



California Emergency Child Care Bridge Evaluation

Presentation to the F5CA Commission

May 9, 2022

Funded by



In partnership with:



CCRC cultivates child, family and community well-being.





California children in foster care

- **51%** of children entering foster care system were 0 to 5 years old
- **23%** of children entering foster care were 0 to 11 months old
- **44%** of children in foster care for 2 years or longer experienced 3 or more placements

Data source: Child Welfare Indicators Project

- Children in foster care have experienced abuse, neglect, and other adverse childhood experiences that can negatively impact their health
- **50%** of all kids in foster care have endured **4 or more** adverse childhood experiences

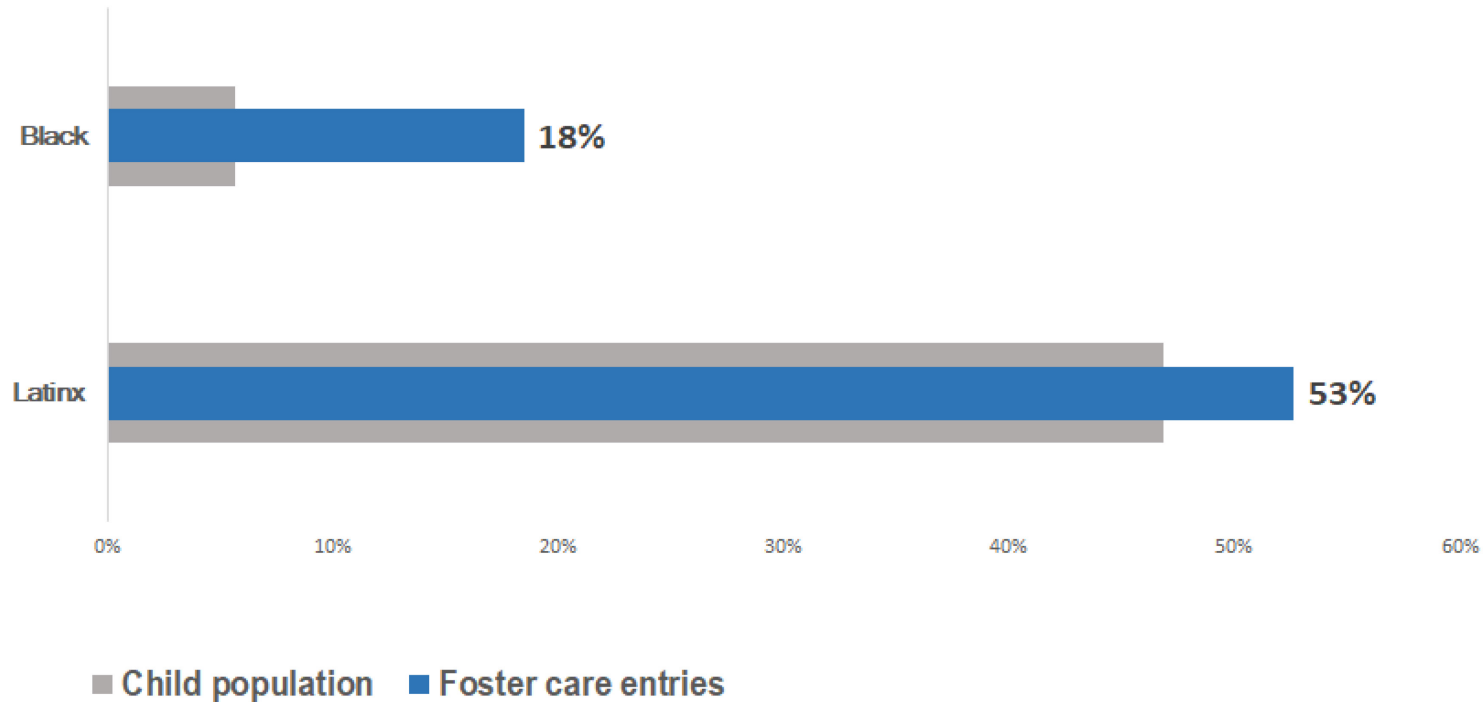
Data source: Bramlett & Radcliff, 2014



Disproportionate representation

Black children account for 6% of children birth to age 5, but **18%** of children in the foster care system.

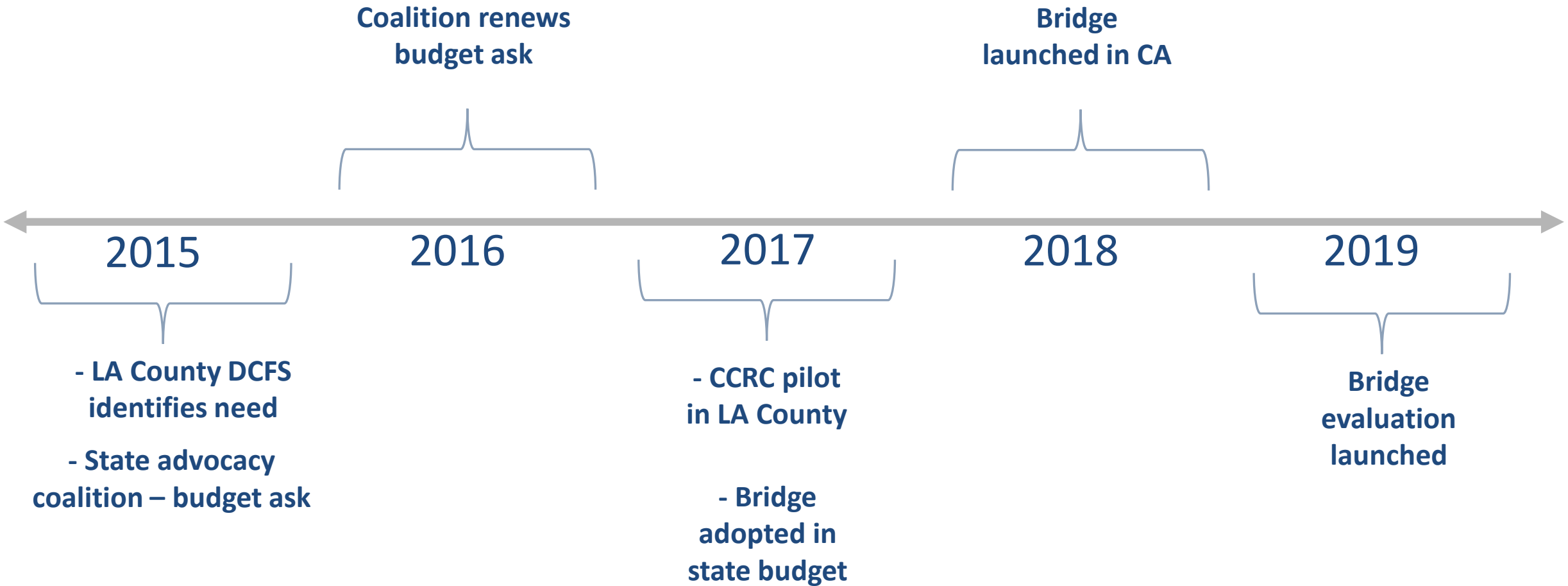
Latinx children account for 47% of children birth to age 5, but **53%** of children in the foster care system.



<https://cdss.ca.gov/inforesources/cdss-programs/child-welfare-early-childhood/data>



Need: Creating a statewide program





Purpose: CA Emergency Child Care Bridge

- Increase the number of foster children successfully placed in home-based family care settings,
- Increase placement stability,
- Increase capacity of child care providers to meet the needs of foster children in their care, and
- Maximize funding to support the child care needs of eligible families.

<https://www.cdss.ca.gov/inforesources/calworks-child-care/ecc-bridge-program>

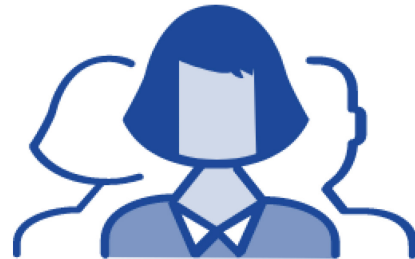


Components of CA Emergency Child Care Bridge

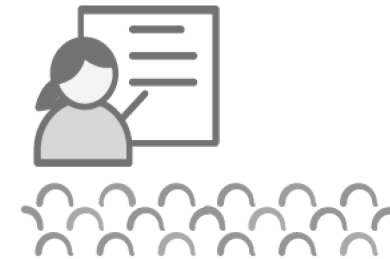
Emergency Child Care Vouchers



Child Care Navigators



Trauma-informed Care Training and Coaching



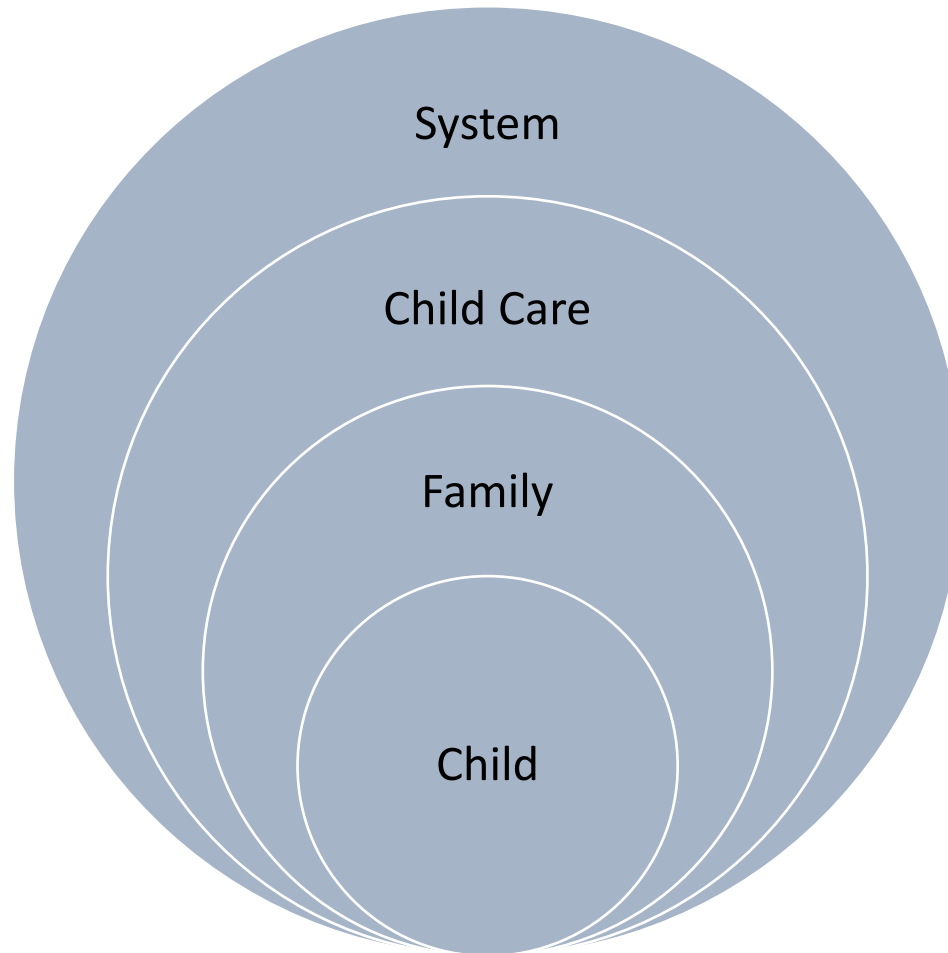


Statewide Bridge Evaluation

2020-2022



Components of influence





Evaluation support and components

Implementation Evaluation

Description of County Implementation, Best Practices and Lessons Learned

Funded by Heising-Simons Foundation

Description of activities in implementing counties, analysis of variation for **actionable lessons learned and best practices.**

Results Evaluation

Family Results Evaluation

Funded by First 5 California

Analysis of the experiences and outcomes for the **children and resource parent caregivers.**

Trauma-Informed Care Evaluation

Funded by First 5 San Bernardino

Analysis of the outcomes of **TIC training and coaching** in building the capacity of child care providers to positively impact vulnerable children and families.



Evaluation methods and groups

- **Electronic Survey**

- Resource parent/caregivers
- Child care providers
- All-county survey for Bridge administrators

- **Administrative Data**

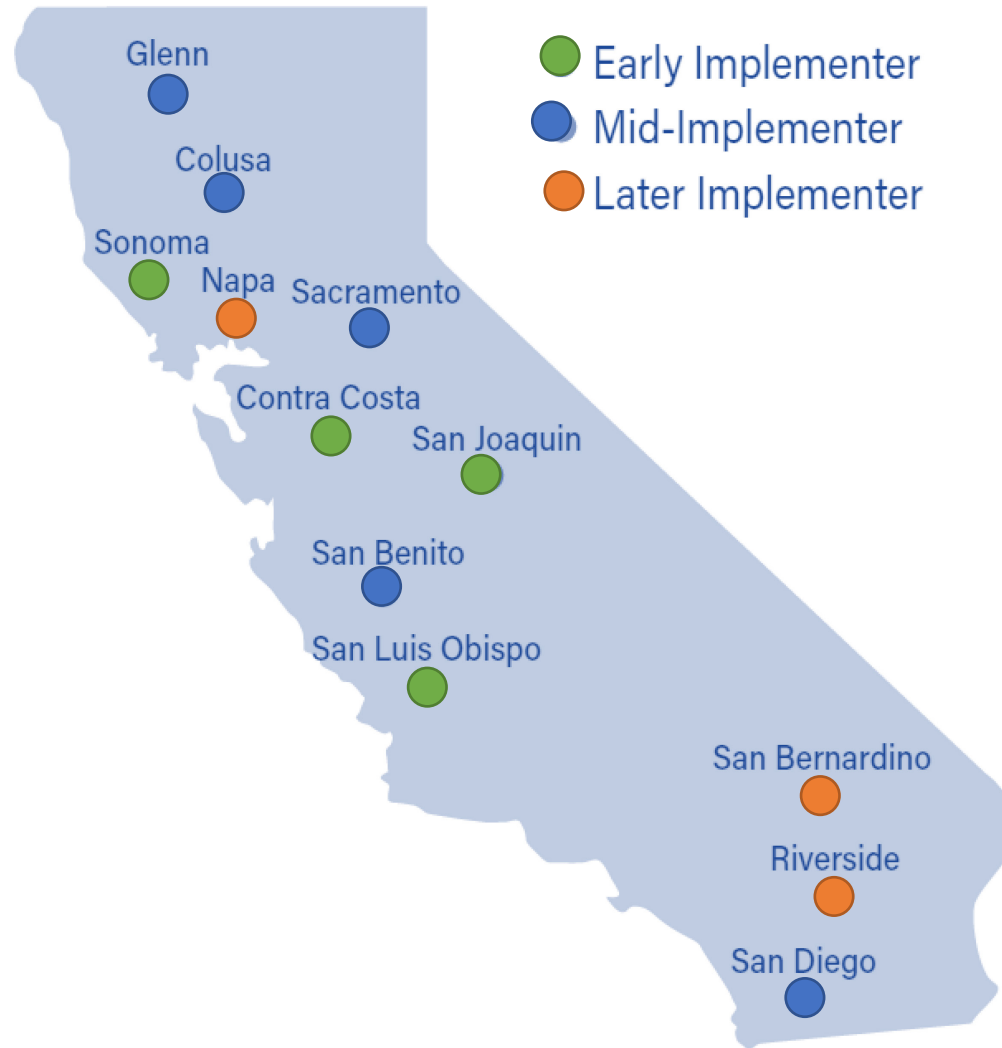
- CCB18 (state program data)
- Child Welfare Indicators Project

- **Key Informant Interviews**

- Resource parent/caregivers
- Child care providers
- County Child Welfare Bridge administrators
- Early Care and Education (R&R) administrators
- Child Care Navigators
- Trauma-Informed Care (TIC) coaches



12 sample counties in the evaluation





Evaluation by the numbers

124

Admin
Interviews

52

Caregiver
Interviews

57

Provider
Interviews

346

Caregiver
Surveys

607

Provider
Surveys



Statewide Bridge Evaluation: Caregiver Findings

<https://youtu.be/O6HsfXY18iY>



Bridge increased the likelihood of accepting a child

40% of caregivers would not have accepted the foster child without the Bridge Program.

Would Not

"We would not have been able to take four kids or an infant because we both work."

-San Benito

Unsure

"It would have been hard. I would have had to turn down any child that wasn't old enough to go to school."

-San Diego

Would

"I would have [still accepted the child], but I don't know how I would have done it, because they were family."

-Riverside



Bridge was a stress relief to caregivers

Caregiver Stress Measure	Percentage
Access to Child Care Overall	96%
Access to Child Care Navigator	85%
Economic Stress	76%
Emotional Stress	70%



Caregivers felt children are in quality child care

- **94%** were satisfied with the **quality** of their child care
 - **94%** agreed the **provider supported the needs** of their child
 - **90%** agreed the provider kept them **informed** about their child's development
-



Caregivers noticed positive changes in their child

- **93%** noted maintaining a consistent **routine** was helpful for the child
 - **90%** built **strong bonds** with their child care provider
 - **78%** noticed a positive change in their child's well-being
 - **Thrived** socially, cognitively, and physically
-



Statewide Bridge Evaluation: Trauma-Informed Care



TIC training improves child care provider capacity

Average **before** & **after** ratings show **TIC training** increased providers ability to support children in foster care.

Scale was 1-5, with 5 representing "Very High."

Provider knowledge of how trauma affects a child

3.8

4.3

Provider ability to care for a child who experienced trauma

3.7

4.3



TIC coaching improves child care provider capacity

Average **before** & **after** ratings show **TIC coaching** increased providers ability to support children in foster care.

Scale was 1-5, with 5 representing "Very High."





Encouraging provider participation in TIC

Top 5 ways to encourage Trauma-Informed Care (TIC) Training and Coaching

- Offer **online**
 - Give more **information on how TIC benefits** their child care
 - Offer at **more convenient times of day**
 - Offer at **more convenient days**
 - Offer a **certificate of completion**
-



Under what conditions is TIC successful?

- When **marketed clearly** and **providers know what they are gaining** from TIC training and coaching.
 - When providers receive **useful incentives** that help them build TIC related spaces/activities in their child care program.
 - Example: cozy corner materials
 - An **existing and defined training infrastructure** (internal and/or external relationships) greatly benefits providers.
-



Under what conditions is TIC successful?

- When providers can **access training** and **coaching virtually** and therefore are able to invest what was previously travel time in themselves and/or their child care.
 - **Continuous feedback** loop between provider and trainer/coach that supports provider's learning, professional development and therefore child care.
 - When providers receive **self-care trainings**.
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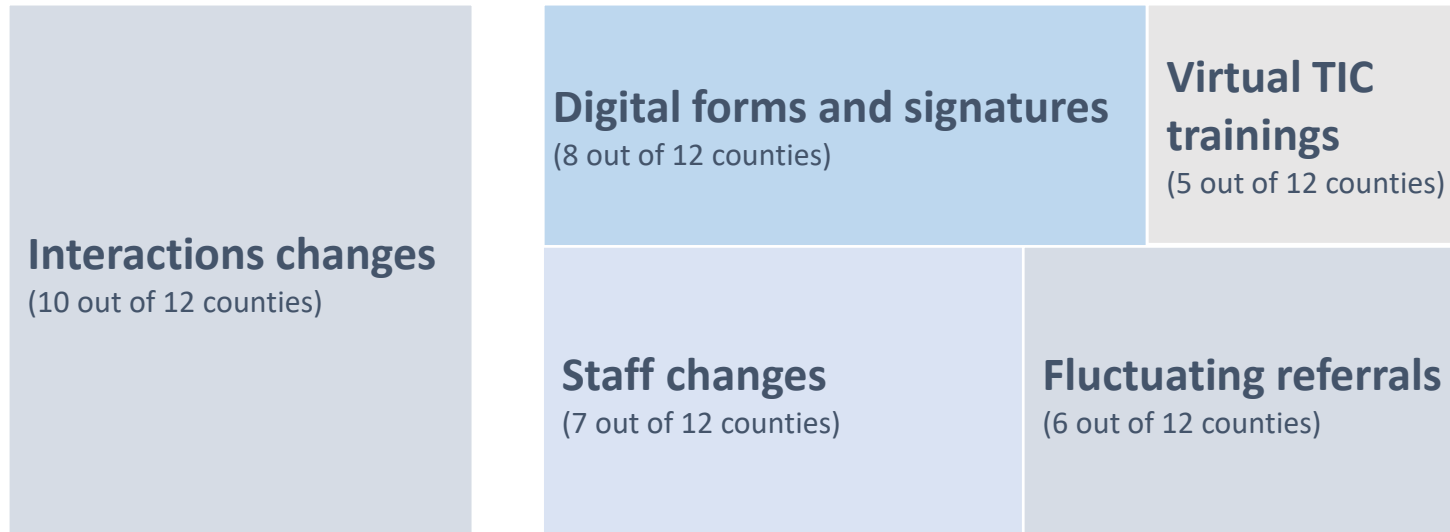


Statewide Bridge Evaluation: Administrative Findings



Navigating changes in a time of uncertainty

Top 5 changes in program due to COVID-19





Partnerships and relationship building

Top 4 most valuable traits when building relationships:

- Establish relationships with partner agency and external agencies
 - Open communication
 - Mutual understanding of goals
 - Clearly defined roles
-



Statewide Bridge Evaluation: Recommendations



Recommendations

- **Increase funding to ensure access and stability** (e.g., at reunification/adoption, beyond 6 months, more age groups, child care provider types, sibling sets, out-of-county placements)
- Given the tremendous stress reduction due to the **Navigator and the TIC – increase resources to these components and provide at reunification**
- **Fund administrative support** needed to ensure a strong Child Welfare-ECE collaborative relationship
- **Improve awareness through enhanced marketing and training:**
 - Bridge program training for **social workers** to increase awareness
 - Provide additional support in **marketing, outreach, and advertising** for TIC training and coaching

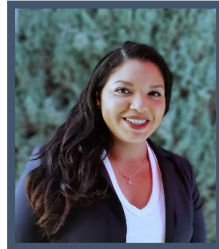


Thank you!



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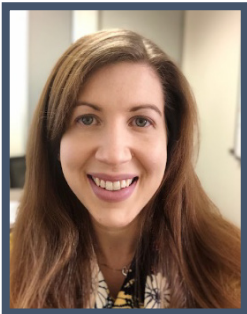
Stephanie Cortez



Taylor Ferguson

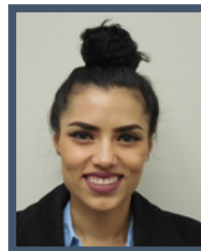


Vanessa Guerrero

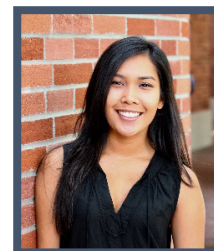


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