

Strengthening California's Emergency Child Care Bridge Program:

Year 1
Study Report

2021

CCRC
Research
Team



A Study to Improve Foster Children's Access to Child Care and Stable Placement

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Executive Summary

In 2017, the Emergency Child Care Bridge Program for Foster Children (Bridge Program) was created to provide kinship caregivers or other caregivers emergency child care. Overseen by the California Department of Social Services (CDSS), the Bridge Program works to connect the child welfare agency and ECE systems in counties across the state, and provide emergency child care vouchers, child care navigators, and trauma-informed care (TIC) training and coaching to child care providers. Dealing with both the child welfare and the ECE system can be overwhelming, especially to a caregiver asked to assume care for a foster child unexpectedly. Furthermore, the child welfare and ECE systems operate differently, typically using different terminology and requirements. Not only is the Bridge Program the only program of its kind, with no existing framework to guide the development and implementation of the program, it may also have barriers that are challenging for caregivers to navigate. In addition, the legislation that created the Bridge Program was intentionally written in such a way to allow each county in California develop the program to best meet the needs of their populations.

In 2019, the Child Care Resource Center (CCRC) Research team was awarded a grant to study the Bridge Program and to determine lessons learned that could help guide continuous program improvement. CCRC Research developed nine research questions to guide the evaluation of the Bridge Program and, with assistance from CDSS, selected 12 counties across California to participate in the evaluation. In Year 1, CCRC Research conducted 51 key informant interviews with child welfare and resource and referral administrators, child care navigators, and trauma-informed care coaches/trainers. CCRC Research also conducted key informant interviews with 25 caregivers and 24 child care providers, and distributed a survey and received 175 responses from caregivers and 183 responses from providers.

The evaluation focused on how the Bridge Program was implemented, details of the process of enrollment, challenges agencies and staff encountered, as well as desired changes and recommendations for improvement. One of the main findings from the interviews with Bridge administrators was that a good working relationship and communication with partner agencies were key to the success of implementing the program. When asked about the enrollment process during interviews with child care navigators, CCRC Research found that all counties mentioned that the Bridge process began with the social worker submitting a Bridge referral to the child care navigator. When asked about challenges, 5 out of the 12 counties had concerns regarding funding of the program. The top desired changes included extending the voucher past the 6-month eligibility, including more statewide guidelines for consistency across counties, and develop a unifying Bridge tracking system. Findings from the interviews and survey with caregivers and providers focused more on outcomes related to the child, the caregiver, or the provider.

Caregivers reported positive experiences with Bridge Program staff; at least 90% of caregivers who responded to the survey agreed the child care navigator provided quality child care referrals. Additionally, a majority of the child care providers reported that consistency was key to fostering stability in a child's life. In Year 1 of the study, CCRC Research also evaluated the trauma-informed care coaching and training and found an increase in child care providers' ability to provide care for children who have experienced trauma. However, there are still challenges in getting providers to participate in training and coaching.

In Year 1, the following recommendations were made among Bridge administrators and child care providers:

- Extend the length of the Bridge voucher and have it follow the child after reunification or adoption
- Provide more statewide guidelines and create a data system consistent across all counties
- A dedicated effort to outreach and recruit Bridge child care providers to participate in TIC training and coaching
- Trainings should include a breakdown of material by child's age and should offer different skill levels
- Trainings should also be provided in Spanish.

The evaluation is still on-going and in its final year of data collection and analysis. In Year 2, CCRC Research will conduct another iteration of interviews with Bridge administrators and staff in the 12 counties from Year 1, but will further study the counties' challenges and successes with the program, inquire about changes made to the program, and investigate how COVID-19 has affected the program. An all-county survey will also be distributed to Bridge Program administrators across the state to explore if other implementing counties had similar experiences to those from the 12 counties in the evaluation. Finally, another iteration of online surveys and interviews with caregivers and child care providers will be conducted in Year 2.

Background: California's Emergency Child Care Bridge Program

Enacted through Senate Bill 89 (SB89) in 2017, California's statewide Emergency Child Care Bridge Program for Foster Children (hereafter referred to as the Bridge Program) aims to facilitate the prompt placement of foster children in stable settings by helping relatives or other foster families obtain supplemental early care and education (ECE) for children in their care. The California Department of Social Services (CDSS) designed the Bridge Program to address the special circumstances of caregivers and foster children. The Bridge Program is also intended to improve the capacity of ECE providers to meet the needs of this vulnerable population of children.

By 2018, 46 out of California's 58 counties agreed to participate in the Bridge Program. With a budget of \$41 million in fiscal year 2019-2020, and at least 80% counties in California participating, it is critical that this initiative reach the families who need it and provide them with access to stable, quality early care and education services that are central to promoting healthy development in children. However, there are substantial differences in the program's implementation across counties, and to date there has not been any effort to systematically explore the extent to which this initiative is working as intended or to identify best practices to maximize its success. In January 2020, the Child Care Resource Center (CCRC) embarked to study the implementation and efficacy of the statewide Bridge Program.

Purpose of the Bridge Program

Since October 2020, there were 20,737 children under the age of 5 within California's foster care system.¹ Children's Social Workers (CSWs) often make multiple attempts to find an immediate placement for a child that has been removed from his or her home. When it is necessary to place children in foster care due to maltreatment, a priority for the child welfare system is to place them with family members (kinship caregivers) before considering non-relative (foster) caregivers. Kinship caregivers tend to be older and have lower incomes than non-relative caregivers.² California's CSWs have shared stories of children staying for long periods of time at "Welcome Centers" or even in their offices while they made dozens of telephone calls attempting to find a placement for these children. If the child has special needs, is under age five years, or is part of a sibling set (all needing placement), the number of calls required to secure a placement increases dramatically.³

Kinship caregivers tend to be in a different, and at times, worse position than non-relative (foster) caregivers to accept a child into their home. Kinship caregivers usually receive their related children unexpectedly while non-relative (foster) caregivers have proactively chosen to provide foster care thus generally have more time to prepare in advance for the placement of a child. Prior research shows that, in comparison with foster caregivers, kinship caregivers need more support with:⁴

- Navigating the child welfare and ECE systems
- Paying for child care
- Finding an ECE provider who meets the needs of their family

¹ <https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTSG/r/ab636/s>

² Scannapieco, M., Hegar, R. L., & McAlpine, C. (1997). Kinship Care and Foster Care: A comparison of Characteristics and Outcomes. *Families in Society*, 78 (5), 480-488.

³ <https://www.ccrcca.org/resources/research-evaluation>

⁴ <https://www.ccrcca.org/resources/research-evaluation>

Navigating even one of these systems can be daunting; dealing with both the child welfare and the ECE systems as a new guardian may create additional barriers that seem insurmountable to a caregiver asked to assume care for a foster child. Typically, child welfare and ECE systems operate under distinct regulations, with different organizational cultures, terminology, requirements, and so on. Often, potential caregivers of young foster children must simultaneously (and without advance warning) meet all the licensing requirements, provide basic needs for the child, and find affordable child care. This situation is especially common when children are placed with kinship caregivers as opposed to non-relative (foster) caregivers who have already completed licensing requirements.

Finding child care through the ECE system often presents challenges for families. Families must navigate the complex system to understand the types of care available (home-based vs. center-based, licensed vs. unlicensed, publicly subsidized vs. unsubsidized), select the right program for their family that is both affordable and accessible, and navigate waitlists and complex enrollment processes. Additionally, the cost of child care can be prohibitive for many families. Full-time infant care is over \$17,000/year in center-based programs and almost \$12,000/year in home-based programs.⁵ Providing caregivers with support and additional resource to help pay for and navigate the ECE system may result in more timely placements with kinship caregivers. Moreover, when children are immediately placed with relatives, it reduces the stress of first being placed with strangers, therefore, providing valuable and necessary stability in an already stressful situation.

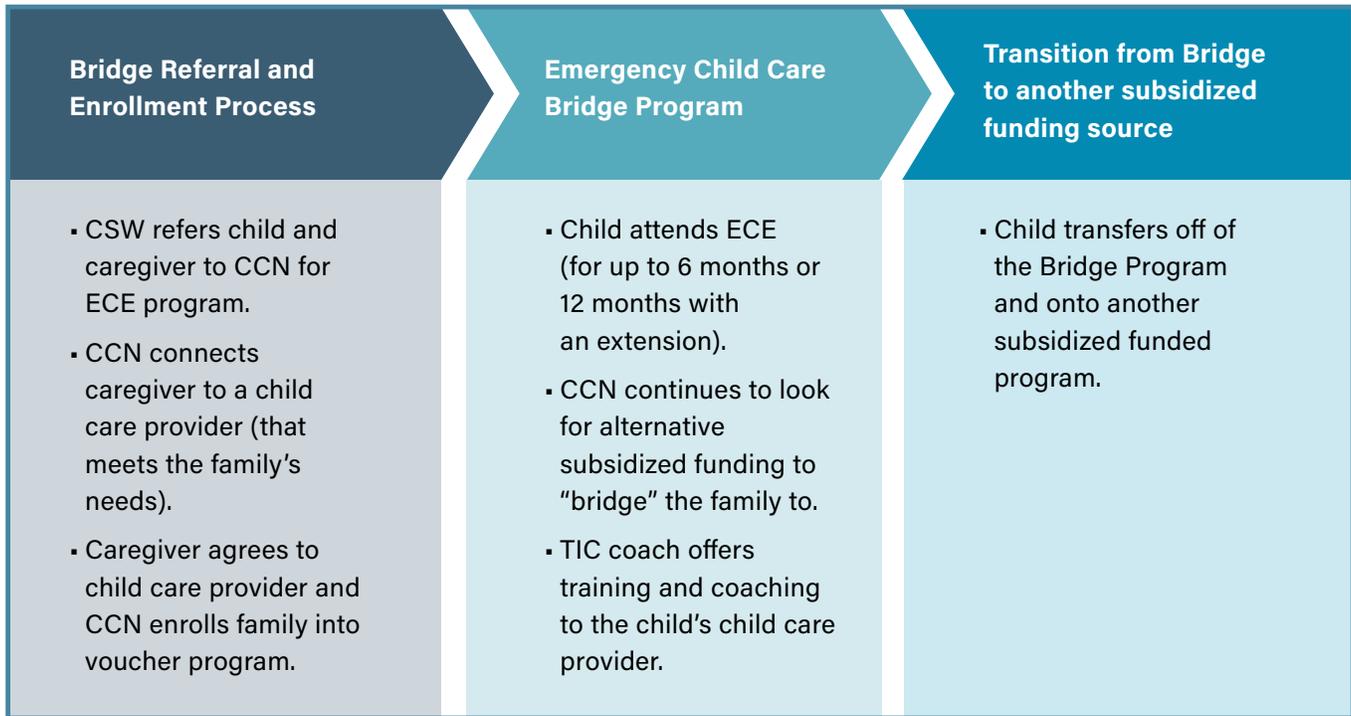
Bridge Program Description

The Bridge Program works by facilitating coordination between the child welfare and ECE systems, and provides three critical components as a part of the process described in **Figure 1** below:

1. **Emergency child care vouchers** or payments. Caregivers may receive a time-limited voucher to help pay for child care costs for foster children.
2. **Child Care Navigators (CCNs)** to:
 - a. Match the caregiver with a child care provider.
 - b. Help the caregiver navigate child welfare and ECE systems to achieve the goals of safety, permanency, and well-being for the child.
 - c. Find alternative source of child care funding for children after the Bridge voucher ends.
3. **Trauma-informed care (TIC) training and coaching.** Participating ECE providers receive access to trauma-informed care training and coaching to help them meet the unique needs of foster children.

⁵ <https://rrnetwork.org/assets/general-files/California-06-20.pdf>

FIGURE 1. BRIDGE PROGRAM PROCESS MAP



Purpose of the Study

CCRC studied the Bridge Program to determine valuable lessons learned and to help guide continuous program improvement for several reasons. First, the Bridge Program is the only program of its kind and size in the United States, so there is no existing framework to guide the development and successful implementation of such a program. Additionally, the legislation that created this program was intentionally broad, allowing counties to develop a program that would work for their unique systems, partners, and populations. The lack of specificity in the statute presents both an opportunity and a challenge. The opportunity was to develop a program that had the flexibility to meet the unique needs of families in each county. The challenge was building a completely new program within agencies accustomed to having clear regulations to guide implementation and program development. Lessons and challenges often do not present themselves until the program has started. In the case of the Bridge Program, these challenges were expressed to CDSS in the form of ad-hoc calls and emails from counties. CDSS staff answered these questions as effectively and efficiently as possible, usually through monthly webinars and formal memos from the state. However, CDSS does not have the capacity to formally document, across multiple counties, aspects of the program that works well (or not) and under what conditions (e.g., county size) – let alone formulate recommendations for strengthening the program in participating counties and informing effective methods to implement and scale-up the model in additional counties. This study provides a formal mechanism to both document and share information regarding best practices in reaching and serving the targeted population while providing a foundation upon which California, as well as the rest of the nation, can implement and expand the program on a larger scale.

Study Methods

Research Questions

There were 9 research questions that guided this study:

1. How do counties best implement the Bridge Program to reach the children who need it?
2. What additional supports do counties need to help them maximize the reach and effectiveness of the Bridge Program?
3. To what extent do children receive stable, quality ECE after the voucher expires (i.e., is the current voucher timeframe adequate)?
4. To what extent do agencies leverage federal funding to ensure sustainability and maximize the use of current resources?
5. To what extent has the Bridge Program contributed to collaboration among cross-system stakeholders?
6. What other challenges, lessons learned, or success stories should be told?
7. Under what conditions does the program increase access to child care for foster families?
8. Under what conditions does access to the program increase well-being for caregivers and foster children?
9. Under what conditions does TIC training and coaching support child care providers who work with caregivers and foster children?

All research activities for this project were reviewed and approved by an Institutional Review Board, Integreview, prior to the recruitment of participants or the collection of data. The Research team collected data from a sample of 12 counties across California. See Table 1 for a list of sampled counties.

TABLE 1. COUNTIES PARTICIPATING THE IN THE BRIDGE EVALUATION

County	Implementation Timeframe ⁶	CDSS Research Region ⁷
Colusa	Mid	Central Valley
Contra Costa	Early	Bay
Glenn	Mid	North & Mountain
Napa	Later	Bay
Riverside	Later	Southern California
Sacramento	Mid	Central Valley
San Benito	Mid	Southern Farm
San Bernardino	Later	Southern California
San Diego	Mid	Southern California
San Joaquin	Early	Southern Farm
San Luis Obispo	Early	Southern Farm
Sonoma	Early	Bay

⁶ Early: January-April 2018, Mid: May-October 2018, Later: November 2018 and later.

⁷ <https://www.cdss.ca.gov/cdssweb/entres/pdf/RFSurveyReport2006-07.pdf>. The one county "region" not represented in this study is Los Angeles.

Based on the research questions approved by all three funding agencies, the CCRC Research team conducted key informant interviews (KIIs) with Child Welfare and ECE Bridge Program administrators, child care navigators, and trauma-informed trainers/coaches who had daily contact with caregivers and child care providers receiving services through the Bridge Program. Additionally, the Research team administered online surveys and KIIs with caregivers (e.g. foster parents, resource parents, relative caregivers, parenting foster youth, etc.) and child care providers who participated in the Bridge Program. For more information on the study methodology, please see **Appendix A**.

Findings

Findings: Administrative and Program Staff

The Research team completed 51 KIIs with Bridge administrative and program staff in year 1. Three of the 51 KIIs were completed by written responses instead of Zoom interviews. Bridge Program administrators from Child Welfare and the Resource & Referral/Alternative Payment (R&R/AP) agency, Child Care Navigators, and Trauma-Informed Coaches were interviewed from the 12 sampled counties. Since there were few guidelines on implementation of the program, counties were able to design the program to meet the needs of the county, resulting in staffing patterns that varied across counties. Additionally, in one county there were two R&R agencies implementing the program. Due to the variety in staffing patterns, the Research team aimed to collect KIIs with 4-5 Bridge staff per county. A list of KIIs by county and staff position type can be found in **Appendix B**.



“

I think since the very beginning, we've communicated so well. We see each other as respected partners. Both... [are] very passionate about providing support to our families. It shows in the work, it shows in the communication, it shows in the collaboration.

- Child Welfare Administrator, Mid-Range Implementer

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FIGURE 2: KEY RESULTS FROM KIIs WITH BRIDGE STAFF



The main finding from the Bridge staff KIIs was that **good working relationships** with implementing partner agencies in the Bridge Program was a key element in the successful implementation of the program. At least 75% of counties stated that collaboration, networking, and establishing a working relationship with a partner agency was necessary to maintain a communicative and quality relationship while implementing the Bridge Program. Additionally, 11 out of the 12 counties (92%) interviewed stated they had good working relationships with their partners in the Bridge Program, while one county felt more communication was needed. Half of the participating counties had previous relationships with their partner agency through the subsidy or alternative payment program. Furthermore, all of the mid-implementing counties had a previous relationship with their partner agency prior to the Bridge Program. For 2 out of the 3 later implementing counties, only one had a previous relationship and the others were still working to improve their relationship.

“

To maintain a quality relationship with your child welfare agency is important because you never know what new programming is going to come down the pipes and it certainly doesn't hurt just with whatever your existing projects are to keep each other aware of the different resources that you may have. It makes new program implementation much smoother if you actually have a relationship already.

- Resource & Referral Administrator, Mid-Range Implementer

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“

The funding comes late in the fiscal year, and additional funding comes even later. That exercise makes it very challenging to determine how much or how long your funding will last in order to support X number of families in our county. We expect with this coming fiscal year we will be faced with that situation, and that will be a barrier for families to receive Bridge child care.

- Child Welfare Admin Implementer Implementer

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While many of the staff expressed the importance of collaboration and having an existing relationship with their partner agency, they also shared that they benefitted from having support from external agencies. All counties stated that they had partnerships with outside agencies to support the implementation of the Bridge Program. Many of these outside agencies provided assistance with trauma-informed care coaching and trainings. In addition to partnering with outside agencies on the trauma-informed care portion, they also worked with Head Start programs, county First 5s, and local non-profits in order to connect families to supportive services. **Outside agency partnerships** were especially important for counties serving larger numbers of Bridge families.

Bridge Program Process

All counties mentioned that the Bridge process began with the social worker submitting a Bridge referral to the child care navigator. Staff from 6 out of the 12 counties mentioned the navigator made contact with caregivers within 24 hours of receiving a Bridge referral. When disaggregated by implementation type, there were three early implementers (75%), two mid-implementers (40%) and one late implementer (33%) that stated navigators reached out to families within 24 hours of receiving the Bridge referral. In addition, 50% of all counties in the study used encrypted emails when submitting referrals via email, while the other counties faxed or hand delivered paper referrals. Overall, counties did not mention having any challenges or concerns over the process for submitting referrals and contacting caregivers.

Challenges

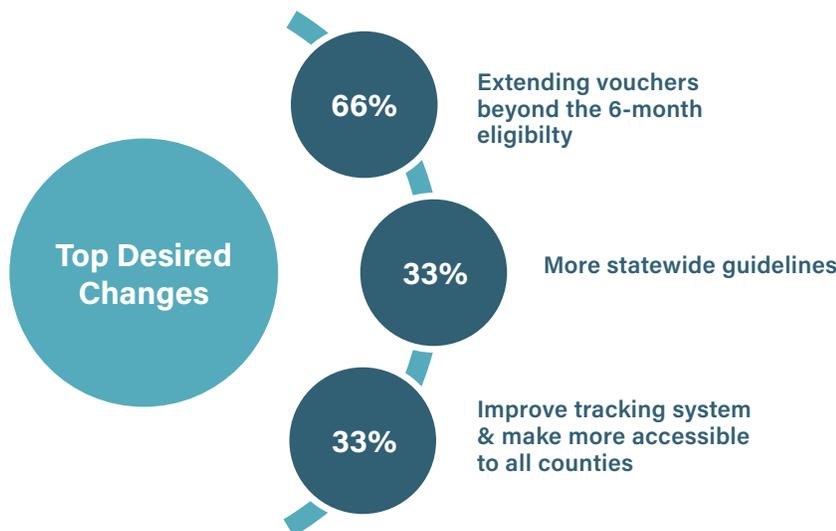
When asked about implementation challenges, 5 out of the 12 counties mentioned they had concerns regarding the budget (e.g., **budgeting** funds for a position for the navigator, administrative supplies for Bridge Program staff, or not having continuous funding for the program). In addition to funding challenges, two counties mentioned having issues with the **language of the contract** being too specific and holding up implementation— both counties were from late implementing counties.

In addition, 11 out of the 12 counties experienced challenges with data and reporting. The one county that did not experience data challenges received very few Bridge referrals. Child Welfare administrators from 10 of the 12 counties experienced more challenges with data than R&R administrators (4 R&R administrators stated they had challenges). There were more early implementing counties (55%) that had mentioned experiencing challenges with data and reporting while only 27% of mid-implementing counties experienced challenges. Furthermore, counties serving a larger number of families (8 counties) experienced data collection and reporting challenges more often than counties serving smaller numbers of families.

Desired Changes

Staff from 8 out of 12 counties (66%) recommended that the **voucher be extended** beyond the 6-month eligibility and that the **voucher follow the child** after adoption or reunification with their biological parents. Of note, 3 of the 12 counties served less than 10 children through the Bridge Program and did not have concerns with reunification. 75% of the counties that were in favor of extending the program beyond the 6-month eligibility were from counties serving a larger number of families.

FIGURE 3: TOP DESIRED CHANGES FROM KIIs WITH BRIDGE STAFF



While many staff understood that implementation of the Bridge Program was intentionally left up to each county so that the design met the unique needs of their constituents, 4 out of the 12 counties (33%) felt that having more **statewide policies and guidelines** to follow would have been helpful during program implementation. In addition, 3 out these 4 counties were urban counties. Additionally, staff from 4 out of the 12 (33%) counties recommended more general **training for navigators**. General concept training on the **roles of the navigator and social workers** were recommended.

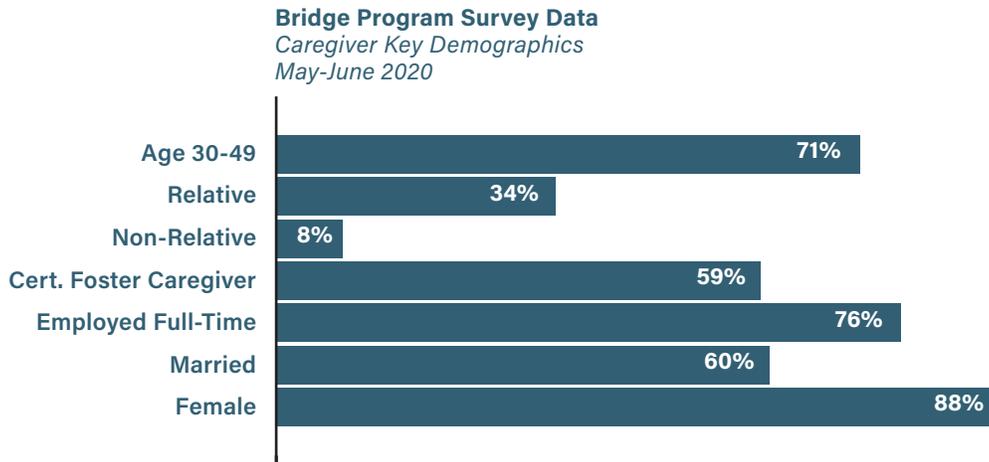
Four out of 12 counties (33%) expressed a desire to have a **better tracking system or database** (other than the referral) that was **accessible to all counties**. Three out of the 12 counties (25%), expressed changes in the **methods used for outreaching to families and providers** about the Bridge Program. In addition, 2 out of the 12 (17%) counties suggested more self-care and counseling services for families, children, and providers.

Findings: Caregiver and Child Care Provider

There were 175 caregivers from 10 of the 12 sample counties that responded to the online survey. One county had not implemented the Bridge Program and, therefore, had no parents eligible to respond to the online survey. Another county served fewer than 10 families, and no caregivers from this specific county responded to the survey. A list of the number of online surveys received by county can be found in **Appendix C**.

Of those caregivers that responded to the online survey, 88% were female, 60% were married, 76% were working full-time, and 71% were between the ages of 30 and 49. The most common race and ethnicity of online survey respondents were White (45%), Black or African American (22%), and Latinx (22%). In addition, 59% were certified foster caregivers, 34% were relative caregivers, and 8% were non-relative, extended family members. Furthermore, 56% of respondents accepted placement of their foster child on the same day they were contacted by their child's social worker, and 53% of caregivers reported they accepted more than one foster child.

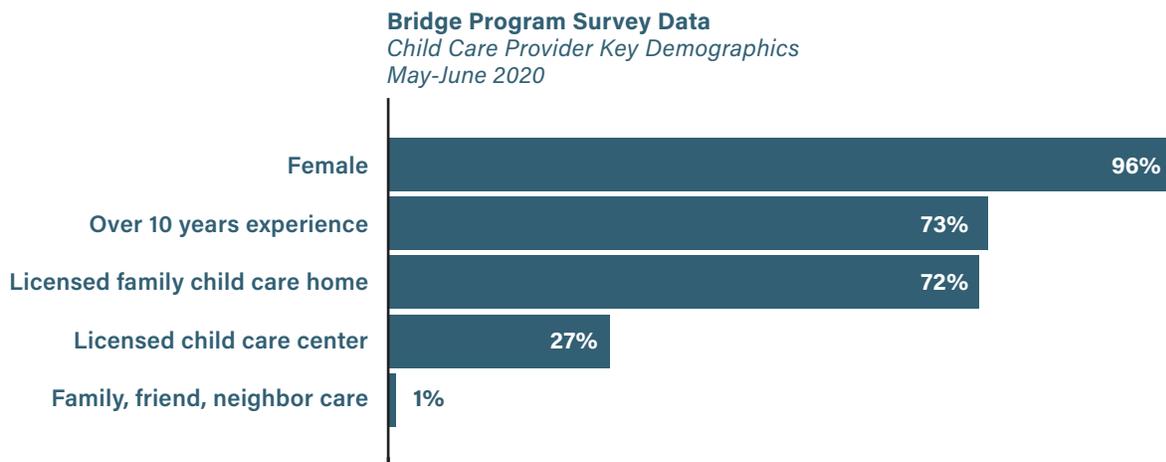
CHART 1: CAREGIVER KEY DEMOGRAPHICS



Moreover, 186 child care providers who cared for Bridge children responded to a survey about their experiences with the Bridge Program. Child care providers from 9 of the 12 sample counties responded to the online survey. One county had not implemented the Bridge Program, therefore, had no child care providers eligible to respond to the online survey. Two other counties served fewer than 10 families, and none of the child care providers from these counties responded to the survey. **Appendix D** details the number of online surveys received by county.

The demographics of the child care providers who responded to the survey were 96% female and 73% had been caring for children (other than their own) for over 10 years. Survey data found that 72% were from a licensed family child care home, 27% were from a licensed child care center, and 1% from a family, friend, or neighbor. A little more than half (56%) had cared for 1-2 Bridge children, 32% cared for 3-4 Bridge children, and 12% had cared for 5 or more Bridge children. Survey data of the ages of children served were 29% under 1 years old, 45% between 1 and 2 years old, 51% between 3 and 5 years old, 33% between 6 and 10 years old, and 12% 11 years old or older.

CHART 2: CHILD CARE PROVIDER KEY DEMOGRAPHICS



Both caregivers and child care providers were given the option to enter their contact information to participate in a one-hour key informant interview (KII) about their experiences in the Bridge Program.

CCRC Research conducted interviews with 25 caregivers and 24 child care providers. A list of the number of caregiver KIIs by county can be found in **Appendix E**.

Bridge Program Facilitated Placement of Foster Children with Caregivers

The main goal of the Bridge Program is to facilitate the prompt placement of foster children in stable settings by helping relatives or other caregivers access quality early learning and care programs for children in their care. **More than 35% of caregivers who responded to the online survey said they would not have accepted the foster child without access to child care-** demonstrating that the Bridge Program is successful in supporting placement of foster children.

35% of caregivers would not have accepted the foster child without the Bridge Program.

Caregivers had Positive Experiences with Bridge Program Staff

The child care navigator (CCN) is an integral component of the Bridge Program because navigators connect caregivers to child care providers and assist them with securing financial support for child care. At least 90% of caregivers who responded to the online survey agreed the child care navigator provided referrals to quality child care programs. Furthermore, 89% agreed the child care navigator coordinated **placement** of their foster child with a child care provider in a **timely manner**. 87% of caregivers agreed that **enrolling** in the Bridge Program was **easy** and 85% of caregivers agreed that the **navigator reduced their level of stress**. Finally, 28% of caregivers reported they needed help finding a child care provider, which is one of the functions of the child care navigator. This illustrates that nearly 3 out of 4 caregivers have a provider in mind when they reach out for Bridge services.

Bridge Program Reduced Stress for Caregivers

Caregivers who responded to the online survey agreed that the Bridge Program reduced their level of stress. Developmental science shows that stress in the family can have adverse effects on children and anything that can reduce stress for parents will help foster a healthier environment for children, particularly traumatized children. Results for the survey indicated that:

- 96% of caregivers agreed their **stress levels were reduced** due to their foster child attending child care.
- 70% of caregivers reported **reduced economic stress** due to the Bridge Program.
- 66% of caregivers reported **reduced emotional stress** due to the Bridge Program.
- 64% reported the Bridge Program allowed caregivers to keep their job.

“

*It's been wonderful for him. It's given him the opportunity to **be with other children**, to be **prepared for** when he does start **school**. He has fun there. He's made **friends** there. He **loves his teachers**, too. It's been real positive for him. It's his place and there's no stress there.*

- Caregiver

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“

*When a **parent has stress**, the **child has stress**. It goes hand in hand.*

- Caregiver

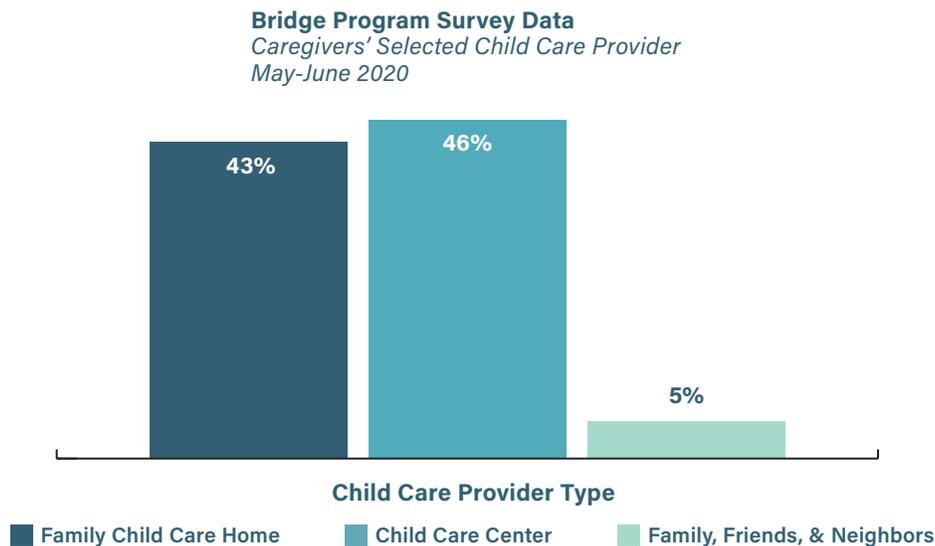
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These results were further supported by the findings from the caregiver interviews. Caregivers noted during the interview that, because of the Bridge Program, they did not have to worry about being able to afford or find child care, both of which brought down stress levels at home and benefited the foster children.

Quality Child Care Benefited Foster Children

Overall, caregivers had positive things to say about the well-being of their foster children resulting from participating in the Bridge Program. Out of 25 caregiver interviews, none had a negative comment about the impact that the Bridge Program had on their foster children. All of the caregivers noticed improvements in their foster children since participating in the Bridge Program.

CHART 2: CAREGIVER KEY DEMOGRAPHICS



From the online surveys, 46% of caregivers chose licensed child care centers, 43% chose licensed family child care, and 5% chose family, friend, or neighbor care. 96% of caregivers agreed their **child care provider supported the needs of their foster child**. 94% agreed they were satisfied with the quality of care the child care provider gave their foster child. Finally, 94% agreed the child care provider kept them informed about their foster child's development.

During the interviews, caregivers were asked if they felt their foster child's well-being was affected by the Bridge Program. Many caregivers attributed improvements in behavior to their child attending quality, consistent child care. Caregivers mentioned that the quality of child care helped their foster **children progress socially, cognitively, and physically** in their development. Caregivers noticed that the children enjoyed getting to interact and socialize with other children in child care or school. When asked about whether they noticed the child's reactions and feelings when being taken to and brought back home from child care, caregivers mentioned seeing positive reactions from the children. Children were happy to go to their child care and some even mentioned that they have **built a strong bond with the child care provider**.



“

The baby, she's developmentally progressed. I was able to keep her because of you all, because if it wasn't for you, I would not have been able to keep her. It was less stress for me. I was in school, working, and having a foster baby. [The Bridge Program] was so beneficial.

- Caregiver

”

Furthermore, interviews with child care providers serving Bridge children echoed the comments from caregivers. 82% of surveyed child care providers agreed that the Bridge Program increased foster child well-being. Those who elaborated mentioned noticing an increase in the child(ren)'s social, emotional, and cognitive development. Child care providers noted that children who started with behavior, developmental, or even health issues improved with help and support provided by their child care program. Most providers agreed that participating in the Bridge Program increased the child's well-being and led to positive changes in the children.

Child care providers also mentioned the benefit of having consistency and a safe child care environment for children that have experienced trauma. Similarly, caregivers also stated that children going to the same child care provider each day helped with **consistency and structure** in their life, which are central to a child's development. Caregivers felt this routine was a benefit and essential for foster children due to their experiences of being removed from their homes and children who have had multiple placements. Caregivers felt it was good for children to have the **routine of attending child care so that they know what to expect**.

Five of the interviewed caregivers shared that their foster **child(ren) had previously experienced trauma**, and stated that the Bridge Program allowed them to access quality child care and that was important in helping the children. Four of these caregivers mentioned that their child care provider met the child's needs, and made the child feel safe and secure. One parent expressed that due to the high chance of foster children experiencing trauma, it is **important for child care providers to have some kind of trauma-informed care training** to help address and be more aware of foster children's needs. Similarly, child care providers also shared that those children who started with behavior issues or had experienced trauma were challenging, but with targeted support the children improved over time.

Although most of the child care providers from the interviews also agreed that the Bridge Program increased child well-being, about half of providers could not identify exactly how the Bridge Program helped with child well-being specifically. Those who further elaborated mentioned the child(ren)'s social, emotional, and cognitive development, and the benefit of a consistent and safe environment. Many felt the Bridge Program was a great resource overall for foster families. Again, demonstrating that the primary benefit to foster children is access to quality child care.

“
*The **consistency of having the same people** around because he was used to so much. **Everything was different every day**. Where we sleep is going to be a different place, where we eat, we may not have food, we may be homeless, it was just chaos all the time for him. So him having **safety** was a big deal.*
 - Caregiver
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CHART 3: BENEFITS OF QUALITY CHILD CARE



Findings: Trauma-Informed Care Training and Coaching

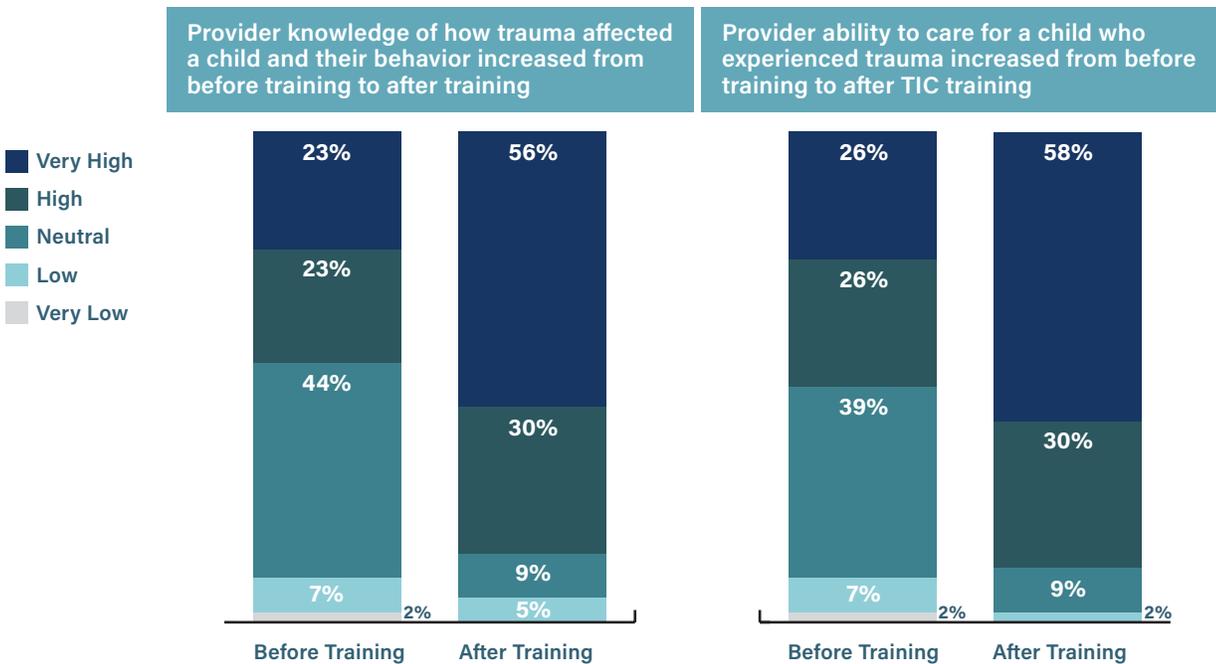
Access to quality child care is a key element of the Bridge Program. The Bridge Program supports quality child care by providing access to Trauma-Informed Care (TIC) training and coaching by local Resource & Referral agencies. The goal of offering TIC training and coaching is to increase the capacity of child care providers to meet the needs of children in foster care and children who have experienced trauma. Child care providers' feedback on their experience with TIC training and coaching provided insight on the successes of the program and areas for improvement.

Child Care Providers Benefit from Trauma-Informed Care Training

From the survey data, 86% of child care providers who attended TIC training said the training helped them to better support the foster children in their care. While 70% of child care providers said Bridge Program staff informed them about TIC training options, only 36% had attended any TIC training. TIC training does benefit child care providers and the children in their care, however, there is still a challenge getting providers to participate in TIC training.

Child care providers who participated in TIC training were asked to rate their knowledge and abilities relating to TIC practices before and after they attended any TIC training. Two statistically significant differences before and after training were found. Child care providers' **knowledge of how trauma affects a child and their behavior** increased in a statistically significant way from before (46%) to after (86%) the TIC training. Additionally, child care providers' **ability to care for a child who experienced trauma** increased in a statistically significant way from 52% to 88% after receiving TIC training.

CHART3: INCREASE IN KNOWLEDGE AND ABILITY AFTER TIC TRAINING



Similarly, child care providers from the interviews were asked about their experiences with TIC training. From the interviews, 75% of the child care providers said they found the TIC trainings helped them meet the needs of children with trauma.

“

Everything that I've learned has helped. I believe it has impacted every child under our care and myself as an individual. My assistant [too] because we've taken the Trauma Informed [Care] in English and Spanish... So we have sat together and talked about it. Really broke it down, what we have learned and how to best implement. It has benefited every student that has been in our facility, not only the Bridge family.

- Child Care Provider, San Diego

“

The two providers who did not find the training helpful said the information in the TIC training was repetitive. They felt they already knew much of the information provided. One provider suggested there should be different levels of training to meet the skill level of the child care provider. Furthermore, child care providers who did not attend TIC training were asked what would encourage them to participate in future TIC trainings. Four providers recommended having more options for when trainings are offered. Two providers said they would appreciate more online trainings available for providers to access at any time and mentioned they would attend if trainings were offered during times that were convenient to them. Another two providers said they would attend if the training was offered to them, and the only reason they did not attend was because they were not aware of the trainings. Two providers recommended the TIC trainings be required. One provider mentioned that reminders would help her attend, and another provider mentioned being too busy to attend because of the extra cleaning requirements due to COVID-19.

“

If I'm not too tired, I will. I wish I could; I know they're having one right now. I didn't do my other trauma type class by Zoom. I wish I can participate, but right now, like when you call me, I was cleaning, this is the time when I clean. I have to clean every day because COVID now and then deep clean. That's the only thing about participating in class right now. I wish I could participate, but I have to think about saving time to do it.

- Child Care Provider, Sonoma

“

Child Care Providers Benefit from Trauma-Informed Care Coaching

Similar to the results for TIC training, survey and interviews from child care providers indicated that TIC coaching helped child care providers support the foster children in their child care. Also similar to TIC training, only a small portion of child care providers serving Bridge children participated in TIC coaching. Of those child care providers who responded to the online survey, 65% said Bridge Program staff informed them of TIC coaching options, but only 25% of providers participated in Bridge TIC coaching. Conversely, of the child care providers who were interviewed, 83% were not aware of TIC coaching opportunities. Only four (17%) child care providers who were interviewed had heard of and participated in TIC Coaching. Coaching was described by child care providers as either a situation in which a TIC coach would come to the child care site, observe children, and provide feedback, or one in which a TIC coach would respond via email or phone to questions the provider had about the children in their care.

Child care providers who participated in TIC coaching said the coaching helped the provider to better support the foster children in their care. Furthermore, 55% of the Bridge providers who did not participate in the TIC coaching expressed interest in TIC coaching if it was offered to them.

“

Well, I feel if I had a child that had symptoms or their actions indicated trauma, I would seek help. I wouldn't wait until [TIC coach] invited me. I would look for help and resources and documents to read and how to deal with the family. But right now, thank God, my kids are happy.

- Child Care Provider, San Benito

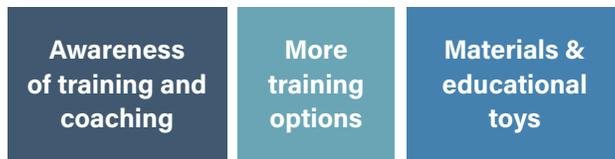
”

Three of the four providers from the interviews who participated in coaching also stated the TIC coaching was helpful. Providers noted that the coaches gave responsive feedback, answered their questions, and provided helpful information for supporting children in their care. However, these four providers were initially confused about what “coaching” entailed, but once described to them by the interviewer they confirmed they had participated in TIC coaching.

Overall, while survey results indicate that child care providers stand to benefit from TIC coaching, early childhood educators serving Bridge children were not aware of TIC coaching opportunities or did not understand what TIC coaching entailed. When asked what would encourage child care providers to participate in TIC coaching, providers shared that they would participate if it was required, offered at convenient times, or if it would help the provider become a coach. One child care provider who expressed not being interested in TIC coaching shared that they did not need it because they did not encounter any behavioral issues with the foster child in their child care. The providers' confusion about TIC coaching highlighted an opportunity for better communication about what TIC coaching entails and the benefits of participating in TIC coaching.

During the interviews, child care providers were asked what additional support was need to help them provide quality child care for children enrolled in the Bridge Program. 38% said they did not need any additional support. 21% mentioned having more TIC training on topics including child behavioral issues, child emotions and trauma, academics, how to communicate with resource caregivers, and self-care. 17% mentioned needing more supplies such as educational materials and toys that address ways to help with trauma.

CHART 4: SUPPORT FOR CHILD CARE PROVIDERS



Recommendations

Recommendations for Bridge Program Implementation

Implementation of the Bridge Program statewide was no easy task. However, the partnership between Child Welfare and R&R's made this program a success. **Hundreds** of foster children and their families have benefited from access to quality child care provided by the Bridge Program. In order to continue the success of the program and ensure that California's most vulnerable children have access to quality child care a few recommendations that were voiced by survey participants should be considered.

First, both Child Welfare and R&R agencies need to continue to foster collaborative relationships. This trusting, communicative relationship is a key element of the Bridge Program's success. Program funding was identified as a key road block as funding can be unstable, vary year to year, and even vary within the year. Funding impacts the contracting and subcontracting process that can result in program delays and lead to families not being served. An exploration of ways to stabilize and increase flexibility with the budget or contracting process is recommended. It is also recommended that data systems and reporting methods are improved and streamlined, and that data security and management processes are uniform across counties. This is especially important for counties that serve large numbers of families. The most common recommendation from Bridge staff was to extend the length of the Bridge voucher and have it follow the child after reunification or adoption. More guidelines and best practices from CDSS on implementation are recommended for consistency, especially around the branding of the Bridge Program and outreach to families. Lastly, it is recommended that TIC training for Bridge staff is expanded in order to increase support for foster children.

Recommendations for TIC Training and Coaching

Due to child care providers' limited awareness of TIC training and coaching it is recommended that a more dedicated outreach and recruitment effort is made to increase the number of providers participating in TIC training and coaching opportunities. This effort would include developing a clear description of what TIC training and coaching is, how it benefits providers, and clear description of what is expected of both providers and TIC coaching. In order to make TIC trainings more accessible to providers, it is recommended that training sessions would be offered on multiple dates, times, in a variety of languages, and would include virtual options. Additionally, the development of a process map is recommended that would detail how the Child Care Navigator communicates active child care providers in the Bridge Program to the TIC coach for outreach and recruitment into the TIC training and coaching programs.

Some additional recommendations for the training include breaking down the training material by child's age, offer different skill levels of training, and providing training in Spanish or having experienced translators present. Some additional topics that child care providers were interested in include understanding children's emotions, self-care, and to have TIC trainings recorded and available online for providers to access anytime.

Next Steps

This report captures the first year of implementing the Bridge Program study. In Year 2, the Research team will conduct KIIs with Bridge Program administrators and staff located within the same 12 counties. These KIIs will delve further into the counties' challenges and successes with the program, inquire about any changes that have been made, and investigate how COVID-19 has affected the program. Additionally, an all-county survey will be distributed to Bridge Program administrators to explore if other implementing counties have similar experiences found in Year 1 of this study. Finally, online surveys and KIIs with caregivers and child care providers will also be conducted in Year 2. More caregivers and child care providers will be given the opportunity to share their experience with the Bridge Program and provide feedback for program improvement.

APPENDIX A: STUDY METHODS

All research activities for this project were reviewed and approved by an Institutional Review Board, Integreview, prior to the recruitment of participants and the collection of data. The Research team collected data from a sample of 12 counties across California. Counties were recommended by the CDSS (with input from CCRC), which administers the Bridge Program. Counties were selected to include early implementers (those that began implementing January 2018 - April 2018), mid-range implementers (began implementing May 2018 - October 2018), and later implementers (began implementing November 2018 and later). One of the late implementing counties was unable to implement the Bridge Program due to delays caused by the COVID-19 pandemic. Both the Child Welfare agency and Resource & Referral/Alternative Payment agency for each selected county were required to agree to participate in the study to be included.

An Advisory Committee was formed to review and provide input on methods, data collection tools and protocols and findings. Members of the Advisory Committee include funders, staff and leaders from CDSS and CDE, statewide advocacy agencies in ECE and Child Welfare, a researcher, a foster parent and child care provider. All tools are reviewed by this group prior to translation (and back-translation) into Spanish and approval by IRB.

Data Collection Methods: Administrative and Program Staff

Based on the Research Questions in the scopes of work approved by First 5 California, First 5 San Bernardino, and Heising-Simons, the CCRC Research team conducted key informant interviews (KIIs) with Child Welfare and ECE Bridge Program administrators, child care navigators, and trauma-informed trainers/coaches who had daily contact with caregivers and child care providers receiving services through the Bridge Program.

After IRB approval of survey and interview tools and protocols for all participants, the Research team contacted Bridge Program administrators and staff to schedule interviews. Information detailing the study and interview questions were sent to participants so that they were able to prepare in advance for the interview. If participants were unable to attend the interview, they were given the option to submit written responses to each question. Interviews were conducted using the Zoom conferencing software and, with participants' permission, the interviews were audio recorded. One Research team member conducted the interview while another team member audio recorded and took notes. Interviews lasted approximately one hour each, depending upon the length of responses from participants. Audio recordings were transcribed with support from Otter.ai software, and then reviewed by a Research team member to facilitate data analysis. Data collection methods were the same across all key informant interviews conducted. Lastly, participants were offered a token of appreciation (e.g., gift card) for their participation in the interview.

Data Collection Methods: Caregivers and Child Care Providers

Based on the Research Questions in the scopes of work approved by First 5 California, First 5 San Bernardino, and Heising-Simons, the Research team conducted key informant interviews with caregivers and child care providers who currently or formerly participated in the Bridge Program (a goal of three caregivers and three child care providers from each of the 12 counties). Caregivers were recruited through the Resource and Referral (R&R) agency in the 12 counties. The Research team developed an online survey for the R&R agencies to distribute to caregivers in the Bridge Program. The survey included recruitment language for the caregivers to elect to be contacted for a phone interview.

Caregivers that elected to be contacted for a phone KII, were selected for an interview based on stratified demographic representation (e.g., type of caregiver and language spoken). Online surveys and interviews were available in English and Spanish.

For the child care providers, the Research team developed an online survey for the R&R agencies to distribute to the child care providers they served in the Bridge Program. The survey included recruitment language for child care providers to elect to be contacted for an interview. A sample of the child care providers who elected to be contacted for an interview were contacted to schedule the interview (a goal of three child care providers per county). If more than three child care providers per county opted in for an interview, the Research team selected participants based on ensuring a diverse set of experiences (e.g., child care provider setting, participation in TIC training, participation in TIC coaching, and provider language).

APPENDIX B: TABLE OF BRIDGE STAFF INTERVIEWS

Number	ID	County	Interview Type	Implementation Phase
1	CCN_01	Colusa	CCN	Mid
2	CW_01	Colusa	CW Admin	Mid
3	RR_01	Colusa	RR Admin	Mid
4	TIC_01	Colusa	TIC	Mid
5	CW_02	Contra Costa	CW Admin	Early
6	RR_02	Contra Costa	RR Admin	Early
7	TIC_02	Contra Costa	TIC	Early
8	CCN_03	Glenn	CCN	Mid
9	CW_03	Glenn	CW Admin	Mid
10	RR_03	Glenn	RR Admin	Mid
11	TIC_03	Glenn	TIC	Mid
12	CCN_04	Napa	CCN	Late
13	CW_04	Napa	CW Admin	Late
14	RR_04	Napa	RR Admin	Late
15	TIC_04	Napa	TIC	Late
16	CW_05	Riverside	CW Admin	Late
17	RR_05	Riverside	RR Admin	Late
18	CCN_06	Sacramento	CCN	Mid
19	CW_06	Sacramento	CW Admin	Mid
20	RR_06	Sacramento	RR Admin	Mid
21	TIC_06	Sacramento	TIC	Mid
22	CCN_07	San Benito	CCN	Mid
23	CW_07	San Benito	CW Admin	Mid
24	RR_07	San Benito	RR Admin	Mid
25	TIC_07	San Benito	TIC	Mid
26	CCN_08	San Bernardino	CCN	Late
27	CCN_08	San Bernardino	CCN	Late
28	CW_08	San Bernardino	CW Admin	Late
29	RR_08	San Bernardino	RR Admin	Late
30	RR_08	San Bernardino	RR Admin	Late
31	TIC_08	San Bernardino	TIC	Late
32	TIC_08	San Bernardino	TIC	Late
33	CCN_09	San Diego	CCN	Mid
34	CW_09	San Diego	CW Admin	Mid

35	RR_09	San Diego	RR Admin	Mid
36	TIC_09	San Diego	TIC	Mid
37	CCN_10	San Joaquin	CCN	Early
38	CCN_10	San Joaquin	CCN	Early
39	CW_10	San Joaquin	CW Admin	Early
40	RR_10	San Joaquin	RR Admin	Early
41	RR_10	San Joaquin	RR Admin	Early
42	TIC_10	San Joaquin	TIC	Early
43	CCN_11	San Luis Obispo	CCN	Early
44	CW_11	San Luis Obispo	CW Admin	Early
45	RR_11	San Luis Obispo	RR Admin	Early
46	TIC_11	San Luis Obispo	TIC	Early
47	TIC_11	San Luis Obispo	TIC	Early
48	CCN_12	Sonoma	CCN	Early
49	CW_12	Sonoma	CW Admin	Early
50	RR_12	Sonoma	RR Admin	Early
51	TIC_12	Sonoma	TIC	Early

APPENDIX C. NUMBER OF CAREGIVER ONLINE SURVEYS RECEIVED BY COUNTY

County	Implementation Timeframe	Number of Surveys Received	
		English	Spanish
Colusa	Mid	0	0
Contra Costa	Early	14	0
Glenn	Mid	9	0
Napa	Later	1	0
Riverside	Later	0	0
Sacramento	Mid	32	0
San Benito	Mid	2	0
San Bernardino	Later	24	0
San Diego	Mid	69	3
San Joaquin	Early	1	0
San Luis Obispo	Early	9	0
Sonoma	Early	4	4
TOTAL	175	168	7

APPENDIX D. NUMBER OF CHILD CARE PROVIDER ONLINE SURVEYS RECEIVED BY COUNTY

County	Implementation Timeframe	Number of Surveys Received	
		English	Spanish
Colusa	Mid	0	0
Contra Costa	Early	11	1
Glenn	Mid	6	6
Napa	Later	0	0
Riverside	Later	0	0
Sacramento	Mid	12	0
San Benito	Mid	1	1
San Bernardino	Later	45	2
San Diego	Mid	63	11
San Joaquin	Early	4	0
San Luis Obispo	Early	7	0
Sonoma	Early	6	7
TOTAL	183	155	28

APPENDIX E. NUMBER OF CAREGIVER AND CHILD CARE PROVIDER KIIS BY SAMPLE COUNTY

CAREGIVER

County	Implementation Timeframe	Number of Interviews Conducted	
		English	Spanish
Colusa	Mid	0	0
Contra Costa	Early	3	0
Glenn	Mid	3	0
Napa	Later	0	1
Riverside	Later	0	0
Sacramento	Mid	3	0
San Benito	Mid	2	0
San Bernardino	Later	3	0
San Diego	Mid	2	1
San Joaquin	Early	2	0
San Luis Obispo	Early	3	0
Sonoma	Early	1	1
TOTAL	25	22	3

CHILD CARE PROVIDER

County	Implementation Timeframe	Number of Interviews Conducted	
		English	Spanish
Colusa	Mid	0	0
Contra Costa	Early	1	0
Glenn	Mid	1	2
Napa	Later	2	0
Riverside	Later	0	0
Sacramento	Mid	3	0
San Benito	Mid	1	1
San Bernardino	Later	4	0
San Diego	Mid	3	0
San Joaquin	Early	3	0
San Luis Obispo	Early	1	0
Sonoma	Early	2	0
TOTAL	24	21	3

Strengthening California's Emergency Child Care Bridge Program



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CCRC is grateful to the counties who collaborated with us in connecting us to their communities and taking the time to provide their perspectives. We recognize and appreciate the resource parent caregivers and child care providers who gave us their time and shared their experiences. We also express gratitude for the contributions in question development and interpretation of results by members of our Advisory Committee. CCRC acknowledges the contributions to this project by the American Institutes for Research in design and interpretation of results.

