Promising Practices for High-Quality Home-Based Child Care Networks: Supporting Family, Friend, and Neighbor Providers

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Introduction

Family, friend, and neighbor (FFN) providers[1] represent the largest non-parental child care sector in the United States, with the numbers of providers and children in these care settings far outnumbering licensed family child care (FCC) or center-based settings.[2] Many FFN providers may be legally exempt from licensing regulations in their state but may be eligible for public funding from state subsidy systems or from the federal Child and Adult Care Food Program (CACFP). Many FFN providers may care for children outside of any public regulatory or payment system and may be paid informally by families or not paid at all to offer child care.[3] FFN providers may be grandmothers, aunts, or other close relatives, or parents who informally care for unrelated children of friends or neighbors in addition to their own.

Yet despite the prevalence, little is known about the types of supports and resources that FFN providers value and the ways that home-based child care networks ("networks") tailor support for this population of caregivers. The recently published **Strengthening Home-Based Child Care Networks** brief, 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, and "how" benchmarks reflect evidence-based implementation strategies used by network." This report highlights intentional network strategies to enhance opportunities for FFN providers, specifically, as well as the experiences of FFN providers who receive resources and supports from networks.

Roadmap to report

This research report starts with background information for the research, methods, and sampling. Findings are then presented and organized by the network benchmarks that articulate the "why," "what," and "how" of network service delivery. Findings about provider–network alignment are then described. The report finishes with a summary and discussion, followed by recommendations on enhancing service delivery for FFN providers and a report conclusion.

Background

In 2023, a **national survey** was conducted to understand how networks across the United States are implementing the benchmarks and indicators. The survey included networks that serve both FCC and FFN providers.[4] The survey did not ask how networks differentiate service delivery approaches to meet the needs of FFN providers. As a follow-up to the survey, Erikson Institute conducted a series of focus groups with directors of networks that exclusively serve FFN providers or that serve large numbers of FFN providers, and with affiliated providers in these networks. The purpose of the focus groups was to learn more about how networks implement aspects of the benchmarks and indicators with FFN providers.

Methods

Findings in this report are based on focus group and survey data collected from August to October 2023. Eight networks from seven states[i] were selected from the 61 networks that completed the survey of benchmarks and indicators. These eight networks were selected because they indicated in their survey responses that they exclusively serve FFN providers or that FFN providers constitute a large proportion of their affiliated providers.

Directors from the selected networks were contacted via email to participate in a one-time, 90-minute focus group. Directors from eight networks (88% women) participated. The eight networks operate on different organizational platforms, including state-funded child care resource and referral agencies, community-based organizations that serve youth and families, and stand-alone, provider-run networks (Table 1). Networks also varied in their primary funding sources. The number of providers served by these networks varied from as few as 15 to over 3,000.

We did not conduct a landscape analysis of state policy contexts for this study but acknowledge that network operations and services may be influenced by the state policy context, specifically policies related to how states include FFN providers in regulatory and payment systems. For example, three of the eight networks rely exclusively on public funding and are in states that include FFN providers in their child care subsidy systems (New York, California, and Illinois). Networks that serve large numbers of providers may also operate and implement services differently from networks that serve fewer providers. (See Appendix for more detail.)

Twenty-three affiliated FFN providers from five of these eight networks participated in focus groups. Providers from the selected networks were recruited via emails distributed by participating directors. Four of the networks in our study served anyone who provides care in their home to children, including both FFN providers and parents. In this report, we refer to all network participants as providers, including parents.

Table 1. Network Characteristics (n=8)	N	%
Type of organizational platform		
Child care resource and referral agency[a]	2	25%
Community-based organization[a]	5	63%
Stand-alone, provider-run network	1	13%
Primary funding source[b]		
Public sources (county, city, state, or federal funding)	3	38%
Private sources (philanthropy, donations)	3	38%
Equal mix of private and public funding sources	2	25%
Number of FFN providers served		
Under 200	5	63%
Over 300	3	38%

[a] The organizational platform houses a network.
[b] More than 50% of funding comes from the primary source.

Five 75-minute focus groups were conducted, two in English, two in Spanish, and one in Mandarin. The 23 FFN providers (96% women) identified as Latine (77%), white (14%), or Asian or Pacific Islander, American Indian, or other (9%). Providers, on average, cared for one to six children, including infants, toddlers, preschoolers, and school-agers.

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i The states were California, Illinois, Minnesota, North Carolina, New York, Texas, and Washington.

Findings: Implementing the "Why" benchmarks

The "why" benchmarks describe the foundational values of a network, including (1) a rationale for focus on home-based child care providers, (2) engaging providers as equal partners, and (3) employing an equity lens in service operations and delivery. Our focus groups asked networks about their mission, their commitment to home-based child care, their focus on equity, and including providers as equal partners. Focus groups asked providers about their experiences as decision-makers in their networks and opportunities for advocacy around FFN care.

Networks have an intentional focus on FFN care.

The mission statements of networks that support FFN providers describe an array of purposes and aligned values. Three networks have mission statements with an exclusive focus on supporting FFN child care as a way to increase quality, equity, and anti-racist early-learning experiences for young children. One network director reported that the mission of the network is "to advocate for informal providers" and to offer "the tools necessary for them to meet and do quality work with children in the community." Network directors described their mission as supporting FFN providers, specifically to increase equity for children and families:

"We want to support the adults who impact the care and education of young children … elevating the status of FFNs and understanding that they're kind of alongside all of these more well-known or recognized options, that they're kind of on par with each other." —Network director

"To nurture anti-racist, early-learning communities for young children. [Our] mission, or at least our big goals and intentions, [are] around the work that we do with FFN, include increasing caregivers' knowledge about early childhood development, increasing positive behaviors with the children that they take care of, increasing their opportunities to increase and support their social support network, as well as increasing their access to resources in the community." —Network director

Three networks, that serve FFN in addition to other early care and education (ECE) settings, have broader

mission statements around supporting positive outcomes for children including "success for all children" and school readiness. One of these network directors reported that working with FFN providers is a way to support and promote parent choice. Another network director described a health equity focus that includes supporting "grandparents, aunts, uncles, neighbors…to feel like there is a space for them." Two network directors did not share information about how their networks' mission statements include support for FFN care.

Networks recognize the importance of FFN care.

Regardless of mission statement, directors of networks that serve FFN providers understood the necessity of FFN care for families and communities. Network directors cited the prevalence of very young children in FFN child care as a rationale for focusing service delivery on this population of providers: "[FFN care is] the oldest and most prevalent form of child care in human history." These directors emphasized the community-embedded nature of FFN care and how it should be viewed differently from the more formal ECE sector:

"That is where most of our babies and children under 3 are, and so I think that's why this work is important. … This care is like community care. It existed before regulations and before systems, and that's the way a lot of our communities took care of each other." —Network director

Providers across networks also noted that their networks help them see the value that FFN care brings to their communities:

"We had a speaker at our last monthly meeting that was talking about how what we do is really important and we shouldn't, like, shrug it off just because it's what's expected of us. And that was, like, really powerful for me. It was a light bulb moment where I was, like, 'Oh, yeah, this is really important work that we're doing.'" —FFN provider

"I can talk a little bit about my experience. It has helped me to open up a little better and to better express myself, understand things better, and

*understand the meaning of caring for a child. ...
You've helped me a lot in everything. ... This is a
network, we're united, and we're trying to attract
more people."* —FFN provider

The ways network directors viewed the FFN sector
may influence the types of services and supports that
a network offers. Directors noted that FFN providers
may experience their caregiving roles as similar to
being a parent and "not necessarily business owners."
Four networks include parents alongside FFN providers
in their target population and/or invite parents of
children in child care to workshops and offerings
for FFN providers, recognizing the value for both
groups (see Box 1). On the other hand, a director of
a provider-run network of Latine providers explained
that FFN providers need to be seen as different from
parents. This network focuses more on professional
development and training for FFN providers on how to
run a business and be an educator in the community.

*"Remember we are not a program for parents.
We are a program for child care providers—for
educators, which is the name we use in our
countries. ... We're not educating parents; we're
educating providers—people who provide child
care."* —Network director

Networks support FFN providers and parents

Some networks serve both parents and non-parental
FFN caregivers. They offer workshops and networking
opportunities at community spaces where families
gather, such as libraries and local playgrounds.

Networks acknowledge the inequities faced by FFN providers.

Directors of networks that include FFN providers
understood the intersectional inequities faced by FFN
providers, including exclusion from many publicly
funded systems and supports, lack of access to
economic resources, barriers related to technology,
and institutional supports that are not culturally or
linguistically relevant.

*"I do think there's a difference in how many
challenges they experienced and trying to
engage in programs. And kind of the stressors
they've experienced, by nature of kind of being
lower income, having a harder time accessing
supports, because they're not licensed or not
recognized in a lot of settings."* —Network director

Directors of networks in states that do not include
FFN in state policies and regulations noted that this
exclusion often results in this group of providers being
marginalized and denied access to economic and
professional development support:

*"In our state there [are] not rules around FFN
care, and you could potentially get in legal
trouble. There [are] repercussions to providing
care to more than a certain amount of children
that are not related. And so it further stigmatizes
people."* —Network director

They also reported challenges networks face
in reaching FFN providers and sustaining their
engagement in supports. As one director noted, the
lack of inclusion of FFN providers in public systems
and regulations "further pushes them outside" of
where networks can engage them.

Networks vary in the extent to which they engage providers as equal partners in network decision-making and service delivery.

Provider-run networks that are founded and
implemented by provider leaders are particularly
well-positioned to engage provider members as equal
partners. One network in our focus groups was founded
and led by FFN providers. Both leaders and providers in
this network confirmed the central role that provider
members play in network activities and direction.

Directors in the other seven networks that are
not provider-run talked about the importance of
provider voice in guiding network decisions. Given
the invisibility that some FFN providers may
experience in their communities, networks may
serve as a place where FFN providers can come
to be heard and understood:

*"Provider voice is hearing the unheard because a
lot of times they're an unheard population.*

*Understanding their specific wants, needs …
allowing them to show up in a very genuine way
that reflects who they are and without judgment."*
—Network director

One way in which networks engage providers' critical feedback on network supports and services is through surveys and focus groups. These data are then used to influence what the network offers. Providers across networks reported that surveys and opportunities to share feedback about network services make them feel heard at the network:

"What I like is that they have always taken our opinion into account. It's not only what they think we need to learn, but they also ask us and take our opinion into account for the next class."
—FFN provider

Networks vary in how they engage providers in advocacy efforts around FFN care.

Five of the eight network directors in our study talked about the importance of advocacy focused on the FFN child care sector. These directors recognized the exclusion of some FFN providers from state systems and policies and saw the role of networks as creating a platform for providers to have a voice in public advocacy and policy discussions. One network director explicitly articulated advocacy as part of the network's theory of change: "And there's another piece—what our theory of change is. Also increasing that caregivers become advocates, in their families, their communities, and wherever they happen to go." Other networks emphasized the importance of bringing recognition to FFN care:

"Empowering them to be able to share their voices and to feel confident enough that they're able to do so; making sure that they realize how

Box 2

Example: A provider-run network prepares members for advocacy

A provider-run network in which the network leaders and directors are either current or former FFN providers may be uniquely positioned to engage provider members in advocacy activities. A director of a provider-run network reported organizing providers around "changing early education systems" and advocating for things like better transportation. This director also described ways the network prepares providers to be leaders and advocates with the families they serve and in their own communities.

"[By] empowering these women [they have] the skills and knowledge to be able to empower, in turn, other families to be successful and also have a voice in fighting for their children's rights." —Network director

This director also emphasized that in some situations, directors take on advocacy activities on behalf of providers in the network:

"That is what the network provides. Being included means listening to the people's voices and what they know because, ultimately, they are the ones with the experience. … We are the ones who go talk, but we're bringing their voices with us… When we go talk, we talk on behalf of these women. I become that woman myself."
—Network director

A provider in this network described the efficacy of her involvement in advocacy—from setting goals to making changes.

"One of our goals is to offer the home child care providers the same benefits. … It's the same thing with the classes. We're fighting so that some of our providers can have the required CDA [Child Development Associate Credential]. Once we have the CDA, they're proving that they're capable, they're getting more information, they're going to training, and they know more. … This shows with behavior, a better schedule—things that licensed day cares are using. We also want home-based providers [license-exempt] to have those services." —FFN provider

important what they're doing is, so that when they're using their voice, they're doing so in a way that makes them feel powerful and makes other people look at them and say, 'Wow,' especially in [this state] where it's not currently legitimized, where they're looking at them and saying, 'Wow, this is a group of professionals, you know. They deserve support, they deserve respect.'" —Network director

Directors reported that their networks offer a menu of advocacy activities from opportunities to share advocacy messages on social media to writing postcards to giving testimony to legislators (see Box 3). A provider in a network described her experiences:

"In my network … I advocate for child care providers. I'm always advocating. I'm in meetings. I go to the Capitol to advocate. In November, we have a meeting with the mayor, and I'm going to be in that meeting." —FFN provider

Two network directors described the challenges of engaging FFN providers in advocacy efforts. One director noted the importance of "giving power to their voice" and fostering "political power" in FFN providers. She talked about identifying providers in the network who are "outspoken" and "willing to go with you in front of the city council. … They have that social power to gather people around." But she also cautioned that, for some providers, public recognition could "cause more harm than good" and have unintended consequences, especially for providers

Box 3

Examples of network strategies for preparing providers for advocacy

- *Social media kit co-created with FFN providers to advocate about the importance of FFN care*

- *Opportunities to write postcards to legislators for policy change*

- *Preparation to speak in front of legislators*

- *Development of an FFN advisory council*

with uncertain immigration status. A director from a network in a state that allows FFN providers to receive subsidies described the challenges of engaging FFN providers in advocacy efforts when they are not aware of opportunities to engage in public systems:

"It's hard to advocate when you're not part of the system and because you're not aware of the system and what it does for other people. And so, a lot of the applicants we serve are not in our license-exempt program and receiving subsidies. And so, it's like two different worlds, right? You're working with FFNs who don't even know they could get paid by the state for the work that they do. … They're so busy and have so many stressors and inequities in their lives that they're dealing with." —Network director

Findings: Implementing the "what" benchmarks

The "what" benchmarks describe the services that networks offer providers, including (1) provider well-being, (2) financial sustainability, (3) quality practices, and (4) comprehensive services for children and families. Our focus groups with FFN-serving networks and providers asked about services related to provider well-being, financial sustainability, and supports for working with children and families.

Networks offer FFN providers supports around stress reduction and physical well-being, as well as trauma-informed supports, to enhance emotional well-being.

Stress reduction and physical well-being supports. Six directors of networks described offering supports to FFN providers to reduce stressors related to working long hours alone, as well as balancing their own needs with those of the children and families for whom they care (Box 4). The six networks offer training workshops on relaxation strategies and self-care, and three of these networks offer additional supports, such as support groups or referrals (Table 2). One director explained the importance of offering self-care supports for FFN providers:

Box 4

Examples of stress-reduction supports offered by networks

- Workshops and classes on meditation and mindfulness, yoga and exercise, and healthy eating
- Access to massage therapists
- Peer support groups and opportunities for social gatherings among FFN providers

"I don't think when you … work every day that you realize how important your own self-care is to being able to fill your cup and continue to show up and do that work at a high-quality level … because I think a lot of providers don't have anyone [to] validate that it's OK to take care of yourself and you should take care of yourself because you can't pour from an empty cup." —Network director

Table 2. Types of stress-reduction supports (n=6)	
Training workshops	6
Support groups	1
Referrals to stress-reduction resources	1

A provider who attended a stress-reduction workshop at her provider-run network found an added benefit of connecting with other providers at the network:

"[The stress-reduction workshop] is wonderful. We're all a little stressed. … [The providers] sit down with whoever they want, someone they know. If they don't know each other, they start building relationships. They stay for a while talking and making friends. That's what the network is about." —FFN provider

A provider from another network echoed that just being able to spend time with other FFN providers reduced her feelings of isolation:

"Just the community … like having things to do every week and meeting. I mean, I just feel like this could be like a really lonely position, but having places to go and people to meet up with, and resources is really nice." —FFN provider

One provider reported her positive experience of taking a workshop at the network on healthy eating and nutrition:

"That's why we are supporting each other in the network to receive nutrition classes to eat healthy. In fact, I sit myself down when they are giving that class, and you think, 'Oh, I ate like that.' Or, 'I didn't even know that was unhealthy.' That makes you feel stronger. … Once they teach you what nutrition means or give you a psychology class, your mind clears away and you think, 'Oh, it's because of this.' 'I was doing this wrong, and I'm doing this right.' That's good and important for me." —FFN provider

Trauma-informed supports. Seven out of eight networks also support FFN providers' well-being by offering trauma-informed supports, including mental

health counseling, workshops, and information sharing (Table 3). Five of these networks offered at least two types of mental health supports, suggesting the importance placed on this area of service delivery. Network directors recognized that many FFN providers as well as the children and families in their care have experienced trauma. They described services such as free psychological counseling and wellness workshops (Box 5). A provider at a network that offered emotional-wellness workshops reported that having space to talk about her lived experiences with others who share similar experiences was beneficial:

"They help us take care of ourselves. … It's all right that we take care of the children, and that's our primary job, but that doesn't mean we need to overlook ourselves. Letting out some things with other people. … Once you start talking, you realize that other providers also went through the same or something similar to what you've gone through." —FFN provider

Table 3. Types of mental health supports (n=7)	
Referrals to therapist	3
Workshops on psychological well-being	6
Peer-support groups focused on mental health	1
Information sharing about mental health resources	2

Not all providers may access or have awareness of network supports. For example, a provider at one network where the director reported offering mental health supports for caregivers, shared that she struggled with anxiety and wished her network offered specific mental health supports or resources.

Box 5

Examples of trauma-informed and mental health supports offered by networks

- Network partners with a licensed mental health counselor who offers child behavior and parenting therapy

- Access to trauma-informed therapy

- Emotional-wellness workshops

- Access to free, virtual cognitive behavioral peer support, using an evidence-based curriculum that addresses family issues related to addiction and abuse

- A "psychological first aid kit" and other mental health guides and resources

Networks offer supports to improve FFN providers' economic circumstances.

Network directors recognized that some FFN providers depend on the income they earn from families as "a livelihood or additional household income," although they may not operate formal businesses. Network directors were also acutely aware of the economic challenges—food insecurity, unstable housing, lack of access to medical care—that many FFN providers experience living in disinvested and marginalized communities. Directors further noted that providers' commitment to the families and children they serve compounds this economic fragility:

"They provide a lot of their own materials and resources for the children that they take care of. So, they don't just need food for themselves and their families. They're also stocking up with stuff that they will give to the kids. And there is no institution behind that, providing or subsidizing those purchases or anything." —Network director

Networks offer direct financial and material support. To meet FFN providers' basic economic and material needs, six network directors reported that their networks offer direct financial or material aid through mini grants, emergency funding, or monthly stipends (Box 6). All but one of the six network directors reported offering only one type of support in this area (Table 4). All directors noted the limited capacity of networks to fully support providers and their reliance on outside sources for funding. Two networks received grants from philanthropic organizations to fund these initiatives, and one network received American Rescue Plan Act funding to offer supplies to providers. In addition to direct financial supports, two directors noted that they collaborated with community organizations to provide free meals or food.

Box 6

Examples of direct financial and material supports offered by networks

- Monthly cash payments or stipends
  - Network-funded subsidy or stipends for providers in priority groups
  - Monthly scholarship payments tied to participation in network initiatives
- Emergency funding to help providers with:
  - Rent, utilities
  - Pandemic-related materials, e.g., masks, cleaning supplies (mini grants)
  - Groceries and other necessities (gift cards)

Some providers across these six networks confirmed that financial supports were helpful. Providers at one network talked about the value of receiving larger financial supports, such as funding for home improvements and repairs:

"There was a provider who was able to help herself with the money she received each month. … She was able to [fix] the roof of her mobile home. … It helped her so much because the space she had was so small and she was looking after three children. …Thank God [for] this opportunity. … Financial resources are very important for all of us, as a community, as leaders, and as caregivers." —FFN provider

Table 4. Types of direct financial supports (n=6)	
Monthly stipend, payments, or scholarships from the network	3
Emergency funds (gift cards, mini grants, one-time cash gifts) for basic necessities	4

A provider from the provider-run network talked about the expenses of running a home-based child care and the support she receives from her network:

"Those are a lot of expenses. I have to get up at 6 or 7 in the morning to clear out snow or to cut grass because I don't have anybody to help me… [The network] helps us with an amount, and this amount may not be enough to pay for everything, but it helps." —FFN provider

Networks help FFN providers manage their budgets and finances. Four directors reported that their networks offer FFN providers assistance with financial management and information about how to increase income through training workshops or referrals to external resources. Face-to-face or virtual training workshops focus on understanding budgets and financial management, developing contracts with families, taxes, and recordkeeping. The director of a provider-run network explained her network's objective in offering these supports:

"We train them to be more professional, maybe to create a contract where it says, "I send this and that, and I'm going to pay you this and that." Because we need to teach our communities that this is a job and we do it because we like it and because we need it… Of course, it can be more professional even though you don't have a license. Your child is your child, but you also provide care. You bring the food, or you pay me $5 more, and I provide the food because they don't have access to the resources the government provides." —Network director

According to directors, networks may also turn to other organizations or experts for business and financial management supports when they do not have this expertise on staff. One network gives providers access to a self-help credit union that offers business training for child care providers. Another network offers a webinar with a tax preparer and a list

of local tax preparers to supplement the network's business fundamentals training.

Networks help FFN providers navigate public systems that offer the potential for increased income.

Depending on state licensing and subsidy policies, networks may try to connect FFN providers to publicly funded systems (e.g., licensing, subsidies, and the CACFP). Three network directors recognized that being licensed as an FCC provider is one pathway to enhance FFN providers' economic well-being. These networks use dedicated staff members to help interested FFN providers through the licensing process. Providers in these networks confirmed that network staff members not only connect them to programs but also offer hands-on support to enable FFN providers to be successful. One provider described the intensive supports her network offers providers who are interested in becoming licensed FCC providers:

"Because not only do they support you by teaching you things, but they also, at [the network], support you so you're able to get your license. It's not just that they give you the website or the telephone, 'Oh, here's where you need to call.' But they help you through the process." —FFN provider

Providers from one network that administers the subsidy program for FFN providers talked about their experiences accessing publicly funded systems and financial supports. One provider said the network director informed her that by being part of the city subsidy system, she was automatically enrolled as a member of the child care union with union dues subtracted from her subsidy payments. The director explained to the provider that she could claim benefits from the union. As a result of this knowledge, the provider was able to get eye care coverage for prescription glasses. This same provider explained that the network gave her information about the CACFP. However, despite the information received, she felt the paperwork burden was too much and not worth the additional income:

"I exempt myself from the food program because I had such a headache with it. I was confused. And I said, you know what, I'm gonna feed them anyway. OK. So I just left the food program, but I know it's there. It's there if you wanted it, needed it, it's there." —FFN provider

In states where FFN providers are not allowed to participate in subsidy programs unless they are licensed, providers reported that their networks are actively involved in advocacy around inclusion of FFN in these systems. A provider from North Carolina said her network was learning from networks in California how to change policies to include FFN providers in state subsidy programs:

"I think [a network staff member] was looking into some subsidy that they're doing in California. ... So she's working towards that. And, you know, trying to think about ways that we could be subsidized. It's not a thing yet." —FFN provider

Networks support FFN providers' knowledge and skills and offer direct services to promote positive outcomes for children and families.

Six directors reported that their networks offer supports to enhance providers' knowledge and skills around working with children (Table 5). They described offering trainings and resources for FFN providers on nurturing children's healthy development, such as health and safety trainings and coaching on activities to support children's learning. For example, one provider noted that she learned about using household materials at home to support children's cultural identity as well as learning, "We might not need to go buy Play-Doh. We have masa at home." Two networks mentioned partnering with the national ParentChild + organization to offer home visiting and literacy materials to providers. Networks also offer FFN providers free materials, such as toys and books for children (Box 7).

Box 7

Examples of child development supports and materials offered by networks

- Supporting development
  - Coaching on repurposing common household items for children's learning
  - Classes on sibling conflict
  - Facilitated play groups
  - Information about activities for children, curriculum resources
- Grants and free materials
  - Developmental toys for infants and toddlers
  - Books and early literacy materials for preschoolers
- Health and safety resources
  - Dental clinic for children
  - Classes on first aid and CPR
  - Classes on healthy eating
  - Car-seat safety training

Table 5. Types of child development supports (n=6)

Tools, trainings, and coaching on how to support children's learning and development	5
Health and safety resources	3
Grants to purchase materials for children or free books and toys for children	2

Providers described in detail how these network supports help them in their caregiving work. For some providers, network-sponsored play groups help them develop a weekly structure for their children:

"Well, for me, I struggled personally with structure. So trying to meet these goals actually gives me some structure. I'm like, OK, Wednesday we're gonna do indoor fun play. And also, it's just a good way for my daughter to interact with other kids and also have some learning involved." —FFN provider

For others, the toys and materials for children are most helpful: "I love also the toys, the developmental toys, because it's just stuff that I wouldn't think to buy him," one provider said. Providers also reported learning in network trainings how to apply child development knowledge to their care of children:

"The education piece is really important. And I think it supports me by giving me access to tools to help start that process, right? Yes. He just started talking and, like, communicating, and it's wild. And it's sort of like, oh, I have to learn things now. We got to do things. So, it helps sort of give me the tools to do that." —FFN provider

"They also teach us how to awake the children's sensory motors. What games could we play and at what age." —FFN provider

Providers reported that they encounter challenges caring for children with diagnosed or undiagnosed disabilities. One director reported that her network offers support and guidance to FFN providers to find and access referrals to information and community resources on caring for children with disabilities. Providers from two networks reported receiving referrals from their networks or training related to caring for children with disabilities:

"One example would be children who have a certain disability. So, if you don't know how to treat them because you've never been in that situation, they can refer you to an agency. And they can provide special classes or, in an informative way, so not only you can use it, but you can also refer the parent." —FFN provider

One provider talked about the network offering an introductory class on working with children diagnosed with autism. She explained the need for this information:

"That's the reason why I have gotten much more involved in [the network]. There's another introduction; it's autism. Personally, I had four autistic children. … I just didn't have the correct tools because I wasn't in a course on how to treat an autistic child. … That's one of the points that we're going to work on, introduction to autism, tools to look after an autistic child."
—FFN provider

Findings: Implementing the "how" benchmarks

The "how" benchmarks describe evidence-based implementation strategies that networks may use, such as (1) relationship-based practices, (2) data collection, (3) staffing, and (4) recruitment of new providers into the network. Focus groups asked directors and providers about their approaches to delivering services, including relationship-based support and culturally responsive support, data collection approaches, staffing practices, and recruitment and engagement of new providers.

Networks use evidence-based service delivery practices to develop positive relationships with FFN providers.

Network directors emphasized the importance of positive relationships between staff members and FFN providers as a key element in recruitment and engagement. They talked about trust as a precursor of building these relationships: "Trust has to be built, respectful, manifest, and all of that has to happen before you can even think about how you can work together with a provider," one director said. Network directors acknowledged that building trust in the FFN community takes time:

"It's just kind of slowing down and being really mindful of what you're doing. And a lot of that involves listening to what their needs are and then making sure there's that fit, right? Because

otherwise, you're just gonna miss the mark. But it does require a lot of patience and persistence."
—Network director

Building staff–provider relationships can be challenging because FFN providers often experience intersecting inequities due to economic and structural barriers. Lack of access to technology, for example, may result in increased isolation from resources and information. Immigration status may influence the ways FFN providers choose to engage with network staff members. One network director observed that some FFN providers feared engagement with the network because they perceived the network as a possible government enforcer around immigration status.

Networks consider logistics when offering supports and opportunities for FFN providers.

Scheduling training workshops and activities at times when FFN providers can attend is another feature of a responsive service delivery approach. Providers appreciated when networks offer options for events and trainings so that providers can choose what works best for them. A provider at one network noted the importance of flexible scheduling: "That's what I like about the network; we ask about the schedule, so it's flexible for us." A provider at another network talked about the logistical challenges providers face when

attending in-person trainings and the importance of networks' being responsive to these challenges:

"When the class ends, we offer lunch. But if the class is four or six hours long, for example, you're going to take it in several sessions on Saturdays. We know that if the class is early, they come without having breakfast, and the children didn't have breakfast because they got ready and rushed to get to the class on time. We start with bread and coffee for everyone." —FFN provider

Networks use intentional and collaborative data collection to inform service delivery.

Directors reported that their networks often rely on FFN provider feedback to inform how services are implemented. As reported earlier, networks use surveys to gauge providers' experiences with services, as well as changes providers would like the network to make. For example, one network regularly collects data from providers to assess whether the community organizations with which it works are welcoming and responsive:

"[We're] consistently gaining feedback on, like, the library, the community center, the rec department, asking everyone, 'Are you comfortable going here? Does the staff acknowledge your culture? Does the staff make you feel welcome no matter, you know, what you look like, what you dress like, what you sound like, what you smell like? Whatever it is, it's are you received well? Are you treated fairly? Are you comfortable with your children being there?' Gaining that feedback has been really helpful." —Network director

Another network formalized a stress-reduction program based on evaluation data collected during the program's pilot phase.

Providers, in turn, shared that they were asked by their networks for feedback on services and supports:

"We have a survey for each class. In it, we ask questions about the types of classes they would like to see, apart from what they already see here." —FFN provider

"After each class and what I mentioned before, the cafecitos, they gave us a survey and asked us what our opinion is about the class, what we would have liked them to have done differently." —FFN provider

Despite data collection efforts, network directors reported that measuring effectiveness of service delivery is an ongoing challenge. In some cases, network services are still in their infancy: Two directors noted that it was too early to assess effects, despite positive anecdotal feedback. One network director gave an example:

"[We had] one family—their child responded very well to the behavior therapy that was provided for her, which helped the toxic stress management of the family decrease a lot as well. ... But it'll be probably another year before we could give specific outcomes for sure." —Network director

Network directors acknowledged that they struggle with identifying the outcomes they want to measure. As one director noted:

"We have tons of data. How ... data really measure those outcomes specific to those interventions is questionable. And that's a challenge for us really understanding how, you know, we are able to connect our data to actual actions and impact." —Network director

Only one network director reported evaluating provider outcomes from a mental health program it offered.

Networks are intentional about offering culturally and linguistically responsive and relevant supports.

All the network directors reported that their networks offer services and materials in FFN providers' preferred languages. Networks do this by hiring staff members who speak the same language as providers in the network or by relying on translators. One network director described how her network adapts service delivery approaches to be more responsive to providers from the Latine community:

"We were attending some community events [at a community organization], which is our connection to the Latinx community. Most of

our outreach is done via email. … The executive director told us, 'Honestly, we don't use email. No one here is comfortable with email. … This population of Latinx that I serve in this area is very anti email.' I was like, 'What do we do? How can we make this work?'… So now we are utilizing WhatsApp to send out all communication. And it's been very successful, very well received. They're very grateful for the change. They were the first ones to say, 'Thank you for acknowledging the difference in the fact that we're not as comfortable with what your culture is comfortable with. And thank you for not making us feel bad for that.'" —Network director

Providers appreciated when networks make intentional efforts to offer services and supports in their preferred languages:

"In [my] network, we've been educating ourselves and becoming stronger because we speak Spanish. I feel that is making us stronger when they tell us, 'Don't worry, there's going to be a meeting, and there's going to be a translator.' I feel safe because I know that they are going to understand me and I'm going to be able to understand what they are transmitting." —FFN provider

"I mean, the translators. In the past, there wasn't anything like that. 'We can translate it for you.' There was a lot of discrimination. And we shrank a lot. Now we can express ourselves; we can have a voice, be the voice. It's very important that now there are translators, and we can understand each other." —FFN provider

Networks are intentional about hiring staff members who reflect the characteristics of the FFN providers they serve.

Network directors, especially those in networks that are not provider-run, recognized that "power differentials" between staff members and FFN providers may impede trust and relationships. All eight directors reported that their networks aim to hire staff members who share some of the same lived experiences as providers in the network, such as living in the same community or neighborhood, sharing the

same culture or language, or having previously worked as an FFN provider.

"We've hired people who live in the community who are reflected in the same group of providers. We're very sensitive. Almost 90% of our staff are bilingual. They speak the language in the community that they're serving as well. So they have shared experiences in the neighborhood, they know people in the neighborhood, and they connect very well with everyone."
—Network director

Providers appreciated working with network staff members who share similar lived experiences. As one provider explained, "I like to feel seen and to not be judged … to have people in the same boat basically. And it's nice to be able to be appreciated for what we're doing and what we're sacrificing."

When there is not a match between staff members and providers, network directors emphasized the importance of staff members learning about and being responsive to providers who may come from diverse cultural and community backgrounds. For example, one network provides diversity, equity, and inclusion training for staff members who are not from the same communities as the FFN providers.

Networks rely on tailored messaging, peer connections, community partners, and incentives to recruit FFN providers.

Networks sometimes face challenges identifying and engaging FFN providers in the community. Network directors reported that many FFN providers may not see themselves as educators for whom services are available: "There are a lot of women we discover who are doing this job because it's a job, and they do not know that they can obtain these trainings," one director said.

Network directors reported that they rely on peer-to-peer connections and word-of-mouth strategies for recruiting new providers into the network. One director explained that her network finds providers who are "willing to step up and be the leader on the recruitment" by identifying provider leaders at community events. Another network offers social events for providers to get the word out about the network and encourage providers to join. A provider-

run network relies on its members, who are well-known in the community, to invite providers they meet at stores like Sam's Club to join the network. Network directors also reported that social media outlets such as Instagram and Facebook are effective recruitment strategies, although their reach may be limited in geographic areas where there is limited internet or cellular service or among providers who are not comfortable with technology.

Three networks depend on community partners that have existing relationships with FFN providers to spread the word about the network. Directors saw this strategy as particularly effective for reaching diverse FFN providers who may not know that the network can provide culturally responsive support in their preferred language. Providers reported learning about networks and meeting others at community organizations such as libraries or even at local sporting events:

"I started to meet other moms at story time at the library. ... I learned about [the network] through them." —FFN provider

"So [a network staff member] came up to me at a softball event over the last spring, I guess. And then my friend, she was telling me about it, and so they both kind of told me about it."
—FFN provider

Offering monetary and material incentives to FFN providers (described earlier in economic supports (see section titled Networks offer supports to improve FFN providers' economic circumstances) is another way networks recruit new providers and engage current providers. One network that began to offer emergency funds of up to $1,000 to FFN providers during the pandemic continues to offer this "mutual aid." As the director explained, "It's been our most successful way to reach folks ... because it means that we've been there during these dire times ... with them, alongside them ... when a lot of other folks weren't there." Another network uses delivery of free food through visits to FFN providers as a strategy to reach out to providers who want this support.

Directors talked about the importance of tailoring communication and engagement with providers once they have been recruited into networks. Directors emphasized that consideration of provider circumstances and experiences is critical. One director described her network's approach to engaging with new providers:

"When we are first introduced to a caregiver, if they're not comfortable sharing—like we asked for a sign-in, and some of them write their first name and their last initial, and it's not till the third or fourth time we meet that we learned their last name or get their phone number or something like that. So, we're really respectful of people's boundaries and, maybe, reticence to trust." —
Network director

Findings: Provider–network alignment

This study includes data from directors of eight networks and FFN providers from five of these eight networks. For these five networks, we were able to explore the fit between what network directors reported offering and what providers experienced, although this analysis is based on a small number of participating providers from each of the five networks, and the networks operate in different state policy contexts. Based on network director and provider reports, we found alignment for three of the five networks across the core dimensions of the benchmarks.

Network directors and providers at these networks described including providers in network planning as

equal partners and having ample opportunities for providers to give input and feedback on the content of network supports ("why" benchmarks). Network directors and providers also described network offerings for FFN providers on stress reduction, financial support, and child development information ("what" benchmarks). Finally, directors and providers at all three networks described at least one aspect of network implementation that helps FFN providers participate, including translation of all materials and trainings into languages other than English ("how" benchmarks).

Directors at these three networks described deep engagement with providers as decision-makers. One

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of these networks is a provider-run network that, by definition, engages providers as decision-makers and leaders. All three networks engage in ongoing dialogues with providers about their strengths as well as their needs and interests. For example, one network director described a human-centered design process that the network engaged in with FFN providers to find out how the program could better meet the needs and interests of providers.

This director also noted the importance of ongoing feedback, rather than one-time or occasional surveys: "We're trying to collect feedback constantly." Another network director talked about the importance of ongoing efforts at her network to develop provider leadership and critical feedback opportunities for the network:

"I think it's just listening to folks along the way. Bringing folks into conversation and directly to decision-making. And … being OK with, like, critical feedback from folks." —Network director

We also found examples of potential misalignment between reports of network directors and providers, primarily at two of the five networks. At one network, for example, the goal of including providers as equal partners may not have matched the experiences of some providers in the network. The network director explained the network's commitment to partnering with providers: "I think the provider voice is what drives the network and what should always be the focus of the network." Yet, two of three providers at that network who participated in a focus group suggested that more needs to be done to co-create network supports with providers to ensure offerings are both relevant and accessible to providers:

"Maybe have more … good structure and consistency. So if you're going to have a training, have a training once a week … because I feel like with our program, it's very scattered. And, like, one month we'll have eight trainings [and] … the next month it's like two trainings … so maybe just a little structure, organization … have the [providers] kind of know what to expect on a month-to-month basis." —FFN provider

When asked what changes they would like to see at their network, one provider suggested greater partnerships with providers around the content and planning of services:

"I would say that I would probably ask [providers] what's important to them and what they want to get out of the network and what would be valuable to them to include? And then kind of collaborate and make the roadmap together." —FFN provider

Another example of potential misalignment was from a network that served large numbers of both FCC and FFN providers. The director described the network's engagement in advocacy efforts on behalf of FFN providers, noting that "they've been excluded and left out from subsidies and stabilization grants." She reported that the network supports legislation to include FFN providers in government funding and grants. While only two providers from this network participated in focus groups, they saw the network as an agency that offers information about and processes paperwork for publicly funded programs without offering opportunities for providers to be actively involved in creating positive change for child care providers. These two providers also noted that because the network served such a large metropolitan area but only had one physical location, it was difficult for them to access and, for one, required a two-hour commute. The large service population may have also created challenges for providers who did not speak the dominant languages served by the network. One of the providers was a Mandarin speaker who experienced a significant language barrier despite the network's commitment to language justice.

Summary and discussion

This report describes the ways that eight networks support FFN providers and the experiences of FFN providers who receive supports from five of these networks. Our findings suggest that these networks offer supports that are aligned with some of the **benchmarks and indicators** of high-quality networks.

Directors of networks that serve FFN providers were clear about the rationale of their network and the "why" behind network services. Directors also described many ways that their networks create important spaces—both virtual and in person—for FFN providers to connect with other caregivers in their communities. Through play and learn groups, "cafecitos," learning circles, and peer-support gatherings, these networks create opportunities for providers to meet others with shared lived experiences and exchange ideas and resources. Providers across networks appreciated these opportunities as ways to combat the isolation of caring for children at home and create community and friendship.

Most of the networks in this study offer supports that are described in the benchmarks as the "what" activities of networks. Network directors described an array of services and supports focused on provider psychological and financial well-being, including gift cards for groceries and necessities, stress-reduction workshop and activities, and resources on health and nutrition. Additionally, directors talked about the ways their networks share information with providers about child development and health and safety information, including CPR and first aid training, toys and books for children, and training and consultation on activities for children.

Finally, directors of networks emphasized the importance of implementing services in ways that are most likely to engage FFN participation (the "how" of network services). Networks and providers described the importance of network–staff relationship-building and responsiveness, consideration of logistics that meet the realities of FFN providers' circumstances and schedules, use of intentional and collaborative data collection to inform responsive and relevant service delivery for FFN providers, linguistically responsive approaches to service delivery, and intentionality around network staff hiring and retention practices. Directors also shared the ways their networks tailor approaches to recruitment and engagement of FFN providers in their respective communities.

Examination of provider reports from five networks suggests that, in some networks, there is strong agreement between director and provider reports about how the network supports FFN care. In other networks, providers may have had different experiences from what network directors reported, although the number of providers who participated from these networks limits the validity of this finding. Misalignment between network operations and supports, and provider experiences may be related to network funding and roles in implementing state policies. For example, networks that are funded to monitor enforcement and administer the subsidy program may have less capacity to meet the individual needs of all providers in the network. This is consistent with prior research suggesting that networks that play an enforcement role may enact fewer relationship-based practices that are responsive to provider needs and circumstances.[5]

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. Moreover, the focus group format of this study did not allow us to ask how networks enact all 11 of the benchmarks for high-quality networks. Also, although directors from eight networks participated in our focus groups, a small number of providers from only five networks participated, limiting what we could learn about alignment of provider and network perceptions of supports.

Provider recommendations for networks serving FFN providers

The following are recommendations for networks serving FFN providers. These recommendations emerged directly from provider reports.

All quotations are from providers who participated in the focus groups.

- Collaborate with FFN providers to identify services and supports that are important and valuable to them

- Gather feedback from FFN providers, and partner with providers in co-creation, planning, and implementation of content and format of supports

- Ensure that all materials and communications are available in providers' preferred languages

- Give grants to enable FFN providers to buy books, materials, and equipment (e.g., cribs and mattresses) for children in care

  "I think [the network] should offer a little grant to do books if the child reads or some voucher for an app. ... Because [the network] being a big group organization ... they should be able to give a nice discount. All the providers [should] have access to this."

- Offer FFN providers access to utilities and rental assistance

- Offer access to retirement benefits

- Give grants for FFN providers to make home renovations and repairs

  "It would be for the house because with that, we would be able to do some repairs or changes that would benefit not only us, but also the children."

- Offer FFN providers support with technology and software

- Provide information on community activities and events for children

- Consider logistics and scheduling that are responsive to provider needs when planning network activities; inform providers about events in advance, so they can make arrangements to attend

- Honor FFN providers' achievements with certificates for completed trainings

  "I think that we have the most training hours. I would like to be acknowledged with a nice diploma to hang it up at the house."

- Broaden the network's FFN outreach and recruitment to other communities

  "I think that we need to reach out to more people. As a vision I think that there is a need in our community for this, so we need to reach out to more people.''

Conclusion

Findings in this report from network directors and FFN providers suggest that networks have the potential to support the needs, interests, and strengths of FFN providers and the children and families they serve. Networks that support FFN providers recognize the unique experiences of these caregivers and how their lived experiences may differ from more formal FCC providers. Providers, in turn, appreciate the acknowledgment and recognition from networks for their caregiving work and the access to information and resources that networks offer to support their emotional and financial well-being as well as the development and learning of children in their care.

Methods Appendix

	Type of organizational platform			Number of FFN providers served		Primary funding source		
Network	**Child care resource and referral agency**	**Community-based organization**	**Provider-run network**	**Under 200**	**Under 300**	**Public**	**Private**	**Equal mix**
1	✓				✓			✓
2	✓			✓		✓		
3		✓			✓	✓		
4		✓		✓			✓	
5		✓		✓			✓	
6		✓		✓		✓		
7		✓		✓			✓	
8			✓		✓			✓

Table A1. Organizational platform, providers served, and funding sources for eight networks that participated in the focus groups

Endnotes

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