Promising Practices for High-Quality Home-Based Child Care Networks: Supporting Providers as Equal Partners

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Overview of Series

This series examines the underlying values and goals of home-based child care networks, network services offered to providers, and network implementation practices that **research suggests** most likely contribute to positive outcomes for providers, children, and families.

The **Building Comprehensive Networks** initiative seeks to develop and enhance home-based child care networks ("networks") through the development of benchmarks and indicators for high-quality service delivery and support.

Guiding this series is the **Strengthening Home-based Child Care Networks** brief which describes a set of 11 evidence-based benchmarks and indicators for high-quality networks grouped into three broad categories:

- "Why" benchmarks unpack fundamental values and goals of a network.

- "What" benchmarks articulate network services that meet goals for providers, children, and families.

- "How" benchmarks reflect evidence-based implementation strategies used by networks.

Introduction

This brief examines the ways home-based child care networks ("networks") include home-based child care providers ("providers") as equal partners in network governance, operations, and accountability, and how networks offer opportunities for provider advocacy. Supporting providers as equal partners is a core principle articulated in benchmarks and indicators for high-quality networks.

Findings are based on focus groups with directors and affiliated licensed family child care providers from five networks. The brief highlights intentional network strategies that create opportunities for providers to leverage their experiences and engage in decision-making and leadership activities within and outside the network context.

Definitions

We use the term "provider voice" in this brief to refer to opportunities for providers to share their perspectives, leverage their power, and influence change.

We describe four of the networks that participated in the focus groups for this brief as provider-run organizations and one as an agency-run organization.

"We're here to help each other—that's what our organization stands for—and to advocate when nobody is advocating for us." —Provider-run network director

Provider-run networks are developed by and for providers at every level, including recruitment of new providers, network governance, and decision-making about service delivery. They are built on the ideas of provider leadership and voice and are positioned to meet the needs and interests of providers and to help providers pursue their advocacy goals. Network directors at these networks may or may not be paid for their leadership roles.

"They [providers] are guiding where the network is going. … Our mission is to really strengthen, develop provider voice, and make sure it's authentic and that the opportunities for seats at the table are, again, authentic, and meaningful." —Provider-run network director

Agency-run networks deliver services to providers through paid staff who may or may not be providers themselves. Provider voice in these networks may play a more limited or specific role. For example, networks may seek out the perspective of providers in deciding how to deliver a set of services or what kind of content to offer during trainings.

"Provider voice is actually letting the providers kind of guide how we support them. So, we listen, and we hear what their needs are and what type of supports that they need. And we do a lot of coaching so that we can specialize individualized support as well as group support." —Agency-run network director

Findings

Providers are driven to participate in network leadership by inequities they experience in child care systems and policies.

Provider-run networks emphasize that their mission and goals are to use provider voices to confront historic and current systemic inequities that many providers face in early care and education systems. Providers often are not included in public policy decision-making about licensing and zoning rules, subsidy rates, and standards for home-based child care (HBCC).[1] Some network leaders talked about the need for provider-run organizations to take the lead in advocacy efforts because of the pervasive exclusion of HBCC providers from decision-making. For these groups, developing platforms for providers to speak out about the importance of HBCC and the issues that matter most to them was a primary goal.

"They were making decisions for our industry, for our modality of care, without our input into it." —Provider-run network director

"This is a collective group of people who are historically left outta opportunities." —Provider-run network director

Networks provide formal and informal leadership opportunities and development within the network.

Formal leadership opportunities within networks

Formal provider leadership may be one strategy networks use to offer providers opportunities to participate in network decision-making. Provider-run networks that establish themselves as 501(c)(3) nonprofit organizations must have bylaws that stipulate an executive committee or board that makes decisions about network governance. In these networks, providers take on roles such as president, secretary, or parliamentarian, as well as subcommittee chairs. Providers may also be involved in developing mission statements for the network that, as one provider noted, help "to make it our own." Agency-run networks may have a provider advisory committee that offers feedback or guidance to network leadership about policies and procedures but may or may not be actual decision-makers in network governance. These networks may also hire providers as trainers, consultants, or mentors, which may offer opportunities for leadership within the network.

Informal leadership opportunities within networks

Networks also offer informal opportunities for provider voice. Informal opportunities allow providers to share their perspectives and to engage in leadership activities in ways that may be more comfortable for those who are not yet ready to engage in formal leadership activities or who may not see themselves as leaders. Café-style meetings where providers come together to discuss topics of interest offer one way for providers to share perspectives and experiences. As one director of a provider-run network described: "They [providers] choose the issues that they want to discuss; they do breakout groups and discuss things and come back together and share what they've learned. It's supposed to be a way for the people to make progress towards becoming leaders." Providers who may not feel comfortable with public speaking

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Formal leadership strategies

- Provider leadership on board or executive committee
- Provider advisory committee
- Providers as trainers or paid consultants

Informal leadership strategies

- Provider café and discussion groups
- Peer-to-peer groups
- Peer mentoring
- Social media platforms for sharing experiences (chat groups; Facebook)

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[1] In this brief we use the term "home-based child care" to refer to any nonparental child care that takes place in a provider's residential home including licensed, certified, or registered family child care providers as well as license-exempt and/or family, friend, and neighbor caregivers. All 12 providers who participated in focus groups for this brief operated licensed family child care programs.

report using the chat function during virtual Zoom meetings as well as other social media avenues for voicing their opinions and concerns.

Provider voice means sharing your expertise with others

"It's a beautiful experience where we're teaching each other, we're pushing each other to blossom to be all that we can be. There are some providers that are part of that organization that have been in the business for years. So now they're going to teach us about retiring, like, how do we retire from this business? … So that's going to be a class that's coming up … because a lot of that information is not out there for us. You know, it's not easily accessible." —Provider

Another way networks offer informal leadership opportunities is through individualized peer support activities, such as mentoring. When providers help and share expertise with one another, they are engaging in a leadership role in which they can leverage their voice and experience for positive change. As one provider noted, "Moving and helping a provider move from one star level to the next is an awesome achievement because I remember when I was there."

There are many pathways to provider leadership in networks.

Providers described their unexpected journeys to leadership positions, which often involved another provider recognizing their voice and encouraging them to speak up and step into the role. Some providers did not initially see themselves as leaders and then realized that sharing their own experiences with others was a way to use their voice for leadership and change.

"Everyone kept complaining about things. I was, like, well somebody needs to step up and do something about it. And [when] I was offered the position as secretary, I said, 'No, why would I do that? I'm not a leader.' Not realizing, yes, I am." —Provider

"I'm the quiet one. I would sit back. I'm an observer. … I was thinking, my voice is not going to be heard. … And a lot of people [said], 'You have a story to tell; you're passionate about what you know and what you want to do.'" —Provider

Providers also said provider voice and leadership are often under the radar and underrecognized. In a statewide, provider-run network, Chinese American providers talked about the experience of having to step up as a leaders within the Chinese provider community because otherwise members of the community would have no representation in English-dominated network meetings and materials. These providers reported translating during network meetings and, over time, becoming known leaders in the community.

"They carry out their work quietly, but many people don't know about it. Not to mention that policymakers are unaware of it. Actually, even family child care educators don't know that they are doing all these things behind the scenes." —Provider

There may not always be clear pathways to becoming a provider leader and having a public voice within the network. A director of a provider-run network talked about the importance of giving opportunities for providers to speak up and take part in leadership activities. She emphasized that networks may need to help providers obtain the information and "how tos," needed to make their voices heard and to be effective change-makers. Engaging in transparency around network governance, such as sharing funding proposals, is one way to help providers learn about governance and network operations. Leadership development also takes time. Directors emphasized intentionality and patience as key practices necessary for effective leadership development.

"We noticed that quite a few providers are very reluctant to engage in any work because they're intimidated by other people with track records or who are looked at as experienced or seasoned or highly valued or sought after. A lot of times, we're finding that those providers are just sitting in the background with lots of great ideas and resources, and they're afraid to share because they've been told, 'Well, you haven't been around long enough' or 'Your voice hasn't been heard enough.' That's not our focus. … Make sure there are people on your team who are willing to help mold and grow and develop providers and be patient." —Provider-run network director

Some networks that have formal leadership roles for providers use nomination procedures to select leaders, while other networks rely on election processes. In both cases, potential provider leaders may be asked to give a speech or write a vision statement about their qualifications or passion for the leadership role.

Networks engage providers in advocacy around issues and public policies external to the network.

In addition to supporting provider voice and leadership within networks and through network governance structures, some networks aim to make policy changes their primary focus. Providers in focus groups were vocal about the importance of working together to identify key policy issues of interest and having opportunities to engage in advocacy efforts related to more equitable inclusion and recognition of HBCC in the early care and education field. Provider participation in provider-run networks facilitated these advocacy efforts on behalf of providers, children, and families.

Preparing providers to be advocates

Provider-run networks helped prepare providers to be advocates by offering information about the legislative process and supporting their advocacy and change-making efforts. Networks described offering providers activities such as role play focused on speaking to a political representative, practice sessions on giving a pitch at a public event, and workshops to learn about policy decision-making and procedures. In addition, networks were attuned to the various steps required during advocacy, such as anticipating the timing of action items.

"Making sure they know and understand what's at stake. ... What steps do we need to take? Is this a legislation issue? Is this a local [issue]—what does this look like, and who will be impacted and how will they be affected? How can we also recruit people to participate if that's necessary? If it's something minor, like just writing a letter or inviting a rep to your program, what do we need to look at? Do you need support with writing, typing? Do you need help figuring out who your rep is? We offer all of that support and coaching as a part of the membership." —Provider-run network director

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Advocacy examples

Licensing policies for family child care businesses

A statewide provider-run network mobilized its members around unsubstantiated county fees (e.g., $1,000) being charged to large, licensed family child care programs in the state. Licensing inspectors incorrectly categorized these programs as small businesses rather than home-based businesses, resulting in large fees owed to the county.

"We went and advocated city by city to say this is nonsense. This is how we are set up. We're set up by [state law] that this is home use, not business use. You cannot fine us like this ... and so we eventually got these fines removed and refunded." —Provider

Given the lack of clarity around regulations and laws that apply to HBCC in the state, this network added an explanation of all child care regulations to its website to support providers' advocacy efforts.

Increased child care subsidy rates

During the pandemic, providers of one provider-run network capitalized on their importance as frontline workers caring for the children of health care and other frontline workers to advocate for an increase in the child care subsidy rate for all providers in the area. Advocacy efforts included online video meetings run by the network and collaboration with other local networks to meet with lawmakers.

"This brought a better rate than the one we had, not the current cost of child care because it's still high, but it stabilized things a bit ... That was positive for everybody—for the ones who participated and for those who didn't." —Provider

"But I feel like we need to advocate for ourselves; we need to speak up." —Provider

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Focus of advocacy

While agency-run networks that receive public state funding may face constraints around advocacy activities related to state policy change, provider-run networks may be better able to engage in these efforts. Examples of advocacy wins that were facilitated by provider-run networks included increased child care subsidy rates, zoning laws that make it easier for licensed family child care programs to operate, enhanced procedures to protect providers against unfair and unverified licensing violations from inspectors, and overall increased visibility as essential workers providing necessary services for children and families.

"There's a seat at the table for us, and we are going to let them know our demands and what we need to make this industry strive, because we're the ones that are doing all the work." —Provider

Challenges to participating in leadership activities at networks exist, particularly for providers from historically marginalized communities.

Providers identified challenges that hinder their participation in leadership, including time management, compensation, and skills and efficacy related to leadership. They also identified more systemic barriers, such as lack of language access, exclusion and inauthenticity related to opportunities for provider voice, and lack of data and evidence on the effectiveness of provider voice and leadership in networks.

Time management

Providers struggled to stay involved with their leadership responsibilities on top of the demanding schedules required of HBCC work. Some even reported that participating in leadership on top of their caregiving and educational work contributed to increased stress.

One provider who was an active leader in her network, shared her feelings of burnout.

"I got an anxiety shutdown. I wanted to run away and cry. The things I had to do—and I'm a very organized person—were more than I could do in 24 hours. And I wanted to give priority to all those things. I hadn't realized that I wasn't taking care of myself." —Provider

Preparing Providers for Policy and Legislative Advocacy

Supports Offered by Networks
- Mock policy and procedure sessions
- Practice 2-minute pitches
- Role play scenarios
- Writing support

Envisioned Intermediate Outcomes for Providers
- Increased attendance and participation in advocacy events
- Enhanced communication skills around advocacy activities

Envisioned Long-Term Outcomes for Providers
- Policy change as a result of advocacy at the state level

Compensation

As described in previous sections, many providers described offering peer support to other providers in their network (e.g., sharing resources, providing knowledge or assistance). None of the providers received payment or stipends for offering these supports. Some providers dismissed the need to be paid by emphasizing their service to the community and profession.

"They're desperately trying to get me onto the board, but … I'm gonna work like an 18-hour day, so you know, I have family [of] my own and things. So it's harder for me to be able to say yes to stuff like that." —Provider

"We don't think about being compensated that way. I think our compensation comes in the form of seeing other providers succeed or watching this organization grow, so that it can help more." —Provider

Other providers, however, noted the need to be compensated for the additional hours that peer support work added to their already full child care work schedules.

"At present, [the network] mostly [relies] on volunteers. They are unpaid, and their time is limited. Besides, they need to run their home-based child care. … New child care providers

may actually have no time to contribute if they have no chance to receive any funding support." —Provider

Efficacy and skills

Some providers expressed feelings of inadequacy regarding essential leadership skills including public speaking, which were intensified by virtual platforms such as Zoom. Others acknowledged that being a leader and sharing your voice for change require skills that some providers may not have.

"Anybody new that might be in a leadership role, they may have to learn how to treat each other with respect, and how to listen to other people's opinions about things, and how to make things work, working with other people. Sometimes people don't know how to work as a team." —Provider

Language and cultural barriers

Groups of Spanish- and Chinese-speaking providers described their shared struggle with being excluded from public resources and leadership opportunities in English-dominated networks.

"We are a Spanish-speaking group, and the language barrier stops you. You want to express yourself, but you are refrained." —Provider

In addition to language barriers, some providers alluded to the lack of recognition around cultural values and practices related to leadership across different cultural communities. A Chinese provider reflected on how cultural norms in the community created challenges when taking on leadership roles within mainstream, white, English-speaking contexts.

"I think our ethnic group is relatively a bit shy. They often feel that it's not appropriate if they say something that might be considered a little against other people's wishes, or they often feel that there will be consequences if they say something. So, I think they are afraid to speak up." —Provider

For provider-run networks, a lack of funding and resources may have prevented the network from being able to implement procedures to achieve language justice for all members, as reflected by one provider: "The network realized this very early on, but they do not have the resources to make changes to provide

tri-lingual translation." As a result, the burden of language translation and interpretation was carried by providers without compensation. Providers reported relying on one another, rather than their networks for access to information in their home language, including licensing regulations and other resources.

Exclusion and inauthenticity

Providers described experiences with gate-keeping and exclusionary behaviors among network leaders in their communities. One provider noted her frustration with favoritism at her network when it came to leadership appointments: "They wouldn't really allow you to get into the board unless you part of them." Other providers described networks reaching out to engage provider voice but not allowing providers to control the narratives or to be actual decision-makers. One director of a provider-run network noted: "Provider voice is not always fully welcomed or embraced. Oftentimes it's scripted. ... There's already a kind of pretext, and so then the authenticity isn't really there."

Some providers described being members of multiple networks in their communities. These providers described provider-run networks as inclusive and welcoming, but some experienced agency-run networks in their community as unwelcoming and dismissive.

"They don't listen to the issues I raised to them, and I gave up after three years without receiving any response. We are dispensable—that's how I feel after being involved so much. ... Some other institutions that are a bit more well-funded, voices from individuals like us ...are completely ignored." —Provider

Lack of data and evidence

Provider-run networks without substantial funding may also lack the structure to create a sustainable system of leadership. Providers from one network observed, "There is no written record of the impact to prove our hard work or efforts to other people. Unlike other agencies, we don't have so many written records nor have the resources to make records." Lacking procedures or capacity to collect evidence on the effectiveness of leadership and provider voice creates challenges around funding and recognition. Without funding and resources, organizations cannot offer adequate training and protocols to facilitate leadership work.

Benefits to providers in provider-run networks include access to resources and enhanced power building.

Most of the 12 providers agreed that their networks honored their voices by recognizing the strengths of HBCC, creating comfortable opportunities for providers to share their opinions, and creating spaces for their voices to be heard.

"You don't have to know all the regulations. What you need to have is a group of providers that are good at certain things. And then you have someone to call, you know. I call her when I need something. She knows I love her and we're busy. But if I need something in regards to regulations, she's the person that I call because no one else can answer the question." —Provider

Access to resources

Access to resources meant that providers were able to ask questions about business regulations, funding resources, or information about grant money from peers who had more experience or were more knowledgeable about certain topics. Membership in a provider-run network may offer opportunities for asking and sharing information with others who have similar lived experiences in a nonthreatening environment.

Power building

Provider-run networks help providers feel heard. Providers spoke about feeling stronger in numbers:

"You feel like you have power behind your back." In addition, being a part of an organization where everyone has experience as an HBCC provider means that providers feel safe sharing their opinions: "We don't have to be afraid of or worry about other people's reaction after saying something." —Provider

One provider noted that while she had felt ignored in other spaces, the provider-run network valued her opinions and day-to-day experiences as an HBCC provider.

"There was a time where no one cared what we had to say. So I appreciate them understanding that we are professional, that we are educated women, and that we know more about what's going on in early childhood because we do it every day." —Provider

"I feel like we were whispers before, whispers in the dark, you would say. And I feel like we're [a] great roaring crowd. Because we are all on the same page. We are all, we all want the same thing." —Provider

78% of providers in the focus groups agreed that their networks honored their voices by recognizing the strengths of HBCC and respecting HBCC work, listening to provider concerns and need for support, asking providers for input on how to improve network support, and changing support to meet these needs, including responsive scheduling, creating comfortable opportunities for providers to share their opinions, and creating spaces for their voices to be heard.

Recommendations for including providers as equal partners in networks

The following recommendations are for networks and government entities seeking to support the development of networks. These recommendations were developed based on focus group findings reported in this brief. Figure 1 proposes a cycle of implementation strategies to elevate provider voice and providers as equal partners in networks.

- **Listen to the issues that matter most for providers** and offer a platform for advocacy around important policy issues facing the HBCC sector.

- **Provide multiple opportunities for leadership,** including formal leadership on boards/executive committees, peer support activities, and opportunities to serve as peer mentors.

- **Offer multiple modes for provider voices to be heard,** including informal leadership opportunities during online conferences and convenings, social media platforms, in-person events, provider cafés, and small peer support groups.

- **Promote leadership and provider voice in culturally responsive and sustaining ways** to ensure diverse and authentic network leadership (e.g., offer all materials and information in preferred languages).

- **Provide supports that allow providers to participate as leaders**, including financial compensation, substitute care, respite, and acknowledgment of providers' daily experiences and working conditions.

- **Offer opportunities for skill-building related to team participation**, including communication, collaborative problem solving, and respectful listening, as well as advocacy skill-building.

- **Offer transparent and clear information and resources** on policy issues and regulations that affect HBCC providers.

- **Collect data on the impacts of leadership and provider voice** activities in network effectiveness, as well as provider, child, and family outcomes.

Figure 1. Cycle of Implementation Strategies for Supporting Providers as Equal Partners in Networks

Listen to providers

Provide opportunities for formal & informal leadership

Support provider voice in culturally and linguistically responsive ways

Offer skill-building supports for leadership development

Offer clear and transparent information about network policies and procedures

Collect data on effectiveness of leadership and provider voice

Methodology

Findings reported in this brief are based on data collected through focus groups and surveys in May 2023. Five networks across four states were selected from the 51 networks that completed a survey of network practices and core values based on the benchmarks and indicators for HBCC networks described in **Strengthening Home-based Child Care Networks**. These five networks were selected because they indicated in their survey responses that they were offering more opportunities for provider voice and leadership than other networks that responded to the survey.

Directors from the selected networks were contacted via email to participate in a one-time focus group. Focus group sessions lasted 90 minutes. Three groups were conducted simultaneously in Zoom breakout rooms, and participants were assigned to groups based on their preferred language (English, Spanish, and Mandarin). A total of seven directors representing the five networks participated.

Providers from the selected networks were recruited via emails distributed by participating directors. A total of 12 licensed family child care providers from three of the five networks participated. All providers operated licensed family child care programs. Most of the providers identified as Black (33%), Latine (25%), or Asian (25%), while 8% identified as white. Providers, on average, cared for between four to 16 children who ranged in age from infants to school-agers.

Limitations. Findings presented in this brief are based on a limited number of networks that participated in our focus groups and thus cannot be generalized to networks across the United States.