



Strengthening Home-based Child Care Networks: An Evidence-based Framework for High-Quality



Home Grown is a national collaborative of philanthropic leaders committed to improving the quality of and access to home-based child care. We use numerous strategies to better understand and support various forms of home-based child care including regulated family child care, regulation-exempt care, and family, friend and neighbor care. Learn more on our website.



Erikson Institute educates, inspires, and promotes leadership to serve the needs of children and families. Founded in 1966, Erikson's mission is to optimize the healthy development of very young children and their families. In addition to a graduate school, Erikson institute offers a depth of academic programs, clinical and community services, policy and leadership initiatives, and development of original scholarship and research that shapes the field.

Introduction

Over the past decade, public policy has increasingly focused on Home-Based Child Care (HBCC) networks as a promising strategy for supporting regulated family child care (FCC) and legally-exempt family, friend, and neighbor (FFN) caregivers. Stimulated by early research findings of networks' potential to support quality caregiving for affiliated providers (Bromer et al., 2009), in 2015 the federal Office of Child Care officially endorsed the states' use of Child Care Development Funding to contract with networks to increase the supply of high-quality HBCC (Office of Child Care, 2015). Newer research and a federally-funded brief pointed to networks' role in improving HBCC quality, citing evidence of promising service delivery dimensions that could be applied to the implementation of networks (Bromer & Porter, 2017; Porter & Reiman, 2015). In 2019, 18 states reported that they were using CCDF funds to support networks as a strategy for building the supply of child care for infants and toddlers (Office of Child Care, 2016).

The federal Office of Child Care has continued to maintain this policy direction. The 2022-2024 state CCDF plan includes the option to use CCDF funds for HBCC networks to increase supply and improve

quality in HBCC settings (Office of Child Care, 2021), and several states indicated in their pre-prints that they intended to use the funds for this purpose. In addition, states can use American Rescue Plan Act Stabilization funds for network development and implementation (The Hunt Institute, 2021). More research has continued to examine these policies (Bromer & Porter, 2019; Etter & Capizzano, 2018; Muenchow et al., 2020; Porter & Bromer, 2020; Rosenthal et al., 2020), although much is still unknown about the links between HBCC network participation and provider, child, or family outcomes.

Private philanthropy has also recognized the potential of networks for supporting quality and sustainability in the HBCC sector. Home Grown, a national collaborative of funders committed to improving the quality of and access to HBCC, has developed the Building Comprehensive Networks (BCN) initiative. The BCN initiative supports government entities in building network strategies that help providers improve the quality of their care for children and families, promote providers' well-being, help providers create financially sustainable and continuous care, and connect families and children to holistic services.

Why Are Network Benchmarks Needed?

Despite the growing interest in, and support for HBCC networks, the early care and education (ECE) field lacks a framework for developing and implementing HBCC networks that will lead to positive outcomes for providers, children, and families. Policy makers, funders, and organizations that seek to develop or enhance networks have little guidance around what high-quality network support and associated outcomes look like.

This brief intends to address this gap in knowledge through the description of 11 quality benchmarks for HBCC networks. Each benchmark articulates a standard and includes one or more indicators which operationalize features and approaches related to it that are based on evidence from research and practice. Examples are included in some selected indicators. Together, the benchmarks and indicators represent a picture of what a high-quality network strategy can look like.

Purpose of the Benchmarks

The following 11 benchmarks, taken together, are a comprehensive list of standards that networks can aim to meet. The benchmarks are aspirational; that is, there is an assumption that organizations that choose to address all of the benchmarks will achieve the goal of creating and maintaining a high-quality network. The benchmarks are also conceptual, reflecting constructs

that are associated with positive outcomes for providers, children, and families.

The benchmarks and indicators are primarily intended as a tool to help support and guide new and existing networks in their self-assessment of their organizational culture and values, the services they provide, and how

they provide these services. In this context, networks can use the benchmarks as part of a continuous quality improvement strategy, choosing to identify specific benchmarks or groups of benchmarks based on their own priorities, values, and needs. The benchmarks are not intended as a tool to measure or rate network quality, although they may be used to inform future efforts to develop measures for these purposes.

The benchmarks and related indicators, while

comprehensive, are not an exhaustive list. Rather, they represent an initial effort to capture, in one document, the full range of strategies that research findings and stakeholder input suggest are related to network quality. As such, there is an expectation that this set of benchmarks is a working document, open to future changes, including new and additional benchmarks, and examples indicators.

What is an HBCC network?

Initial research defined “staffed family child care networks” as “community-based programs that have paid staff who offer a menu of ongoing services and supports to affiliated providers” (Bromer et al., 2009). The National Study of Family Child Care Networks expanded this definition to identify specific services and supports, including technical assistance, training, and/or peer support delivered by a paid staff member to a targeted group of HBCC providers that included both FCC and FFN settings (Bromer & Porter, 2017).

The definition of networks has continued to evolve. Home Grown’s BCN initiative defines HBCC networks and strategies as follows:

Comprehensive Network Strategy: Durable infrastructure that uses a publicly funded Network Hub to offer and measure the impact of services that enable providers to:

- Offer high-quality child development services;
- Be financially sustainable and offer continuous care (as individuals or small businesses);
- Connect children, families, and providers to comprehensive services that improve their mental, physical, social, and economic well-being;
- Promote provider well-being.

A Comprehensive Network Strategy is the totality of the Public Policy and Funding Entity, the Network Hub(s), and the providers and families. Comprehensive Network Strategies facilitate policy, payment, information, and support to HBCC; gather critical data, assess needs, and deliver services; and are informed by and responsive to provider needs and leadership. They emphasize coherence with a vision for achieving key outcomes for providers, families, and children.

HBCC Network: An interconnected group of providers and families that come together to enhance supports for HBCC, including quality, access to services, and sustainability – through formal or informal mechanisms (e.g., associations, CCRRs, provider-led groups, shared services alliances).

Network Hub: An organization that sits at the center of the Comprehensive Network Strategy’s structure, that receives public funding and delivers or coordinates services to providers and/or families. The Network Hub may take many forms or entity types. It holds relationships with providers and gathers necessary information to ensure services are aligned with theory of impact and responsive to providers. The Network Hub may work with multiple service delivery agencies and organizations (public or private) that offer and measure the impact of services. A Comprehensive Network Strategy may include more than one Network Hub (e.g., Children’s Cabinet in Nevada).

Public Policy and Funding Entity: Governmental or institutional entities with the access and authority to allocate public funding streams to develop and sustain the Network Hub(s) that deliver services to HBCC providers. Public Policy and Funding Entities hold responsibility for developing a coherent vision for driving key outcomes for providers and families. Public funding may be supplemented by private or philanthropic funding.

How can government entities and local communities seeking to develop and implement HBCC networks use the benchmarks?

Government entities, community organizations, HBCC networks or Network Hubs can use the benchmarks in different ways.

- A government entity or community organization that seeks to establish a new **Comprehensive Network Strategy, Network Hub, or HBCC Network** could use the benchmarks to *guide the development* of its mission and goals, plans for inclusion of provider voice, initial service offerings, and services implementation strategies.
- **An existing HBCC Network** could use the benchmarks to review its mission and goals, inclusion of provider voice, the services it offers, and the ways in which it implements services to consider the changes it seeks to make and how it will make them.
- A **state** that seeks to develop a **Comprehensive Network Strategy** could use the benchmarks to *identify criteria for funding* a new HBCC Network or Network Hub, including mechanisms for accountability such as documentation and evaluation of results. A state with existing HBCC Networks or Network Hubs could use the benchmarks for similar purposes.
- **An organization that supports HBCC Network development** such as Home Grown could use the benchmarks to *assess the network landscape* to document the variation among HBCC Networks, Network Hubs, and Comprehensive Network Strategies, and to identify potential needs for technical assistance and support as well as future questions for research.

What's the basis for the benchmarks?

The benchmarks and related indicators are based on 1) a targeted review of research on HBCC networks and similar initiatives, 2) a review of fundamental principles in the ECE field, and 3) stakeholder input. The knowledge on networks is limited. First, we looked to the few correlational studies that linked network service delivery strategies to positive provider and quality outcomes; descriptive studies that identified promising or emergent practices; and existing literature reviews that included studies of initiatives for HBCC providers. In addition, we conducted secondary data analyses of network director interviews about benefits of network participation for providers from the National Study of Family Child Care Networks (Porter & Bromer, 2020). Most of the research evidence we found in our limited review focused on networks and quality improvement in family child care and on implementation of network services.

Second, we reviewed selected studies that reflect key early care and education (ECE) principles related to provider voice, equity, relationship-based practice, and data for quality improvement.

Third, we engaged in a variety of stakeholder discussions that informed the development of the benchmarks and related indicators. We conducted two focus groups, one with HBCC network affiliated providers, and one with HBCC network directors and staff, to elicit their reactions to preliminary drafts of the benchmarks as well as to solicit their perceptions of high-quality network components. In addition, we asked researchers and representatives of national organizations that work with HBCC providers for detailed written feedback on preliminary drafts of the benchmarks and related indicators. We also conducted an equity-focused review with HBCC provider representatives and Home Grown staff. See appendix for methods detail.

What are the benchmarks?

The 11 benchmarks are grouped into three broad categories.

1. Why benchmarks that represent fundamental values and goals of a network. These benchmarks include a focus on organizational culture, providers as equal partners, and equitable service delivery.
2. What benchmarks articulate network services that meet goals for providers, children, and families in HBCC settings. These benchmarks include a focus on services that promote provider well-being, HBCC quality, economic sustainability, and offer families and children access to comprehensive services.

3. How benchmarks reflect evidence-based implementation strategies used by networks. These benchmarks include a focus on relationship-based approaches to service delivery, data for improvement and evaluation, intentional staffing, and provider recruitment strategies.

It is important to note that inclusion of provider voice and equity for providers, families, and children

from marginalized communities (Black, Latinx, Indigenous, immigrant, and rural communities) who have historically been denied access to services are articulated in a specific equity-focused Benchmark and a specific provider voice Benchmark as well as incorporated throughout the benchmarks and related indicators.

Network Benchmarks

Why

Focus on HBCC: The network’s organizational culture includes an intentional focus on home-based child care (HBCC) as a distinct, essential, and valued early care and education (ECE) setting for children and families.

Providers as Partners: The network includes providers as equal partners in network governance, decision-making, operations, and accountability

Focus on Equity: The network demonstrates an intentional focus on equity and culturally grounded service delivery.

Service Delivery and Implementation: The network uses research evidence to inform how services are implemented including a focus on relationship-based approaches to service delivery.

Data Collection: The network uses an intentional and collaborative approach to data collection and analysis that informs service delivery.

Staffing: The network uses intentional staffing strategies to support providers.

Recruitment: The network uses recruitment strategies that result in ongoing provider participation.



What

Provider Well-Being: The network offers services that promote provider well-being and attachment to HBCC work.

Finances & Sustainability: The network offers services that promote economic well-being and sustainability.

Quality Practices: The network offers services that build on and enhance culturally-relevant and community-embedded provider practices that contribute to positive child and family outcomes.

Comprehensive Services: The network offers holistic services for children and families beyond the supports offered for providers.

How

How to Use the Benchmarks

Each of the 11 benchmarks articulates a broad principle of network quality. Each **benchmark** includes a set of **indicators** that operationalize the standard. The indicators are specific features, practices, and approaches that work together to achieve the principle of network quality articulated in the Benchmark. Many indicators include **examples** of these features and practices.

There is an expectation that a Comprehensive Network Strategy can achieve all of the benchmarks and their indicators, because it may work with one or more network hubs with diverse service delivery agencies that can address specific benchmarks. This goal may be more challenging for individual networks that operate outside of Network Hubs. Some networks may begin by focusing on selected benchmarks that reflect their current interests and capacity and may

choose to address selected indicators. Other networks may use the benchmarks and indicators as a guide for developing a theory of change logic model to inform their long-term and intermediate goals and the implementation strategies they intend to use. Still other networks may aim to address all of the benchmarks and indicators.

The Building Comprehensive Home-based Child Care Networks Evaluation Toolkit is a resource that networks can use in considering the benchmarks and indicators. The Toolkit includes a set of instruments that have been used in evaluations of network initiatives to assess the What and How benchmarks. Additional resources are underway to assess the Why benchmarks.

Home-Based Child Care Network Benchmarks

X. Benchmark: articulates a broad principle of network quality

X.1. Indicators: specific features, practices, and approaches that work together to achieve the principle of network quality articulated in the benchmark.

- **Examples** of these features and practices

“Why” Benchmarks



A. The network’s organizational culture includes an intentional focus on home-based child care (HBCC) as a distinct, essential, and valued early care and education (ECE) setting for children and families.

A.1. Articulates a commitment to HBCC as central to the organization’s philosophy, approach, and operations.

- In organizations that house HBCC networks, the mission incorporates services and supports for HBCC providers including FCC providers and/or FFN caregivers.
- In organizations that house HBCC networks, network management staff are included in the senior leadership and management team that is responsible for organizational administration and oversight.

A.2. Promotes inclusion of HBCC in public ECE systems and initiatives as an equity issue.

- Plays an active leadership role in continuing collaborations with community organizations and local ECE councils to promote the importance of HBCC in the community.

A.3. Demonstrates a sustained commitment to HBCC through continued efforts to maintain and increase targeted funding to cover the full cost of supporting and delivering meaningful services to HBCC providers.



B. The network includes providers as equal decision-making partners in network governance, operations, and accountability.

B.1. Offers scaffolding, transparency, preparation, training, and support for providers to meaningfully engage and share power as decision-making partners at the network.

B.2. Supports and compensates providers as leaders through their engagement in distributed decision-making around governance and services design as well as through co-creation

of network operations.

- Has a diverse provider leadership board or advisory group.
- Includes providers on the agency Board of Directors.
- Adopts clear and transparent agency policies about processes for provider input and governance.

B.3. Creates mechanisms to ensure that the network’s management and operations, (including service delivery, staffing, and fiscal management [revenues and expenses]) are accountable and transparent to providers.

- Maintains transparency and offers clear information about the network’s role in monitoring compliance with regulations and requirements, if relevant, as well as the tension between enforcement and support.

- Maintains transparency about network staff obligation as mandated reporters of child abuse and neglect through offering clear information to providers about staff responsibilities.



C. The network demonstrates an intentional focus on equity and culturally-grounded service delivery

C.1. Instills a culture of self-reflection and encourages staff at all levels to examine how their own biases may influence the ways they engage with providers, families, and children.

- Actively engages all network staff in reflection on their own beliefs, values, experiences, ethics, and biases.
- Ensures that all network staff are knowledgeable about the history of systemic racism, gender bias, and immigration bias in child care and how these intersecting inequities may impact HBCC providers, families, and children.

- Conducts an annual equity audit that examines how bias is addressed in service delivery.
- C.2.** Understands and respects the diverse backgrounds of HBCC providers and families, including culture, language, ability, family composition, and circumstances.
- C.3.** Prioritizes groups of providers, families, and children who have been historically marginalized in order to increase their equitable access to meaningful and quality resources and opportunities.
- Collects detailed demographic data including racial, ethnic, linguistic and gender identity on providers, children, and families to inform the development of equitable policies and supports, including recruitment.
- Sets goals and policies for HBCC providers from marginalized communities including Black, Latinx, Indigenous, immigrant, and rural populations to increase access to meaningful and quality supports and services.
- C.4.** Deliberately takes actions to support providers, families, and children living in Black, Latinx, Indigenous, immigrant, and rural communities to redress historical inequities around access to services.
- Ensures that all network services and communications are available in the preferred languages of providers or translation.
 - Creates targeted outreach strategies to engage providers who have historically been underrepresented in ECE systems including family friend and neighbor (FFN) caregivers.

“What” Benchmarks



D. The network offers services that promote provider well-being and attachment to HBCC work.

- D.1.** Nurtures provider psychological and physical well-being by reducing stress from difficult working conditions and helping improve work-life balance.
- Offers services such as self-care and stress reduction training.
 - Offers peer support activities, social networking events, and staff visits (including virtual options) to reduce isolation.
 - Provides support with paperwork requirements, recordkeeping, and payment to reduce provider administrative burdens and working conditions.
 - Offers providers access to health/mental health resources to increase their physical and psychological well-being.
 - Facilitates access to legal and social services to reduce stress from family-related issues.
- D.2.** Supports provider educational advancement and lifelong learning.
- Facilitates access to educational opportunities including English as a Second Language, Adult Basic Education, General Equivalency Diploma.
 - Facilitates access to external credentials such as the Child Development Associate (CDA).
 - Facilitates credential verification for degrees

issued outside of the US.

- Facilitates access to higher educational degrees including Associates, Bachelors, and post-graduate degree programs by helping providers navigate higher education systems.

- D.3.** Provides opportunities for career/professional advancement and understands, accepts, and facilitates providers' career development goals and plans (including providers who may not seek additional career development opportunities).
- Offers professional development planning for those who seek it.
 - Offers current providers in the network opportunities to serve as paid staff, consultants, or contractors to deliver services.



E. The network offers services that promote economic well-being and sustainability.

- E.1.** Facilitates providers' access to benefits, including paid time off, vacation, health insurance and retirement.
- Offers access to substitutes through a provider directory or substitute pool, and/or pays for substitutes to facilitate provider personal time off.
 - Provides training or technical assistance for retirement planning (e.g., counseling on taxes, Social Security, tax-advantaged accounts, paying down debts).

- E.2.** Helps providers maintain full child enrollment to ensure steady and reliable income.
 - Offers training, technical assistance, and/or peer support activities around marketing and interviews with prospective families that can help providers maintain and/or increase enrollment.
 - Has dedicated staff that help track enrollment, actively recruit, and refer new families to fill slots.
 - Maintains a website with information about HBCC options to help families choose a provider, helps providers develop and maintain their own business website, and/or offers orientations for families seeking care.
- E.3.** Offers support on managing revenues and expenses as well as business operations.
 - Offers training, technical assistance, peer support, and/or back-office vendor referrals/services on budgeting, accounting, recordkeeping, marketing, and timely submission of required documents.
 - Offers training, technical assistance, peer support, and/or back-office vendor referrals/services to help providers calculate revenue based on the actual cost of care.
 - Offers training, technical assistance, peer support, and/or back-office vendor referrals/services to help providers use business management software to track revenues on a regular basis to ensure full and timely collection.
 - Offers training, technical assistance, peer support, and/or back-office vendor referrals/services to help providers prepare taxes, including finding a qualified tax preparer.
 - Offers training on ACH deposits/credit card/VENMO/etc. autopayments.
- E.4.** Offers support around managing family expectations for care.
 - Offers training, technical assistance, and/or peer support activities on developing contracts and policy handbooks that articulate hours of care, payment, and other policies (e.g., sick care).
 - Helps providers communicate with families about in-kind supports or bartering of services.
- E.5.** Collects parent fees and/or helps manage state subsidy or other payments for providers to maximize consistency and reliability.
 - Manages bookkeeping and billing for affiliated providers.
 - Processes subsidy payments or helps providers collect subsidy payments and/or parent co-payments.
- E.6.** Offsets cost of business burdens through financial assistance and material supports.
 - Helps new providers with costs associated with licensing process and requirements through payment of licensing fees, liability insurance, background checks, and/or loans to retrofit homes.
 - Helps providers with the costs of complying with system requirements that relate to the program environment through providing free materials/equipment and/or discounted materials/equipment through bulk purchasing.
 - Helps providers comply with system training and educational requirements through facilitating access to external public and private scholarships and grants.
 - Helps providers with ongoing financial needs (e.g., maintains an emergency fund for providers).
- E.7.** Supports provider navigation of federal, state, and local regulatory systems such as the federal Child and Adult Care Food Program and Early Head Start child care partnerships,; pre-k initiatives; state licensing, subsidy, and Quality Improvement Systems (QIS); and local zoning systems.
 - Offers training, technical assistance, and/or peer support activities to ensure that providers have a full understanding of regulations and requirements that affect them.
 - Offers training on required topics, pre-inspection visits to provider homes, and/or toolkits with materials/equipment to help providers comply with licensing requirements and processes.
 - Offers training or technical assistance on subsidy and QIS required topics.
 - Offers timely information on policy changes.
 - Offers support for providers who face challenges with landlords or Homeowners' Associations around permits for family child care businesses.
- E.8.** Offers opportunities for provider advocacy around support and sustainability of HBCC.

- Offers providers support for effective advocacy for themselves around interactions with regulatory systems and policy changes.
- Offers opportunities such as training workshops and/or peer support activities on organizing and implementing meetings, public speaking and letter writing to build policy advocacy skills.
- Facilitates opportunities for providers, families, and staff to influence policy changes through participation in organized events, public hearings, and meetings with legislators and state/local administrators.



F. The network offers services that build on and enhance culturally-relevant and community-embedded provider practices that contribute to positive child and family outcomes.

F.1. Builds on provider knowledge about working with children and families.

- Offers training, technical assistance, and/or peer support activities that build provider knowledge about children’s development across ages, abilities, and domains.
- Offers training, technical assistance, and/or peer support activities that build provider knowledge about supporting families and establishing responsive relationships with them.

F.2. Promotes HBCC health and safety practices and environments to nurture children’s learning and development and reduce child illness and harm.

- Offers training, technical assistance, and/or peer support activities that help providers arrange the child care home space to optimize child development across domains for all children, including those with disabilities, and to meet health and safety system requirements if relevant.
- Offers training, technical assistance, access to a nurse consultant and/or peer support activities that help providers implement health and safety practices.
- Supports the quality of provider environments by providing materials and equipment (e.g., First Aid kits, fire extinguishers, toy/book lending library, resource van).

F.3. Promotes provider interactions with children across age groups that foster positive identity, social-emotional, cognitive, language, and physical development.

- Offers tools and supports for providers to

identify and convey milestones, individual learning and growth, and to establish individualized learning supports for children.

- Offers training, technical assistance, and/or peer support activities that help providers support children’s cross-age interactions, including infants, toddlers, preschoolers, and school-age children.
- Offers training, technical assistance, and/or peer support activities that help providers support children with disabilities.
- Offers training, technical assistance, and/or peer support activities that help providers support dual and multi-lingual language learners.
- Offers training, technical assistance, and/or peer support activities that help providers implement anti-bullying and anti-racist practices with children.

F.4. Supports provider practices around planning and engaging in formal and informal learning activities with children.

- Offers training, technical assistance, and/or peer support activities that model activities and routines for mixed-age groups of children.
- Helps providers develop, select, and use curricula that honor their program preferences.
- Offers support on how to use daily routines as informal learning opportunities.

F.5. Promotes provider practices around supporting and engaging families of children in care and developing strong provider-family relationships.

- Helps providers promote families as their children’s first teachers, including collaborative goal setting with families.
- Offers training, technical assistance, and/or peer support activities on how to help providers engage families of children in care in the child care setting or in their children’s learning activities at home (e.g. offers materials for providers to send home with children for at home learning; helps providers share reports on children’s progress with families and invites family input).
- Offers training and/or peer support activities to help providers engage families as advocates for their child’s learning needs.
- Facilitates mutually respectful, strengths-based and reciprocal communication

between providers and families (e.g., facilitates family meetings with provider).

F.6. Supports providers to engage in their own processes of continuous quality improvement.

- Facilitates providers in collecting data about their own caregiving and teaching practices with children.
- Engages providers in using their own data or data collected by the network to set their own goals for improving their practices with children and families.



G. The network offers holistic services for children and families beyond the supports offered for providers.

G.1. Knows and supports the ways that providers informally offer social-emotional, material, and informational supports to families and makes an effort to support providers in those activities.

G.2. Offers providers and families lists of current community resources and services that respond to families' home cultures, interests, needs, and preferred languages and that are updated on a regular basis.

G.3. Refers children as needed to developmental,

health and nutrition, mental health screening and assessments, and mental health consultation.

- Refers children to hearing, dental, and vision screening.
- Refers children to cognitive and learning evaluations.
- Helps families establish a medical home or obtain health insurance if needed.

G.4. Refers families as needed to material, educational, legal, and/or health and mental health supports.

- Refers families to or has a family support specialist or social worker on staff who works with families of children.

G.5. Follows up with providers to ensure that families and children have accessed needed referrals and supports.

- Offers providers support and guidance in helping families understand referrals, articulate needs, initiate calls, complete forms, and gather materials for services.

“How” Benchmarks



H. The network uses research evidence to inform how services are implemented including a focus on relationship-based approaches to service delivery.

H.1. Has a respectful process in place to learn about and increase awareness and knowledge of providers' experiences, goals, interests, needs, expectations, circumstances, and strengths.

- Emphasizes learning about providers' experiences, goals, interests, needs, expectations, circumstances, and strengths from providers themselves as a first step in establishing relationships.
- Network staff spend time getting to know providers in their caseload.
- Network staff know about providers' time constraints and schedules when arranging visits or technical assistance.

H.2. Grounds network staff interactions and relationships with providers and families in respectful, strengths-based attitudes about HBCC providers that values their expertise and lived experiences.

- Network staff actively consider provider and family perspectives when offering support and guidance.
- Network staff are respectful of provider and family beliefs and values that may differ from their own.
- Network staff strive to establish an emotionally supportive connection with HBCC providers and families (e.g., staff ask providers how they are doing before giving advice).

H.3. Builds successful collaborations with providers and delivers supports to providers that acknowledge and build on provider strengths.

- Maintains respectful two-way, reciprocal communication between staff and providers that includes active listening, regular meetings, telephone help, and formal means for giving feedback to the network.
- Network staff consistently minimize power differentials in all interactions with providers and families.
- Emphasizes collaborative goal-setting between staff and providers.

- Maintains a process for reaching out to providers to offer timely follow-up and reflection on successes, goals, topics, timelines, and challenges.
- Offers providers relevant and useful information.

H.4. Designs services that address the logistical realities that providers experience including consideration of scheduling, location, and access to technology.

- Offers training, technical assistance and/or peer support activities that take place outside the HBCC setting on days and times and in locations that are convenient for providers.
- Facilitates access to or offers transportation or child care so providers can attend professional development workshops/formal peer support activities/events.
- Helps providers access and use technology and offers virtual technical assistance and professional development activities that providers can use from home.
- Uses a variety of communication modes that are responsive to providers' preferences and schedules.

H.5. Tailors content and/or approach of trainings, technical assistance, and/or peer support activities to providers' level of experience, circumstances, and needs, acknowledging that there are many "right" ways and that a one-size approach does not work for all providers.

- Uses adult learning principles in group training activities.
- Offers services with differentiated content that deepens provider knowledge.
- Offers providers a menu of services that honor HBCC providers' individual choices and experience.
- Incorporates culturally-relevant and community embedded content and approaches.

H.6. Uses coaching and technical assistance in the provider's home environment to help providers put content and knowledge into practice.

- Uses visits to provider homes to follow-up with providers after they attend a training workshop.

H.7. Designs service frequency and duration to meet provider needs and interests and to meet anticipated outcomes.

H.8. Establishes caseload sizes for one-on-one

technical assistance visits and coaching that enable staff to offer ongoing relationships and timely support to providers.

- Establishes differentiated caseloads and compensation structures for staff depending on provider needs and goals in their caseloads.
- Enhances staff retention to ensure maximally positive coaching relationships and continuity of caseloads.



I. The network uses an intentional and collaborative approach to data collection and analysis that informs service delivery.

I.1. Co-creates a theory of change (TOC) logic model with providers to ensure successful implementation of the network model.

- Articulates how service delivery components and inputs lead to specific long-, intermediate-, and short-term outcomes.
- Articulates equitable provider, child, and family outcomes and provider program outcomes (e.g., quality and sustainability) for the identified target population.
- Engages all network providers and families in the development of the TOC and its ongoing revisions.

I.2. Collects meaningful data on network operations that are driven by the TOC and provider voice.

- Ensures that providers and families are involved in the development of data collection strategies and tools and that data collection decisions are clear and transparent.
- Uses data tools that are culturally and linguistically responsive, easy to understand and complete; and are available in languages spoken by providers, families, and children in the network.
- Uses data collection strategies that minimize the burden on providers' and families' time for completion and that minimize repeated entry of the same information.
- Uses multiple modes for data collection including qualitative and quantitative tools to capture accurate and meaningful information; uses observational measures of quality that are appropriate for HBCC settings.
- Collects demographic data (including racial and ethnic identity, gender, and preferred

language) from providers and families that can help the network develop equitable policies and supports.

- Has capacity to track meaningful administrative data based on what is important for providers, families, and network staff, including establishing an integrated data management system and maintaining skilled personnel to coordinate data.

I.3. Has policies and procedures in place to ensure data security, respect the privacy of providers and families, and maintain confidentiality when relevant.

I.4. Engages in internal or external evaluation to examine implementation of network services and aligned outcomes for providers, quality, children and families that are articulated in the TOC model.

- Conducts evaluation that assesses fidelity to model implementation including whether services are delivered as intended and/or whether services need to be modified.
- Conducts evaluation activities to identify meaningful changes over time that align with outcomes articulated in the TOC.
- Highlights provider experiences and strengths in evaluation activities.
- Ensures all data analysis decisions are clear and transparent and involve providers and families in the development of data analysis strategies.

I.5. Uses data about network operations for purposes of continuous quality improvement of the network.

- Engages staff in how to use data to guide their own continuous quality improvement and goal setting.
- Demonstrates use of data in refining policies and service delivery, in staff performance systems, in reporting and in accountability to the board and provider governance structures.

I.6. Shares findings from data with providers, families, staff, and external stakeholders in clear and easy to understand ways and maintains opportunities for regular feedback loops.

- Disseminates findings from data collection and evaluation activities with external stakeholders.
- Uses data to highlight the case for HBCC and related policy related policy directions.



J. The network uses intentional staffing strategies to support providers.

J.1. Recruits and hires program staff to specifically work with HBCC providers and who bring an understanding and respect for HBCC.

- Staff have a deep respect and understanding of HBCC settings as an essential component of an equitable early care and education system.
- Staff have direct knowledge about HBCC through their own past experience as HBCC providers, as family members who have used or been cared for by an HBCC provider, or have extensive experience working with HBCC providers.
- Staff have relevant education or training in child development and/or ECE education.
- Staff have skills or experience in working with adults and/or adult learning, adult education, family systems and dynamics, and family support.
- Staff are willing to pursue continuing professional development around working with providers and families.

J.2. Recruits and hires staff who reflect the cultural/ethnic/linguistic backgrounds of HBCC providers in the network.

J.3. Offers orientation, training, and mentorship for new staff as well as in-service training and opportunities for continuing professional development for network staff, including providers who are hired as staff or consultants.

- Offers training on: the unique features of HBCC, development and care across the age span, adult learning styles, relationship-based practice, reflective practice, perspective-taking, developing partnerships and team building, conflict resolution, and cultural competency and responsiveness.

J.4. Offers individual and group reflective supervision for network staff.

- Offers opportunities for network staff to meet, formally or informally, to share perspectives, ideas, challenges, questions, supports, and successes.
- Uses provider feedback about interactions with network staff for continuous learning/improvement.

J.5. Helps staff set professional boundaries in their relationships with HBCC providers to prevent staff burnout.

- Provides work phones to network staff so they do not have to rely on their own phones for communication with providers.
- Helps staff establish clear boundaries around work hours and availability, professional and personal relationships.

J.6. Offers wages and benefits commensurate with the skill level of staff and offers staff opportunities for career advancement.



K. The network uses recruitment strategies that result in ongoing provider participation.

K.1. Collaborates with trusted community partners such as schools, Head Start Programs, FCC associations, and faith-based organizations to reach out to HBCC providers.

- Engages in community events to recruit providers.

K.2. Tailors recruitment strategies that are culturally and linguistically responsive to the ways providers may access information and that incorporate different messages for FCC and FFN providers.

- Recruits and engages providers in their preferred language. Translations of trainings and materials are developed by native speakers.
- Recruits and engages providers in ways that take provider educational and literacy levels into account.
- Uses personal outreach strategies such as telephone calls to recruit new providers.
- Engages providers in recruiting other providers through direct outreach or through a provider advisory council.

K.3. Markets the network as a place where providers can learn from other providers and there are opportunities for provider-to-provider sharing and learning.

- Offers providers opportunities to shadow more experienced providers as a way to learn about HBCC work.
- Engages providers in offering staff development for network staff when appropriate.

K.4. Recruits providers who are members of the cultural and demographic characteristics of HBCC in the region.

K.5. Offers incentives such as materials or cash to providers for joining the network.

Appendix A – Methods

Development of Initial Benchmarks and Indicators

The development of the benchmarks and indicators consisted of several steps. First, we conducted a selected and targeted review of research on home-based child care (HBCC) networks and initiatives that focused on HBCC in order to identify potential indicators of high-quality HBCC networks. The review included articles with direct evidence from HBCC networks as well as literature reviews of initiatives with HBCC providers, but it was not a comprehensive review of all initiatives with HBCC providers ([you can find a brief on the literature review here](#)).

The review included: the few correlational studies that linked network service delivery strategies to positive provider and quality outcomes; descriptive studies that identified promising or emergent practices; and existing literature reviews that included studies of initiatives for HBCC providers. We reviewed a total of 26 empirical articles and 9 literature reviews and/or conceptual papers. The reviewed literature was primarily published between 2009 and 2021; however, we also included some studies of HBCC networks that were published prior to 2009. Networks and initiatives in our review supported both family child care (FCC) and family,

friend, and neighbor (FFN) providers.

Second, we conducted secondary data analyses of network director interviews from the National Study of Family Child Care Networks (Bromer & Porter, 2019; Porter & Bromer, 2020) about benefits of network participation for providers and methods for recruiting providers to the network. These data from the 47 director interviews have not been reported previously.

Third, we developed a list of potential indicators based on the findings from the literature review and secondary data analysis. These indicators primarily emerged from correlational findings and from staff and provider reports of network practices that were connected to an outcome. We grouped the indicators together by broad principle to create the benchmarks.

Finally, we added other indicators based on reviews of selected studies that reflected fundamental early care and education principles, including provider voice, equity, relationship-based practice, and data for quality improvement.

Reviewing and Refining the Benchmarks and Indicators

We revised the benchmarks and indicators several times before we presented them to stakeholders to review. We then conducted two stakeholder focus groups (one with HBCC network affiliated providers, and one with HBCC network directors and staff) to elicit their reactions to preliminary drafts of the benchmarks as well as to solicit their perceptions of high-quality network components.

In addition, we asked researchers and representatives of national organizations that work with HBCC providers for detailed written feedback on preliminary drafts of the benchmarks and related indicators. We also conducted an equity-focused review with HBCC provider representatives and Home Grown staff.

The final list of benchmarks and indicators incorporates both evidence from the research and evidence from the field (i.e., reviewers described above). The research

evidence primarily focused on the services that networks offer, while the stakeholders tended to focus on the concepts related to why and how networks operate, such as relationship-based support, equity, organizational structure, and provider voice.

The benchmarks are interconnected and work together to capture the full range of principles and practices that reflect high-quality networks. Based on our equity audit and expert review, we determined that it was important both to articulate specific benchmarks for equity and provider voice, and to incorporate these concepts throughout the other benchmarks. These concepts apply across all the benchmarks.

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