



Promising Practices for High-Quality Home-Based Child Care Networks: Network Practices Around Equity and Social Justice

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Authors:

Jessica Miguel^a, Juliet Bromer^a, Patricia Molloy^a, and Toni Porter^b

(^a Erikson Institute ^b Early Care and Education Consulting)

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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”) consider racial, economic, and linguistic equity in service delivery design and implementation. Implementation of network supports that considers equitable outcomes for providers, children, and families is a core principle articulated in the benchmarks and indicators for high-quality networks.

This brief focuses on the strategies and supports that home-based child care (HBCC) networks implement to enhance access to resources and opportunities for historically minoritized providers and families as well

as the experiences of providers in these networks. Findings are based on focus groups with eight network leaders¹ and 12 licensed family child care (FCC) providers from five HBCC networks across five states. These networks were selected because their responses about benchmarks for high-quality networks (see Box 2 for the benchmark most relevant to this report) indicated that they were offering promising programming on equity and social justice and linguistically and/or culturally diverse services.

Benchmark C

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

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

C.2. Understands and respects the diverse backgrounds of HBCC providers and families, including culture, language, ability, family composition, and circumstances.

C.3. Prioritizes groups of providers, families, and children who have been historically marginalized in order to increase their equitable access to meaningful and quality resources and opportunities.

C.4. Deliberately takes actions to support providers, families, and children living in Black, Latinx, Indigenous, immigrant, and rural communities to redress historical inequities around access to services.

From **Strengthening Home-Based Child Care Networks**

¹ Network leaders included those who identified themselves as executive directors or directors of specific programs within a network organization.

Overview

We asked network leaders and providers to talk about how their networks promote “equity and social justice.” Network leaders were asked to reflect on how they work with providers across cultural, racial, ethnic, and linguistic groups, their use of anti-bias and culturally responsive practices, and how they address systemic disparities that HBCC providers may face. Similarly, providers were asked to reflect on their experiences receiving support from their networks and the extent to which these supports are culturally and linguistically responsive and acknowledge systemic inequities in HBCC. In this brief, we define equitable

network practices as those services and strategies that are fair and unbiased and help HBCC providers succeed and thrive in ways that are not determined or predicted by race, ethnicity, language, immigration status, or income.

Given the topic of equity in this brief, it is important to acknowledge the positionality and identity of network leaders and providers. When quoting leaders and providers, we include cultural markers such as race, ethnicity, and language.

Findings: How do networks facilitate equity efforts?

Network leaders noted that their equity-focused networks look to address injustices within their organization as well as systemic inequities in the broader early care and education field. Within networks, equitable operations include hiring staff members who represent the population and community in which they are located, offering providers adequate access to resources, involving providers in decision making, and individualizing the support offered to providers. Leaders were able to advocate and speak out to broader systems-level representatives about the inequities faced by the HBCC sector.

“Not a very scientific definition, but... for me, it [equity and social justice] means continually complaining and asking for help for those who aren’t receiving equity, and at the same time, not waiting for this help from up above, and doing something no matter how small to make things better, immediately. Two paths, and one requires a lot of stamina and self-control. And the other just requires a little bit of creativity. And to be willing to do something small rather than waiting for something big.” —Network leader, English-speaker, Latine

“Sometimes we don’t have the support from above or the resources from above. But as people who are working directly with these programs and our children and our families, we

have to find a way to find a solution, whether that’s temporary, where that’s maybe not the best solution, but at least doing something to making sure that we are meeting the needs of everybody that’s in our network and our program.”

—Network leader, English-speaker, Latine

Providers from these networks confirmed the marginalization they experience in the broader early childhood education field compared with their center-based counterparts:

“We’re able to serve underserved populations as we are underserved ourselves. ... But there’s only so much that they [networks] can do. They can just kind of put out the fires, but until the field is recognized—as you know, the youngest learners need, you know, equitable wages for their workers—there’s only so much they can do.”

—Provider, English-speaker, multiracial

Efforts to increase equity include relationship-based approaches to support and open communication with providers.

Research suggests that responsive network staff–provider relationships and cultural responsiveness are critical components of high-quality support² that may contribute to equitable and positive outcomes for HBCC providers. Networks increase equitable access

² Bromer, J. & Korfmacher, J. (2017). Providing high-quality support services to home-based child care: A conceptual model and literature review. *Early Education and Development*, 28(6), 745-772. <https://psycnet.apa.org/doi/10.1080/10409289.2016.1256720>

to resources and opportunities for providers when they are intentional about knowing and understanding the experiences and needs of providers. As one network leader noted:

"I think I've learned that if we know better, we do better, right? So the more we know them, the better we're equipped to support those that we serve." —Network leader, English-speaker, Latine

BENCHMARK INDICATOR (C3).

Prioritizes groups of providers, families, and children who have been historically marginalized in order to increase their equitable access to meaningful and quality resources and opportunities

A provider in another network suggested the importance of networks gathering feedback from providers to inform decisions about service delivery:

"So I think our program would benefit if they had [at] the end of our training, 'Please do not leave unless you drop your comments or your decisions or all your thoughts into this box.' And then they take that box, and they sit at their tables, and then they view those notes because in those notes is going to be some important information that they should not overlook, because it's only going to help our programs to grow and help us to become a pyramid of unity."
—Provider, English-speaker, Black

Providers reported network affiliation created opportunities and spaces to engage meaningfully with other providers and network staff about their experiences and perspectives. One network facilitates monthly chats for providers, both in-person and via text groups, during which providers offer one another support and ask questions. Providers noted that network staff members made them feel that their *"opinion mattered."*

Networks also tailor support to providers in ways that ensure they are successful in accessing the things they need to sustain their child care work. For example, providers described network staff members who message them to discuss upcoming events, engage in frequent check-ins, offer support via home visits, and

offer flexibility with network paperwork or accessing resources (e.g., extended deadlines for paperwork, individualized or group support, in-person or Zoom options for trainings).

Miscommunications between network staff and providers can lead to providers feeling unsupported and may inhibit their ability to share concerns. Negative feelings about communication with the staff affects larger efforts to engage in conversations on equity because these topics require self-reflection. As one white network leader noted, *"You have to be introspecting; you have to feel safe to do that."*

Providers in two networks described the importance of open and reciprocal communication within the network:

"And I hate to feel like, you know, I can't speak my mind at this point. Like my thoughts. If I can't speak them and I have to be quiet, then something's not right here ... So, you know, let's fix it. ... We all [are] not going to agree to everything. ... But at least let's come to senses where we all can be able to communicate."
—Provider, English-speaker, Black

"My hopes ... do we have a good relationship, straightforward, comprehend with each other, communicate with each other. And for them to help me out as well as I help them out."
—Provider, English-speaker, Black

Networks advance language justice through translation and interpretation supports for providers.

Networks that primarily work with populations of providers and families across language groups acknowledged the importance of same-language communication with providers and families. All five networks offered paperwork and programming in the key languages spoken by providers and families. One network also worked to create a language equity focus group that analyzed the needs of different language groups and varying literacy levels of providers to better integrate new providers who were non-native English speakers. These efforts allowed them to ensure that network services and information were accessible to all.

Providers in these networks confirmed that these language supports helped them be successful in serving families and children:

"I feel very supported by them [the network] because anything or any paper they have in English, they translate it before giving it to us. I feel a lot safer giving that information to both the kids and the parents. I don't want to translate because I know I don't know how to do it and I don't want to give the wrong information. So any time I need to give information, I make sure with them [network staff] in Spanish first, ... so I can inform the kids and parents correctly."

—Provider, Spanish-speaker, Latine

BENCHMARK INDICATOR (C2).

Understands and respects the diverse backgrounds of hbcc providers and families, including culture, language, ability, family composition, and circumstances.

Networks rely on existing staff to translate documents, prioritizing the translation of materials and handouts that are used most frequently. Two networks also used network staff to conduct training for providers in languages other than English, when required. Additional materials or handouts that require translation often are paid for via outside grants. However, a key concern for networks is securing funding for translations and language support. A lack of funding makes it difficult for networks to support populations of providers who are newly arrived in the U.S., both because of the lack of materials in multiple languages and the lack of staff members who speak these languages.

"We're able to provide services in the languages that our early learning specialists speak. In addition to French, we have another early learning specialist who speaks Swahili, but up to now, we haven't found a [early child care support] program where that is the language. But we're limited in terms of funding. We don't have additional funding to hire another early learning specialist who speaks another language at this point. So we have to seek that out because we really don't think that we could be sustainable using an [on-demand telephone interpretation

and translation service] or something like that. Because of the length and intensity of the program, it really loses that relationship-based element." —Network leader, English-speaker, white

Networks advance equity for providers by employing staff members who represent the cultural and linguistic backgrounds of providers and families served.

Network leaders emphasized the importance of hiring and retaining network staff members who understand and respect the diverse backgrounds of HBCC providers and families. These leaders described employing staff members who come from the same communities as providers and families served as well as staff members who have a prior background in HBCC. As one white network leader noted, *"Another big value of the [network] is the cultural match and ... the linguistic match."* Networks also rely on network staff to address linguistic needs of families of children enrolled in affiliated HBCC settings. One leader gave an example of how the network internally examines language access to better support families:

"We had a family stop into the office a few weeks ago. I cannot remember what language she spoke. But we didn't have anyone on-site who spoke the language. But it led us to sort of, like, go around and, like, talk to staff—'What languages do you speak?'—so that we could put together this pool. Should someone come in, 'Oh, I know, I can tap this person if it's Polish, or I can tap this person if it's, you know, Haitian Creole, Portuguese.'" —Network leader, English-speaker, white

In networks that are not able to match staff and providers, staff trainings focus broadly on diversity, equity, and inclusion topics. For example, one leader described trainings for all staff members on white privilege, becoming "equity agents," and anti-racism. Another leader talked about running workshops for the staff on recognizing bias. All networks used children's books to facilitate discussions on stereotypes and talked with the staff and providers about how to choose anti-bias materials for children:

“We had been using this book for, you know, three years. But then, kind of through the anti-bias lens, we realized that there were some stereotypes. In the pictures, most of the pictures—the words were fine, they were all very nice—but the pictures. So, as part of our activities, we did a read-aloud, like showed a video, like someone reading this book with the pictures, and then had them reflect on the anti-bias checklist. And we had a lot of our staff realize they identified the stereotypes in the book, and it was really kind of powerful.”

—Network leader, English-speaker, white

Providers reported that they appreciate when network staff members have similar lived experiences. However, some providers pointed out that the network staff may not always understand the uniqueness of HBCC settings, as the following provider noted:

“Well, we had, you know, one person that worked in an agency. She was a provider for many years. So she definitely understands. But we also have, you know, a staff person who was a provider that came in from a center base. And center base is very, very different from home base. So that made [the] situation a little bit difficult.”

—Provider, English-speaker, multiracial

At three networks, leaders and providers identified limited funding and staff shortages as hindering their ability to engage in equity work because of high staff-to-provider ratios. As a Latine provider explained, staff shortages may lead to “one person doing all the jobs” and less capacity to support providers. A related issue is staff turnover. Two network leaders noted that training and orienting new staff to a network’s organizational culture around equity may be challenging.

“We’ve found the organization has grown; we’ve had staff turnover. And so, you know, we did a lot of intensive work at various times. And then, as other people, you know, we have other staff who have come on board. You know, people are in different places. And so that’s where it’s really hard.” —Network leader, English-speaker, white

Networks increase equity for families and children in HBCC by facilitating access to relevant community resources.

Networks also extend their equity focus to how they engage with families of children in HBCC settings. As daily caregivers, providers are at times better positioned to notice developmental delays or behavioral challenges of children in their care. This may require providers to approach sensitive topics with families. However, because of historical marginalization and disinvestments in low-income and racially diverse neighborhoods where many providers may live and offer child care, they may lack the resources and understanding required to support children and families. This is where networks can provide crucial support to providers and ensure equitable outcomes for families and children. The following story from a provider shows the way the network supported both the provider and her grandson in her child care:

“I had a case where, to give you an example ... my grandson. We were trying to get his parents to have him evaluated, and the parent would just, she just wouldn’t listen to me and my staff. And where [the network], one of their people came in and spoke with her, and the following week [she] agreed to have her baby tested. So that was an excellent experience with me that support is there.” —Provider, English-speaker, Black

All networks connect providers and families to relevant external resources in the community that can increase their access to knowledge and services. Two networks collaborated with refugee organizations to help with translations for providers and families who were recent immigrants. One network partnered with an organization to offer “know your rights” training to families with uncertain documentation status.

Networks support providers using anti-bias practices with children and families.

Networks advance equity by offering providers training and information related to enacting anti-bias practices with children and families. One leader spoke about incorporating anti-bias principles throughout all the

network's professional development opportunities. For example, during holidays, providers receive education on how to create inclusive holiday celebrations for children and families. One network used anti-bias checklists, and all networks brought in external training opportunities for providers.

BENCHMARK INDICATOR (C4).

Deliberately takes actions to support providers, families, and children living in black, latinx, indigenous, immigrant, and rural communities to redress historical inequities around access to services.

All network leaders mentioned workshops focused on choosing books for children that represent diverse experiences, cultures, and languages. Networks use grant funding to give providers books in languages other than English and books focused on diverse representation. Leaders also described the importance of having books that represent LGBTQ families, non-English-speaking families, and families with children with developmental or intellectual disabilities. To supplement the books, networks also invite speakers and authors to discuss their personal experiences with these topics. Providers noted that these books, in conjunction with training on supporting inclusive environments, are useful *"to help children appreciate our similarities and differences."*

"We have the beautiful collections of children's books in Spanish, all in Spanish and with Latino children, Latino families, but I realized that we didn't have any African Americans or Black children. It was all brown skin. And so then I started looking for books that showed Mexican children or Latino children playing with African American children. And there's very, very few that have that combination. And that's what we wanted. We didn't want the Black and white or the Brown and white. We wanted the Black and Brown interacting together. And so that was my project last year, and I have a collection, and I purchased them for all the providers and ... at the end, give them to the parents." —Network leader, English-speaker, Latine

Networks conduct equity audits to examine organizational practices.

Leaders from three of the five networks in our focus groups reported that they had conducted an equity audit of their network operations (see Table 1). These three networks primarily serve HBCC providers of color (80%–100%); two networks serve providers and families living in urban areas. Two of the networks had white leadership, and one had a white and a Latine leader. For one network, the equity audit was a response to the lack of community representation among network leadership and the recognition that change was needed to engage in more effective and equitable service delivery with HBCC providers.

"Our senior management ...there's five of us, one male, but everybody is white, except for one person, but that doesn't represent our community. It's the same with our board. We have a board of directors that does not represent our community. ... It's important that you have community representation at the various levels of the agency." —Network leader, English-speaker, white

BENCHMARK INDICATOR (C1).

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

Table 1. Equity Audit Processes, Methods, Participants, and Outcomes

	Organization A	Organization B	Organization C
Process	Part of an external evaluation of the national initiative of which the network is a component.	Audit conducted of all practices, including hiring, funding, recruitment, and feedback. Audit included all groups that engage in the network.	Contract with an external agency to conduct a multiphase equity audit over a 1½-year period. Audit primarily focused on staff and leadership, not providers. Training included for staff on the importance of equity and social justice.
Methods & Participants	Focus groups with families and staff members who implement the network program; interviews with funders and leadership team (Examples of questions: What are your needs? What are some gaps in services?).	Focus groups with providers, including a group with Black providers at the network. Interviews with executive leadership. Organizational health survey of all staff and providers at the network. Equity-focused analysis of budget and funding sources and decision-making procedures.	Phase 1: Exploratory preparation process for the audit includes training for all staff on what equity means and why it is important. Phase 2: Focus groups and interviews with senior management, program directors, and implementers. Phase 3: Implementation of changes and collection of feedback from staff about changes (e.g., What have we changed? What did we address? What still needs to be addressed?).
Outcomes	Strategic planning process to integrate more collaborative decision making at the network (e.g., engaging home-based providers and families in decision making processes). Use of an Anti-Bias Checklist to conduct an annual assessment of materials distributed to providers and children (e.g., children’s books that represent the communities served).	Understanding mission misalignment between funders and the network. Understanding the lack of transparency around budget development; exclusion of educators from this process. Understanding the lack of clarity about how decisions are made at the network and accountability procedures. Identified the need to hire more staff members who represent communities served by the network. Identified the need to hire former HBCC educators as staff at the network and create an intentional career pipeline for educators.	Recognition of misalignment between senior management and staff (i.e., differences in priorities). Need for diversification of board of directors to better reflect communities served. Understanding that program offerings are often inequitable because they were not developed for HBCC are not always relevant or appropriate for the HBCC context. Plans developed for adapting and modifying all offerings to reflect the needs and strengths of HBCC.

Two networks conducted equity audits that engaged feedback and participation from all people involved in the network, including staff, leadership, and HBCC providers. None of the providers in the focus groups, from those two networks, shared their experiences with the audit process. One network conducted its equity audit exclusively with staff and leadership and not with HBCC providers. For this network, the audit focused on policy procedures at the network level and so was primarily focused on senior management directors.

All three network leaders described the audit as an opportunity to examine accountability and responsiveness to the HBCC community. One network leader emphasized that for an equity audit to be successful, participants needed to be willing to “maintain a learning stance and be willing to be vulnerable.” Another network leader described the equity audit process as an opportunity to examine all aspects of the network’s operations:

“It’s an audit of all of our practices, from our hiring to where our funding is coming from, to who we’re reaching and how we’re reaching them and getting feedback from the educators in our network and our staff and our partners.”
—Network leader, English-speaker, white

Network leaders found the equity audit helped them understand some of the embedded inequities in their network structures. These reflections led to changes in how decisions are made at the network and efforts to engage providers in these processes:

“So we reflected together, and we use that information to then design kind of an additional, different approach to how we engage with those that we’re serving in terms of, you know, being collaborative, having equal voice. So I think that, you know, since we participated, you know, we just have a different way of thinking about

making any kind of changes or making decisions without involving the participants, whether that be our home-based providers or families.”

—Network leader, English-speaker, white

Conducting an equity audit does not come without challenges. Two leaders from the same network noted challenges with finding the time required to engage in gathering feedback as well as finding time and space for reflection:

“I think one of the big challenges was the time. Because it was a lot of different groupings. I mean we have several hundreds staff that, you know, we wanted to be included in this. And we have all of us. I mean, it’s the understanding. ... This work is huge.”
—Network leader, English-speaker, white

In addition, they emphasized the importance of creating comfortable and “safe” spaces for all participants to engage in reflection, acknowledging that “yeah ... to be introspecting, you have to feel safe to do that,” according to one network leader (English-speaker, white).

Funding for the equity audits was not disclosed by all leaders, but one network carried out this work with a grant from a community organization focused on health equity and empowering women of color. A leader at another network noted that the equity audit revealed a tension between the network’s equity goals and their funding partners:

“Really thinking about funders who are not values-aligned and are not really understanding the needs of family child care educators or who are placing constraints on either us or educators that really keep us from doing the work.”
—Network leader, English-speaker, white

Recommendations for networks to implement equitable supports for HBCC providers

- Offer ample and varied opportunities for providers to share their experiences, their priorities, and their needs for support with network staff. Ask providers how they want to be supported and what strategies and approaches they prefer.
- Offer opportunities for providers to share and support one another through facilitated peer support groups.
- Offer training for the network staff on relationship-based approaches to support. Staff trainings focused on equity include opportunities for self-reflection, anti-bias, and anti-racist approaches to service delivery, and culturally and linguistically affirming ways of engaging with providers.
- Hire staff members who speak the preferred

languages of providers and families in the network.

- Hire staff members from the communities where providers and families live and who have prior HBCC experience.
- Contract with local community organizations who can fill gaps in language needs, such as translation and interpretation for languages not represented among network staff. Consider hiring providers to do interpretation and translation.
- Collaborate with local community organizations that offer supports for providers and families around non-child care issues that are important to them, such as immigrant rights organizations and mental health and counseling organizations.
- Conduct equity audits on a regular basis. Networks

should be intentional about who is involved (e.g., leadership, board of directors, staff, providers, and community members) and their role in the audit. Consider using multiple methods for gathering data, including focus groups, individual interviews, and surveys.

- Create manuals and guides around equity work and what it looks like, so that new staff hires can learn about network organizational goals related to equity.
- Ensure that providers have access to materials, information, and training on equitable practices with children and families that they can implement in their caregiving. This may include anti-bias curricula, checklists, and children's books and toys that represent children with different identities.

Methodology

Findings are based on data collected through focus groups and surveys from October to December 2023. Five networks across five 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 more focused on equity and social justice than other networks that responded to the survey.

All five networks primarily serve regulated FCC providers, and two also serve family, friend, and neighbor providers. These networks vary in size, with one serving only four providers, three serving 25–70 providers, and one that serves over 1,000 providers. Three out of the five networks support providers who live in urban areas, one network supports providers living in suburban areas, and one network does not collect information on geographic locations served. Leaders from three out of the five networks reported that all of the providers served are Latine, Black/African American, or multiracial. For the other two networks, leaders reported that 80%–85% of providers served are providers of color, including Latine, Black/African American, multiracial, Indigenous, Asian, and Pacific Islander. All five networks offer supports for providers in Spanish, and one network also offers supports in French.

Leadership from the selected networks were contacted via email to participate in a one-time 90-minute focus group. A total of eight leaders from five networks participated in two focus groups. All

leaders were women; two networks had Latine leaders, two networks had white leaders, and one network had both a Latine and a white leader. None of the five networks had Black leaders who participated in our focus groups.

Providers from the selected networks were recruited via emails distributed by participating network leaders. Four 75-minute focus groups were conducted, three in English and one in Spanish. Twelve providers (all women) from five different networks participated. Providers identified as Black/African American (50%), Latine (33%), white (8%), and multiracial (8%). Providers' experiences in child care ranged from nine to 34 years. Providers cared for from one to 12 children, including a range of ages from infants to school-age children. Three quarters reported caring for a child with a diagnosed disability or developmental delay. All providers were licensed or registered/certified by their state to operate a HBCC program; 92% received payment from their state's child care assistance program.

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 U.S.