



ECE Workforce Research Highlight

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Workplace Supports for the Health and Well-being of Home-based Early Educators

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National ECE Workforce Center Research Highlights provide a focused look at research evidence related to topics relevant to the ECE workforce. These topics emerge from the Center's scan of the research and policy landscapes and technical assistance activities with States and programs.

The well-being of the early care and education (ECE) workforce is important both for the early educators themselves and for the children and families they serve. To date, most research on early educator well-being has focused on the center-based workforce, with less attention to the home-based workforce.^{1,2,3,4}

Home-based early educators face unique stressors, such as isolation and physical exhaustion.⁵ What's more, as a sole proprietor of a small business, a home-based early educator may not be able to afford to provide health insurance, paid sick leave, or paid vacation time for themselves or any additional staff. Because home-based educators often work alone, they must hire a substitute educator to cover their absence on an unexpected sick day, or risk closing their home-based program until they are well, thereby reducing access to ECE for children and families. In addition, dealing alone with health and mental health issues for the children and families they serve can be an added stressor for home-based early educators. Work-related stress, lack of resources, and perceptions of adequacy of leave and benefits are associated with burnout among early educators and their intent to leave the profession.^{6,7,8,9,10} In addition, burnout among home-based early educators is associated with social-emotional challenges among children in their care.¹¹

Newly released data from the 2024 National Survey of Early Care and Education (NSECE) affords an important opportunity to take a recent, national view of workplace supports for the health and well-being of early educators, especially among home-based early educators who have generally received less attention.

About the 2024 National Survey of Early Care and Education (NSECE)

The 2024 NSECE is a set of four integrated, nationally representative surveys of: 1) households with children under age 13, 2) home-based ECE providers, 3) center-based ECE providers, and 4) the center-based workforce.

For this Research Highlight, we used the 2024 NSECE home-based provider survey and analyzed 3,778 responses from listed home-based providers who completed the survey.

Listed home-based early educators are individuals who provide ECE services in a home-based setting and appear on state or national lists of ECE providers. Listed home-based early educators are **primarily licensed, registered, or regulated providers.**

This Research Highlight contributes to the field’s understanding of workplace supports for home-based early educators’ health and well-being. Specifically, we use the 2024 NSECE to examine listed, home-based early educators’ reports on whether they currently have:

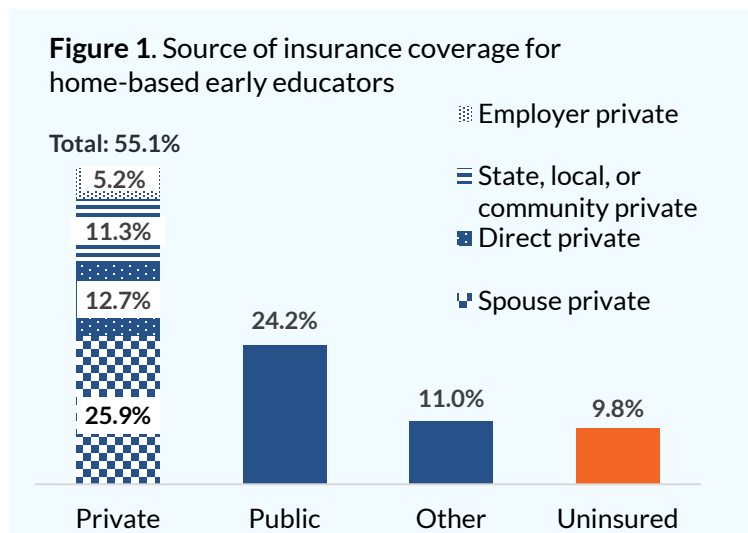
- Health insurance
- Paid sick time
- Paid vacation time or summer or holiday breaks
- Daily meal or rest breaks during the hours when they are looking after children
- Access to a health consultant or nurse who can help with nutrition, allergies, or other health-related issues
- Access to a family support resource, mental health consultant, or guidance counselor to help with issues parents raise

Past research on workplace benefits often examines them in terms of early educators’ overall compensation,^{12,13} but work-related benefits also contribute to early educators’ overall well-being,¹⁴ especially for home-based early educators who may not have the staffing levels to qualify for such benefits on their own. We also know from past research that early educators have differing access to professional development opportunities and other workplace supports, often depending on their race, ethnicity, or cultural background.^{15,16} It is possible that their access to workplace health and well-being supports also differs by these characteristics. We, therefore, investigate whether workplace supports for health and well-being vary by home-based early educators’ race and ethnicity.

Findings

All findings reported in this Research Highlight are from data collected nationwide in 2024 from listed home-based early educators (see text box on page 1 for definition). Hereafter, we refer to these individuals as home-based early educators.

1 About one in four (24.2%) home-based early educators obtained health insurance through public sources like Medicaid or Medicare, while another quarter (25.9%) obtained health insurance privately through their spouse. While most educators had health insurance coverage in 2024, almost 10 percent of home-based early educators, representing over 7,300 individuals, lacked health insurance altogether in 2024 (see Figure 1).

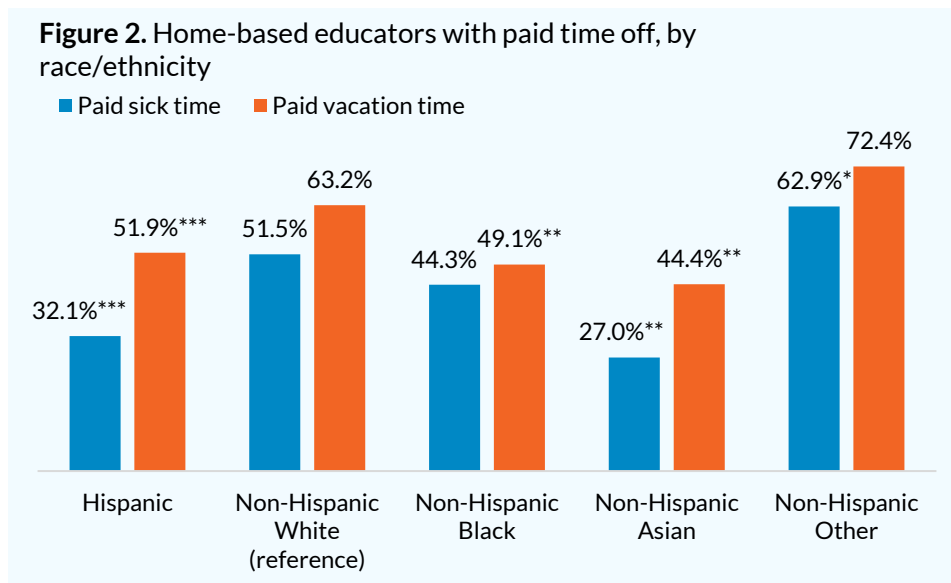


Source: 2024 NSECE Home-Based Provider Survey

2 Slightly more than half of home-based early educators had paid vacation or summer or holiday breaks (53%) in 2024, and less than half had paid sick leave (43.5%).

3 More than two thirds (65%) of home-based early educators reported being able to take daily meal or rest breaks during the hours when they are looking after children, while almost one third of educators indicated they did not (35%). A significantly large proportion of Non-Hispanic Asian early educators had daily meal or rest breaks (83%) compared to educators who identified as Hispanic (71%) and Non-Hispanic White (57%).

4 Home-based early educators who identified as Non-Hispanic White were the most likely to have paid sick time (51%) and paid vacation or summer or holiday breaks (63%). A significantly larger proportion of Non-Hispanic White early educators received paid sick leave compared to home-based early educators who identified as Hispanic and Non-Hispanic Asian (see Figure 2). Similarly, a significantly larger proportion of Non-Hispanic White early educators had paid vacation or summer or holiday breaks compared to educators who identified as Hispanic, Non-Hispanic Black, and Non-Hispanic Asian (see Figure 2).



Source: 2024 NSECE Home-Based Provider Survey. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Note: "Non-Hispanic Other" includes Indian/Alaska Native, Native Hawaiian/Pacific Islander, and individuals with multiple races and no race specified.

5 Less than half of home-based early educators had access to a health consultant or nurse (43.8%) who can help with health-related issues or to a family support resource, mental health consultant, or guidance counselor (42.6%) to help with issues parents raise.

6 A significantly larger proportion of home-based early educators who identified as Non-Hispanic Black had access to health consultants or nurses compared to Hispanic and Non-Hispanic Asian educators (see Figure 3). Also, a significantly larger proportion of home-based educators who identify as Non-Hispanic Black had access to family support resources, mental health consultants, or

guidance counselors to help with issues parents raise compared to Hispanic, Non-Hispanic White, and Non-Hispanic Asian educators (see Figure 4).

Figure 3. Access to health consultant/nurse who can help with health-related issues

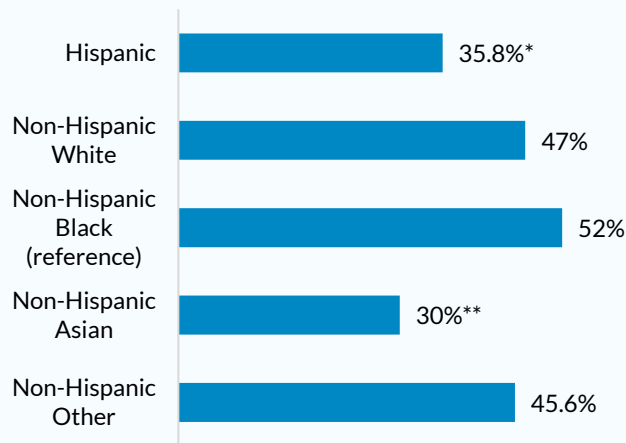
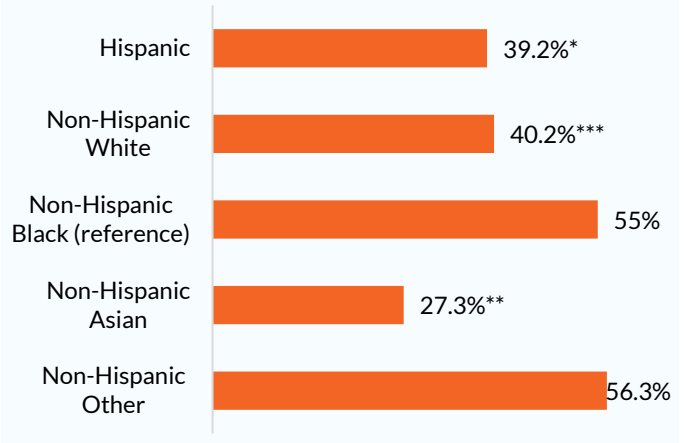


Figure 4. Access to family support resource/mental health consultant/guidance counselor to help with issues parents raise



Source: 2024 NSECE Home-Based Provider Survey. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Note: "Non-Hispanic Other" includes Indian/Alaska Native, Native Hawaiian/Pacific Islander, and individuals with multiple races and no race specified.

Summary and Discussion

Supports for health and well-being in ECE settings are important, but many home-based early educators do not have access to them. Our analyses of the 2024 NSECE data indicate that less than half of home-based early educators nationwide have paid sick leave, and less than half also do not have access to health or mental health professionals.

We found several differences in workplace supports for health and well-being by race and ethnicity. Home-based early educators who identify as Hispanic, Non-Hispanic Black, and Non-Hispanic Asian are generally less likely to report having paid vacation or sick leave than those who identify as Non-Hispanic White and Non-Hispanic Other. In addition, Non-Hispanic Asian home-based early educators are the least likely to have access to health and mental health professionals. This suggests that targeted support may be helpful to specific communities of home-based early educators.

Policy and Practice Actions for State and Local Leaders to Support Home-Based Early Educators

State and local leaders are responsible for establishing the policies and practices that shape workplace conditions for home-based early educators. Some options to improve home-based early educators' health and well-being include:

- Provide technical assistance to home-based early educators to strengthen their business practices. For example, home-based early educators may benefit from seeing examples of how to write policies in their Parent Handbook to communicate effectively about their right to take vacation and sick time.
- Invest in collaborative structures such as family child care networks or chambers of commerce within communities that can use their collective power to obtain workplace benefits for their members.
- Establish and publicize a pool of qualified substitute early educators who can provide back-up for home-based early educators who need unscheduled sick leave.
- Facilitate the development of partnerships with health and mental health professionals that can assist home-based early educators, including in rural areas.

While home-based early educators have unique needs and workplace stressors, state and local leaders can support their health and well-being by strengthening policies and practices within their communities.

Methodology

For the analyses presented in this Research Highlight, we use the most recent, nationally representative database of home-based early educators in the United States, the 2024 National Survey of Early Care and Education (NSECE) Home-based Provider Survey (see text box on page 1 for more information about our data source). We report descriptive statistics for each indicator of workplace supports for health and well-being separately; the estimates are weighted to be nationally representative.

When statistically comparing subcategories of early educators' race/ethnicity, we selected the category with the highest percentage as the reference group, except for the Non-Hispanic Other category, which includes multiple races and individuals with no race specified. Furthermore, we applied the Benjamini-Hochberg (BH) correction to control the False Discovery Rate (FDR) for statistical significance when making multiple comparisons.

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Who Are We?

The National Early Care and Education (ECE) Workforce Center is a joint research and technical assistance center that equips state and local leaders to drive change in ECE workforce policy. This center uses a research-to-practice model to advance compensation and career advancement for early educators.

Learn more and get in touch with us at our website:
www.nationaleceworkforcecenter.org

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