Not Babysitting: Work Stress and Well-Being for Family Child Care Providers

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Abstract Family child care providers contend with a number of work stressors related to the dual roles of operating a small business and providing child care in their home. Research has documented many sources of work related stress for family child care providers; however, research examining family child care providers' experiences outside of the lens of quality of care and child outcomes is dated and scant. This study consisted of three focus groups of 11 family child care providers who shared their perspectives on work related stressors and well-being. Many of the study findings were congruent with previous research in the field; however, a key finding in this study was the importance of family child care providers to assert and establish a professional identity to mitigate work related stress. Recommendations and strategies to assist family child providers in constructing a professional identity are discussed.

Keywords Family child care · Work related stressors · Qualitative research · Professionalism

Introduction

Family child care is a preferred choice of child care for many parents because of the comfort and convenience offered by the home setting, mixed-age grouping that allows siblings to be cared for in one location, consistent relationships with one provider and affordability compared to center-based care (Kontos et al. 1995; Lanigan 2011; Morrissey 2007). Many of the same characteristics that make family child care attractive to parents can also be sources of stress for family child care providers. As small business owners, family child care providers shoulder challenging economic burdens that include maintaining liability and health insurance, adherence to state regulations and meeting overhead costs with a fluctuating source of income (Marshall et al. 2003; Mueller and Orimoto 1995). Additionally, family child care providers contend with work conditions that include a lack of separation between work and home, few or no colleagues at the work site and work responsibilities that closely resemble caretaking tasks for their family (Atkinson 1988; Deery-Schmitt and Todd 1995; Tuominen 2003). Family child care providers juggle multiple roles including caregiver, business manager and advisor; however, despite the inherent value and complexity of their work, they are still considered non-professionals or "babysitters" (Tuominen 2003).

Approximately 11 million children under age five are in some type of child care arrangement for an average of 35 h per week, and nearly 15 % of these children are in family child care homes (NACCRRA 2012). An estimated 231,705 licensed family child care homes exist in the United States, with 650,000 family child care providers comprising approximately 28 % of the paid child care workforce (NACCRRA 2012). Family child care providers are overwhelmingly female and 90 % are parents themselves, of which a third are caring for their own children alongside unrelated children (Morrissey 2007). Despite the significant number of children in family child care settings, those providing their care remain an understudied segment of the child care workforce (Atkinson 1988; Morrissey 2007; Tuominen 2003).

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The current study was part of a larger mixed methods research project grounded in social constructionism; the project examined both center based and family child care providers' help seeking behaviors and obstacles to mental health treatment. Based on observations and feedback that took place during the focus groups, the researchers segmented the responses of the family child care providers in consideration of their unique home based work environment. This study addressed gaps in the literature by sharing the responses of family child care providers to a series of questions about the sources and impact of work related stress and the strategies providers employed to maintain their personal well-being. The research questions that guided this study were: (1) What are the sources of job related stress for family child care providers?; (2) How does this work related stress impact family child care providers?; and (3) What strategies do family child care providers use to reduce work related stress?

Literature

The relationship between quality child care and positive child outcomes extending into adolescence has been well-documented (Vandell et al. 2010), as has the importance of early childhood education (Gilliam and Zigler 2011; Muennig et al. 2009; NHSA 2012). However, little attention has been given to the experiences of the child care providers outside of how their work impacts children (Atkinson 1988; Tuominen 2003). In assessing factors that influence quality of care, provider and environmental characteristics are only secondarily examined (Kontos 1994). A literature review conducted by Child Care and Early Education Research Connections (Morrissey 2007) of studies related to family child care over the past 20 years revealed relatively few studies focusing on the work related stress and well-being of family child care providers. These studies are not only scant, but many are also quite dated (Atkinson 1988, 1992; Deery-Schmitt 1996; Deery-Schmitt and Todd 1995; Hamre and Piata 2004; Kontos and Riessen 1993; Weaver 2002; Whitebrook et al. 2004). Based on a thorough review of the literature specific to family child care providers, it was found that a significant amount of the literature actually pertains to quality of care for children, center based providers, or kinship providers rather than the experiences of family child care providers. Lastly, many of the articles had a mixed sample of child care providers not allowing for an analysis of only family child care providers and few studies consisted of a sample solely of family child care providers.

An exception to studies focusing on child outcomes and quality child care is Tuominen (2003), who conducted in-depth interviews with 20 family child care providers to explore the meaning of family child care work and the

social, political and economic factors that attract women to family child care work. While motherhood and family influenced the decision to become a family child care provider, the women in the study were motivated by a combination of factors including the social value of their work, commitment to improving the conditions of family child care, and elevating their status as professionals.

Inadequate income is one of the most stressful factors identified by family child care providers (Deery-Schmitt and Todd 1995; Goelman and Pence 1987). Family child care providers earn an average of $7.25 per hour (Smith 2012) and an estimated $15,000–$25,000 annually for providing full-time care (Morrissey 2007). For comparison purposes, the 2012 federal poverty guidelines for a family of four is an annual income of $23,050 suggesting that providers earn near the poverty line (HHS 2012). This comparison paints a grave economic picture for family child care providers whose sole source of income may be their family child care home. Additionally, self-employment status excludes family child care providers from receiving employer supported health care and pensions, placing the burden of health care and retirement on the family child care provider. Without income supplemented by a spouse or other family member, low wages and lack of benefits can be substantial contributors to a provider's stress (Deery-Schmitt and Todd 1995).

In researching turnover rates among family child care providers, Deery-Schmitt and Todd (1995) developed a conceptual model that identified sources of provider stress. The model includes four broad components that were hypothesized to affect turnover for family child care providers: potential sources of stress, moderators of stress, outcomes of a cognitive appraisal process, and thoughts and actions resulting from these outcomes. Potential sources of stress for family child care providers included (1) work conditions, (2) client factors (both children and parents), and (3) life events.

The co-location of work and home can be stressful, yet it is also one of the attractions of operating a family child care home. One benefit of being a home provider is the ability to care for one's own children, yet there are stressful consequences of caring for one's own children, such as balancing competing demands for attention from one's own children and other children (Deery-Schmitt and Todd 1995). The presence of the family child care providers' children has been studied in relation to job stability and satisfaction (Bollin 1993; Kontos et al. 1995). These studies yielded contrasting results, with Kontos et al. (1995) finding the presence of the provider's children resulted in no effect on job turnover and Bollin (1993) finding providers who remained in the profession were not as likely to care for their children. One possible explanation for these findings is that the providers' children may eventually age out of child care.

Prior research suggests stress has a detrimental impact on child care providers' personal well-being (Baumgartner et al. 2009; Curbow et al. 2000; Deery-Schmitt and Todd 1995) and that child care providers are at a higher risk of having clinical depression (Curbow et al. 2000; Fish 2005). Although this research applies to both family and center based child care providers, Whitebrook et al. (2004) found that 16 % of licensed family child care providers demonstrated signs of depression. This rate is almost double prevalence of depression for women nationally (NIMH 2008). Hamre and Piata (2004) found self-reported depression of child care providers offered mixed results. While depression was more closely associated with negative behavior for caregivers working in family child-care settings, family child care providers reported lower rates of depressive symptoms than center based providers.

In addition to the stressors above, professional identity has been touched upon as a source of stress for providers. Tuominen (2003) offered insight into the perception of family child care providers as "babysitters" and the dissonance between the public demand for care and the value placed upon the service of caring for children. Family child care providers expressed pride in their work despite the long hours, lack of compensation and benefits. They need to not only contest the public perception of their work as babysitting, but to help redefine child care as an important profession (Tuominen 2003).

Despite previous research, there are gaps in the literature related to the impact of work related stress of family child care providers, particularly the sources of stress and strategies for coping with those sources of stress. This study examined family child care providers' work related stress, impact of work related stress and the strategies they employ to maintain well-being.

Method

The focus groups were conducted with family child care providers who reside in the Central Texas region and operate registered or licensed child care homes. Focus groups were conducted over a 2-month period.

Participants

The sampling frame was a public list of licensed and registered homes in the Central Texas area that was obtained from the Texas Department of Family and Protective Services. This search identified 86 homes. Each provider received a recruitment letter and follow-up call to discuss the study and encourage participation. A total of 11 family child care providers participated in the three focus groups.

Focus groups were held on Saturday mornings and afternoons at a local university central to the geographic locations of the providers. All providers were given $15 gift cards and compensated for parking.

Procedure

Researchers designed an interview guide to gather family child care providers' descriptions and characterizations of stress. The guide was semi-structured and contained concepts drawn from empirical literature as well as the professional experience of the researchers. Sample concepts included wellness, stress, roles, responsibilities and challenges. The guide included three primary questions about stress in the workplace and the strategies for self-care. The first author, a social worker with extensive experience working with child care providers and conducting qualitative research, facilitated the focus groups with the assistance of another member of the research team. The facilitator's role was to lead the discussion while the assistant observed, recorded field notes, managed the voice recorder and ensured consent forms were properly signed. A debriefing took place after each focus group and the entire research team reviewed notes. The focus groups lasted 1 h.

Data Analysis

All audio recordings of the focus groups were transcribed verbatim. Procedures associated with analytic induction were used in the analysis. The steps were as follows: (1) read through transcripts to familiarize with the data; (2) record reflections and prominent concepts, therefore sensitizing concepts to be kept in mind while reading; (3) segment aspects of the text according to sensitizing concepts; (4) review the segmented texts to determine similar, different and indigenous categories; (5) create thematic statements that describe the phenomenon occurring; and (6) test thematic statements against the large body of research (validated by the transcripts). This process was repeated for each concept. The first author who facilitated the focus groups conducted the primary analysis and was assisted by two members of the research team who used the same procedures.

Social constructionism provided a wider frame for this analysis. According to Crotty (1998), humans make sense of the world though social interaction and experiences with their environment. Lock and Strong (2010) discuss meaning making from a social constructionist perspective as follows, "Meaning-making, being inherently embedded in socio-cultural processes are specific to times and places" (p. 7). Constructionist research invites new practices of

meaning making well suited for the construction of a professional self for family child care providers that includes the critical role they play in providing quality child care and expands the perception of their profession beyond "babysitter".

Results

Three constructs emerged from the focus group data: (1) family child care providers' multiple roles, (2) perception of babysitter versus status as a professional, and (3) demarcation of physical and emotional space; however, the three constructs often overlapped in the discussion.

Family Child Care Providers' Multiple Roles: Wearing Different Hats

Family child care providers in the focus groups discussed the multiple roles they perform and resulting stressors. In their interaction with parents, as well as their concern for the children, a blending and blurring of roles compounded issues of disrespectful treatment by parents, the unrealistic expectations of parents and the provider's discomfort in enforcing policies and boundaries.

Child Care Provider as Respected Practitioner

When asked what the cause of work related stress was, a majority of the providers in the focus groups identified interactions with parents. They recounted a variety of encounters, describing the behavior of these parents as "disrespectful". The lack of professional treatment by parents was an ongoing stressor. The disrespectful behavior described by the providers in the focus groups included parents' hypervigilance, wanting to drop the child off with little notice, not feeding the child before drop off, and parent's ongoing discontent about the provider's care of the child. Many providers also described parents as disrespectful when they failed to pay their fees or consistently paid late. One provider described the following situation when she pressed for payment, "She got ugly. She started saying, I'm going to file as many complaints as I can against you. I said, on what grounds? She said, I'm just gonna make them up." Being forced to choose between income and accepting disrespectful treatment from parents was reported as a constant source of stress for a majority of the family child care providers in the focus groups. Although those with a waiting list could be more selective and enforce strict guidelines for parents/families, that was not the case for most providers in the focus groups.

Family Child Care Provider as Advisor

While providers identified difficult interactions with parents as a primary source of stress, they also expressed concern for parents' well-being. A majority of the providers spoke of parents who stayed to talk when they picked up their children, seeking advice and support.

> My heart is always going to her because her background, she never really had a mother, she was in and out of foster homes all her life. As an adult she's never really had family, just someone she can go to.

While the providers in the focus group did not describe themselves as advisors, they recounted performing similar tasks such as listening to parent's problems and offering advice after business hours, cutting into the time they spend with their own families.

Family Child Care Provider as Second Parent

Most providers in the focus groups expressed a deep attachment and concern for the children in their care. Their concerns included feeling stress and worry for the children after work hours. In some instances, the situation provoked a more grave concern, "You see kids that may come in dirty or haven't showered in a day or two. Or they seem really hungry or they're really tired." At times providers reached into their own pockets to provide for children, extending themselves financially and emotionally as stated by this provider from the focus groups.

> In the beginning, I did this more as a babysitter. And I took kids in and the stressors of [caring for children], I am thinking it's cold outside; your child doesn't have any shoes. So I was buying shoes, I was buying clothes. And it became so much that I suffered a heart attack. And landed in the hospital. My husband said, 'you gotta take care of you first.'

Family child care providers in the focus groups saw themselves as more than providing child care, with their involvement evolving into that of a second parent. Often the relationship continued after the children left the family day care home, "I'm raising them. They're half mine. I tell parents, when they take them to kindergarten, I have visitation rights. And just this past week I sat down and wrote letters to the kids that are starting kindergarten."

Family Child Care Provider as Child Development Expert

A majority of the providers expressed ongoing concerns that parents would negate the work they were doing with the children.

I get a little stressed when a parent doesn't back me up on discipline. They've got to do it at home as well as we have to do it at school. I find that stressful. And it's hard to teach children when it's not being followed at home.

Another provider explained; "If you don't have the same philosophy and the same child development ideals as the family you're going to work with, then you spend your whole day trying to impress them." In each focus group, family child care providers expressed similar feelings about the stress caused by two sets of rules for the children in their care.

Family Child Care Provider as Administrator

A majority of family child care providers in the focus group identified ill children as a constant source of stress, "The sick policy is just one of those that you just have to really be clear on because I can't have him infecting any of my other children." Discussing illness with parents who wanted to leave their children in care was uncomfortable and stressful for providers, "There's certain things you can't cross a line with parents, so there is that stress of—I need to bring this up. I see a rash. How uncomfortable is this?" Providers spoke about parents who deny their child's illness because they cannot miss a day of work, "We had a kid with pink eye, and his parents were like—it's just allergies." The need to continually enforce the sick policy was reported as a source of stress.

> I had a little girl who was three. And she would go to the bathroom and she would cry. And she'd say they're coming out. And I'm like, okay, what's coming out? And she was wetting herself again and she was having accidents, and this was not something we had seen. So I had her mom take her to the doctor. And she had worms. And mom said 'oh they said it was fine.'

Most providers were sympathetic to the parent's need to work; however, their responsibility and concern for all the children in their care superseded this sympathy.

Family Child Care Provider as CEO

Family child care providers in the focus groups all reported a constant economic pressure to maintain full enrollment. One of the most important sources of referrals was parents; therefore, providers identified parent satisfaction with their services as a source of stress. As one provider stated, "Mine [referrals] are more word of mouth for my parents. So I try to keep a good rapport with my parents. I treat the kids like they're my grandkids."

A majority of providers reported a constant stress to please parents, "You're afraid, the smallest little thing and they're going to leave." Even with a full enrollment, there are no guarantees. As one provider explained, "I've got this family that's kind of up and down. So last week I got a call that Friday was their last day. And this is a family of five. So it kind of took my breath away. So it's like, okay what do we do now?" Many providers had policies to lessen the economic impact of turnover; however, the stress remained, "I have a 30 days withdrawal notice policy, but it's a stressful thing. It feels like I'm constantly having to market to find new students."

Providers also identified licensing, and the "state" as a source of stress. While most providers understood the need for health and safety standards, they felt the current system did not allow for adequate assessment of their facility, "When licensing comes once a year, they go through all my records and they walk around and they spend maybe 60 min in my business. And from that 60 min they have to make a determination whether or not my daycare is following their minimum standards".

Perception of Babysitter Versus Status as a Professional

The public perception of child care providers as "babysitters" was discussed in all focus groups. Overwhelmingly the providers felt being a child care provider was undervalued despite the enormous responsibilities and expectations.

> Plain and simple—we have the highest expectations of any position possible, we get paid the lowest, and we get no respect from anyone. Not from parents, not from other people, because they don't think that we work hard, they don't think that our jobs are real jobs.

The lack of respect and value for the child care profession was a source of frustration and stress, and sometimes anger.

> I feel angry by society, not angry, but, yeah I guess there is some anger. But I feel that people in general, not that they don't take me seriously, but they don't take the stage development for the kids seriously. They don't take what we're doing for these children, or what we're not doing for these children.

The family child care providers in the focus group reported additional misconceptions about their work because they work in the home, "I think being at home, people don't take you as a real center", "[people say] Oh you don't have to do too much—but I'm running a business", and "Especially when it's a home, they don't take you seriously. It's just a house, and you're babysitting children. I try to correct them, and they don't like it when I say I'm not a babysitter." One provider stated she corrected people on a daily basis that she is a professional, not a

babysitter. The undervalued way society views child care, and family child care in particular, was articulated by all the providers in the focus groups.

What also emerged from the focus group discussions was a public perception that children and their development were not important, hence the profession followed suit.

> I think that early childhood teachers in general are paid too low. You know, in a big center they're paid too low. I think that there's just not enough value for early childhood. I think that our culture devalues it [child care] because of how it's paid, and because it's not seen as important and the early child years are the most important.

Providers in the focus groups relayed numerous negative comments they heard about the profession, "Some people in my life are like, oh that's so easy. What are you stressed out about? How hard is that?" and "Why wouldn't you just go and get a job at Macy's? Why would you want to have children in your life everyday for 8 h a day? Almost like, what's wrong with you?" One provider summed it up in this way, "Generally, society speaking, nobody really acknowledges the impact and how important our jobs are. The first 5 years of any childhood is the most important."

Demarcation of Physical and Emotional Space

Family child care providers work where they live, causing a blurring of physical and emotional boundaries between their professional and personal life. Several providers who spoke about parents staying to chat when picking up their children expressed a discomfort in asserting their need to end the workday. One provider noted, "So I've just had to really draw boundaries for myself and make it more of a business. It's like, well we can be friends after."

The flip side of this issue for family child care providers is setting boundaries with their family members during work hours, "They live there, and of course you're not supposed to let your family get in the way when you're working." One provider noted that setting firm boundaries was helpful in dealing with her own children:

> My boys – they're teenagers now – but I've always taught my kids, once you're in school, when you come home from school, I work 'til six. And if you have things you want me to see or papers you want me to sign – things you want to talk to me about – come see me at 6:00. I'm a working mom just like every other mom out there.

Many of the focus group participants identified the importance of separating work and home space as a strategy to reduce their stress, "I converted it [separate space for child care] and it does release the stress because you can walk away from it and go into a different area". Dedicating separate areas for their child care business allowed many providers to feel closure at the end of the work day, "I've got two rooms of my home that are set up just for the daycare. So at the end of the day I can leave my daycare, and go home to my family."

Self-Care: Balancing Work and Well-Being

While job related stress was woven throughout the narratives of the providers in the focus groups, a majority articulated strategies for self-care including massages, regular exercise, socializing, going to church, and annual vacations. Most providers recognized the importance of self-care, and although the strategies varied, there was consensus in the focus groups that making time for self-care was necessary to maintain momentum as a family child care provider. As one provider stated, "I'll just go to a coffee shop, and just relax for a little while, and try to realize what the importance of my job is." Regular vacations were identified as a potential strategy to mitigate stress. While some providers expressed reluctance to take vacation for fear of losing income, most felt the benefit to their well-being was worth the risk. As one provider stated, "I deserve a paid vacation. And it makes a big difference that I can do that."

Additionally, formal and informal family child care provider networks offered an important combination of support and advice, "There are a couple of other providers that I have contact with. We talk about what we're doing, and it's reassuring to know that I'm not alone." Family child care can be an isolating experience on a day to day basis; therefore providers expressed the need for a collegial network to turn to for advice and support.

Discussion

The overall theme that emerged from the data related to the struggle of child care providers to construct a respectable professional identity that incorporated the roles and responsibilities of being a caregiver and business professional. Even though professionalism was not specifically addressed in the focus group guide, family child care providers consistently identified a sense of being "disrespected" by clients in their work settings and this disrespect extended to the public perception of their work. If family child care providers were viewed as professionals who provide a valuable service to society, and not just "babysitters" with an "easy" job of "playing with kids", it reduced their overall experience of stress.

Despite challenging work conditions and low wages, family child care providers report being satisfied with their profession (Kontos and Riessen 1993), a finding that was consistent with a majority of the providers in the focus groups. Many of the study findings were congruent with previous research on the causes of work related stress such as income insecurity, dual identity of family child care provider and small business owner, blurred home/work boundaries and client conflicts (Atkinson 1988; Curbow et al. 2000; Deery-Schmitt 1996; Marshall et al. 2003; Morrissey 2007; Mueller and Orimoto 1995). However, in addition to previously identified causes of work related stress for family child care providers, this study sharply defined and articulated the issue of professional status as central to family care providers' well-being.

The current study suggests that being able to construct a professional identity helps mitigate many of the work related stressors of being a family child care provider. The stress and well-being of family child care providers represents a complex picture of a female dominated workforce maintaining dual roles as small business owner and child care provider, trying to forge a professional identity beyond that of a babysitter and a sometimes conflicting obligation to the children in their care, the parents, and their own families (Atkinson 1988; Deery-Schmitt 1996; Tuominen 2003). Conventional consideration for alleviating stress for family child care providers based on current literature would address the most obvious stressors with recommendations that advise strategies to increase income, manage the home work place boundaries, and add at least one other adult to the situation.

Family child care providers who perceived themselves according to professional standards, values, and goals have demonstrated a capacity to assign meaning and purpose to their work, have more positive and trusting relationships, set boundaries between work and home, and maintain higher levels of professional practice (Weaver 2002). Family child care providers in the current study who described and referred to themselves as teachers or other professional titles, provided parent-provider handbooks with clearly defined policies, segmented work and home space, and maintained consistent hours of operation for both parents and their family members were able to create a professional climate that was less stressful. Providers who projected a more professional image and utilized specific strategies on a consistent basis were also more successful in maintaining full enrollment and therefore were less vulnerable to the financial stressors. Additionally, providers who were able to schedule annual vacations and days off viewed this as a professional entitlement and insisted on paid vacations.

Bromer and Henly (2004) found that providers who lack a professional identity are less likely to set boundaries with families. And while professionalism is acknowledged as an important factor in securing improved wages and conditions, they caution that a more traditional definition of professional practices might usurp needed bonds with the child and family (Bromer and Henly 2004). This is the slippery slope that many providers in the focus groups found themselves on—a choice between constructing a professional identity entitling them to policies and boundaries that support their well-being or assuming a multiple set of roles that often benefited the client(s) to the detriment of the provider.

Conclusion

Further research into the lived experiences of family child care providers is needed specifically to explore the ways professional status interacts with caregiver well-being. That research might examine the effects of non-professional status as well as evaluation of stress mitigating interventions aimed at providing professional status to this undervalued group. Based on the results of this study, recommendations to assist family child care providers in constructing and asserting a professional identity include developing and following a parent-provider handbook with a job description for the family child care provider and clear policies, segmenting space for the family child care business, designating and maintaining work hours for both clients and family, and insisting on being addressed and treated in a professional and respectful manner. Strategies such as these would assist family child care providers in solidifying their professional status and mitigate work related stressors without being punitive to parents. Programs that provide mentorship to family child care providers can be utilized to assist providers in developing and asserting their professional identity.

Appendix I: Focus Group Guide

1. Introduction

    a. Review consent form
    b. Introduce group facilitator and note taker

2. Questions
    NOTE: These questions are a guide. Prompting questions will be asked depending on the participant's responses. We are interested in learning about your jobs as child care providers and how you take care of yourselves. First, can

you tell me a little about any stress in you may experience in your workplace?

- What parts of your job feel stressful?
- How does stress affect your ability to do your job?
- How does work related stress affect you off the job?
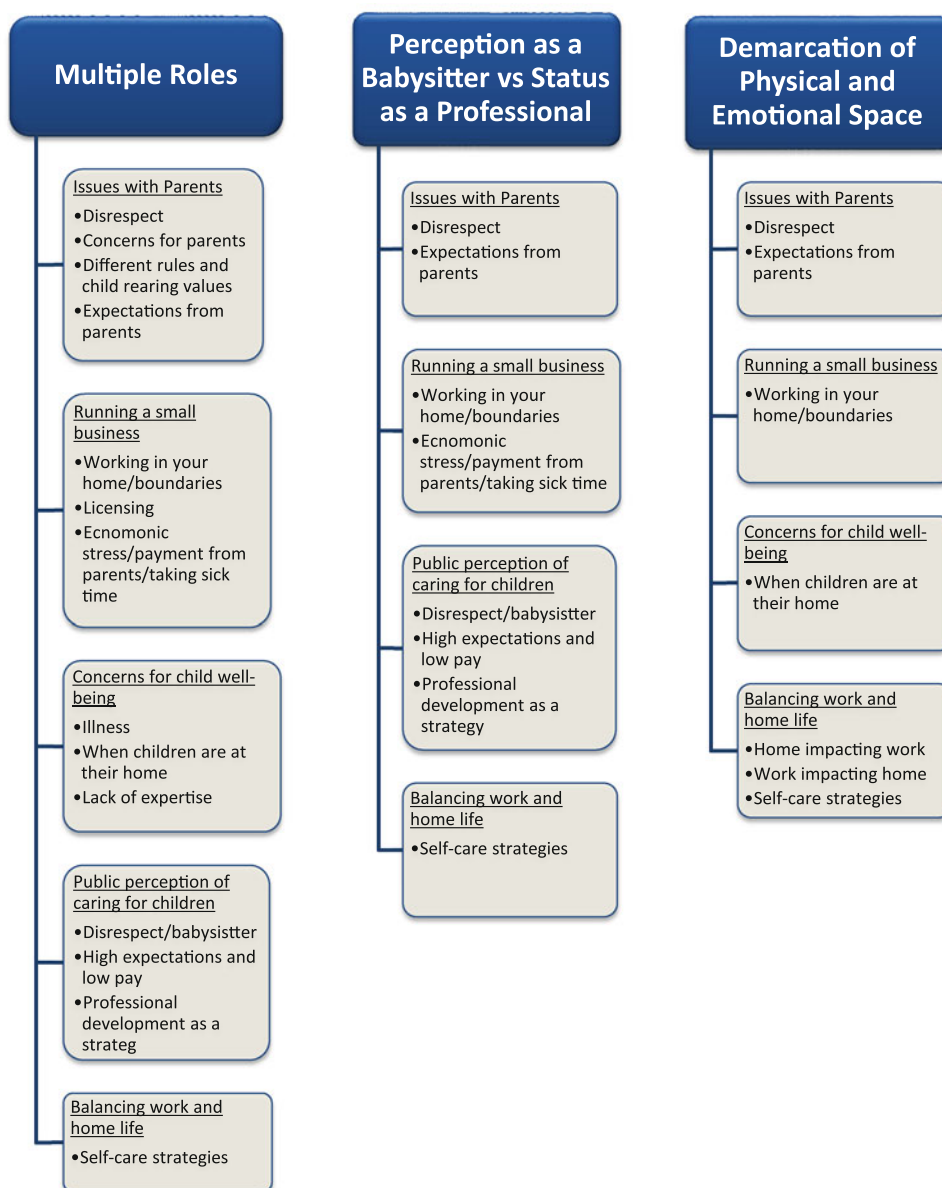 Now I am going to ask you questions about how you take care of yourself

- Is there someone you seek support from at work when you feel stressed?
- How does this person (or people) support you in reducing stress?

- If there is no one you can rely on, how do you handle your stress?
- Is there someone you seek support from outside of work when you feel stressed?
- How does this person (or people) support you in reducing stress?
- What are other ways you try to reduce stress?

3. Closing

a. Answer any questions
b. Pass out gift cards
c. Direct people to mental health resources if needed

Appendix II: Emerging Themes and Subthemes

Multiple Roles

Issues with Parents
- Disrespect
- Concerns for parents
- Different rules and child rearing values
- Expectations from parents

Running a small business
- Working in your home/boundaries
- Licensing
- Ecnomonic stress/payment from parents/taking sick time

Concerns for child well-being
- Illness
- When children are at their home
- Lack of expertise

Public perception of caring for children
- Disrespect/babysistter
- High expectations and low pay
- Professional development as a strateg

Balancing work and home life
- Self-care strategies

Perception as a Babysitter vs Status as a Professional

Issues with Parents
- Disrespect
- Expectations from parents

Running a small business
- Working in your home/boundaries
- Ecnomonic stress/payment from parents/taking sick time

Public perception of caring for children
- Disrespect/babysistter
- High expectations and low pay
- Professional development as a strategy

Balancing work and home life
- Self-care strategies

Demarcation of Physical and Emotional Space

Issues with Parents
- Disrespect
- Expectations from parents

Running a small business
- Working in your home/boundaries

Concerns for child well-being
- When children are at their home

Balancing work and home life
- Home impacting work
- Work impacting home
- Self-care strategies

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