

Peer Support as a Strategy for Enhancing Home-Based Child Care Providers' Well-Being and Equitable Engagement in Publicly Funded Systems, Quality Improvement and Leadership

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"In this particular profession, you do need to have support—a supportive base—and when you lose that, you can get isolated. What was always important to me for growth was networking with other providers."¹ — Family Child Care Provider

Introduction

Home-based child care (HBCC) providers—licensed family child care (FCC) providers and license-exempt family, friend, and neighbor (FFN) providers—play an essential role in supporting their communities (Bromer, 2002; Tuominen, 2003; Turner, 2022). They care for children and families for multiple years or even across generations and often have deep personal relationships with families (Bromer, Porter, Jones, et al., 2021). Yet, they also face distinct challenges related to the nature of their work (Bromer, Porter, Melvin, et al., 2021). HBCC providers are overwhelmingly women, including many Black and Latina women and other women of color who face intersecting inequities due to the enduring legacies of structural racism, sexism, and classism that impact the child care workforce (Lloyd et al., 2021). These inequities have disproportionately affected HBCC providers. For example, national data indicate that licensed FCC providers earn consistently less than their center-based teacher counterparts (Whitebook et al., 2019).

This brief discusses the role peer support can play in enhancing HBCC providers' well-being and increasing providers' equitable engagement in publicly funded systems, quality improvement, and leadership. This brief also examines the ways staffed FCC networks and FCC provider-led associations use peer support and suggests promising peer support strategies that state agencies may consider for increasing equity for HBCC providers.

Licensed FCC providers experience distinct challenges related to (1) working conditions, (2) engagement in publicly funded systems, and (3) quality improvement efforts. FCC providers often work alone for long hours and juggle the demands of a home-based business with their own family's needs. Such factors may contribute to stress and difficult working conditions (Bromer, Melvin, Porter, et al., 2021; Bromer, Porter, Melvin, et al., 2021). FCC providers also experience barriers to engaging in publicly funded systems such as licensing, subsidy, and quality rating and improvement systems (QRISs). These barriers include a lack of access to information, standards that are difficult to meet, and burdensome paperwork requirements (Bromer, Melvin, Porter, et al., 2021; Sandstrom et al., 2018). In addition, FCC providers' participation in quality improvement initiatives is low compared with center-based programs' participation (The Build Initiative & Child Trends, 2021), which suggests that current approaches to quality improvement may not meet FCC providers' needs.

Key Definitions

HBCC networks: Communitybased organizations that connect individual HBCC providers to each other and to system infrastructure.² These can include:

- Staffed FCC networks: Programs that have paid staff who deliver supports and services to HBCC providers.
- Provider-led networks: Formal or informal groups of providers (e.g., associations, clubs, or support groups) that direct their own support activities.

License-exempt FFN providers experience some similar challenges. They, too, may provide child care for long hours, including during nontraditional hours, and often do so without contact with other adults (National Survey of Early Care and Education Project Team, 2015, 2016). Recent data from the National Survey of Early Care and Education suggest that less than one-third of FFN providers have ever met with another provider who cares for children, an indication of this isolation (Schochet et al., 2023). They may be unaware of or uninterested in publicly funded systems such as licensing and subsidy and can be fearful of government systems due to a lack of knowledge about requirements and a concern about violating them (Angus et al., 2021; Thomas et al., 2015). Others may want to become licensed or participate in other public child care systems but don't know where to start (First 5 L.A., 2012; Thomas et al., 2015). Or, they may be overwhelmed

¹ All quotes presented in this brief come from the Multi-State Study of Family Child Care Decline and Supply.

² Definition from Home Grown's Building Comprehensive Networks initiative. <u>https://homegrownchildcare.org/building-comprehensive-networks/</u>

with required paperwork (Illinois Action for Children, 2019). In addition, while FFN providers want to learn more about helping children develop, many do not know about available supports such as workshops, and, if they do, they face barriers to participation in areas such as language, literacy, and transportation (Angus et al., 2021; Thomas et al., 2015).

A recent review of research on peer support strategies in health and family services sectors found participants in peer support initiatives experience enhanced psychological well-being and emotional support, which may nurture the development of social connections (Abbott et al., 2019). In FCC and FFN, peer support may help reduce the isolation many HBCC providers experience; offer providers opportunities to learn from others about best practices for supporting children's development; and provide a way to share expertise and advice about navigating early care and education systems. In these ways, peer support may also enhance racial equity by intentionally engaging and fostering connections among HBCC providers of color who have been historically marginalized within early care and education systems.

What is Peer Support?

Peer support is a relationship-based strategy where individuals who share similar lived experiences listen to, share with, and encourage each other. In HBCC, providers may share challenges and successes of caring for children with each other through one-on-one mentoring relationships, in peer support groups, or even over social media platforms. Peer support has long been recognized as a strategy for improving well-being in the mental health, health, and parenting fields (Abbott et al., 2019; National Voices & Nesta, 2015) and for building social connection, especially among marginalized populations (Abbott & Reilly, 2019). Peer support is distinguished from other types of support in that the source of support is someone who shares some personal experiences, professional experiences, or both, and can offer understanding and validation that may be lacking in other types of professional relationships. Peer support is also mutually beneficial; the individuals who participate share knowledge and practical help and offer emotional assistance and social interaction. Research on peer support in the related fields of health and mental health services finds that peer support contributes to emotional well-being, enhanced self-efficacy, empowerment, and increased social support among mental health and health care providers (Abbott et al., 2019; National Voices & Nesta, 2015; Substance Abuse and Mental Health Services Administration, 2017).

Peer Support for HBCC Providers

Peer support has emerged as a strategy for enhancing HBCC providers' well-being and professional development. The National Study of Family Child Care Networks found that nearly eight in 10 staffed networks offered some type of peer support (Bromer & Porter, 2019). Of those, the most common forms of peer support were staff- or provider-facilitated support groups (73%); peer mentoring (42%); and FCC associations (33%). Recent benchmarks for quality HBCC networks (both staffed FCC networks and provider-led networks) recommend that providers be paid for their facilitation and mentoring roles within networks (Erikson Institute & Home Grown, 2022).

Research on the Positive Outcomes of Peer Support for HBCC Providers

As detailed below, peer support may promote positive outcomes for HBCC providers. These outcomes include enhanced well-being and sustainability; increased engagement in publicly funded systems; quality improvement; and increased leadership capacity. Longer-term outcomes from participation in peer support initiatives may

Figure 1. Types of Peer Support

Types of Peer Support for HBCC Providers



include increased social connectedness through strengthening existing relationships and the development of new networks and connections with peers (Abbott et al., 2019; Abbott & Reilly, 2019).

Peer support and HBCC provider well-being and sustainability.

Descriptive research suggests that peer support strategies may contribute to enhanced HBCC provider well-being and retention in FCC work. Opportunities for peer support may reduce the isolation providers experience (Bromer & Porter, 2017; Del Grosso et al., 2011; Lanigan, 2011; Porter & Bromer, 2020). Research on initiatives for FFN caregivers finds that some strategies, specifically play and learn groups, increase providers' connections with one another (Hatfield & Hoke, 2016). In the Multi-State Study of Family Child Care Decline and Supply, FCC providers reported that peers who understood their experiences offered emotional and social supports that helped them stay in the field (Bromer, Porter, Melvin, et al., 2021). When built on trust and reciprocity, these connections have the potential to ease the challenges of long working hours, often without other adults, as well as other common stressors such as the multiple roles HBCC providers often take on in their work. Another study found that licensed FCC providers who have another provider to call if they have a problem are less likely to consider leaving FCC work (Swartz et al., 2016).

Peer support and HBCC engagement in publicly funded systems.

A handful of descriptive research studies suggests that peer support opportunities may help HBCC providers navigate and successfully engage in publicly funded systems and programs such as licensing, subsidy, QRISs, and the child and adult care food program. Directors in the National Study of Family Child Care Networks reported that cohorts and peer-to-peer mentoring strategies are particularly effective for helping providers meet a range of system requirements (Porter & Bromer, 2020). In particular, peer support approaches to technical assistance on licensing can contribute to an increased supply of regulated FCC. For example, providers who participated in the California Child Care Initiative, which aims to help FFN providers become licensed, reported that networking opportunities with other FFN providers at project workshops kept them engaged in the process (Limor Consulting, 2016). Of the 140 providers in the study sample, one-quarter (34) completed the licensing process (Limor Consulting, 2016). A small number of newly regulated FCC providers who participated in the Multi-State Study of Family Child Care Decline and Supply reported that information from peers about licensing policies and requirements contributed to their ability to obtain and maintain a license and, therefore, sustain their businesses (Bromer, Porter, Melvin, et al., 2021).

Peer support and HBCC quality improvement.

Research with FCC and FFN providers finds that peer support in the form of learning groups or cohorts may contribute to quality improvement and potentially positive child outcomes in HBCC settings. Shivers et al. (2016), for example, found that a facilitated peer support program for FFN providers paired with literacy coaching was associated with improvements in children's preliteracy skills. A cohort-based professional development program

for FCC providers focused on relationship-based practices increased participating providers' sense of competence about caring for young children (Gray, 2015). A quality improvement learning collaborative pilot brought together teams of HBCC providers and network staff from 8 networks across the United States and reached out to 249 providers. The pilot found that peer-to-peer sharing and support (one-on-one mentoring, peer support groups, Facebook groups) focused on toddler care in mixed-age groups was a potential strategy for increasing provider knowledge and engagement in quality improvement activities (Bromer et al., 2020).

Peer support and provider leadership.

Research on leadership in early childhood broadly conceptualizes peer support strategies such as mentorship and apprenticeship initiatives as leadership development opportunities (Douglass, 2019). For HBCC providers, peer support activities may offer opportunities to take on leadership roles through mentoring newer providers and facilitating professional development. Peer support may also enhance providers' leadership capacity for change and innovation, whether within their own networks or in the public policy arena. An evaluation of a universitybased leadership program for early childhood educators, including FCC providers, that relied on cohorts as a strategy, found that some participants joined state advisory boards or became policy advocates (Douglass, 2018). Moreover, peer support has the potential to address concerns about racial equity and access at the leadership level. A recent white paper suggests that peer support and mentoring opportunities for early childhood professionals of color are critical to increasing access to leadership and advocacy roles (Robinson, 2020).

Considerations for Planning a Peer Support Initiative

As you begin planning your peer support initiative for HBCC providers, consider the following:

- HBCC providers' needs and interests
- The intended population of focus
- The outcomes you want to achieve
- The goals you have for supporting peer-to-peer relationships among HBCC providers
- The existing strengths of HBCC peer support networks in the intended community
- Providers' engagement in the initiative design and decision-making process from start to finish, including:
 - The content of the peer support
 - The types of support needed
 - The entities that should house the initiative
 - The additional resources or infrastructure needed

Preplanning and Needs Assessment for a Peer Support Initiative

Figure 2 and the Planning Tool in table 1 offer a roadmap for planning a peer support initiative. An intentional peer support planning process starts with conducting a needs assessment of HBCC providers in your community and identifying the initiatives—both formal and informal—that already exist in your community. Gathering this type of information will help you determine your intended population of HBCC providers (e.g., FCC or FFN providers; new or experienced providers; providers from diverse cultural, linguistic, racial, ethnic, or geographic communities) as well as your initiative's intended outcomes. This information will also help you determine if a new peer support initiative is needed or if opportunities exist to collaborate with existing initiatives or to build on the infrastructure of existing resources.

Having an intentional planning process will help you match the needs and interests of HBCC providers in your community to peer support content and approaches and, ultimately, to intended outcomes. For example, if providers identify stress and burnout from long working hours as their top concern, then a peer support initiative might focus on offering providers strategies for stress reduction, which may lead to enhanced well-being and increased social support. If providers identify improving quality caregiving practices and home child care environments as their primary interest, then your peer support initiative might focus on tours of providers' homes and practice demonstrations, which may lead to enhanced quality.

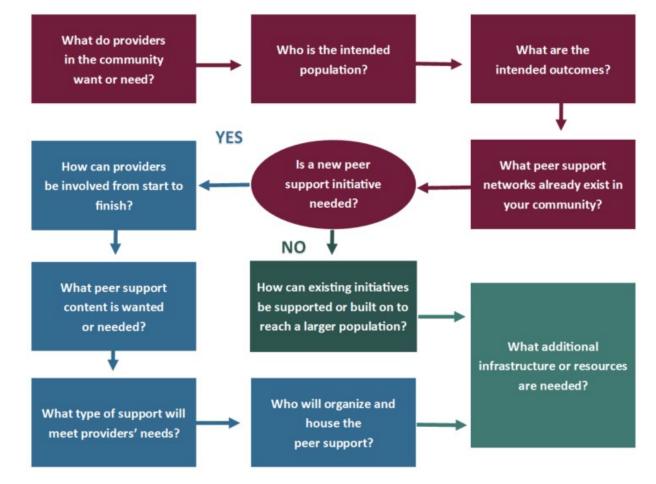


Figure 2. Considerations for Planning a Peer Support Initiative

Designing a Peer Support Initiative

If you determine that a new peer support initiative is needed, consider how you can involve HBCC provider leaders in the initiative's design and decision-making process. Also consider how a peer support initiative may align with existing equity work at the state or local level; you may be able to leverage peer support connections as a way to integrate your equity framework into broader systems. A first step to work on with HBCC provider leaders and other key partners may be to develop a theory of change logic model based on the results of the needs assessments you conducted in the preplanning phase. This model should include the intended population of focus, the content of the peer support initiative, and the approach to peer support and draw connections to the initiative's intended outcomes.

Additional considerations for designing a new initiative include identifying organizations, such as provider-led groups, staffed FCC networks, or other types of programs or agencies, that will house and support the initiative. Also identify key community partners during the design process. Identify funding for staffing (including staff training and supervision), infrastructure, and incentives for provider participation. Finally, consider including plans for evaluation and data collection; both are key components of a robust peer support initiative design. See the examples from the field and the Planning Tool in table 1 to start brainstorming.

Table 1. Planning Tool

Question	Plan
What do providers in the community want or need ?	 Learn about the providers in your community through surveys, focus groups, and community gatherings. Hold a town hall or listening session with providers to hear about their interests and what matters most to them. Conduct a survey or focus group to gather feedback on what types of information providers would like and how they would like to learn from other providers in the community.
Who is the intended population of your peer support initiative?	Identify the intended population of your initiative. This may include FCC or FFN providers; providers with different cultural, linguistic, racial, ethnic, or educational characteristics; providers who are engaged in publicly funded systems; or those who are new to the field, midcareer, or seasoned.
What is the purpose or intended outcome of your peer support initiative?	 Identify or co-create your initiative's intended outcomes with your HBCC community and keep in mind the following: Intended outcomes may vary depending on your intended audience. Outcomes may include enhancing provider well-being; increasing knowledge sharing about publicly funded systems; improving quality practices and environments for children; or promoting provider leadership and advocacy. Some efforts may achieve multiple outcomes.
What peer support networks already exist in your community?	Identify existing grassroots provider-led support groups, associations, or clubs in which providers may already be engaged. Highlight the strengths of the work they are doing.

Question	Plan
	Collaborate with provider leaders to determine if they are interested in partnership, if there is room to add resources to intentionally build on their existing work, or if your outcomes are distinct and would merit a new initiative that would not duplicate or detract from existing provider-led work.
How can providers be involved in the design and decision-making process from start to finish?	 Identify provider leaders in the community. Conduct assessments via surveys or focus groups to determine provider needs, interests, and goals for a peer support initiative. Work with providers to create a theory of change logic model that specifies intended outcomes, implementation strategies, and inputs such as funding and staffing.
What peer support content do providers want or need?	 Base the content of the peer support activity on the intended outcome HBCC providers identified. If the initiative is intended to improve provider well-being, for example, it may focus on stress reduction strategies and self-care. If the desired outcome is increased knowledge and practice, it may focus on information about child development and the environment. Learn from HBCC providers in the community about the type of content that will best achieve the intended outcome and meet their needs and interests.
What type of peer support will meet providers' needs in your community?	 Look for models of peer support in other communities and states. Invite other initiatives to present their model to providers in your community. Consider HBCC providers' lived experiences, preferred ways of learning, and cultural preferences for engagement. Offer providers a choice of approaches and programs. Choose one strategy to start: Examples of group support include cohorts, COPs, learning communities, networking groups, and social media. Examples of individual support include peer-to-peer mentoring and apprenticeships.
Who will organize and house the peer support?	 Determine whether the peer support activities will be organized or housed within a formal organization (such as a staffed FCC network) or owned by provider leaders in the community with support from a formal entity (if desired). Identify potential leaders and providers in the community who have expertise in these areas. Conduct a survey to gather information about provider expertise and talent.

Question	Plan
	Develop an application or request for proposal process so providers can apply to be trainers and facilitators of peer support workshops, individualized professional development, or other types of peer support activities.
What additional infrastructure or resources do you need to carry out the peer support initiative?	 Identify funding and resources to offer compensation to peer facilitators and incentives to providers who attend. Secure funding to access curricula or other child care resources you may need. Consider evaluating the initiative. Plan to gather satisfaction data for
	 Continuous quality improvement and determine how to analyze it in partnership with provider leaders. Recognize that other infrastructure needs may include building partnerships in the community.

Peer Support Strategies for State and Local Initiatives and Examples from the Field

The peer support strategies described below are based on an informal scan of organizations across the United States that are implementing promising strategies to support HBCC providers. The examples under each strategy are drawn from either publicly available information or information gathered directly from organization leadership.

Strategy 1: Invest in HBCC provider-led community organizations, such as FCC associations and grassroots HBCC support groups, that can provide required training, professional development, and other supports to HBCC providers.

"I think having the association is so important because this is a job that most of us are either working alone or just working with one person, and you need to have people that are doing what you're doing... We're really coworkers; we're just not all in the same place. We all know what each other is going through." — FCC Provider

Examples of grassroots, provider-led organizations that use peer support strategies:

Supporting Professionals Network Association (SPNA), Chicago, IL: Founded in 1988, SPNA is a statewide association in Illinois that includes FCC providers and center staff. One of its primary goals is to "be a respected partner and a strong voice at every decision-making table that impacts policy." In addition to providing networking meetings and mentoring, SPNA offers training workshops that meet clock hours mandated by Illinois' Department of Children and Family Services.

https://spna.net/

The Family Child Care Coalition (FC3), Philadelphia, PA: FC3 is composed of FCC providers who have incorporated as a nonprofit to serve as a "catalyst to unite Family Providers, build a strong network, advocate at the city and state level, and share resources." Through a provider-owned training subsidiary, FC3 offers training and professional development on topics such as obtaining a license and managing a child care business. Through regular networking meetings, FC3 also supports advocacy efforts to identify solutions to FCC providers' challenges and develop strategies for engaging with city and state policymakers. FC3 maintains a Facebook page with regular policy updates and information.

https://www.fc3philly.org/

Together for Children Network (TCN), Illinois: TCN is a provider-run association that works with more than 300 FCC educators, most of whom are Spanish speakers in Lake County, IL. TCN offers an array of services and supports for HBCC providers including a Child Development Associate credential cohort and free workshops on business practices, applying for state grants, and computer basics. TCN helps identify free water and radon testing services for providers and families and free psychological counseling services for FCC educators and families. TCN also offers ongoing telephone support to help educators navigate ExceleRateTM, the state's QRIS. https://www.togetherforchildhood.com/

Strategy 2: Use peer support strategies across publicly funded initiatives to offer HBCC providers opportunities to share their expertise and knowledge with each other.

"If the state really wants to keep these young providers in the business, they will try to get some of the older ones to go in [to younger providers' homes] from time to time because we've been there and we're not going to intimidate them. So we can help the younger ones."

— FCC Provider

Examples of publicly funded initiatives that use peer support strategies:

During a COP meeting, providers have opportunities to learn from each other, problem-solve, reflect, and grow. A DIEEC technical assistant facilitates the COPs. https://www.dieec.udel.edu/community-of-practice/

Maine Roads to Quality: Maine Roads to Quality Professional Development Network offers two types of COPs for HBCC providers. Regional and topical COPs meet monthly for 2 hours and address topics of interest. Collaborative partnership COPs work with external partners, such as licensing agencies, toward a single goal. Providers can use their participation toward steps 3 and 4 of the QRIS and for annual licensing training requirements. https://mrtg.org/cops/

The Early Educator Apprenticeship Program, California: The Early Educator Apprenticeship Program in California offers an FCC apprenticeship program for licensed FCC providers and unlicensed FFN providers. The program is an on-the-job training program led by the Service Employees International Union to help providers obtain credentials for California's Child Development Permit. The program uses a cohort model to increase camaraderie among participants. The cohorts supplement individual bimonthly coaching visits on teacher-child interactions.

https://www.newamerica.org/education-policy/edcentral/apprenticeship-california-designed-familychild-care-providers/ https://ecepts.org/apprenticeships/#family-child-care

https://ecepts.org/wp-content/uploads/2021/05/Project-Overview-FCC-Apprenticeship.pdf

Strategy 3: Increase funding for supportive infrastructure such as HBCC networks and child care resource and referral agencies that use peer support strategies in their work with HBCC providers.

"They have a whole bunch of people [at the network] ... trying to build their child care or renewing their license to a bigger child care. ... There were a lot of providers I was meeting [at the trainings] there. ... You can share topics, and other people are prepared to answer your questions [about] ... where to go for help. ... They have a group on Facebook that helps out a lot." — FCC Provider

Examples of supportive infrastructures that use peer support strategies:

Illinois Action for Children (IAFC): Founded in 1969, IAFC is a child care resource and referral agency that seeks to help all children from diverse social and cultural backgrounds thrive by providing access to high-quality early care and education programs for providers, children, and families. IAFC offers quality improvement training cohort groups for FCC providers and their assistants who are working toward or maintaining a Circle of Quality in ExceleRate, the state's QRIS. Led by IAFC staff or staff from community partners, the cohorts address a variety of topics including how to develop a self-assessment and a continuous quality improvement plan (CQIP). Upon successful completion, participants are eligible to apply for funding to achieve their CQIP goals.

https://www.actforchildren.org/home https://www.actforchildren.org/development/opportunities/quality-improvement-cohort

Candelen, Phoenix, AZ: Candelen, a nonprofit organization founded in 1976 as the Association for Supportive Child Care, seeks to enhance the quality of care for all children. Its Kith and Kin program provides a 14-week staff-led facilitated support group series in English or Spanish for FFN providers. The series includes topics such as child development; health and safety; nutrition; and language and literacy. Providers also receive materials and equipment they can use in their homes.

https://candelen.org/ https://indigoculturalcenter.org/wp-content/uploads/2022/03/kith-and-kin-1.pdf

Kaleidoscope Play and Learn (KP&L), Seattle, WA: Child Care Resources is a child care resource and referral agency in Washington that offers weekly facilitated KP&L groups. The groups provide parents and FFN providers the opportunity to support children's early learning by interacting together with the children in their care and forming relationships with other participants. KP&L groups are offered in 10 languages and in more than 120 communities throughout the state. KP&L also offers Early Learning Conversations, a 30-part series on topics suggested by providers and delivered through cohorts. https://www.childcare.org

All Our Kin, Connecticut and New York: All Our Kin is a national nonprofit founded in 2000 that operates staffed FCC networks in Connecticut and New York and provides technical assistance to organizations across the country. In All Our Kin's networks in Connecticut and New York, educators provide peer support and connect with each other by attending monthly network meetings and professional development workshops. Network participants also interact with each other on social media and text chat groups, participate in regional educator advisory councils, and establish relationships between experienced and new educators in their local communities.

https://allourkin.org/

Strategy 4: Raise awareness of national initiatives that use peer support strategies to facilitate HBCC provider leadership and growth.

"If I had the chance to speak to the governor, I would say to him that we [as family child care providers] need to be heard. We need to be at the round table with him and stop [being treated] as a different entity." — FCC Provider

Examples of national incentives that use peer support strategies:

Leaders Shaping Leaders: The National Association for Family Child Care (NAFCC) offers the Leaders Shaping Leaders program, a COP that focuses on leadership building. This COP draws on the expertise of peer mentors with diverse experiences. The academy uses in-person and virtual education and networking sessions and includes existing NAFCC association leaders and emerging leaders.

https://nafcc.org/our-work/professional-development/leaders-shaping-leaders/

Homegrown Leading from Home: Homegrown, supported by a collaborative of private philanthropies, launched the Leading from Home initiative in 2021 to help HBCC provider leaders inform policy decisions in their localities and states. Providers can be FCC or FFN providers and must lead or co-lead a group of providers and commit to growing their networks and focusing those networks on HBCC issues in the community. Leading from Home offers a monthly COP, stipends for participating providers, free technical assistance, and additional funding for network activities such as technology and meeting expenses.

https://homegrownchildcare.org/leaders-network-program

Summary

This brief defines peer support and describes how peer-to-peer sharing can enhance the effectiveness of family child care support initiatives. Peer support strategies may enhance provider well-being and sustainability, increase provider engagement in publicly funded systems, promote quality improvement, and increase provider leadership experience. Peer support strategies may be particularly important for providers of color who may face unique structural challenges when navigating early care and education systems and may therefore enhance racial equity. The considerations for planning a peer support initiative, the planning tool, and the examples from the field are intended to help state and local programs build upon and elevate providers' expertise and knowledge to support the family child care sector.

References

- Abbott, M., Landers, P., & Pratt, E. (2019). *Peer-to-peer supports: Promoting employment and well-being*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy. <u>https://aspe.hhs.gov/sites/default/files/private/aspe-files/261791/promotingemploymentwellbeing.pdf</u>
- Abbott, M. & Reilly, A. (2019). *The role of social capital in supporting economic mobility*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy. <u>https://aspe.hhs.gov/sites/default/files/private/aspe-files/261791/socialcapitalsupportingeconomicmobility.pdf</u>
- Angus, M. H., Hossain, M., & Johnson, C. J. (2021). *Informal child care in Philadelphia*. Mathematica. <u>https://www.mathematica.org/publications/informal-child-care-in-philadelphia</u>
- Bromer, J. (2002). Extended care: Family child care, family support, and community development in low-income neighborhoods. *Zero to Three*, 23(2), 33–37.
- Bromer, J., Melvin, S., Porter, T., & Ragonese-Barnes, M. (2021). *The shifting supply of regulated family child care in the U.S.: A literature review and conceptual model.* Herr Research Center, Erikson Institute. <u>https://www.erikson.edu/wp-</u>

content/uploads/2021/03/The_shifting_supply_of_regulated_FCC_in_the_US_2021_LITREVIEW.pdf

- Bromer, J., Molloy, P., Porter, T., & Reardon, M. (2020). Erikson Institute's family child care quality improvement learning collaborative pilot: Lessons learned. Erikson Institute. <u>https://www.erikson.edu/wp-</u> content/uploads/2020/02/Lessons-Learned-Brief-2020.pdf
- Bromer, J., & Porter, T. (2017). *Staffed family child care networks: A research-informed strategy for supporting high-quality family child care*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care, National Center on Early Childhood Quality Assurance. https://childcareta.acf.hhs.gov/sites/default/files/public/fcc_networks_brief_0_508_compliant.pdf
- Bromer, J., & Porter, T. (2019). *Mapping the family child care network landscape: Findings from the National Study of Family Child Care Networks*. Herr Research Center, Erikson Institute. <u>https://www.erikson.edu/wp-content/uploads/2019/01/FCC-Network-Landscape Technical-Report Erikson-Institute Jan2019.pdf</u>
- Bromer, J., Porter, T., Jones, C., Ragonese-Barnes, M., & Orland, J. (2021). *Quality in home-based child care: A review of selected literature* (OPRE Report 2021-136). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. https://www.acf.hhs.gov/sites/default/files/documents/opre/HBCCSQ_LiteratureReview_2021-Remediated.pdf
- Bromer, J., Porter, T., Melvin, S., & Ragonese-Barnes, M. (2021). Family child care educators' perspectives on leaving, staying, and entering the field: Findings from the Multi-State Study of Family Child Care Decline and Supply. Herr Research Center, Erikson Institute. <u>https://www.erikson.edu/wpcontent/uploads/2021/11/FCD_DeclineStudy_2021.pdf</u>
- Del Grosso, P., Akers, L., & Heinkel, L. (2011). Building partnerships between Early Head Start grantees and family child care providers: Lessons from the Early Head Start for Family Child Care project: Final report. Mathematica Policy Research. <u>http://www.mathematica-</u> mpr.com/~/media/publications/pdfs/earlychildhood/ehs_fcc_evalrpt.pdf
- Douglass, A. (2018). Redefining leadership: Lessons from an early education leadership development initiative. *Early Childhood Education Journal*, *46*(4), 387–396. <u>https://doi.org/10.1007/s10643-017-0871-9</u>
- Douglass, A. (2019). Leadership for quality early childhood education and care. OECD Education Working Papers, No. 211. <u>https://doi.org/10.1787/6e563bae-en</u>
- Erikson Institute & Home Grown. (2022). Strengthening home-based child care networks: An evidence-based framework for high-quality. <u>https://homegrownchildcare.org/wp-content/uploads/2022/08/HomeGrown-Erikson-BENCHMARKS-BRIEF-Final.pdf</u>
- First 5 L.A. (2012). *Families, friends & neighbors: Understanding the needs of FFN childcare providers in L.A. County.* <u>https://www.first5la.org/files/FFNReport_r4_0.pdf</u>
- Gray, S. (2015). Widening the circle of security: A quasi-experimental evaluation of attachment-based professional development for family child care providers. *Infant Mental Health Journal*, *36*(3), 308–319. <u>https://doi.org/10.1002/imhj.21513</u>
- Hatfield, B. E., & Hoke, K. (2016). *Improving the quality of family, friend, & neighbor care: A review of the research literature*. Oregon Child Care Research Partnership.

https://health.oregonstate.edu/sites/health.oregonstate.edu/files/occrp/pdf/improving-the-quality-of-family-friend-and-neighbor-care-2016.pdf

Illinois Action for Children. (2019). *New research on subsidized family, friend, and neighbor providers: Implications for investing in quality.*

https://higherlogicdownload.s3.amazonaws.com/ACTFORCHILDREN/f8e9848a-47b2-4792-9e90a35961561f37/UploadedImages/Documents/IAFC_FFN-Research-Report_Dec2019_web.pdf

- Lanigan, J. D. (2011). Family child care providers' perspectives regarding effective professional development and their role in the child care system: A qualitative study. *Early Childhood Education Journal*, *38*(6), 399–409. <u>https://doi.org/10.1007/s10643-010-0420-2</u>
- Limor Consulting. (2016). *License-exempt provider outreach project evaluation*. Child Care Resource Center. <u>https://tcfor.catcp.org/userFiles/CCRC%20Licensed%20Exempt%20Provider%20Outreach%20Project-</u>%20Evaluation%20Report Final.pdf
- Lloyd, C., Carlson, J., Barnett, H., Shaw, S., & Logan, D. (2021). *Mary Pauper: A historical exploration of early care and education compensation, policy, and solutions.* Child Trends. <u>https://earlyedcollaborative.org/what-we-do/ourwork/mary-pauper/</u>
- National Survey of Early Care and Education Project Team. (2015). *Fact sheet: Provision of early care and education during non-standard hours* (OPRE Report 2015-44). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/opre/report/fact-sheet-provision-early-care-and-education-during-non-standard-hours
- National Survey of Early Care and Education Project Team. (2016). *Characteristics of home-based early care and education providers: Initial findings from the National Survey of Early Care and Education* (OPRE Report 2016-13). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. <u>https://www.acf.hhs.gov/opre/report/characteristics-home-based-early-care-and-education-providers-initial-findings-national</u>
- National Voices, & Nesta. (2015). *Peer support: What is it and does it work?* <u>https://www.nationalvoices.org.uk/sites/default/files/public/publications/peer_support_</u> <u>what is it and does it work.pdf</u>
- Porter, T., & Bromer, J. (2020). *Delivering services to meet the needs of home-based child care providers: Findings from the director interviews sub-study of the National Study of Family Child Care Networks*. Herr Research Center, Erikson Institute. <u>https://www.erikson.edu/wp-content/uploads/2020/04/Delivering-Services-</u> <u>to-Meet-the-Needs-of-HBCC-National-Study-of-Family-Child-Care-Network.pdf</u>
- Robinson, A. (2020). *Reflections and recommendations from interviews with eight early childhood education policy leaders of color: Why is everyone at the policy tables so white?* University of Maryland. <u>https://spp.umd.edu/sites/default/files/2020-08/Reflections%20and%20Recommendations_4-</u>22%20%281%29%20%281%29.pdf
- Sandstrom, H., Coffey, A., Henly, J. R., Bromer, J., Spalding, A., Thomas, W., Greenberg, E., & Derrick-Mills, T. (2018). Learning from child care providers across settings: A critical step to improving the quality and stability of subsidized care. Urban Institute. <u>https://www.urban.org/sites/default/files/publication/99519/learning from child care providers across settings</u> gs 0.pdf
- Schochet, O., Li, A., Del Grosso, P., Aikens, N., Atkins-Burnett, S., Porter, T., and Bromer, J. (2022). A national portrait of unlisted home-based child care providers: Caregiving histories, motivations, and professional engagement (OPRE Brief #2022-281). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. https://www.acf.hhs.gov/opre/report/national-portrait-unlisted-home-based-child-care-providers
- Shivers, E. M., Farago, F., & Goubeaux, P. (2016). *The Arizona Kith and Kin Evaluation, Brief #1: Improving quality in family, friend, and neighbor (FFN) child care settings*. Indigo Cultural Center. https://scholarworks.sfasu.edu/cgi/viewcontent.cgi?article=1010&context=humansci facultypubs
- Substance Abuse and Mental Health Services Administration. (2017). *Peer support* [Infographic]. U.S. Department of Health and Human Services.

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf

- Swartz, R. A., Wiley, A. R., A. Koziol, N., & Magerko, K. A. (2016). Psychosocial influences upon the workforce and professional development participation of family child care providers. *Child & Youth Care Forum*, 45(5), 781–805. <u>https://doi.org/10.1007/s10566-016-9353-2</u>
- The Build Initiative, & Child Trends. (2021). A catalog and comparison of quality improvement systems (QIS) [Data system]. Quality <u>http://qualitycompendium.org/</u>

- Thomas, J., Johnson, C. J., Young, M., Boller, K., Hu, M., & Gonzalez, D. (2015). *Moving forward together: How programs can support informal caregivers and parents*. Mathematica. <u>https://www.mathematica.org/publications/moving-forward-together-how-programs-can-support-informal-caregivers-and-parents</u>
- Tuominen, M. C. (2003). We are not babysitters: Family child care providers redefine work and care. Rutgers University Press.
- Turner, C.R. (2022). Black family childcare providers' roles as community mothers during the COVID-19 pandemic. In J. Pattnaik & M. R. Jalongo (Eds.), *Impact of Covid-19 on the field of ECCE*. Springer.
- Whitebook, M., McLean, C., Austin, L.J.E., & Edwards, B. (2019). *Early childhood workforce index 2018*. Center for the Study of Child Care Employment, University of California, Berkeley. http://cscce.berkeley.edu/topic/early-childhood-workforce-index/2018/

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