Early Childhood Education and Care Workers and Wellbeing in a Continuous Caring Regime

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Abstract

The childcare sector in Australia is large and growing, and is an important institutional support for women to participate in the workforce. The sector is highly feminised, professionalised and accredited, and low paid. This article reports on the time pressures, that is the pressure of competing demands on the time of workers, and how these link to the wellbeing of workers in the sector. The study interviewed business owners, child care service managers and child care service providers to highlight management of the squeeze on time through continuous caring. It then investigates the implications for health and eating behaviours that are associated with the squeeze on time.

Keywords: childcare sector; care workers; Australia; work intensity; employee well being

Introduction

The Early Childhood Education and Care (ECEC) services sector in Australia is large, diverse and growing. There are over 150,000 workers in the sector, 90 per cent of whom are female. Nearly three-quarters are on casual and/or part-time contracts (Productivity Commission (PC), 2013). The Productivity Commission (PC) Issues Paper (2013) on the sector reported that the workforce has two groups of workers — directors, teachers or group leaders (30 per cent), and ECEC educators (70 per cent). ECEC educators are commonly paid at rates around minimum wage, while directors, teachers and group leaders receive higher wages, have more advanced qualifications and are likely to work full-time (ibid). Apart from being highly feminised, the sector is dominated by younger workers, with half of the workforce being under 35 years of age; this is in contrast to another highly feminised sector, aged care, where the workforce profile is dominated by an older cohort (Australian Bureau of Statistics (ABS), 2011). In general, workers in ECEC the sector have formal

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tertiary qualifications with over 80 per cent possessing ECEC-related qualification and with close to 20 per cent having Bachelor degrees (Australian Institute of Health and Welfare, 2015).

Childcare work is onerous and carries with it a large number of responsibilities and pressures towards compliance with many regulations linked to safety and health. For example, compliance with excessive regulations and reporting was presented as one of the factors contributing to staff turnover in the sector (PC, 2013). Workers in the sector are exposed to a range of physical and mental health risks, including infectious disease and stress (Bright & Cavallo, 1999; Corr, 2015). The pressures on the workforce also include providing regular reports to a range of authorities from the local to federal government level; the pressures and expectations of parents; and meeting the care and welfare needs of the children (ibid).

This paper reports on the time pressures, that is the pressure of competing demands on the time of workers, and how these link to the wellbeing of workers in the ECEC sector. The study interviewed four female business owners (licensed to manage and oversee childcare service providers), four childcare service managers and five childcare service providers (known as 'educators') to highlight the accommodation of the time and caring squeeze. The women interviewed had dual caring and managerial functions; they were in a time squeeze, managing competing work and family responsibilities. The article reports on how they managed the time and functional squeeze; that is accommodating all the demands on their time and accommodating the time demands of work and care responsibilities. The remainder of this article outlines the childcare sector in Australia; discusses the nature of the industry and work, explains the research approach of the study, finishing with the discussion and findings.

The ECEC Sector in Australia

There are a number of different sources of public funding of childcare services in Australia and these are detailed in Chapter 1 of the PC Report (2014). The main funding programs are the Child Care Benefit (a means tested benefit with weekly hours of care supported); a child care rebate (non means tested, linked to approved care): and a jobs and training rebate that is paid to eligible parents for the full rebate of childcare costs and are in employment, training or education. Government expenditure on childcare support is around $7 billion. The rationale for public funding can be linked to three broad objectives: an investment in human capital with the expectation that private and social returns from the investment are positive; as a means of supporting greater labour force participation by women; and as a means of supporting equity goals in terms of providing lower income groups improved access to paid employment (through public provision of childcare) and opportunities for their children (Queisser, 2013; Thevenon, 2013). There is recognition that affordable, accessible and flexible childcare is important in terms of increasing labour force participation of women and, in turn, addressing skill gaps associated with population and workforce ageing (AWCCI, 2013). There are calls for childcare services to be provided for longer hours across the week and in more locations, especially at home care services in order to support more women to access employment (ibid).

The Australian ECEC sector is diverse in terms of organisational ownership, size and structure. There are different segments to the market, including family day care, long day care, outside school care, vacation care and informal care arrangements. Approximately 90 per cent of children are in formal 'approved care', which includes regulated "services approved by the Australian

Government for Child Care Benefit purposes in accordance with the Government's standards and requirements" (PC, 2014: 80). While 'registered care' is informal, unregulated "child care provided by grandparents or other relatives, friends, neighbours, nannies or babysitters who are registered as carers with the Department of Human Services" (ibid: 80). There were more than 35,000 registered care providers in Australia in 2013. The informal sector is defined as care provided by relatives, friends, neighbours, nannies, au pairs and babysitters, which may be on a paid or unpaid basis (PC, 2014).

Around half of children aged 0 to 12 years regularly use formal or informal care services. Around one million use formal care services and 1.4 million are in informal care, which is about 70 per cent of cases is provided by family members (ABS, 2015). The average amount of time spent in childcare is 18 hours per week (ibid). Approved services are provided by community groups, local governments, large corporate entities operating multiple services as well as sole operators providing family day care services in their own home (PC, 2014). The Australian Institute of Health and Welfare (2015) reported that, of the 153,200 staff employed in the ECEC sector, the largest proportion of these staff were employed in long day care services (50 per cent). Preschools accounted for 18 per cent, before and/or after school care 12 per cent, vacation care 10 per cent, and family day care, nine per cent. Over half of all providers supply a single service and nearly a third provide between two to four services. Less than one per cent of all providers have more than 20 services (PC, 2014). The PC (2014: 81) indicated that "around 50 per cent of approved services are provided on a for profit basis". Listed companies account for around 30 per cent of the industry, with the main providers being Goodstart, Folkestone Education Trust and G8 Education (Mastrullo & McInally, , 2016).The factors that determine the level, composition and growth in the demand for care services (and hence the demand for the workforce) include population demographics; workforce participation patterns; government assistance and government regulations (ibid). The ageing population has, in general, reduced the demand for services, while increasing female labour force participation rates have boosted the demand for services. The ABS (2010) reported that 70 per cent of formal care services was driven by workforce demands; hence the critical importance of affordable and flexible care services to supporting female labour force participation. The National Quality Framework governing licensing and accreditation has driven the demand for qualified ECEC workers as licensing is dependent on having accredited staff. The ECEC industry is expected to continue growing steadily from 2015-16 to 2020-21 at an average rate of 6.1 per cent, and there will be an increase in government funding by 18.5 per cent through to 2017-18 (Connect. Insights for Business, 2015).

In general, the workplace sites are small, each providing a limited number of services. What is notable in this sector is not only the dominance of female workers but, unlike nearly all other sectors, the dominance of female managers and female business owners (PC, 2014). While the ACCWI (2015) report on childcare stressed the importance of accessible, affordable and flexible childcare services in order to support increasing female labour force participation, the irony is that the sector is not only a major site for female employment, it is a major site for female managers and female owned small businesses who may also require childcare. Addressing projected future labour supply shortages for the sector is linked to not only attracting qualified workers to the sector but retaining those qualified and experienced workers, and small family businesses, who are already in the sector.

The Productivity Commission Report (2014) outlined details of a sector that had grown considerably and was subject to a complex myriad of rules and regulations linked to funding and

standards of care and care workers. The brief of the report was to examine links between childcare and female workforce participation rates, and child learning/development; the future needs of childcare; the affordability of services; accessibility and flexibility of services; and the regulatory system around the sector (PC, 2014).The PC report (2014) indicated that workers in the sector were low paid relative to other sectors, that career progression was limited, turnover was high, workers felt undervalued and workforce stress and pressure was extensive. The Australian Bureau of Statistics (ABS, 2011) has also reported that full-time ECEC workers receive around two thirds of the average full time weekly wage. A number of reports on the sector (PC, 2014; Connect. Insights for Business, 2015) highlighted a number of issues that affect staffing, recruitment and turnover in the sector. Apart from relatively low wages other issues identified included the complex and extensive administrative burden; unpaid hours of work linked to preparation, parent meetings and attending training programs; and under training in terms of the demands and expectations of the job.

Time Pressures, Balancing Work and Family, and Wellbeing

Long working hours and the associated time pressures are often (but not always) accompanied by higher job stress and also compromise basic positive health behaviours concerning healthy eating, adequate sleeping, social connection and physical activity as they limit the opportunity to take part in these crucial activities (Cleland, Tully, Kee, & Cupple, 2012). It is acknowledged that scarce time for social connection and community participation has negative implications for mental wellbeing and community/social cohesion (Masterman-Smith & Pocock, 2008; Masterman-Smith, 2009). Not only do individuals risk poorer health, but it is recognised that productivity costs arise from long hours due to problems with fatigue, mistakes, focus and poor mental health, as well as costs due to absenteeism, rehiring and retraining, should workers opt out of the long hours work lifestyle and leave their position. Timing of work, in terms of the start and finish times, plus the duration of work, matters for health as it affects individual as well as social routines – the time we spend with others – which can positively or negatively impact on health (Kamp, Lambrecht Lund, & Søndergaard Hvid, 2011).

The intensity of working time also impacts health – especially through chronic tiredness and poor mental health due to job strain (Strazdins, Welsh, Korda, Broom, & Paolucci, 2016). Furthermore, work boundaries often blur with home-life with the help of technology, such as mobile phones and computers (Green & Macintosh, 2001). An additional pressure is created by expectations of ongoing education and development as roles change rapidly in response to developments in business models and technology. Employees can be contactable at all hours and all days of the week via mobile phones and email and, in turn, there are pressures to train for and apply software systems linked to employment. Hence working time intensity has increased both through time squeeze (less time to do more) and through the reach of working time into private time, with consequences for health and wellbeing (Kalenkowski & Hamrick, 2013).

Despite these insights into the temporal (time-related) features of health behaviour, little is known about the connection between how working time arrangements exert an influence over health behaviours, both during working hours and the hours which sit outside work. The Australian Work and Life Index (AWALI) (Pocock et al., 2012; Skinner & Pocock, 2014) highlights that many families are time constrained with major challenges in meeting work and non-work pressures. The greatest pressure is on women in employment, the majority of whom are part-time because, despite

their relatively short hours of paid work, they have long hours of unpaid work in carrying out family and community activities. Skinner and Pocock (2014) found that time pressures (feeling rushed and pressed for time) were much higher for women in employment (full and part-time) compared to males in employment, and these pressures intensified if there were children requiring care.

Skinner and Pocock, (2014) found that professionals, and community and personal service workers rated high among the occupational groups at risk. The AWALI findings add resonance to this study in that it examines personal care service work by women who were also mothers. In addition, caring work embodies emotional labour and meeting the demands of children, parents and an array of regulators. This is in keeping with prior research on care activities performed by female nurses, where there is an expectation that they will perform a service beyond that which is set down in workplace agreements and also provide "emotional" support to patients and to their families (Smith & Cowie, 2010). This type of work is high pressure to the extent that there are both competing demands, for example from children and parents, and extensive and enforced responsibilities linked to safety, protection and satisfying reporting regulations (Corr, Davis, Cook, Waters, & LaMontagne, 2015). The employment generates continuous time pressure linked to caring at work and at home for those workers with children (PC, 2013, Kamp et al., 2013). Yet, despite these pressures and demands, the pay rates in the sector lag behind those in other sectors and for workers who also are employed under high pressure conditions, such as nurses and teachers (ABS, 2011). For female care centre managers and owners, there are added responsibilities linked to satisfying federal, state and local government regulations on top of managing staff and meeting the demands of children and parents.

The Study

This paper is part of a larger study that examines the relationship between working time and health across a number of selected sectors in Australia. The Work, Time and Health (WTH) Project investigates employee experiences of the perceived impact of their working timescapes on 'health time economies' (Dixon et al., 2014). The WTH Project aimed to recruit a diversity of employees (women and men, representation across the workplace hierarchy, different worker skill types – manual work, service/care work, management) with a variety of working time arrangements (long hours, part-time workers, shift workers) and employment types (employed, self-employed). It sought participation from organisations working across five sectors with different industrial awards: Insurance, Logistics, Building Materials, Child Care and Community Care. Within each of the organisations, employers or those with contractual arrangements with self-employed workers recruited workers to participate in the study. Full consent was checked prior to each interview and confidentiality assured. Ethics approval was granted by the Australian National University (#2014/285). This study only reports on the childcare workers and their time use patterns and health behaviours.

Two waves of data collection occurred. Potential participants were given a package, which included a study information and consent form and two time diaries. The information presented explained that the study sought to understand how participants' working time influenced their eating, sleeping and physical activity. Participants were first asked to complete a 48-hour time diary over a week day of their choice and a Sunday. The simple diary was used to record the time

they spent on a range of activities, including working, eating, physical activity, sleep and leisure. The time diaries were adapted from the Longitudinal Study of Australian Children 'lite' time use diary (Baxter, 2007). Participants brought with them the completed paper time diary to an in-depth interview. The diary, as well as purpose-designed 'time tools', were used as prompts during the interview to elicit deeper and more accurate responses to questioning on time use and control over time use. Semi-structured interviews lasted between 45 minutes and 1.5 hours. Four researchers from the WTH Study conducted interviews from February to August 2015. All interviews were recorded verbatim and transcribed, additional notes and information about the organisations ascertained in informal conversations, documents shared by the organisation or retrieved online, were also included in data collection.

Transcripts were coded and sorted thematically using Atlas TI software. Atlas TI was used as an organisational tool to hold the codes attached to quotes and 'chunks' of data, as well as to search for particular codes and combinations of codes during analysis. Coding categories were determined by WTH researchers based on 1) relevant literature in working time, labour market, food, exercise, sleep and social connection, 2) previous research and, 3) iterations of reading and immersion in the transcripts.

Thirteen workers in the family day care sector were interviewed. The sample was divided into three components:

1) **Family day care service licensees ("services")** (n=4): Government licenced owner operator of a family day care service. May or may not have staff and may be run for profit or not-for-profit. The licensee must ensure that family day care educators (frontline workers with children) contracted or employed by their service meet all regulations and provide satisfactory early education and care to children. All owners in this study were for-profit, independent companies, not linked to other services, such as a council or not-for-profit.

2) **Family day care service supervisors ("supervisors")** (n=4), also known as coordination staff or support officers. These workers are employed by a family day care service licensee to carry out monitoring and support of the family day care educators. Supervisors were employed by for-profit and not-for-profit services.

3) **Family day care educators ("educators")** (n=5) are sole owner/operators of a family day care service in their own homes. While educators can be self-employed contractors or employed by a family day care service licensee, all educators in this study were self-employed contractors. 'Educators' are early education and care providers for children aged six weeks to school age. Children are cared for in mixed-age group sessions during the day, overnight and on weekends, as decided by the educator.

Table 1. Demographic characteristics of family day care sector workers interviewed (n=13)

Demographics	
Age: mean ± st dev(range)	48.3 ±9.3 (36-66)
Female n (%)	13 (100.0)
Born in Australia n (%)	6 (46.1)
Partnered n (%)	12 (92.0)
Children n (%)	11 (84.6)
Highest education	
≤ Yr 12	0 (0)
TAFE certificate/diploma etc	8 (61.5)
Tertiary	7 (53.8)
ANZSCO code (range)	Educators 6, supervisors 5, owners 2 (2-6)
Years in job: mean ± st dev(range)	6.9 ± 6.7 (>1-18)
Overnight or weekend work n (%)	9 (70)
Self-rated health	
Poor/Fair	1 (0.7)
Good	5 (38.5)
Very Good/Excellent	7 (46.7)

The details of the demographics and health status of the interviewees are set out in Table 1. The sample of interviewees were all women, they all had tertiary education qualifications, and nearly all were in relationships and had children. This accords with the broad features of the sector as outlined above. In terms of functional responsibilities, there was an even split between educators and managerial functions. Participants from the family day care sector worked in two different patterns: Supervisors worked set office hours generally being paid overtime rates for working out of standard hours or given time in lieu for night/weekend requirements (e.g. meetings, workshops). On the other hand, family day care service owners and family day care educators worked fairly set contact hours plus regular, fragmented non-contact hours at night and on weekends.

Findings

The views of their job and working environment are presented in Table 2. Workers reported high job satisfaction and many felt that they had input into decisions and actions that impacted on their daily working lives. On average, participants felt rushed or pressed for time frequently. This finding speaks to the time pressures involved in each of the three roles: service owner, supervisor and educator. Half of the participants felt that their workload was reasonable, yet it was largely service supervisors who could complete their workload in regular hours. In contrast, service owners and family day care educators experienced heavy workloads that required additional work hours at night or on weekends. While less than half of those sampled reported receiving enough recognition for their work from supervisors, both service directors and family day care educators are self-employed; therefore the opportunity for recognition from supervisors is limited. Given the nature of work and the sector, it was not surprising that a strong occupational health and safety awareness at the workplace was reported for just over half of participants.

Table 2. Workers' perceptions of their job and work environment (n=13)

Working time variables	Score or (%)
Job satisfaction: Average (1 (extremely dissatisfied) -7 extremely satisfied))	5.7
Feels rushed or pressed for time: Average (1 (always) - 5 (never))	2.6
Feels the workload is reasonable	(53.8)
Can complete workload in regular hours	(30.8)
Works to very tight deadlines	(23.1)
Has input into decision and actions	(69.2)
Has adequate recognition from supervisor	(46.2)
Strong OH&S in the company	(53.8)
Importance of work promoting/maintaining health (10 is most important)	6.3

In terms of working time flexibility (Table 3), the majority of workers interviewed felt that they could vary their start or finish times should they need to. Whilst, in theory, time flexibility was possible for all educators and service owners, in practice, they responded to the needs and wishes of parents, therefore they could only change hours in ways and for timeframes that were acceptable to parents. The decisions concerning hours were based on negotiation between their own needs and those of their clients, who were, in turn, were influenced and constrained by the needs of their employers

Table 3. Workers' perceived flexibility in their time at work (n=13).

Flexibility variables	Number (%)
Can vary start and finish times	9 (69.2)
Can vary work days	7 (53.8)
Can work less hours	8 (61.5)
Can leave work to manage unexpected needs (e.g. family emergencies)	8 (61.5)
Can take extended leave (maternity leave, study leave etc)	5 (38.5)
Can reduce responsibilities	3 (23.1)
Work off-site	6 (46.2)
Vary contract type	1 (7.7)
Can adjust benefits	1 (7.7)

Around a third of workers could take extended leave and two thirds could work fewer hours or leave work to attend unexpected needs/emergencies. However, almost 40 per cent of the sample – especially the educators – felt that they could not take time off in case of personal/family needs or emergencies. Few workers in the sample could reduce their responsibilities at work should they wish to/need to and being able to vary contracts or adjusting benefits was uncommon.

Home location

All educators and one service owner worked from home. The benefit of working from home was that no time was spent commuting to an external work place, however, the downside was the blurring of home/work boundaries and the ease of working outside of set hours, which could (and did) add up to very long working days. With daycare, the times of care could often change, making it difficult to establish a routine or make commitments outside of work:

> *…sometimes they [parent clients] will keep on changing the hours, I will be flexible, okay this week they are having a – well the shift-work people, and then this week they will be saying, my hours will be six to four, and then next week it will be nine to five, something like that; so we need to – there is a flexibility I have to have that, okay, this is our permanent children, so we need to be flexible with. I can't say no, I have to work only six till four, or six till five; so we need to be flexible for their hours* (Educator).

Service owners worked from home on evenings and weekends, even if their office was located elsewhere, which allowed them the flexibility to spend meal times and after school hours with family. One supervisor also reported working from home at night due to a heavy workload. Commuting times for some supervisors were substantial (for one it was an average three hours per day), creating longer days and eating into time that could be used for other activities that support health and wellbeing, including spending time with significant others.

Workplace culture

The workplace culture of family day care appears to revolve around the needs of parents and of children. The commitment to children's safety and wellbeing is evident in the strong regulations around child wellbeing, yet the occupational health and safety of workers was not a key priority.

> *Actually I should really think about [OH&S for me] because my knees and like you know, back and all, because like physical work all the time, lifting children…* (Educator).

Subsequent to this interview, the educator was unable to work for some time due to serious back problems.

High workloads and work intensity

Challenging, rewarding work has benefits to mental wellbeing and brings a sense of accomplishment and satisfaction to work (LaMontagne & Keegel, 2009). However, combinations of high demands and low control (little influence in decision-making), insufficient resources (personal and organisational) and insufficient rewards in exchange for high efforts (low pay for high effort) has been found to harm mental and physical health and even to predict the development of common mental disorders, such as anxiety and depression (Stansfeld & Candy 2006; LaMontagne & Keegel, 2009). In family daycare, not having sufficient emotional and financial rewards for their challenging work undermines educators' mental health, which has knock on effects for children's care quality and outcomes (Corr et al., 2015). Only four participants – three of whom were supervisors – could complete their workload in their specified hours.

> Owner: *I can get text messages at midnight asking, people asking me for childcare. Yeah, I get emails, like even, like I had a ten-thirty one last night from one of the educators asking me a question…there's constantly things coming through.*

> Educator: *There's always stuff at the end of the day and if it's not paperwork, as soon as the children leave, you've got to clean up; you've got to mop floors. Today [her day 'off'] I've done two loads of washing already and that's all family day care washing.*

Most family daycare sector workers described intense working conditions and reported feeling time pressure or rushed. Increased work intensity (having to do more in less time) raises the risk of anxiety and depression among women workers in particular (Benach, Muntaner, & Santana,2007). Educators and owners in particular were conscious that their work would not or could not be completed by others, but would pile up if they reduced their work intensity. One educator took time out for several evenings to do an activity with her daughter and there were significant repercussions for managing her workload:

> *…she [my daughter] said "but you did if for those couple of weeks" and I said "Yes, and while I did that there was all these tasks that I didn't do back home"… now I'm frantically trying to get those bits of stuff done* (Educator).

Long hours and 'work-life bleed'

Unpaid hours were the norm for many educators and owners interviewed and working evenings and weekends and was a regular experience:
> A   *…I'm doing it [working] during [the evening] and I'll have my dessert at my desk because my desk is in the family area. The TV room, so I'm still working there, but I'm still with them and there's still interactions between us.*
> Q   *So, you'll do your four hours or so?*
> A   *Yes. Sometimes I'm there until 12am. As soon as I'm tired, I close down [the computer].* (Owner).

Managing workloads outside of standard working hours meant that work-life bleed occurred on week nights and often on weekends, which are critical times for social connection, 'switching off' from work, and being involved in activities that support good physical and mental health (Cleland et al., 2012).

The importance of home life

The dual caring process was apparent for many participants: caring for children and caring for family, including their own children. Most participants structured their days around being present for family members and caring for them in practical and emotional ways. All participants spoke a lot about their partners and/or children, no matter the age of the children (up to 40 years old) and cared deeply about spending time with them and being there for them, even when working hours were long and other important tasks fell by the wayside.

As this educator described, she was working very long hours and could not cook for the family (which she valued), but *"I was trying to at least keep family time going… even though we were*

eating take away food half the time, we were at least still sitting down and enjoying each other's company".

Having a supportive partner was important to many participants and meant that work-life bleed was often tolerated and other duties were sometimes picked up, such as starting to prepare dinner of an evening before they arrived home or helping with work tasks. In most cases the routines were established and there were shared responsibilities – for example, one educator had a partner who was a truck driver and his hours allowed him to return home early to prepare meals:
[My husband] is fantastic. He gets most of the meals done most of the time because he gets home earlier (Educator).

Working time flexibility

The experience of flexibility with working time in the family daycare sector differed for the three populations: educators, supervisors and owners. For educators, negotiation and notice were important to ensuring they could take leave when they wished. One educator described giving her parents a year and a half's notice for a holiday. The ease of taking leave varied from the sense of it being impossible, to highly possible, but given enough notice.

> *"my [child] is [graduating next week] … he said that he want me there and I said 'I'm sorry I can't'. It's a Tuesday afternoon and I cannot afford to create all this mess with the parents saying find someone to look after your children before I won't be there"* (Owner).

When an educator wished to take leave, there was a chain of negotiation that occurred, with each family having to seek permission from their workplaces for time off or friends/relatives to cover care. This means that a one-week holiday may involve more than 14 different employers and family time rearrangements. Leave is also complicated due to the risk to a business of being closed for a period of time, as parents may move their children due to children being unhappy with substitute educators.

Interestingly, educators regularly reported only their contact hours with children as their working hours and then would add the unpaid hours they work in later discussions. Educators also reported having control over their working hours, yet often revised the answer when they realised that their working hours were, to a large extent, dictated by parents' needs. That said, educators with high demand (due to location and reputation) had more chance of negotiating and maintaining shorter contact hours. Whilst the flexibility of family daycare is promoted as positive for families, the health and wellbeing consequences for educators are also very important. There is an absence of analysis on how the length and regularity of working hours impacts on educators' ability to take care of themselves and their families, including social connection and engage in exercise (Breedvelt, 1998).

Business owners had the most flexibility, however, in common with small business operators in other sectors, had little capacity to take a total break from work. This meant that many worked long hours that encroached on holidays, of an evening and on weekends.
> Q: *Could you tell me how long you were – you spent doing that processing before and after [visitors on Sunday]?*
> A: *There was a couple of issues with them, wasn't there? So it was about, yeah, close to three hours"* (owner).

Service supervisors had to negotiate their working time flexibility with their employer. Access to flexible arrangements depended on manager discretion, i.e. working relationships in place, the work culture, and/or enterprise agreements.

Routine

Predictable hours allow routines to be established around eating, exercise, social connection and sleep. Routine at work enables routine outside of work – critical to individual health behaviours and to family wellbeing and relationship quality. Most educators had routine contact hours with children. However, parents' routines often changed and some educators afforded parents a lot of flexibility, which meant that they had short-term notice for having children attend family daycare for longer hours, on weekends or out of normal hours. Supervisors benefit strongly from having routine working hours, allowing them (in theory, at least) to create health promoting time for eating, social connection, sleep and physical activity. Lastly, all owners reported routine set hours around which they could establish routines, however, their work often continued later at night, early in the morning and on weekends, limiting their time to undertake health promotion behaviours such as physical activity and sufficient sleep.

Worker health

Physical activity
Family daycare educators have very physically demanding jobs, both due to their care of children and also because of the considerable housework required. Few educators carried out formal exercise outside of work; but those who did noted the benefits in terms of stress release. For those who did exercise outside of contact hours with children, routine was essential. They walked or worked out at the same time every week and often with someone else, which increases the likelihood of exercising and the enjoyment. One educator, who had a treadmill at home, was able to synchronise her exercise with children's sleep times, which allowed her to spend 30 minutes walking during workdays.

> *"… when they're sleeping – my children always go to sleep at once – so then I go on the treadmill" (Educator).*

Owners and supervisors were generally not undertaking physical activity outside of housework. For several owners and service supervisors, this was an element that they wished to change in their lives as they had previously had exercise routines e.g. yoga each week. Reasons for cutting down exercise or for not exercising included time poverty due to long working hours, family commitments and study. Others were not interested in including physical activity in their lives.

Eating
Almost all the workers interviewed were the primary cooks in their households and ensured that they and their families were well fed at dinnertime. Many adjusted their routines and working hours to ensure that they could cook dinner for their families.

> *"… I cook early in the morning [5.30am], or the night before so that's how I do it [provide a cooked meal for my family's dinner]"* (Educator).

All but one participant ate dinner at night and most workers interviewed often did not eat a full meal at breakfast or lunch. The aim was to find something quick and easy.

> *"...I get my lunch when I can, because sometimes I have to put something to eat on the bench and then I have to be eating while I'm doing this [feeding a child] with another spoon. Then it's too cold and then I don't eat it"* (Educator).

Breakfast and lunch was often eaten on the run, or grazed over a few hours, while work (and the needs of others) was prioritised.

Sleep
Poor sleep quality was commonly reported in this sample, with workers finding it hard to go to sleep or stay asleep. For some participants, sleep quality was irregular:
> *"I do sleep at night but I have some really bad nights..."* (Educator).

Sometimes sleep quality was directly linked to stress or a busy mind.
> *"I had a problem with an educator the other day and I couldn't sleep, I just kept thinking about her, to the point where my husband [stayed up with me trying to problem solve]"*
> *"I toss and turn and think and [do] not sleep"* (Owner).

The participants recognised the need for regular sleep and built this into their routines. However, for business owners there were often after hours activities linked to talking to parents, organising promotional material and attending to business and regulatory issues. As one business owner stated,
> *"There is no room for sleep"* (Owner).

Although participants generally rated their own health as good, many workers seem to be running on the minimum amount of sleep required and have irregular eating habits, which may increase their risk of developing health problems down the track.

Discussion and Conclusions

The Australian ECEC is a growing sector dominated by female employment and female managers and business owners. It is also a sector that has extensive regulations and complex funding arrangements. The PC (2014) highlighted the likely skills shortages facing the sector, especially in regional and rural areas. This is a sector with a workforce requiring qualifications for entry, for workplace accreditation and where wages do not match qualifications or responsibilities of workers. Many workers can enter into primary education that offers both higher wages and improved employment conditions as compared to the childcare sector (PC, 2014). The sector has been subject to a past successful equal wage claim and has another claim pending before Fair Work Australia on the basis of the undervaluation of work (ibid). Workers in the family daycare sector are located in an industry and workplace regime where educators structure their working days around the time needs of parents and children, as well as the body times of all the children in their care which means that their time management must be incredibly sophisticated to balance the inevitable competitions on how time is used and on whose terms. This group of workers (educators, supervisors and owners) regularly prioritise the needs of others over their own needs and allocate their time accordingly. Hence, care of others is prioritised over personal needs (eating, exercise, sleep, social connection), whether that concerns their own family or the children and families in care.

Working days have become more intense in their demands for educators, supervisors and owners with an increasingly complex regulatory environment to work within and a National Quality Standard against which to be assessed (Australian Children's Education and Care Quality Authority, 2011). Increased work intensity is linked to a higher incidence of anxiety and depression amongst women workers in general (Benach et al., 2007). The pace of work, and expected outputs, has spillover effects for health and wellbeing quality of work. Educators and service owners work long and fragmented hours over days, nights and weekends. Long hours of work is associated with mental and physical health problems when work is also intense (Strazdins et al., 2016). At the same time, the perceived control (autonomy) that owners and educators have over their time may be health promoting: they can choose when to get the work done in the day, even if that is not the ideal (i.e. having a lighter workload).

Flexibility is a fraught issue in working populations (MacEachen et al., 2008)and family daycare is no exception. Service owners have the greatest control over their time, yet their work spills into evenings and weekends. Educators have some control over their time, however, it is heavily reliant on successful negotiation with parents and children in care. It is concerning that many educators in the sample did not feel that they could not take time off in case of personal/family needs or emergencies.

Routine is important for health behaviours and 'synchronising' with significant others for social connection. Therefore predictable hours are important to health and wellbeing, such as having similar hours every day and knowing hours well in advance. Supervisors benefit strongly from having routine hours, owners have routine set hours but educators are most prone to unpredictable hours due to parents changing timetables.

This is a high pressure and high stress industry. The workers had dual caring responsibilities to perform and to balance. In effect, they had to negotiate a continuous care regime between home (family) and work. This accords with the findings of the AWALI study (Skinner & Pocock, 2014) and with other time use studies that examined activities (work, care and leisure) through time and by other characteristics, such as gender, age and occupation (Davaki,2016). For care activities in and outside of the home, the dominant responsibility falls on women. For childcare workers, the challenges are acute since, in this sample, all but one was married with children and all worked full time; in addition, several also managed a business from the home. While the reported health of the workers was good there was ongoing stress, and pressures suggesting potential burn-out.

The study is limited in terms of its small size and its sample, however, it does highlight a number of issues that resonate with the literature. High pressure jobs and long hours intensify work life balance pressures (Pocock, Skinner, & Hutchinson,, 2012). While the sample had adequate self-reported health, there were pressures on mental health (stress), physical health (no time for exercise) and eating (skipping meals) that suggested the potential for future health problems. This is an industry with a young age workforce cohort. An obvious question is what happens to workers after they reach 35 years; do they succumb to the pressures of the industry, to health problems or do they find better paid or less stressful and demanding jobs elsewhere? The PC Report (2014) cited evidence that indicated that the main reasons for leaving the ECEC sector were to seek work elsewhere, dissatisfaction with pay and conditions, family/study reasons or stress. This issue of worker retention deserves analysis if the gender-based devaluing of this highly feminised workforce is to be dismantled as well as to address skills shortages and to protect and improve quality in ECEC (children's experiences and outcomes) (Moore, 2014). There is a public policy

imperative to attract and retain workers into this growing sector, especially in terms of lifting female labour force participation rates to address workforce shortages associated with population ageing.

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