



Implementing Benchmarks for High-Quality Home-Based Child Care Networks: Executive Summary of Findings from a National Survey

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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.

Executive Summary

Overview

Home-based child care (HBCC) networks are of increasing interest in early care and education (ECE) as a strategy for supporting HBCC providers. Erikson Institute and Home Grown recently published a framework, [Strengthening Home-Based Child Care Networks: An Evidence-Based Framework for High-Quality](#), to help networks engage in self-assessment and continuous quality improvement, as well as to inform public and philanthropic investments in network development.¹ The framework includes 11 benchmarks and associated indicators.

In 2022–2023, Erikson Institute conducted a survey of networks across the U.S. to understand how networks are implementing the benchmarks.

Sixty-one networks from 31 states responded to the survey. The networks included those with different platforms and organizational structures, including resource and referral agencies, provider-run networks (e.g., family child care associations), institutes of higher education, and stand-alone HBCC networks. Almost all networks served licensed family child care (FCC) providers, and close to half served legally exempt family, friend, and neighbor (FFN) providers.

Key Findings

Following the structure of the benchmarks, this report reveals new insights into networks' organizational culture and values (the "Why" benchmarks), the kinds of services that networks offer (the "What" benchmarks), and the ways networks implement these services (the "How" benchmarks).

Why Benchmarks

These benchmarks represent the underlying values and goals of a network. Survey results find that provider-run networks are more likely than networks that are not provider-run to recognize the importance of including providers as equal partners and decision-makers in network operations.

Many networks ^a	Fewer networks ^b
<ul style="list-style-type: none">Engage providers in decision-making and governance about network operations (63%)Promote inclusion of HBCC in public ECE systems (93%)Offer services in a language other than English (78%)Use experienced providers to mentor newer providers (60%)Support providers as advocates for policy change (66%)	<ul style="list-style-type: none">Focus on HBCC in their mission statement (23%)Have funding to cover the full cost of desired services for providers (23%)Share financial information about network operations with providers (9%)Offer services in languages other than English or Spanish (17%)Invest resources in examining how bias may influence service delivery (19%)

^a Many indicates more than half of networks reported this.
^b Fewer indicates less than half of networks reported this.

What Benchmarks

These benchmarks describe network services that focus on goals for providers, children, and families in HBCC settings. Survey results show that many networks offer a range of services to providers, but these services might lack the depth needed to influence provider, child, or family outcomes. The survey found that publicly funded networks are more likely

than networks that do not receive federal, state, or local funding to offer and implement a wide array of services and supports for providers, families, and children in HBCC settings.

Many networks^a	Fewer networks^b
<ul style="list-style-type: none"> • Support providers' well-being (90%) and access to higher education and training (87%) • Provide technical assistance around business (78%) and financial management (64%) • Help providers access, participate in, and navigate publicly funded systems that may lead to increased income (85%) • Offer technical assistance to enhance providers' support for children's development (92%) and family engagement in children's learning (92%) • Refer children and families to comprehensive services and resources in the community (63%) 	<ul style="list-style-type: none"> • Pay providers to work as staff, consultants, or contractors at the network (37%) • Help providers access benefits (15%) or direct financial supports, such as micro loans or mini grants (33%) • Support providers' collection and use of data to improve caregiving practices (47%) • Offer direct services and resources for families and children, including developmental screenings (38%)

a Many indicates more than half of networks reported this.
 b Fewer indicates less than half of networks reported this.

How Benchmarks

These benchmarks describe evidence-based implementation strategies. Survey results show that publicly funded networks are more likely than networks without public funding to report using evidence-based approaches to service delivery, including relationship-based practices and support and training for network staff.

Many networks^a	Fewer networks^b
<ul style="list-style-type: none"> • Offer staff training on relationship-based practices (63%) • Tailor services for providers by offering evening (90%), weekend (78%), and online (78%) training and support options • Collect data on service delivery participation (71%) and use culturally relevant data collection protocols (60%) • Hire staff with prior HBCC experience (79%) • Actively recruit new HBCC providers into the network, using a variety of strategies (85%) • Offer incentives for providers to participate in network activities (58%) 	<ul style="list-style-type: none"> • Have a theory of change or logic model to guide implementation of network services (40%) • Collect information about provider satisfaction with network services (47%) • Collect data on provider outcomes (31%) or child and family outcomes (22%) • Offer career pathways for network staff as opportunities to increase compensation (40%)

a Many indicates more than half of networks reported this.
 b Fewer indicates less than half of networks reported this.

Discussion Overview

This study represents the first effort to understand how HBCC networks address the benchmarks and indicators for high-quality networks. Findings reveal insights into networks' organizational culture and values, the kinds of services that networks offer, and the ways networks implement these services. New information suggests that networks may be a promising strategy for supporting HBCC providers across settings, communities, and backgrounds.

Networks, especially those that are provider-run, recognize the importance of incorporating providers' voices into network operations by offering opportunities for providers to be equal partners in network decision-making and governance. In addition, findings suggest that many networks are attuned to equity issues. This is evidenced by the numbers of networks that prioritize serving providers from historically marginalized communities by offering services in preferred languages of providers, hiring staff who reflect the cultural and

linguistic backgrounds of providers served, and focusing training for staff and providers on cultural responsiveness.

In addition, study findings indicate that receipt of federal, state, or local public funding builds the capacity of networks to offer and implement a wide array of services and supports. Compared with networks without public funding sources, networks with public funding are more likely to offer services focused on provider economic well-being, comprehensive services for children and families, and services related to supporting positive child and family outcomes.

Public funding also contributes to staffing capacity through the implementation of required staff qualifications and training, as well as support for staff compensation and benefits. In addition, funding from public sources may enhance networks' data collection efforts because state, federal, and local funding entities may require accountability for service delivery.

Recommendations Overview

Our findings point to recommendations on how to support implementation of high-quality network practices described in the benchmarks and indicators. See the full survey findings report for additional detail and specific recommendations.

- Increase intentionality of commitment to HBCC within networks.
 - Create mission statements focused on the importance of the HBCC sector for children, families, and communities.
 - Create network procedures and policies that are fully transparent to affiliated providers.
 - Engage providers as decision-makers and equal partners in network operations.
- Advocate to increase the availability of sustained public funding for HBCC and supportive infrastructure.
 - Advocate for inclusion of HBCC in systems such as public PreK, Head Start and Early Head Start, and the federal Child and Adult Care Food Program, all of which offer opportunities for higher compensation and professional development.²
 - Collaborate with other organizations to increase recognition and investment in the HBCC sector.
- Enhance efforts focused on equitable approaches to network service delivery.
 - Conduct an equity audit that examines bias across network service delivery areas.
 - Seek funding to serve all providers in their preferred languages, including those who speak languages other than English and Spanish.
- Deepen the focus on network services that may increase provider professional and economic well-being and sustainability.
 - Increase opportunities for HBCC provider career and professional advancement through hiring providers as staff, trainers, peer group facilitators, consultants, and mentors.
 - Provide access to direct financial assistance and support.
 - Offer providers access to benefits and increased compensation.
 - Offer access to direct financial resources beyond business training and coaching.
- Strengthen network services to contribute to positive child and family outcomes.
 - Deepen network services that give providers tools to engage in their own continuous quality improvement.
 - Expand training and support for providers on conducting developmental screening and

- assessment of children or conduct developmental screenings for children in HBCC settings.
- Expand supports for providers around sharing child data and communicating with families.
- Expand holistic services for families and children beyond those offered by providers, including direct services or referrals for infant and early childhood mental health, family counseling, and health and nutrition consultation.
- Institute systematic follow-up processes and procedures to ensure that families gain access to the services they want and need.
- Enhance the use of evidence-based service delivery strategies.
 - Connect training to individualized supports, such as home visiting and coaching that help providers translate learning into practice.
- Increase the dosage and intensity of service delivery.
- Increase opportunities for peer support learning and sharing.
- Sharpen focus on identifying and measuring outcomes for providers, children, and families.
 - Collect data on experiences and circumstances of providers that can inform service delivery and recruitment of new providers to the network.
 - Develop theory of change or logic models to align service delivery with relevant outcomes.
 - Engage providers in data collection, analysis, and dissemination of findings to guide services.
 - Collaborate with external partners to conduct evaluations that document network effectiveness.

Endnotes

1 Erikson Institute & Home Grown. (2022). *Strengthening home-based child care networks: An evidence-based framework for high-quality*. https://homegrownchildcare.org/_resources/strengthening-hbcc-networks-an-evidence-based-framework-for-high-quality/; Ragonese-Barnes, M., Bromer, J., & Porter, T. (2022). *Identifying practices and features of high-quality home-based child care networks: A review of the research evidence*. Home Grown; Erikson Institute. <https://homegrownchildcare.org/wp-content/uploads/2022/08/HomeGrown-Erikson-RESEARCH-BRIEF-Final.pdf>

2 Adams, G., Kuhns, C., & Hernandez-Lepe, F. (2023). *Untapped potential: License-exempt home-based child care providers and the Child and Adult Care Food Program*. Urban Institute. <https://www.urban.org/sites/default/files/2023-10/Untapped%20Potential.pdf>; Del Grosso, P., Akers, L., & Heinkel, L. (2011). *Building partnerships between Early Head Start grantees and family child care providers: Lessons from the Early Head Start for Family Child Care project: Final report*. <https://www.researchconnections.org/childcare/resources/22733>; Morgan, J. A., Iruka, I. U., Bromer, J., Melvin, S. A., Hallam, R., & Hustedt, J. (2022). *Strategies toward the equitable implementation of PreK in family child care, Issue 1*. The Family Child Care in PreK Project Brief Series. Erikson Institute, University of Delaware, University of North Carolina at Chapel Hill.