize isolation. It is particularly hard to organize in the rural areas, and even harder to participate with the logistics being the main concern. The agencies provide support with transport and help, but for a care provider such an effort is sometimes overwhelming.

Retention effort

Why are care providers leaving?

While gathering data on care providers turnover, it appeared that for many agencies the challenge is not only in recruiting new care providers, but also in retaining those who are in the program for a while.

“It’s not like we’re not getting new homes, it’s that we’re losing old ones. We’ve lost 4 homes and gained 5. It’s a lot of work but looks like nothing happened. We’re doing a good job here!” (AGENCY #4)

There are multiple reasons for leaving the program, starting from quite natural ones: getting older when it becomes harder to work with kids; when maternity leave comes to an end, coming back to their own career or developing a new one; moving to a different province or abroad, etc. It’s kind of ongoing recruitment process, to close some homes and hire new ones to replace them:

“Own kids are growing up or they come back to labor market. It’s exhausting.” (AGENCY #4)

Also, among the reasons of closure there are those connected with external changes:

“Any big changes they got scared. Rate freezes, inflation, and our CPs can’t raise their prices. While going private, they can have more kids, and increase rates.” (AGENCY #4)

Currently, there is also a competition in childcare when care providers are willing to move to pre-primary, with higher wages and social benefits:

“We lost CPs to pre-primary. Educated ones who is getting their [ECE] levels through us.” (AGENCY #2).

As it states, many agencies are stuck between the benefits for care providers, as the one which allows them to get early childhood education while running FHCC program, with the risk of losing them, needing to put additional efforts on recruiting new CPs to replace the leaving ones.

Among those changes, once again, the recently introduced licensing officer visits appear:

“We lost a person due to vaccination, quite a few people to pre-primary, 2 providers due to new licensing officer visits – didn’t want strangers to go to their places, it’s a privacy issue” (AGENCY #6)

This resistance to changes might be directly connected to the specifics of the FHCC program setting: it offers intimate, family-like, closed setting, and it works well for people who value their privacy a lot. What’s more, being in their own home every day with children, can in many ways exclude a care provider from communication with other adults, strangers especially, and such practice is perceived, apparently, as an invasion in their own space. Especially once the approval process is over and the agency staff is visiting the home regularly, such checkups may be seen as something of a threatening nature:

“Regulations scare people. Like licensing inspectors coming to their homes. We lost three homes due to these visits. And two more due to the surfacing requirement and fencing. We lost very good CPs due to this... We lost lots of CPs due to COVID and new regulations. Military families are changing their location. Other family situations, like divorce. Or we lost one CP as her husband was opening new, more viable business and needed her help with it - it was a doggy care.” (AGENCY #7)

Here, almost ironically, a switch to private pet care shows how the program might be seen as a preparatory initiative setting ground for, further easier to manage, less regulated, better paid endeavors.

And, of course, the communication and appreciation are the key to retaining long-term serving FHCC providers.

“There was a meeting held by the department – and it was an icing on the cake, and they were like that’s enough, we don’t stay anymore. The meeting was in 2021 introducing the fencing and surfacing. It was a virtual meeting, to explain it. But the CPs felt undervalued and underappreciated. Things were given to them very passively. They left who were with us for 5 years or so. It’s like “you don’t know what I am doing.””

For maintaining trustworthy relationships as well as for improving collaborative practices, the special gathering events (such as celebrations or town halls), incentives and awards may be considered and introduced to the program’s participants.

What’s keeping the providers within the program is the close-knit relationships with families and the children, and the agencies’ consultants. They are frequently in touch by monthly meetings and through other means, such as phone or zoom.

“One wanted to quit but she is calling me multiple times a week, they have emotional need, and she stays for that support.” (AGENCY #5)

As this shows, the support that the care providers receive is a means of retention within the program.

Exit surveys

Due to well-established, almost personal relationships between care providers and agencies’ representatives, the agencies mostly don’t keep any specific leaving procedures. One of the most expected would be an exit survey which is not in practice within the FHCC program:

“We don’t do the survey but because of the relationships they just tell us.” (AGENCY #3)

“We tried to do survey on what is needed from the agency, what they need to join us, we didn’t have much response.” (AGENCY #4)

However, introducing the survey as a part of the closing ritual, possibly in exchange for recommendation letters or some kind of exit incentive, would help to see statistical key reasons for closure, and help to set the potential directions for future retention efforts.

Part 3. New Family Home Child Care Provider's Journey



The purpose of this stage was to learn how recently joined care providers learned about the FHCC, inquired for more details, made their decision to join, went through an approval process, and experienced their first months as approved care providers. For this, three one-hour phone interviews were conducted with the care providers who joined the program in 2022, and signed up voluntarily to participate in the study. The interviews were confidential and anonymous, without disclosure of the agencies which these care providers joined. It helped to receive clear, nonbiased, and constructive feedback.

Awareness

Before contacting the agencies to know more about the FHCC program, the care providers were familiar with the agencies' work, using their other services, like family resource center or childcare facility. To get in touch and learn more about the FHCC program, the crucial point for a potential care provider was either availability of own

experience with an agency or its visible credibility, transparency and reputation, learned through the media materials (social media, flyers, posters, etc.).

Misinformation

One of the potential risks for the reputation/credibility of FHCC agencies and the program as a whole, is that potential care providers could get misinformed about the FHCC program. Now approved care providers, women who were struggling for childcare in the past, they are friends with some private care providers. At first they learn through them about working as a childcare provider, and with their help they build knowledge on running their own home childcare home. Sometimes they can be misled about what the cooperation with a FHCC agency looks like. Sharing her story of learning about the FHCC, one care provider mentioned that her friend, who runs home childcare privately, told her it would be difficult to meet the agency's requirements, and expressed how hard it was to provide childcare at home.

Though later, that same care provider said that the approval process was actually relatively simple and quite fast, and that the support she received from the agency made a big difference.

Another potential source of misinformation is, unexpectedly, the FHCC agencies' own promotional materials. As some care providers mentioned (as well as the agencies' representatives shared during the interviews), when they saw a flyer or poster with the call to join the program, they thought it was scam. They later learned more about the agency and got in touch with them, but this particular case calls for actions to be taken to prevent similar assumptions among other potential care providers. Such steps are offered within PR strategy which is developed within the scope of the current FHCC development project.

Awareness Inquiry Decision Making Approval Process Operational Support

Inquiry

The care providers evaluated the process of getting information and preparation for the approval process as quite easy and smooth. The agencies they reached (those which operate in their area) shared the necessary information by phone and set an in-person meeting:

“Quick phone chat, and we set in person meeting for additional information. I asked them to check my place, if everything is okay.”

During such meetings, the agencies usually look to see if the house meets the basic requirements, how many improvements are needed for the house to be approved as a place for the FHCC program. Though, one care provider mentioned that she had specific questions but couldn't get answers to them right away:

“What I will have to do to my home, I have a pool, can I even get licensed with pool?”

Here, we can see that there is a piece of introductory information that is missing, particularly on criteria and next steps. While some agencies have materials where the process is explained step-by-step, without going into specifics just yet, it seems that the potential care providers who just want to learn more about the eligibility criteria would appreciate such resources available to them at the very beginning.

Before the care providers decide to proceed with getting approved, they conduct their own calculations, ask more questions about the fee reductions and subsidies, planning on the age and quantity, i.e. ratio, of children they're able to take in care:

“I reached to the agency. I asked about what I had to do to open, how much I can charge for a child, how late the money arrive, what I needed to do to become approved. I asked my questions, and I calculated how much it would be in the end.”

Motivation

The opportunity to run their own FHCC program helps women to stay with their own children, solve the childcare issue when it's not available or not affordable to the family, and earn income. It's also a flexible business in a home setting. For some, it's an opportunity to live a more balanced life, spend more time with family, avoid unpleasant, stressful, even if well paid, work in the office.

Also, it's important for some to have a meaningful job and provide childcare in the community:

“I knew I wanted to do something, useful for community too, so it sounded like a right opportunity. It just made a lot of sense.”

One of the agencies' consultants also mentioned during an interview:

“One care provider is only taking children on subsidy to help those parents.” (AGENCY #6)



Awareness Inquiry Decision Making Approval Process Operational Support

Decision making

For some care providers the decision making is a fast and simple process which happens right after their first inquiry:

“My process was quite quick. It was after first conversation that I knew I’d try.”

Once the information is received and the scope of work is pictured by the care provider, they make a final decision to proceed with their family, usually with their husbands. The agencies help to overcome any hesitations, providing them with more information and any support needed, but in the end, it’s the care providers’ decision:

“My husband helped me with this decision, of course”; “I thought about it for about a month or two and then I decided.”

Approval process

After their first initial meetings and introduction to the program’s requirements, once the potential care provider has made their decision to proceed, they then face the approval process, which usually takes about a month or so, depending on how soon the care provider wants to start. As described in the previous chapter, the approval process includes a number of checkups, first aid training, house approval check, etc.

While all the interviewees evaluated the process of getting checked as quite simple and fast, there were some complications in the process.

Contracts and templates

One of the first things the care providers prepare is a template of contract with parents. Not everyone can afford to engage a lawyer, and the usual practice is to get a few examples to combine them into a document which reflects the care provider’s vision and expectations.

“The contract was a bit overwhelming. I contacted my friend, a private CP, and I asked for her contract. And she also checked with me if I didn’t forget anything. For me it was important to secure myself and include in the contract if a family leaves unexpectedly. I also get payments for 2 weeks ahead. I put all that in the contract.”

Here again, we see that the influence of a private care provider, who has no experience working with an agency, might play an important role for a potential care provider.

Some agencies provide them with the templates of contracts and other documentation, but not all of them. Creation of a resource base for knowledge exchange among care providers, or a cheat-sheet on what to consider while preparing a contract at the approval stage would simplify their preparation process for care providers:

Awareness Inquiry Decision Making Approval Process Operational Support

“I’d appreciate the contract and finance templating. Little more help with that.”

One of the care providers insisted that the preparation and automatization of tables is the key and that it shouldn’t be taken less seriously than it requires:

“It took me a good month. I made all the binders, the folders. I prepare the tables and make them automatic.”

The communication with that particular care provider depicted that there is a great opportunity hidden within the FHCC program. It is in engaging those who are experienced and advanced in operation of the FHCC home into onboarding process for new care providers. It will be beneficial for the whole program, in many ways, to engage experienced care providers in knowledge exchange among new care providers and those who are facing challenges in the approval process, as it not only helps to raise the effectiveness of the processes and lessen stressful situations, but also to build a community of care providers who help

and support each other. Here is another example where such approach – peer-to-peer support - would be beneficial:

“I struggled with menu, there is a book with suggestions, but that’s a big struggle to figure out how to do it efficiently and healthy and keep simple.”

While having the whole pack of documents, it makes it worthwhile to provide explanatory instruction, in simple words explaining complicated issues regarding reimbursing, fees, holidays:

“To have a sheet to say what the government covers. It doesn’t explain things, early dismissal or holidays, like real examples.”

“The paperwork for billing and government funding [applying for parental fees reimbursement - ed.] – it’s so much work. The agency helps with that. It would be good to have it clearer.”

The house inspection

It was mentioned a couple of times by the care providers that they didn’t know what exactly the agency workers were assessing during their visits at the potential care provides’ houses:

“The only thing that bothered me that I didn’t know – the inspection. I didn’t know what they looked for. There was no information brought to me, I had to ask for everything particularly”.

For them, it was quite stressful since the parameters or criteria weren’t known and/or were not announced clearly enough. Mostly, all the hesitations and questions were settled during the visits and phone conversations, and in the end, those houses were approved.

“The agency was very supportive. They came to my house a few times. They never made me feel that I am too much.”

Awareness Inquiry Decision Making Approval Process Operational Support

Insurance

For all three care providers, obtaining insurance for the house for the FHCC program was a major complication. Even though all of them finally managed it, the process of learning about, searching for options and negotiating with the insurance company was stressful and overwhelming. All three care providers had to change the insurance company that they were insuring their homes with for many years. It was stressful, as the insurance companies didn't know about the program or how to assess this entity, and provided them with much higher rates than expected, or refused to insure such businesses at all. The care providers had to investigate and contact other insurance companies, which takes time and adds stress.

“Insurance – I did have issues with that, I got panicked that I won't open in time. So, they were putting my school age children into the limit of small kids, it took them 6 weeks to consider my case and then they declined in the end. I was crashed. So I had to switch the insurance company, in 24 hours.”

As every agency decides on the scope of support and the range of services to offer to care providers, assisting with obtaining insurance for the FHCC program is something that not every agency offers:

“Agency didn't help. But I didn't ask about it either.”

“The agency didn't give me names of the insurance companies. They did worn me.”

Moreover, as an issue with insurance is systematic and was mentioned multiple times, it requires a response on a higher level. Providing an official explanatory letter to the main insurance companies in Nova Scotia about the program and general practice with insurance rates may help to resolve the issue for future care providers in the FHCC program.

FHCC launch

The culmination of the approval process and final preparations to open transpire differently for the care providers. Some of them kept their job until the very start of the FHCC program, some started first privately – to test the operational aspect first before getting the paperwork load.

Finding parents

There was no issue with finding families for new care providers:

“It was pretty easy to find parents. I posted in the facebook group, put a picture up. Main bunch of connections came from the agency and by word of mouth. I filled up really quickly.”

And more or less the same evaluation of this stage was received from other care providers. Agency helps with this using its audience and social media.

“I don't know if it's important for them that I am approved.”

This statement proves that there is a constant need for regular communication about the benefits of an approved family home child care provider versus private one for families. More evidence on the lack of information among parents:

“I am trying to stay away from subsidy. But no one ever asked.”

Awareness Inquiry Decision Making Approval Process Operational Support

Not only should a wide awareness campaign be launched, but it's also worth making sure that the communication of care providers includes the benefits that the program offers to the families. Moreover, with proper assistance and a template provision the subsidy procession might be less overwhelming for care providers.

Materials provided

One of the most appreciated things of working with an agency is opportunity to obtain lots of materials for free, which is needed to run the place.

“The stuff they provided – toys and equipment - it’s incredible.”

It's not only the highly popular toy library, which includes developmental toys and equipment such as feeding chairs or cribs, but also any additional programming materials, cleaning tools, etc., that each agency chooses by its own and provides to its care providers.

“The agency’s assistance – I think they’re great. I def wouldn’t have opened without them - it would be too much of cost. We put up the fence, we used a green plastic thing and they paid for it.”

First day

In some materials, it is stated that the agency joins the care provider on their first day. The new care providers say they were on their own, though some received the visits that afternoon or the following days:

“First day was a learning curve. It was a lot of preparation. And it required a lot of organization. It’s fun to do.”

“First day the agency wasn’t here. I started with 3 kids first. I was a bit nervous, but it was not that scary.”

Operational support

“The agency is important. I was in touch much more before than now. For 4 months they were super supportive. Feeling thankful.”

“The agency brings some little programs, offers to pick up the kids to take with me to the programs. If my hb can’t substitute, they come.”

There is evidence that the care providers need to be integrated in the community of approved care providers immediately after getting approved – to avoid misinformation, enhance support and knowledge exchange among approved care providers:

“I also have support from 2 CPs but private ones, they’re giving me lots of support and information. We’re not in touch with other CPs from the agency yet.”

Awareness Inquiry Decision Making Approval Process Operational Support

This would help care providers to get their upcoming issues solved:

“Taxing is [an issue – ed.]. I tried to research by myself, but I don’t know much, asked some people. It was a huge stress to figure out.”

Development opportunities offered to new care providers is a mandatory part of the program. It makes sense to introduce the calendar with the list of opportunities and preliminary schedule, as there is evidence that not everyone is familiar with what they can receive through the program:

“I didn’t consider [getting an ECE level – ed.], no one mentioned it to me.”

Though it seems these benefits the care providers can receive through the program are of a great value to them:

“I am having two courses which I am excited about.”

Overall impression and advice to new care providers

The women who took part in this research stage are happy with their new work, especially in comparison to their previous arrangement, either they were on maternity leave or worked an office job:

“I am done with my morning shifts before I would even have gone to the office, I have my full day, to do my things, to prepare for kids being back after school, and it brings my family life back.”

There was no negative feedback, for instance, about income opportunities that the FHCC provides:

“I satisfied with it. Happy to make money, and it’s good for my own kids to socialize.”

While in comparison to previous careers, the income the FHCC provides might look tighter, but the care provider was surprised by how it all went financially for her in the end:

“I am not spending much, it feels I have more money than before, because I don’t need to have lunches: at work and buy clothes, and gas of course.”

And the newly approved care providers are satisfied with the overall process of running the program:

“It’s going even better than I expected. In some ways a bit more challenging. I made all the preparation before (excel sheets) so it’s great.”

The care providers were also asked what their advice would be to other people who are willing to get approved. They recommend to join the agency as

“It’s a pretty good gig if you have a space and the patience.”,

adding some practical advice in the end to:

“Template everything before you open. Automate as much as possible. Simplify, simplify!”

Conclusions and Recommendations

The research examined various aspects of the recruitment and operation of Family Home Child Care (FHCC) providers, identifying trends and similarities in the successes and challenges faced by FHCC agencies. These findings will aid in the development of educational and promotional strategies, as well as future recruitment and retention efforts within the FHCC program. The data collected, analyzed, and presented in this report serves as a roadmap for further research into the multiple factors that impact the successful operation of the program. Key conclusions and recommendations are outlined below.

The FHCC Program Presentation

1. Language consistency. When it comes to spelling, all three options (“child care,” “child-care,” and “childcare”) have been observed in official documents and communications, making it necessary to adopt a consistent approach. While the form “child care” was provided in the Amendments of 2020, a decision should be made to ensure clarity. After the decision is made, the program name should be adjusted in all available online and print materials accordingly.

2. The department site update. To support the visibility and credibility of the program, the program description has to be updated. Moreover, anything related to DEECD web resources ought to be linked so that anyone seeking information can easily navigate from one resource to the next.

3. United communications effort: news, press releases, social media. The FHCC is currently the only approved (and monitored) alternative to licensed childcare in the province, and its growth is expected due to further fee reductions and increases in child care workers’ rates. However, there is a lack of knowledge about it in the childcare field, and very often interested parties are misinformed. To address this issue, a unified approach is needed. The FHCC should be included in news releases by the Department of Education regarding childcare, and these updates should be shared on the official social media accounts of the DEECD. These basic measures should be a matter of policy and figure as part of the unified FHCC communication strategy, which has been developed and presented in a separate document within the current FHCC Development Project.

4. The program’s branding and site. To facilitate faster and easier promotion, the program requires its own website. The website should feature a simple page that presents all necessary information to both audiences in a comprehensive and visually informative manner, with infographics, how-to videos. Feedback from program users would enable further refinements. The detailed concept and description of the website will be provided alongside the FHCC communication strategy.

5. Simplified information kits. How-to guides and explanatory materials for main audiences, potential care providers and families, should be developed using the human-centered approach focusing on: simplifying and organizing the information, making it visually comprehensive, accommodating possible questions, with links to additional materials and contact information of the FHCC agencies.

Operational Improvement Effort

1. **Children ratio.** There are several means of attracting more people, particularly experienced private care providers, and retaining current providers. It is recommended that possible changes to the current restrictions on the age/quantity of children in service be considered, particularly in connection with factors such as ECE level, years of experience as an approved care provider, and the availability of an assisting adult. These recommendations can be further elaborated by experienced representatives from the agencies.

2. **Paperwork exchange improvement.** To ease the concerns of potential care providers, it is crucial to present information in manageable portions that are easy to assimilate. One approach is to offer checklists with links to more detailed information. Procedures are to be presented in a step-by-step process with minimal detail. Providing templates for contracts, budgets, and forms can also help new providers quickly enroll in the FHCC program. Many agencies offer templates, but not all do, as was confirmed in interviews. Providing 2-3 options for contracts, budgets, and ready-made Excel tables to calculate income can save time for new providers and simplify the adjustment process. Using online childcare management applications (or creating own one) can both reduce and simplify paperwork. Knowledge sharing platforms introduced to the program would gather the most useful materials and templates and would also serve to make the preliminaries less intimidating to those just starting out.

3. **How-to info sessions and webinars on operational management for new care providers.** While some agencies are already offering information sessions, it may be beneficial to provide them regularly and, or as recorded webinars that can be shared among all new prospective care providers. Topics such as reporting, accounting, and taxation often raise doubts among new providers; sharing opportunities to learn from each other could eliminate those doubts.

4. **Insurance rates for the FHCC.** It is recommended to approach the systematic insurance issue with an integral solution. To address the issue of insurance, it's advisable to use a comprehensive solution. One effective approach would be for the DEECD to send a standard explanatory letter to the main insurance companies in the market. The letter should include explanations, recommendations, and cite examples of insured FHCC facilities in the province. Insurance companies that confirm their understanding and acceptance of the program's specifics can be added to a "Green List" and recommended to new care providers by agencies.

5. **Cultural sensitivity check.** For many care providers, licensing officers visits are sometimes felt to be disruptive, even invasive. Cultural differences may sharpen these interactions. To minimize the negative effects of these necessary procedures, the purpose and expectations of the licensing officers should be better explained and possibly adjusted to different cultural backgrounds in the program.

6. **Non-profit and for-profit agencies: common goal.** The distinction between for-profit and non-profit agencies is not clearly communicated and justified within the FHCC expansion plan. It is recommended to provide with possible commentaries, solutions, and/or incentives for all the agencies who are aiming to develop and maintain the program for the common goal of increasing the number of childcare spaces in the province.

7. **The Coalition support.** To support and strengthen one of the stakeholders in the FHCC program, the Coalition of FHCC agencies, several actions can be taken. These include organizing promotional events, facilitating additional opportunities for sharing experiences, creating an internal platform for communication and knowledge sharing, providing support for organizational development efforts, celebrating yearly milestones, and introducing an award system. These efforts would encourage the coalition's development and create a sense of ownership with respect to improving and expanding the program.

8. **Further research efforts.** The current research is limited insofar as it doesn't include other crucial stakeholders such as private care providers and parents. Further research is necessary. This could involve conducting exit surveys for closing care providers, organizing focus groups among private care providers, conducting interviews with parents, and conducting annual surveys for approved care providers, among others.

Recruiting and Promotional Efforts

1. The unique value proposition of the FHCC program as for care providers is in **the opportunity for people to stay with their own children, solve the childcare issue when it's not available or not affordable to the family, and earn income.** It's also in its format: a flexible business in a home setting. For some, it's an opportunity to live a more balanced life, spend more time with family, avoid unpleasant, stressful, even if well paid, work in the office.

2. Local effort + province-wide promotion effort. The local effort overview was presented based on the key findings during the project, which include recommended actions and preparations to be taken by the agencies:

- Online presence improvement (maps, social media, agencies' sites);
- Offline presence (recruitment materials and distribution channels improvement);
- Considering online formats: Q&A sessions, recorded webinars etc.
- Partnerships: establishing new connections with key community organizations in the areas of expansion.

3. Particular focus on new audiences' engagement. The materials which would cover a wider range of topics, such as what it means to provide childcare in Canada, what is appropriate and what is not, how a day in a FHCC home goes, interviews with care providers which represent different culture backgrounds, etc. should be created to emphasize the program's openness and cultural diversity. For this, a set of explanatory videos can be created engaging care providers who represent different cultures themselves.

4. Retention effort. As the data shows, for many agencies the problem is not solely in getting new care providers, but largely in retaining the current ones. This requires further examination of the issue and implementation of retention strategies. The exit surveys will help to detect the key reasons for leaving, and additional retention actions can be developed (incentives, new opportunities, rates growth, referral bonuses etc.).

5. PR strategy for recruitment goals relies heavily on the current report, and suggests key messages, tactics, channels, and instruments for the program's promotion. It is developed by the partner agency and presented as a separate file.

6. The FHCC campaign which will rely on the developed PR strategy has to be supported on all levels with common efforts taken in promotion. This means that in further planning of promotional materials and recruitment, the agencies and care providers should be informed and engaged however possible. Before the

campaign launch, all the internal sources have to be updated and ready (branding, site, press releases, educational materials, instructions for promotion on local levels, etc.).

7. Wide awareness campaign among families. As many agencies pointed out, the program will succeed once the parents are well informed about the program. In order for them to distinguish between the private and approved child care providers, acknowledge the risks and quality standards offered by both private and approved care providers, and to get necessary information through right contact persons, the program's PR campaign, once the number of expected new care providers is reached, should focus on awareness raising among the wider public.

8. Monitoring and evaluation. For further program's improvement, regular data acquisition should be implemented, using the introduced or newly created materials. When any recruitment or promotion action is taken, their success monitoring and evaluation is necessary. For this, it is crucial to establish the operational key results, apply ROI and other parameters of campaign success evaluation metrics.

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