



Child Care Needs of Families Experiencing Homelessness in Los Angeles County

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FUNDED IN PARTNERSHIP BY CCRC, UNITED WAY, AND THE WATT FAMILY FOUNDATION





About the Study

In April 2019, the Child Care Resource Center (CCRC) hired HMA Community Strategies to lead a mixed-methods research project to understand the needs of families experiencing homelessness with children ages zero to five living in Los Angeles County Service Planning Areas 1 and 2 (San Fernando and Antelope Valleys).

This study draws on multiple sources of data including a literature review, publicly available data on homelessness in Los Angeles County, interviews with national and local experts, and focus groups with families experiencing homelessness.

Acknowledgements

Funding for this report was provided by CCRC, United Way of Greater Los Angeles, and The Watt Family Foundation.

About HMA Community Strategies

To address the social needs that affect public healthcare, Health Management Associates (HMA) formed HMA Community Strategies (HMACS) in 2014. HMACS helps communities tackle problems that impact health outside the walls of hospital, provider, and payer offices, such as inadequate housing and food access, education, violence, discrimination, the built environment, unemployment and underemployment.

About The Child Care Resource Center

The Child Care Resource Center's (CCRC) mission is to cultivate child, family and community well-being. CCRC helps meet the early childhood education and development needs of 50,000 children, families, child care providers and community members in its 22,500 square mile area of Northern Los Angeles and San Bernardino Counties. For over 40 years, the agency has provided services through a diverse mixture of subsidized child care programs, child development, and workforce training programs which work together to enhance the quality of life for their clients.

Table of Contents

Acknowledgements.....	1
Executive Summary.....	2
Conclusion.....	9
I. Background and Purpose	10
II. Scope of the Problem.....	10
Challenges with Understanding the Prevalence of Families Experiencing Homelessness	17
Trends Among Families Experiencing Homelessness	18
Racial Inequity.....	18
III. About the Study	20
IV. Methodology	20
Existing Data Compilation and Literature Review	20
Key Informant Interviews.....	21
Focus Groups with Families Experiencing Homelessness in SPA 1 and SPA 2	22
V. Findings.....	24
Top Needs of Families Experiencing Homelessness	24
Needs of Parents.....	26
Needs of Children.....	28
Subgroups of Families Experiencing Homelessness.....	28
The Role of Affordable Child Care in Overcoming Barriers to Housing	30
Child Care in the Context of Other Needs.....	30
Child Care Services Available to Families Experiencing Homelessness	34
Barriers to Using Child Care For Families Experiencing Homelessness	35
Challenges With Providing Child Care For Families Experiencing Homelessness	37
VI. Recommendations For Designing Models of Child Care for Families Experiencing Homelessness	39
Consideration #1: System Funding	39
Consideration #2: Access to Subsidies.....	40
Consideration #3: Place	41
Consideration #4: Transparency/ Trust	45
Consideration #5: Time/ Availability.....	46

Consideration #6: Trauma-Informed Care 47

Consideration #7: Data 48

VII. Conclusion..... 49

Appendix A: Key Stakeholder Interview Guide i

Appendix B: Focus Group Interview Guide vi

Appendix C: Focus Group Demographics..... ix

Appendix D: Eligibility For Subsidized ECE Programs..... x

Bibliography xi

Acknowledgements

Principal funding for this report was provided by United Way of Greater Los Angeles and The Watt Family Foundation.

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- Dana Vanderford, Board of Supervisors, Supervisor Kathryn Barger

The members' keen insights about the Antelope and San Fernando Valley communities and advice about our approach to the study, as well as their work in addressing the issue of homelessness in Los Angeles County, is inspiring.

Executive Summary

Background and Purpose

In April 2019, the Child Care Resource Center (CCRC) hired HMA Community Strategies (HMACS) to lead a research project to better understand the role of child care in supporting and lifting families out of homelessness, and the ways in which child care should be delivered to these families. Key partners to this effort included members of the Research Advisory Board as well as several community-based organizations who helped to recruit and coordinate focus groups throughout Los Angeles County Service Planning Areas (SPAs) 1 and 2 (San Fernando and Antelope Valleys).

HMA designed a multipronged approach to the study in order to understand the needs of families experiencing homelessness with children ages zero to five, living in these SPAs and recommend family-centered child care program designs that will better meet those needs. Specifically, the research questions were:

- What are the top needs of the families experiencing homelessness and the greatest barriers to permanent, stable housing?
- How does child care play a role in assisting with those needs / and overcoming those barriers?
- Compared with other needs, how critical is child care?
- What are the child care services available to families experiencing homelessness?
- What are the barriers to using child care?
- What types of child care are needed and for which types of families experiencing homelessness (sheltered, those who are non-sheltered but meet the McKinney Vento definition of homelessness) and does this depend upon certain factors such as the child's age and others?
- What child care program designs would be most effective for the various subgroups of families experiencing homelessness?

Multiple sources of data were used to inform a response to these questions and are woven together in this report to create a comprehensive synthesis of the experiences, challenges, and needs of families living in SPAs 1 and 2 from diverse perspectives. Central to the study was the concept of community voices, including the perspectives of those serving families experiencing homelessness and the families themselves.

Scope of the Problem

Los Angeles (LA) County is home to more than 10 million residents, of which nearly 60,000 experience homelessness. Individuals from families comprise 8,799 of these individuals¹. More than one in four families experiencing homelessness in LA County live in SPA 1 and SPA 2². Within each SPA, 34% of individuals experiencing homelessness are families in SPA 1 compared to 13% in SPA 2. Approximately one in ten of these families are unsheltered.

Homelessness is a daunting problem and is primarily due to the rising cost of housing and the low inventory of affordable housing. The needs of families experiencing homelessness are vast, and access to child care becomes increasingly important as parents must find and maintain employment, housing,

and other basic needs. Funding specific to preventing homelessness and connecting families to community resources, such as child care, make up a small proportion of the LA County Homeless Initiative. Community organizations like CCRC are seeking opportunities and strategies to fill the void.

Key Findings

Top Needs of Families Experiencing Homelessness

It bears mentioning that above all, safe and stable housing is the greatest need for families experiencing homelessness. Housing stability is difficult to attain due to both availability and affordability^{3,4,5,6}. In SPA 1 and SPA 2, there is a need for more housing resources to serve families spanning from transitional to permanent housing, and more affordable housing. It is also important to note that the needs of families experiencing homelessness differ depending on their race and ethnicity, citizen status, health care needs, family structure, and available social supports.

Family reunification is also a critical need for many families experiencing homelessness⁷. In LA County 16.7% of parents experiencing homelessness between 2013 and 2016 had experienced the removal of one or more children to out-of-home placement. This experience results in the parent being reclassified as a single adult, which means they will go into a separate system and can no longer access the same pool of family resources. Family separation also results in immediate loss of CalWORKs benefits and other welfare programs⁸.

Parents experiencing homelessness face an array of specific needs that preclude the ability to attain and sustain adequate income required to maintain stable housing including a need for transportation, social support, health care, food and other basic needs.

Aside from their need for stable housing, the needs of children experiencing homelessness do not differ significantly from the needs of children who are stably housed; however, in the context of the unique and traumatic experience of homelessness, needs such as safety, social connection, routine, health care, food, and developmental support warrant particular mention^{9,10,11,12}.

The Role of Affordable Child Care in Overcoming Barriers to Housing

In order to secure housing and maintain housing stability, parents experiencing homelessness must be able to look for and maintain work, participate in job training, education, and other supportive programs, and attend appointments to be connected with public assistance and community resources. Without access to affordable child care, this was found to be virtually impossible^{13,14,15,16,17}.

Child care can be a source of great support and relief to families, and child care providers can serve as an important source of trust and connection for both children and parents^{18,19}. Child care also plays an important role in meeting the specific needs of children experiencing homelessness²⁰. At its best, early care programming has the potential to mitigate the traumatic and destabilizing effects of homelessness for children.

Because zero to five years of age is such a critical time for social, emotional, and cognitive development, high quality early care and education can be considered the number one need for children experiencing homelessness.²¹ High-quality, trauma-informed care for children experiencing homelessness is crucial to achieving equitable outcomes for children.

Child Care in the Context of Other Needs

Rather than viewing the various needs of families experiencing homelessness independently, it is essential to take a comprehensive view and recognize the interconnectedness of these needs²².

Families ranked child care as very critical in the context of all their needs. Child care is a pre-requisite for successfully taking advantage of opportunities and resources to both prevent and exit homelessness. Many families said that since they often did not have anyone they could rely on to watch their children, they were not able to attend job interviews, go to school, or look for housing²³.

The study found that the type of children care provided should be responsive to the spectrum of needs of families that is reflective of the extent to which they have stability. At all levels of child care, programs serving families experiencing homelessness must prioritize designs that incorporate flexible hours, including drop-in and multiple shift coverage. Services and resources provided at any level should be able to meet nutrition and hygiene needs of the children. Resource literacy – or the capacity of providers to connect families to resources to meet their needs – is also an important attribute of child care providers that has benefits to families as they become increasingly more stable.

Child Care Services Available to Families Experiencing Homelessness

Subsidized services are available to families experiencing homelessness who meet certain local and/or state requirements including income, child age, and enrollment in other benefits. Programs that provide subsidy vouchers allow parents to use subsidies for the child care provider of their choice, including licensed exempt, licensed family child care, or center providers.

In addition to available subsidized child care services, families experiencing homelessness may access child care through community groups or providers with sliding-scale payment models, or they may choose to ask a trusted friend for help. While friends may qualify as licensed exempt providers in specific circumstances, this is not always the case, thus limiting use of subsidies²⁴.

Barriers to Using Child Care For Families Experiencing Homelessness

While a number of subsidized programs and resources for Early Care and Education exist, due to the unique experience of homelessness, families experiencing homelessness face many barriers to accessing child care resources. Fear of and lack of trust in child care was a predominant theme among families who worry about leaving their children with someone or some place they do not know. Other barriers include:

- + Transportation
- + Awareness of and Navigation to Services
- + Accessing Subsidies
- + Affordability
- + Hours of operations for affordable child care
- + Availability of affordable child care
- + Stigma of experiencing homelessness
- + Lack of Trauma-Informed Care

Challenges With Providing Child Care For Families Experiencing Homelessness

Caring for children experiencing homelessness is as challenging as it is critical. Because children experiencing homelessness have extremely complex needs, providers may be called upon to play a

variety of roles including emotional support for parents, problem solving, and social service navigation and coordination. However, many providers do not have access to the knowledge and training required to be able to provide much-needed trauma-informed care²⁵.

Across California, 58% of child care workers' families depend on one or more public income support programs²⁶. Providers working with families experiencing homelessness face particular challenges with low reimbursement²⁷. A system of care that meets the needs of families experiencing homelessness cannot be built on the backs of providers; rather, it must recognize well-supported and trained providers as the cornerstone of the system. In order to support the child care workforce to be equipped to truly meet the varied and complex needs of families experiencing homelessness, compensation must be adequate and sensitive to levels of training, education, and licenses.

There are many assumptions underlying current delivery of child care which must be reconsidered when trying to meet the needs of families experiencing homelessness. Families and children experiencing homelessness often do not have:

- + Standard work hours
- + Access to reliable transportation
- + Access to resources
- + A stable residential location
- + Average social/ emotional/ cognitive development

Recommendations

Shaped by a review of best practices, the perspectives of national experts, community leaders, and—most importantly—families experiencing homelessness themselves, several recommendations were developed corresponding to these considerations to improve the system of child care delivery.

■ Strategies to improve the way child care is delivered for all low-income families

The following strategies can be considered applicable to improving the system of care for all low-income families:

- + Invest in higher wages for child care providers;
- + Alleviate barriers to subsidy enrollment;
- + Provide child care subsidies to undocumented parents;
- + Develop and support opportunities for community and school-based care;²⁸
- + Increase and strengthen the network of informal providers by advocating for less restrictive eligibility requirements and building their capacity to serve families through training and education opportunities;
- + Incorporate more opportunities for transparency in child care;
- + Prioritize non-traditional hours in cost of care studies, advocacy, and investment to better understand what financial and other resources are needed and support an expansion of non-traditional hours care;
- + Engage civic and community stakeholders in the development of a plan to address non-traditional hour needs;
- + Consider possible ways licensing and quality requirements may be differently defined for providers offering care during non-traditional hours;

- + Support advocacy efforts encouraging employers to stabilize work hours for families.
- + Connect employers to providers to increase marketing and outreach to employees who may need after hours and weekend care;
- + Continue to incentivize evening and weekend hours and identify barriers and solutions to providing these “premium hours” of care for families who work non-standard hours; and/or
- + Develop and support opportunities for summer programming.

Eleven recommendations specific to families experiencing homelessness are made in regards to system funding, child care subsidy access, place, transparency/ trust, trauma-informed care, and data collection:

System Funding

- **Explore opportunities for collaboration and braided funding between early childhood and homeless systems of care.**

The link between homelessness and child care access is clear, and there is an opportunity to address the needs of families experiencing homelessness in a more comprehensive, family-centered manner through system coordination and braided funding. With current expanded funding for homelessness at both state and county levels, more research is needed in order to determine strategies to best leverage funds to meet the needs of families across the continuum of housing stability, from prevention to permanent housing support. Measure H funding has considerable flexibility, and increased funding could be an effective way to incentivize collaboration. Prioritizing and integrating child care funding into homeless service systems of care is crucial to provide parents and children experiencing homelessness with the support they need to succeed.

Subsidy Access

- **Provide tailored support for families experiencing homelessness regarding subsidies and subsidy enrollment.**

Two counties in California (San Francisco and Alameda) have implemented comprehensive programs to support families experiencing homelessness with finding and enrolling in subsidized child care. These programs include tailored assistance through the entire process, from filling out paperwork to getting required immunizations and visiting different programs to make an informed selection and build rapport with providers. Programs such as these should be expanded across the state to ensure families experiencing homelessness are not hindered by lack of child care options when taking the necessary steps to exit homelessness.

Place

- **Develop and support opportunities for mobile “pop-up” child care at trusted locations.**

Deploying mobile child care vans or trailers to meet families experiencing homelessness in the community could be another effective way to overcome barriers of transportation and trust. If child care was delivered through a mobile trailer at sites familiar to families, child care could be available at a

variety of sites and remain responsive to family needs and new locations. Families in focus groups stated they would feel comfortable leaving their child in a child care van or trailer as long as it was parked near a location they were familiar with, such as a shelter, work, or school. A mobile child care van would be a way to meet families where they are regardless of the spacing/ facility conditions of any location.

■ **Develop and support opportunities to provide co-located child care at family shelters.**

For families in temporary shelter situations, expanding the options for on-site child care presents opportunities to overcome expressed barriers to accessing child care including trust of service providers and transportation. Focus groups with families in shelters revealed a sense of comfort and trust between parents living in the same shelter. Shelter based care is an opportunity to leverage these relationships and offer opportunities for parents to support each other with child care. Offering child care in shelters or other housing locations also removes transportation from the calculation made by families on whether child care is accessible and affordable. Qualities of shelter-based care that meets the needs of families should include a room where children can be dropped off with very flexible hours and minimal paperwork/ requirement barriers. Shelters should also offer an opportunity to create a place for informal care networks and child care providers to operate.

■ **Develop and support opportunities to provide co-located child care in Permanent Supportive Housing (PSH).**

At Cedar Ridge, a PSH facility owned and operated by First 5 LA, facility case managers work with residents to connect them with child care providers who will pick up children at home and take them to their care facility. Focus group participants at Cedar Ridge expressed extremely positive experiences with this type of care, both because they felt the providers showed a distinct sense of care for their children and because Cedar Ridge case managers worked to facilitate a trusting relationship with the provider. Even for families who chose not to utilize this service, having a dedicated PSH facility for families with children 0-5 allowed families to build a strong and immediately apparent sense of community with each other, and over half of the families in this focus group reporting often depending on their neighbors to watch their children when they needed to go to the grocery store or a doctor's appointment. This type of PSH facility could potentially be identified as a best practice for families with young children and should be expanded and replicated in SPA 1 and 2.

■ **Identify and disseminate best practices for co-located child care in shelters.**

There is a need for best practices in providing co-located child care, including options and requirements to create safe space for informal care providers to operate. Dedicating physical space for shelter or PSH residents to engage in child care arrangements with fellow residents allows for not only the caregiving but also the space to provide support, training, and resources to informal care providers. Where no current best practices exist, there is an opportunity for stakeholders to design and test models to build a knowledge base for child care providers serving families experiencing homelessness.

- **Identify and support policies that incentive developers of shelters to consider family needs in their design.**

A safe and dedicated space for on-site child care at all new and renovated shelters serving families is something that should be part of a funder and developer's design. However, developers and funders are often incentivized in ways that maximize the number of shelter beds with a focus on quantity and capacity, which can jeopardize the inclusion of space for child care.

One approach is to advocate and implement policies that support results-based funding, where developers are paid for their investments in positive outcomes and results for those families who use the shelters. Engaging social entrepreneurs is also an effective way to identify sustainable solutions through offering incentives for novel facilities designs that include child care spaces. Another approach could be a "condo agreement" in which a child care center is owned by a non-profit who pays rent to the housing facility. Convening shelter developers to discuss sustainable financing mechanisms is necessary to formulate opportunities for effectively providing child care resources in shelters.

Transparency/ Trust

- **Facilitate child care provider and family relationships for families experiencing homelessness.**

One parent stated that after sitting in a child care facility and observing the provider interact with her child, she felt comforted by seeing the way her child responded to the provider. Case managers and resource navigators who work with families experiencing homelessness should facilitate opportunities for families to meet with and observe child care providers, and providers can work with families to build trust and communicate so parents have the sense of security they need. Where this might not be possible, efforts should be supported to help providers establish online streams, or other methods of communication to let parents know about the activities and interactions their children are engaging in can help to build trust. Additionally, working with providers to use orientation sessions and "meet and greet" sessions with their children's care giver on site and/or during flexible hours will support the early development of good communication and trust among providers and parents.

Trauma-Informed Care

- **Build awareness of existing child care provider training on Trauma Informed Care for those serving families experiencing homelessness.**

Child care providers trained in Trauma Informed Care know effective ways to interact with children experiencing homelessness. They can help children cope with trauma reminders, maintain predictable routines, and use effective behavior management strategies. Trauma Informed Care also builds child care providers' capacity to identify trauma and to make appropriate referrals for screening, assessment, and evidence-based treatment for both the parent and the child. Training focused on cultural sensitivity and the traumatic experience of homelessness would better equip providers to serve families experiencing homelessness.

Ensuring that providers have access to resources and online training like that available through Child Aware, the Center for Child and Family Health and Duke University, or California Child Care Bridge program is an important step in building provider capacity and improving the experiences of families. Additionally, making sure that providers understand how to make referrals, and to whom, could be accomplished through a centralized resource portal either on CCRC's website or through CES.

Data

- **Collaborate with organizations that assist with eviction defense for families to formulate a more complete picture of family homelessness in LA County and enhance prevention efforts.**

While it is difficult to gather data on families experiencing homelessness with young children, focusing on families seeking legal services for eviction defense could be an effective strategy to identify families who are at risk of homelessness or unstable housing situation. Data sharing agreements and partnerships with organizations who provide legal assistance specifically for eviction defenses should exist with those organizations looking to reach vulnerable families with young children who have a need for child care but may not show up in homeless service data systems.

- **Explore opportunities to track child care referrals and access through the Homeless Management Information System (HMIS).**

While families experiencing homelessness in the CES are referred to child care resources through Family Solution Centers, tracking referrals and access through the HMIS system should occur in order to gain a better understanding of gaps in and barriers to access following the initial referral. Engaging in conversations with LAHSA could be helpful to determine ways to use HMIS more effectively to track child care access, such as piloting use of HMIS among a select few child care providers, and identifying specific child care metrics to track including referrals, accessing subsidies, and enrollment with a child care provider.

Conclusion

For families experiencing homelessness in particular, access to quality, affordable, trauma-informed child care is critical to take the necessary steps to secure and maintain stable housing.

This research has undoubtedly underscored the need to develop and expand access to child care resources that are specifically tailored to families experiencing homelessness, and it is our ultimate hope that it serves as a springboard for more conversation and cross-sector collaboration in order to achieve equity of opportunity for children and families.

I. Background and Purpose

Los Angeles (LA) County is home to more than 10 million residents and 8,447 family members experiencing homelessness, a number that is increasing each year. Homelessness is a daunting problem and is primarily due to the rising cost of housing and the low inventory of affordable housing. Access to affordable, trauma-informed and family-centered child care is vital for not only the development and stability of children experiencing homelessness, but also for the parents and caregivers who rely on child care to find and sustain employment, housing, and other basic needs. The Child Care Resource Center (CCRC) strives to ensure it remains nimble in providing services for the families in the communities they serve and as such, CCRC recognizes the specific need to develop programs that will effectively meet the needs of families experiencing homelessness.

In April 2019, CCRC hired HMA Community Strategies (HMA) to lead a research project to assess the needs of families experiencing homelessness and recommend program designs and policy approaches that will address those needs. Key partners to this effort included members of the Research Advisory Board as well as community-based organizations who helped to recruit and focus groups throughout SPAs 1 and 2.

II. Scope of the Problem

Homelessness is brought about by a confluence of societal challenges including but not limited to poverty, lack of affordable housing, lasting impacts of the Great Recession, systemic racism and racialized violence²⁹, mental illness/ substance use disorder, and trauma^{30,31}. Families with children are at an even higher risk for homelessness than adults without children due to economic pressure specifically. Families with children face higher rates of eviction due to challenges with balancing caregiving and work responsibilities, lease violations related to overcrowding and damages, and complaints about noise or children's behavior³². History of eviction subsequently makes it more difficult for families experiencing homelessness to secure stable housing.

While poverty is not the sole driver of homelessness, it is a factor that puts families at risk of experiencing homelessness. Across LA County, 24% of children under five live in poverty, higher than the state average of 21.5%. SPA 1 exceeds both the state and county with 27.3% (4,606) of children living in poverty, as well as the 21.3% (22,920) of children under five living in poverty in SPA 2.³³ Additionally, the percent of children under age six with non-employed parents is another risk factor for homelessness. Across LA County, 12% of children under six do not live with an employed parent, which is higher than California at 10% of children. SPA 1 exceeds both the state and county at approximately 19.5% (7,060 children) of children, as well as exceeds the 9% (10,861 children) of children under six in SPA 2. Presumably, these children belong to families also at risk of homelessness due to low incomes in areas where the cost of living and housing is high.

Table 1: Poverty Rates By SPA

	SPA 1 (Antelope Valley)	SPA 2 (San Fernando Valley)	Los Angeles County	California
% (#) of Children under 5 living in Poverty	21.3% (4,606)	27.3% (22,920)	24% (149,285)	21.5% (527,995)
% (#) of children under 6 with no working parent	19.5% (7,060)	9% (10,861)	12%	10%

LA County has sought to address the growing prevalence of homelessness in multiple ways. In 2010, the county developed the Coordinated Entry System (CES) which facilitates the coordination and management of resources that comprise the crisis response system in the county through a “no wrong door” approach. It aims to connect people to interventions that address their housing crisis across the continuum of care based on level of acuity identified through the VI-SPDAT assessment and includes both available housing and supportive services³⁴. The goals of CES are to coordinate provider efforts, create a real-time list of individuals experiencing homelessness in LA County, and match people to available housing resources and services. CES is available in all eight SPAs in LA County and includes systems serving adults, families with children, and youth.

Additionally, in March 2017 LA County voters passed Measure H, which increased the sales tax by a quarter-cent in order to generate an estimated \$355 million annually for 10 years to fund a variety of programs to fight homelessness, referred to collectively as the LA County Homeless Initiative. The five-year goal for the Homeless Initiative is to provide permanent housing for 45,000 family members and individuals. Funding specific to preventing homelessness and connecting families to community resources, such as child care, makes up a small but growing proportion of this fund. Community organizations like CCRC are seeking opportunities and strategies to fill the void.

In May 2019, its third year, LA County surpassed the estimated \$355 million and invested \$460 million in the fight against homelessness. This local investment elicited a response from the California Governor’s office, which resulted in a revised budget aimed to double the State spending on homelessness to \$1 billion³⁵. The 2019 Measure H budget allocation includes \$126 million for shelter/interim housing, \$85.4 million for rapid re-housing, \$77.3 million for permanent supportive housing, and \$28.4 million for outreach. Five percent of this investment (\$23 million) is allocated for prevention services, an increase of \$5.5 million from previous years. This reflects a shift in focus of the County towards upstream

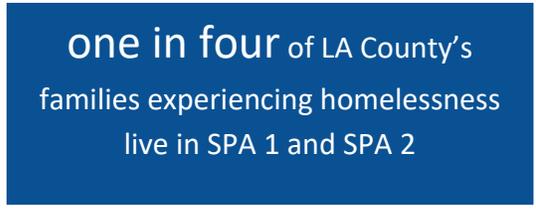
initiatives that help prevent people from experiencing homelessness. The \$5.5 million increase (to a total of \$11.5 million) is intended to raise the number of families served in FY 2019-20³⁶.

“This Board has shown great unanimity in working to help people who have lost their homes get back into housing, but our work can’t simply be about helping people who have already become homeless. We have to go upstream and prevent people from becoming homeless. The Board’s approval today means that the Homeless Initiative will make unprecedented investments in prevention, as well as investments in outreach, supportive housing, rapid re-housing and bridge housing.”

–Supervisor Sheila Kuehl¹

Family targeted spending also increased to expand emergency shelter options for families. Approximately \$10 million will be used to help both sustain 187 motel vouchers for families and add 50 motel vouchers for families³⁷.

In LA County, 15% (8,477) of those identified as experiencing homelessness in 2019 were families with children under the age of 18³⁸. The percent of these families living in SPA 1 (1,136) and SPA 2 (962) is 25%, suggesting that one in four family members experiencing homelessness in LA County live in SPAs 1 and 2.³⁹ Within each SPA, 34% of individuals experiencing homelessness are families in SPA 1 compared to 12% in SPA 2. Nationally, according to HUD, one-third (33%) of the total population experiencing homelessness in 2018 were families with children under 18 years of age⁴⁰.

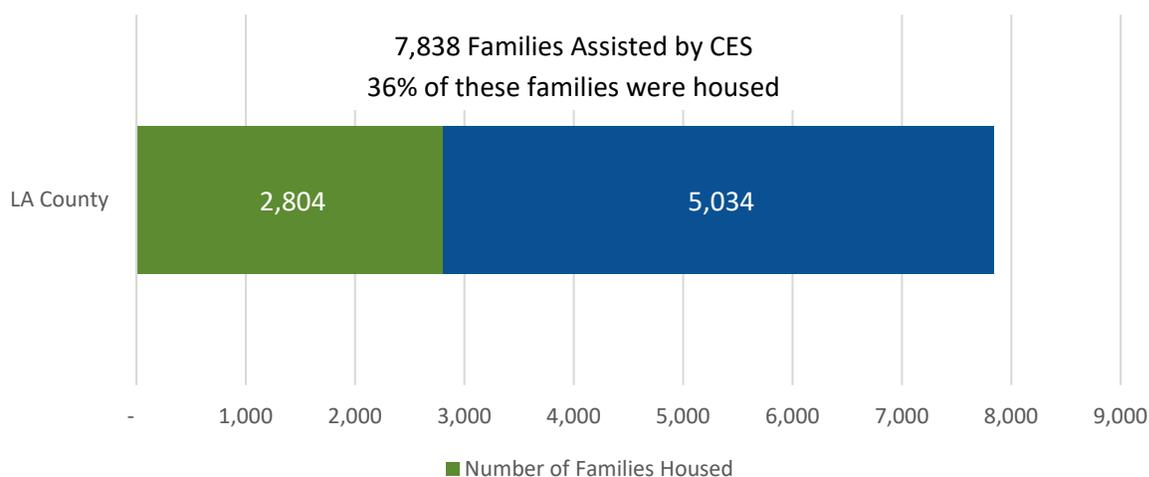


one in four of LA County's families experiencing homelessness live in SPA 1 and SPA 2

According to one data matching study focusing on families experiencing homelessness in LA County, 58.1% of parents accessing services through LAHSA between 2013 and 2016 had children under the age of 5 at first homeless services encounter⁴¹. This suggests a high proportion of families with young children among families experiencing homelessness in SPA 1 and 2.

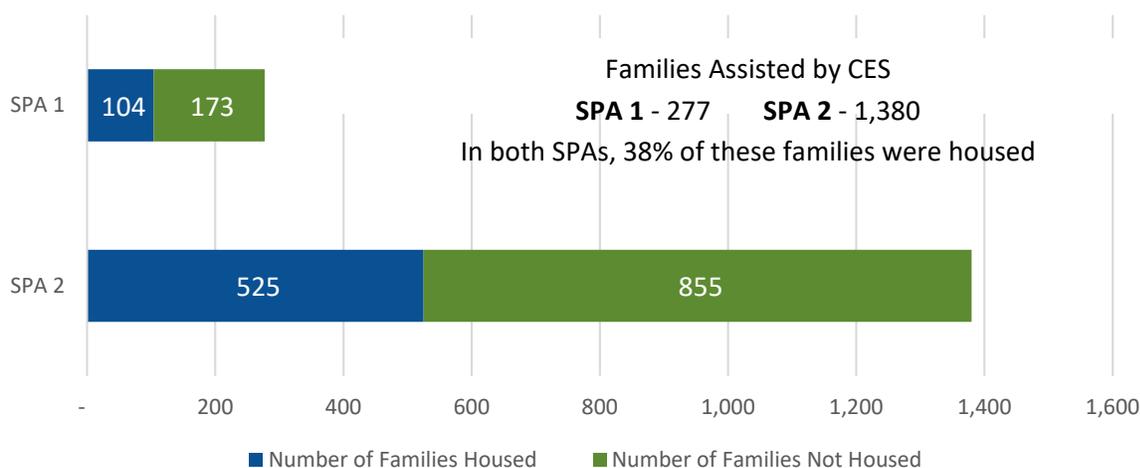
The extent to which families are receiving services in SPA 1 and SPA 2 are measured by LA County's CES outcome data for this study. CES outcome data for 2017/18 reveals that throughout LA County, 7,838 families were assisted by CES, as shown in Chart 1. Using the 2018 LAHSA Homeless Count Data (7,876 families), this represents an approximation that 99% of families identified as experiencing homelessness according to the HUD definition in LA County are assisted through CES. Of these families, 2,804 (36%) were housed⁴².

Chart 1: Families Assisted Through the CES in 2017/18



In SPA 1 specifically, 277 families were assisted by CES in 2017/18, of which 37.5% or 104 families were housed in permanent housing, as shown in Chart 2. In SPA 2, 1,380 families were assisted by CES, of which a similar percentage of families (38% or 525 families) were housed.

Chart 2: Families Assisted Through the CES in 2017/18

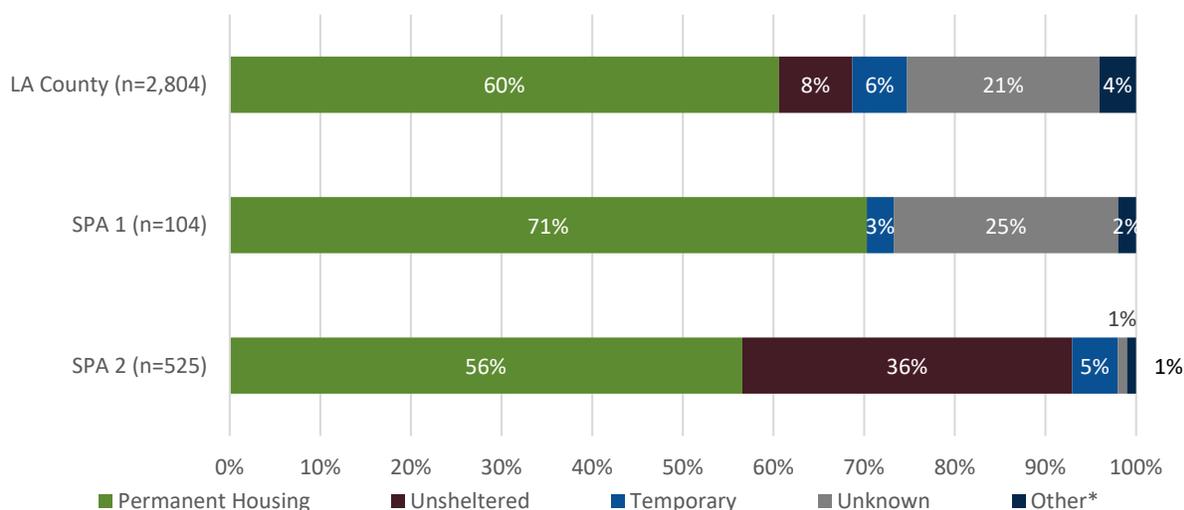


Together the 2018 LAHSA Homeless Count data of families and the CES outcome data approximates that in SPA 1, 40% (277 of 691) of the estimated families experiencing homelessness, and in SPA 2, 81% (1,380 of 1,706) of these families, are assisted by CES. This suggests a greater unmet need among families experiencing homelessness in SPA 1 relative to SPA 2, supported by input from community leaders who expressed a lack of resources to serve families in SPA 1.

In both SPAs, as well as the county as a whole, more than half of the families assisted by CES were housed permanently, as shown in Chart 3. Families in SPA 2 may experience a higher prevalence of being unsheltered relative to SPA 1 and LA County at 36% of families; however, it is difficult to draw this conclusion due to the high proportion of “Unknown” in SPA 1. Temporary shelters account for the

housing of 3% of families in SPA 1 and 5% of families in SPA 2. Six percent of LA County families are housed in temporary shelter.

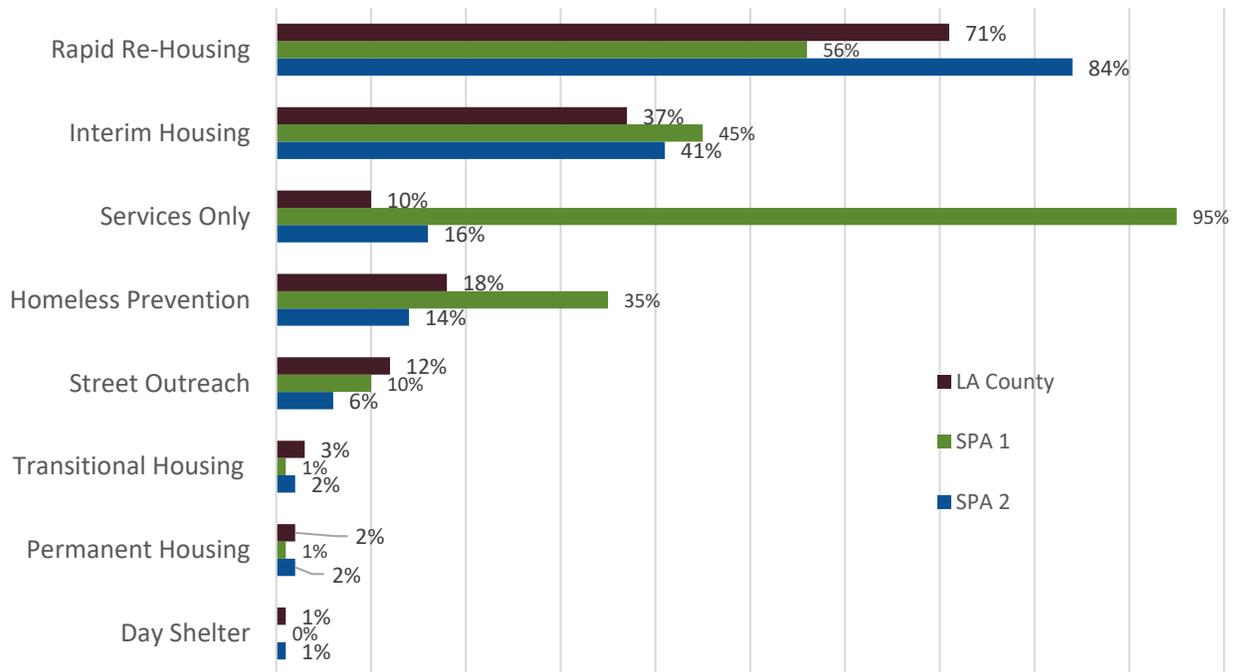
Chart 3: Families Assisted and Housed Through the CES in 2017/ 18 By Type of Housing



**Other programs include deceased locations, institutions, and “other”.*

In LA County and in SPAs 1 and 2, rapid re-housing was the most common program accessed by families with over half of the families assisted by CES using that program, as shown in Chart 4. Nearly all (84%) of families in SPA 2 used rapid re-housing. Rapid re-housing programs provide short-term rental vouchers to use on the private market. Typically, the subsidies cover security deposits and the first three to six months of rent, with assistance for one to two years. Interim housing was the second most common program accessed by families, ranging from 37% of families across LA County to 41% in SPA 2 and 45% in SPA 1. Homeless prevention programs are most commonly used by families in SPA 1 relative to families in LA County and SPA 2. Street outreach, where staff complete the VI-SPDAT with clients and provide referrals, occurs among approximately 1 in 10 families across all regions, with more families likely receiving outreach in other parts of LA County compared to SPA 1 and SPA 2. Transitional housing, permanent housing, and day shelters are accessed by less than 3% of families.

Chart 4: Families Assisted Through CES in 2017/ 18, By Programs Families Accessed



Definition of Housing Programs

Rapid Re-Housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Interim Housing provides short-term places for people to stay temporarily, meet basic needs such as food, safety and hygiene, and be supported to seek and obtain permanent housing.

Services Only includes prevention and diversion assistance and may include a combination of financial assistance, mediation, housing navigation, or other supports.

Homeless Prevention includes services offered through Family Solution Centers to assist families with retaining their housing or transitioning to other permanent housing.

Street Outreach aims to locate, identify, and build relationships with individuals experiencing homelessness who are unsheltered/street based in order to engage them and provide immediate support, linkages to services, and connections with housing navigation resources aimed at ending homelessness.

Transitional Housing programs provide temporary residence combined with intensive services — usually for up to 24 months—for people experiencing homelessness.

Permanent Housing is long term affordable housing and includes Permanent Supportive Housing (PSH) with ongoing services for families with disabilities and high levels of need, such as those who have experienced homelessness repeatedly or are frequent users of other systems of care.

Day Shelter with stabilization services provides immediate safety for a family and addresses immediate crisis needs, including specialized domestic violence shelters and services.

Challenges with Understanding the Prevalence of Families Experiencing Homelessness

The Homeless Management Information System (HMIS), LAHSA Homeless Count data and CES outcome data are currently the best available data sources for understanding the prevalence of homelessness among families living in LA County. However, there are challenges with these sources in the extent to which they do and can fairly estimate the prevalence of the problem.

“This issue is way bigger than we have the numbers for.”

-Local Key Informant

One fundamental challenge is the way in which family homelessness is defined. There is more than one “official” definition of homelessness. HUD defines an individual experiencing homelessness as “an individual who lacks a fixed, regular, and adequate nighttime residence,” who resides in “supervised publicly or privately operated shelter designed to provide temporary living accommodations,” or “a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings⁴³.” The Department of Education’s definition, as expressed in the McKinney-Vento Homeless Assistance Act, is broader, including HUD’s definition as well as “children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason... abandoned in hospitals; or awaiting foster care placement⁴⁴.” The definitions differ in consideration of those who have no home but live with friends or other family members, commonly referred to as “doubled-up” – these individuals experience homelessness according to the Department of Education, but not according to HUD. These different definitions of homelessness affect how various programs determine eligibility for individuals and families at the state and local level, as well as whom gets “counted” as experiencing homelessness.

Additionally, a significant number of parents (researchers estimate 20- 40%) become separated from their children either before or at emergency shelter entry and are classified as single adults in CES, suggesting the prevalence of family homelessness may be higher than what is possible to detect through HMIS⁴⁵.

Moreover, understanding how many families experiencing homelessness have one or more children ages zero to five is even more challenging. These children are not counted in the public-school system and are missed at disproportionately high rates in the Census⁴⁶. The 2010 Census undercounted one million children, which were disproportionately children five and under.

The risks of undercounting are much greater for families and children experiencing poverty and housing insecurity. According to the President of the American Academy of Pediatrics, “In some cases, whole families were missed. In other cases, families who responded did not include all of their children due to joint custody arrangements, children being cared for by grandparents or other relatives, or situations where several families lived together⁴⁷.”

According to HUD Point in Time Count, the number of family members experiencing homelessness increased 6.4% between 2018 and 2019. In 2017, families with children under 18 made up about three in five people (60.8%) experiencing sheltered homelessness. Among these children, about half (49.0%) were under six years old, and one in ten (10.8%) were infants less than one year old⁴⁸. The HUD Point-In-Time count is also likely undercounting due to its stricter definition of homelessness and narrow time frame for data collection (ten days).

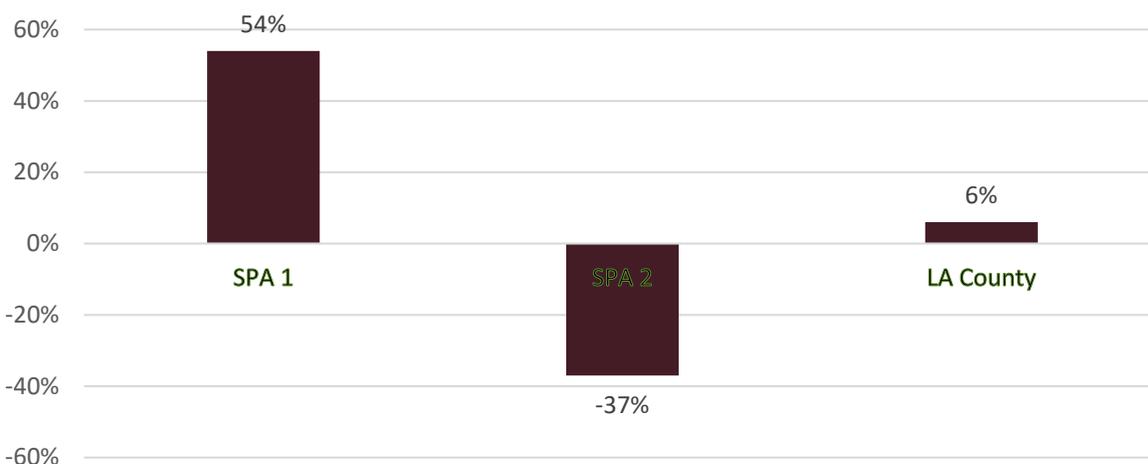
Trends Among Families Experiencing Homelessness

LA County is one of the least affordable areas in the United States in terms of housing. Compounding this issue, housing costs are increasing while incomes stay stagnant⁴⁹. Median home prices in most western metros across the United States are five times greater than incomes, and in LA County home prices average eight times the income. This has resulted in an increase in households eligible for housing assistance; however, housing assistance funding has remained flat for two decades⁵⁰. This dichotomy has logically had a significant impact on the rate of homelessness, driving greater rates of first-time homelessness among individuals and families. According to LAHSA, in 2018, 53% of people experiencing first-time homelessness cited "economic hardship" as a leading factor. About a quarter of unsheltered adults lost their housing in 2018 and are experiencing homelessness for the first time⁵¹.

The widening gap between incomes and housing costs was one driver of the 12% increase in homelessness in LA County (excluding Glendale, Pasadena, and Long Beach) between 2018 and 2019, despite successful efforts to house more people. Housing placements increased 23% between 2018 and 2019, and more than doubled since 2014. The increase in homelessness in both SPAs 1 and 2 did not increase as dramatically as LA County. In SPA 1, there was an increase of 3% and in SPA 2, an increase of 4%, in individuals who identified as homeless between 2018 and 2019.

Among families with children under 18, the rate of increase varied across all three regions. In LA County, there was significant increase of 6% between 2018 and 2019⁵². Fifty four percent more families with children under 18 experienced homelessness between 2018 and 2019 within SPA 1, while SPA 2 saw a decrease of 37%, as shown in Chart 5.

Chart 5: Percent Change From 2018 to 2019 Among Families with Children Under 18 Experiencing Homelessness, By Region

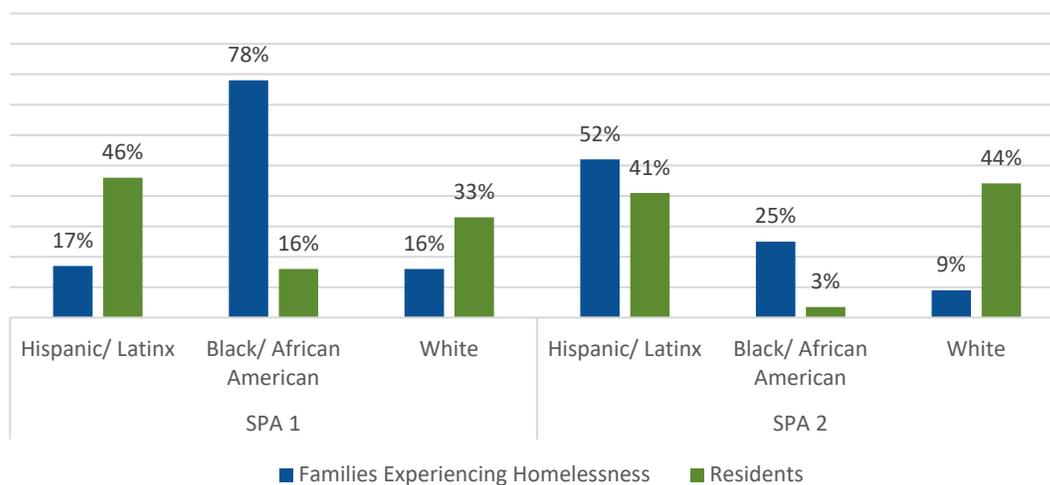


Racial Inequity

There is a significant racial disparity among families experiencing homelessness. In 2017, while 9% of the general population of LA County identified as Black, Black people represented 40% of people experiencing homelessness⁵³. This racial inequity is apparent among families served through CES in SPA 1 and 2, as depicted in Chart 6. In SPA 2, there is also a disparity with Hispanic/ Latinx families

experiencing homelessness. In 2017, Hispanic/Latinx families comprised 52% of families served through CES compared to 41% of the general population.

Chart 6: Racial Disparities in Families Experiencing Homelessness^{54, 55}



As stated in LAHSA’s *Report and Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness*, poverty alone does not explain the disparity. The impact of institutional and structural racism that exists throughout systems - education, housing, health care, employment, and criminal justice – is what drives the disparities in homelessness among people of color.

“Institutional and structural racism impact Black people experiencing homelessness on a daily, life-long basis, from renting an apartment, to seeking employment, to the trauma of living in an anti-Black society.”

– Report and Recommendations of the Ad Hoc committee on Black People Experiencing Homelessness (p. 19)

III. About the Study

The goal of this study was to better understand the role of child care in supporting and lifting families out of homelessness, and the ways in which child care should be delivered to these families. The research study was designed to answer the following seven questions:

- What are the top needs of the families experiencing homelessness and the greatest barriers to permanent, stable housing?
- How does child care play a role in assisting with those needs / and overcoming those barriers?
- Compared with other needs, how critical is child care?
- What are the child care services available to families experiencing homelessness?
- What are the barriers to using child care?
- What types of child care are needed and for which types of families experiencing homelessness (sheltered, those who are non-sheltered but meet the McKinney Vento definition of homelessness) and does this depend upon certain factors such as the child's age and others?
- What child care program designs would be most effective for the various subgroups of families experiencing homelessness?

Multiple sources of data were used to inform a response to these questions and are woven together in this report to create a comprehensive synthesis of the experiences, challenges, and needs of families living in SPAs 1 and 2 from diverse perspectives.

IV. Methodology

HMA designed a mixed method research study that sought to incorporate the voices of community members in SPA 1 and SPA 2 who work daily to respond to circumstances of families experiencing homelessness, offer services and supports, and seek to be part of the solution in ending homelessness. The study design also intentionally engaged the voices of families experiencing homelessness or who formerly experienced homelessness to bring about family-centered solutions and recommendations informed by lived experience in SPA 1 and SPA 2. Additionally, national experts working with families experiencing homelessness were also asked a set of questions to explore best practice child care models that may be a feasible solution in SPA 1 and SPA 2, which was also informed by a literature review. Lastly, statistics on various drivers and aspects of homelessness among families were collected and used to support their experience. The following provides details on each of the methods, including who was engaged and what they were asked.

Existing Data Compilation and Literature Review

Data from various public data sources were compiled to demonstrate intersections between families experiencing homelessness and access to child care services. HMA also conducted a review of the literature to uncover similar studies or studies that have some of the data of interest at a national, regional, or local level. The review included the examination of other reports or studies, existing data sets, and existing demographic studies and needs assessments. Demographic studies were reviewed to

understand the unique characteristics of SPA 1 and SPA 2, and to the extent possible, the families experiencing homelessness who live there. Specifically, the literature review was conducted to answer the following questions:

- What childcare program designs exist that work for families experiencing homelessness? To what extent do they also work for child care providers?
- What are the barriers to accessing childcare by families experiencing homelessness?
- What are the barriers to providing childcare to families experiencing homelessness?
- How do families experiencing homelessness access services and supports?
- How do families experiencing homelessness learn about community services and supports?

Key Informant Interviews

HMA conducted ten interviews with local leaders (four leaders in SPA 1 and eight leaders in SPA 2), two interviews with national experts, and one interview with a state expert. Major themes from the interviews are incorporated into the final report and key quotes were pulled as illustrations. Interview findings were used to inform subsequent phases of the research, such as identifying other studies, key informants, and possible focus group participants.

National Key Leaders

National leaders with knowledge and experience of the intersection of families experiencing homelessness and access to quality child care were interviewed to get their thoughts and perceptions about the following areas of inquiry:

- What types of child care are needed and for which types of families experiencing homelessness (sheltered, those who are non-sheltered meet the McKinney Vento definition of homelessness)?
- To what extent does the type of child care depend upon certain factors such as child age and others?
- What child care program designs would be most effective for the various subgroups of families experiencing homelessness?
- How does child care play a role in assisting with those needs?
- Compared with other needs, how critical is child care?

Key leaders in SPA 1 and SPA 2

Local leaders who are connected to organizations providing services for families experiencing homelessness were interviewed to get their thoughts and perceptions on the local environment for families experiencing homelessness who live in SPA 1 and SPA 2. Specifically, we asked local key informants the following areas of inquiry:

- What are the most critical needs of the families experiencing homelessness and the greatest barriers to permanent, stable housing?
- What are the barriers to using child care?
- What are the child care services available to families experiencing homelessness?

These interviews were also used to help uncover additional studies and data, begin to uncover the local needs of families experiencing homelessness in seeking and obtaining child care services, and uncover existing resources and models that may be useful in helping meet those needs. Local key informants who provide services to families experiencing homelessness were asked for suggestions regarding how to reach and engage families experiencing homelessness for focus groups or interviews. The key

stakeholder interview guide can be found in Appendix A. Table 2 presents a summary of both local and national key informants.

Table 2: Key Informants

Name of KII	Title/Position	Organization	Region
Edward Condon	Executive Director	Region 9-Head Start Association	National
Andrea Pizzano	Chief of Staff	Institute for Children, Poverty and Homelessness	National
Lisa Dawson	Director, Coordinated Entry System Programs	Valley Oasis	SPA 1
Dr. Jill Zimmerman	Dean of Student Life and Services	Antelope Valley College	SPA 1
Manuel Ruiz	Manager of Stage 1 CalWORKs	CCRC	SPA 1 and 2
Floyd Alcott	Bridge, Assistant Director of Subsidies	CCRC	SPA 1 and 2
Ken Craft	CEO	Hope of the Valley Rescue Mission	SPA 2
Kris Freed	Chief Programs Officer	LA Family Housing	SPA 2
Kimberly Roberts	Senior Director of Housing Stabilization	LA Family Housing	SPA 2
Laura Lopez	Housing Programs Manager	Hope of the Valley Rescue Mission	SPA 2
Juana Villalta	Family Child Care Provider	N/A	SPA 2
Luz Rivas	Assembly member- 39 th District	California State Assembly	State/ SPA 2

Focus Groups with Families Experiencing Homelessness in SPA 1 and SPA 2

Following the literature review and key informant interviews and drawing on the data from these efforts, HMA conducted four focus groups with a sample of families experiencing homelessness who live in SPA 1 and SPA 2.

Focus groups were conducted to gather information about the following areas of inquiry:

- What are the barriers to using child care?
- Compared with other needs, how critical is child care?
- How are services and supports learned of and/or connections made?
- What are the attributes of those services and supports that work / don't work for families experiencing homelessness?

Additionally, questions focused on learning from these families what resources they currently use, how they found the resource, their perceptions about access to resources, and what about those resources is most helpful. Recruitment of focus group participants relied upon the networks of community-based organizations serving families. Demographic criteria was shared with these partners to help them understand the diverse perspectives that would best inform the research, so they can help identify

potential participants in the focus groups. HMA supported partner organizations with participant recruitment materials such as flyers or informational emails about what it means to participate in a focus group and what will be discussed.

Four focus groups were conducted with a total of 36 people, with each participant representing a unique family. Specifically, 19 attended a focus group in SPA 1 and 17 attended in SPA 2. Participants responded to a non-mandatory demographic survey used by the study to better understand the representation of each focus group. 34 surveys were completed of the 36 total focus group participants. The focus group discussion guide can be found in Appendix B

Focus groups were held at community locations to increase convenience for participants. Incentives for participation included a \$50 gift card per family, on-site child care, and a meal. Groups were a mix of English and Spanish speakers. More detailed information on participant demographics can be found in Appendix C.

Table 2: Focus Group Families

Focus Group Location	SPA	Language	Number of Families	Average Number of Children	Average Age of Children	Age Range of Children
Shepherd House	2	English/ Spanish	10	3.7	8.7	2 months- 22 years
Valley Oasis	1	English	8	3.8	8.8	5 months- 17 years
Pacoima Place	2	English/ Spanish	7	3.3	5.8	6 months- 16 years
Cedar Ridge	1	English	11	3.7	6.9	1 month- 19 years
TOTAL			36	3.6	7.6	1 month- 22 years

Chart 7: Race/ Ethnicity of Focus Group Participants

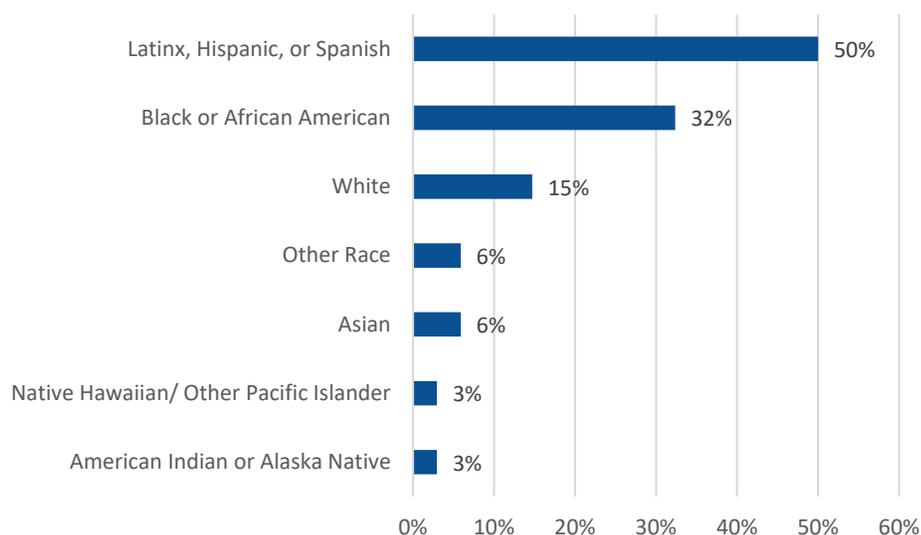
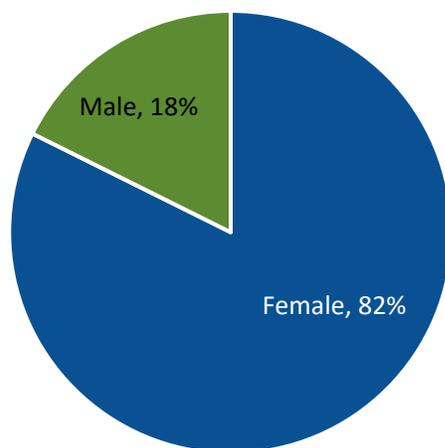


Chart 8: Gender of Focus Group Participants

V. Findings

Top Needs of Families Experiencing Homelessness

Families experiencing homelessness have unique and complex needs⁵⁶. In understanding these needs, families experiencing homelessness may share more similarities with low-income families than with single individuals experiencing homelessness^{57,58,59,60}.

Above all, safe and stable housing is the greatest need for families experiencing homelessness, which is difficult to attain due to both availability and affordability^{61,62,63,64}.

Regarding availability, in SPA 1 and SPA 2, there is a need for more housing resources spanning from transitional to permanent housing. There are insufficient resources for crisis and transitional housing, and no homeless shelters specifically serving families in SPA 1⁶⁵. Crisis housing for families in SPA 1 is provided exclusively through motels, which can create safety concerns for families with young children due to prevalence of drug use, violence and prostitution in these settings^{66,67}. In 2018, 269 families were placed in motels in SPA 1 for crisis housing, of which 199 individuals were children age 0-5⁶⁸. While SPA 2 does have some shelter capacity specifically for families, demand far outstrips supply⁶⁹.

Families experiencing homelessness with multiple children also expressed a lot of difficulty looking for housing and stated that landlords were very reluctant to rent to them. – Focus group participants

Regarding affordability, inadequate income is a barrier to housing, in particular for families who need to afford child care in order to work⁷⁰. Several local key informants and all focus group participants discussed a dearth of affordable housing options available to families experiencing homelessness in SPA

1 and 2⁷¹. Among the 150 largest metro areas, LA ranks 7th among renter housing burden, with 59% of renters spending more than 30% of their household income on housing⁷². In the face of high rent costs, families stated that they feel “trapped” by the fact that job opportunities are more prevalent in areas that are less affordable to live in⁷³.

Even if one or more family members is employed, with 26% of jobs in LA County defined as low-wage (paying less than \$1,250 per month), only 13% of rental units can be considered affordable for low-wage workers (defined by 30% of income or a maximum monthly rent of \$749)⁷⁴. One parent stated in a focus group that despite working 50 hours a week, they were still unable to afford housing in the San Fernando Valley⁷⁵.

Table 3: Housing Affordability

	SPA 1 (Antelope Valley)	SPA 2 (San Fernando Valley)	Los Angeles County	California
Housing Wage for 0 to Four Bedroom House	N/A	N/A	\$22.27 to \$50.79	\$23.23 to \$54.92
Annual Income Needed to Afford a 0 to Four Bedroom House			\$46,320 to \$105,640	\$48,319 to \$114,241
Minimum Wage			\$14.25	\$12.00
Rent Affordable at Minimum Wage			\$741	\$624
Fair Market Rent for a 0 to Four Bedroom House			\$1,158 to \$2,641	\$1,208 to \$2,856
Median Household Income in the Past 12 Months (in 2017)	\$61,198	\$64,059	\$61,015	\$67,169

Family reunification is also a critical need for many families experiencing homelessness.⁷⁶ Nationally, 18 to 44% of families experiencing homelessness experience family separation⁷⁷. In LA County specifically, 16.7% of parents experiencing homelessness between 2013 and 2016 had experienced the removal of one or more children to out-of-home placement⁷⁸. Families experiencing homelessness are at higher risk for child protection involvement. Housing insecurity and homelessness can exacerbate parental stress and mental health issues which can result in neglect or abuse. A lack of child care options can force parents to make difficult decisions about where and with whom to leave their children. Additionally, group homes and high-density living options can present dangers for children and increase scrutiny on parents⁷⁹. Family separation results in the parent being reclassified as a single adult, which means they will go into a separate CES system and can no longer access the same pool of family resources. Family separation also results in immediate loss of CalWORKs benefits and other welfare programs⁸⁰.

Families experiencing homelessness face challenges with meeting their basic needs above and beyond housing⁸¹. Needs of families experiencing homelessness can be considered in terms of the needs of the family unit overall and in terms of specific needs of individual parent/s and children, as described below.

Needs of Parents

Parents experiencing homelessness face an array of specific needs that preclude the ability to attain and sustain adequate income required to maintain stable housing:

■ Trauma-Informed Care

Trauma is both a contributor to and a product of housing insecurity and homelessness. Physical and sexual abuse during childhood are risk factors for homelessness later in life. A study conducted for the National Center on Family Homelessness found that a history of trauma was a significant long-term predictor for housing instability for women and children. In the study, 93% of mothers experiencing housing insecurity had a history of trauma. Interpersonal victimization (IPV), including sexual assault and physical abuse, was the most common source of trauma⁸². In California, women who experienced IPV in the last year had almost four times the odds of reporting housing instability than women who did not experience IPV⁸³. Trauma can also exacerbate other challenges and needs faced by parents and families experiencing homelessness. Some examples include negative effects on the ability to gain and keep a job, engage proactively in meeting their own needs, and engage in healthy relationships, including parenting relationships.

■ Human Capital^{84,85}

Parents of families experiencing homelessness are typically young (the median age for parents of families experiencing homelessness is 25-30 years old and over half are 18-30 years old)⁸⁶ and have lower levels of human capital, such as education, training and work experience, than families in stable housing situations. Without adequate human capital, parents cannot be competitive in the job market and face extreme difficulty when trying to secure employment that pays a livable wage^{87,88,89}. These challenges are further compounded for women and people of color.

■ Transportation

Families and local leaders highlighted transportation (specifically reliable public transportation) as a key need in SPA 1 and 2. Families repeatedly brought up transportation as a barrier to meeting a multitude of other needs. Particularly because both SPAs are geographically vast, families experiencing homelessness who do not have a car can struggle to get to work, school, child care, public assistance and health care appointments⁹⁰. Without transportation, it is very difficult for families to manage the demands of working and being a parent while experiencing homelessness⁹¹.

■ Child Care

Child care is a critical and immediate need for families experiencing homelessness because it is a requirement for parents to be able to seek and maintain employment, attend trainings, pursue education, look for housing and attend public assistance appointments⁹². As a need it can therefore be considered a type of employment support⁹³. Every family experiencing

homelessness with young children (0-5 years) has a need for some type/ level of child care, and 29 of 34 families surveyed in focus groups identified child care as a top four need⁹⁴.

- **Social Support**

If a family has reached the point of losing their housing, it is likely that they have exhausted all sources of support in their family and social networks⁹⁵. This is particularly true for families in emergency shelter or interim housing.⁹⁶ Many parents stated in focus groups that they felt alone and isolated and were overwhelmed in the face of so many challenges with no one to turn to for help⁹⁷.

- **Health Care (Physical and Mental)**^{98,99,100}

Housing is a key social determinant of health. Families experiencing homelessness have poorer health outcomes than families who are stably housed, and health complications not only contribute to homelessness/ housing instability but also can result from/ be exacerbated by the challenges of homelessness. Families experiencing homelessness face barriers to accessing health care, including lack of or inadequate insurance coverage, keeping medical records and documents (e.g. immunization records), provider bias, transportation, lower health literacy, and competing economic and time priorities. Families experiencing homelessness also have a particular need for mental health services such as counseling and therapy due to high rates of trauma¹⁰¹.

- **Food and Other Basic Needs**

USDA's national household food security survey finds that children experience increased risk of food insecurity compared to households without children¹⁰². In the United States, 12% of all households' experience food insecurity compared to 16% of those households with children. Specifically, almost 14% of households experiencing food insecurity consist of a married couple with children, but 30.3% of households consist of a single woman with children, and 19.7% of households with a single father and children experience food insecurity¹⁰³. It is important to note that these statistics do not include those experiencing homelessness since the survey is based on household addresses, suggesting these rates are biased considerably downwards due to the omission of homeless from the survey. Table 4 presents the rate of food insecurity in LA County compared to California and the United States, as well as the average cost of a meal and the percent of those food insecure people who are eligible for SNAP¹⁰⁴. In addition, families may struggle to obtain necessary resources such as hygiene products, clothing, diapers, school supplies, and assistance with issues such parking tickets, credit, expungement of criminal records, official identification, and birth certificates^{105,106,107}. Many families reported low credit scores as a significant barrier to attaining housing¹⁰⁸.

Table 4: Food Insecurity

	Los Angeles County	California	United States
Food Insecurity Rate	11.2%	11%	12%
Average Meal Cost	\$3.39	\$3.20	\$3.02

Estimated SNAP Program Eligibility Among Food Insecure People	93%	75%	51%
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Needs of Children

Aside from their need for stable housing, the needs of children experiencing homelessness do not differ significantly from the needs of children who are stably housed; however, in the context of the unique and traumatic experience of homelessness, the following needs warrant particular mention^{109,110,111,112}.

- + Safety/ protection¹¹³
- + Loving attachment and social connection
- + Routine/ stability¹¹⁴
- + Health care (physical and mental)
- + Food¹¹⁵
- + Developmental support
- + Academic support

Subgroups of Families Experiencing Homelessness

The needs of families experiencing homelessness differ between subgroups. Among the many subgroups, the following should be prioritized in SPA 1 and 2 when considering unique needs:

- **Single Parent (Female)**
While single parent families experiencing homelessness have more complex needs regardless of gender, it is important to note that families experiencing homelessness are predominantly single mothers and their children^{116,117,118}. Between 2013 and 2016, 83% of parents receiving homeless services through LAHSA were female¹¹⁹. Single mothers experiencing homelessness often have a history of domestic violence, and children are more likely to have been exposed to family violence and trauma.
- **Transitional Age Youth (TAY)¹²⁰**
In SPA 2, 7% of families served by the CES lead agency and their subcontractors had a head of household age 18-24 (TAY). In SPA 1, 14% of families served in rapid rehousing in 2018 had a TAY head of household¹²¹. TAY experiencing homelessness often come out of the foster system, and experience high rates of trauma¹²². This subgroup may require additional support for conflict resolution, parenting, problem solving, financial literacy, and making community connections¹²³. Many have a criminal justice record, which becomes a barrier to employment. There is a lack of funding to serve TAY¹²⁴.
- **Families of Color**
Families of color experience homelessness at a disproportionate rate relative to the general population rate. As illustrated in Chart 6, both Black and Hispanic/ Latinx families are overrepresented among families experiencing homelessness in SPA 2. In SPA 1, the disparity between Black and White families is particularly severe, with Black families experiencing homelessness at almost five times the rate of White families. These SPA-level disparities echo similar disparities in LA County and the United States.

The reasons for such racial inequity in homelessness are complex and stem from historic and long-standing discrimination in poverty, housing, criminal justice, and health care, among other areas. Due to the intersection of race, class, and gender discrimination, intimate partner and community violence are most prevalent in low-income communities of color. Families of color experiencing homelessness have a particular need for services that are trauma-informed and culturally sensitive.¹²⁵ Structural racism and discrimination in housing, employment, and other systems add an additional layer of barriers for families of color experiencing homelessness who are seeking to secure stable housing.

- **Families with Health/ Mental Health Needs**

Mothers experiencing homelessness exhibit close to three times the rate of post-traumatic stress disorder (PTSD), four times the rate of depression, and twice the rate of substance use disorder compared to mothers who are stably housed¹²⁶. Many mothers have a history of domestic violence, and struggle with trauma and fear while lacking necessary social support¹²⁷. The emotional state of parents can have a significant impact on children, and children experiencing homelessness face emotional challenges that often result in social disconnection and behavioral issues. Behavioral challenges and mental health needs in children in turn compound the challenge of finding and maintaining child care¹²⁸. Additionally, families with children who have severe and complex health care needs require child care providers who are trained and equipped to meet those needs¹²⁹.

- **Undocumented/ Mixed -Status Families¹³⁰**

It is difficult to determine how many families experiencing homelessness in SPA 1 and 2 are undocumented or mixed status, and undocumented individuals are highly unlikely to disclose the fact that they are either undocumented or experiencing homelessness for fear of system engagement resulting in deportation¹³¹. The Pew Research Center estimates that there are approximately one million undocumented immigrants in Los Angeles and Orange County. The Migration Policy Institute estimates that the undocumented immigrant population in LA County is concentrated in Southeast Los Angeles, the Eastern San Fernando Valley and the San Gabriel Valley, suggesting a high proportion in SPA 1 and 2¹³².

Undocumented and mixed-status families experiencing homelessness face an additional layer of barriers due to immigration status. Lack of documentation is a significant barrier to employment, and undocumented immigrants, including Deferred Action for Childhood Arrivals (DACA) holders, are ineligible for most forms of federal public benefits including Supplemental Nutrition Assistance Program (SNAP), regular Medicaid, Supplemental Security Income (SSI), and Temporary Assistance for Needy Families (TANF)¹³³. Undocumented parents are also ineligible for CalWORKs benefits, severely limiting their options for assistance with paying for child care^{134,135}. However, because undocumented parents are particularly reliant on employment income, access to child care becomes even more critical.

- **Sheltered v. “Doubled-Up”**

The majority of families experiencing homelessness are living in “doubled-up” situations with friends or family and have very unique needs. According to Department of Education data from the 2017-2018 school year, which expands the definition of homelessness to include families in doubled-up situations, 53,000 students in LA County experienced homelessness¹³⁶. Not only are these families harder to identify and reach for services, they are not always eligible for

assistance programs due eligibility guidelines that are written for household income and cannot access many of the programs and services available at shelters such as case management. Families in doubled-up situations typically must change housing frequently and the stress of such high mobility for children results in similar outcomes to children in shelters, including developmental delays¹³⁷.

On the other hand, families in shelters face additional distress due to generally having exhausted all sources of social support. For families in crisis housing such as motels, stress compounds due to concerns over safety and violence in such a setting¹³⁸.

The Role of Affordable Child Care in Overcoming Barriers to Housing

In order to secure housing and maintain housing stability, parents experiencing homelessness must be able to look for and maintain work, participate in job training, education, and other supportive programs, and attend appointments to be connected with public assistance and community resources. Without access to affordable child care, this is virtually impossible^{139,140,141,142,143}. Because of this, child care can be considered a top three need for families experiencing homelessness¹⁴⁴.

“If I have someone I trust to watch my kids, I can breathe, I can think—I can think in my own mind instead of always thinking in theirs.” - Focus Group Participant

Child care can be a source of great support and relief to families, and child care providers can serve as an important source of trust and connection for both children and parents^{145,146}. Child care also plays an important role in meeting the specific needs of children experiencing homelessness¹⁴⁷. At

its best, early care programming has the potential to mitigate the traumatic and destabilizing effects of homelessness for children. For children with severe and complex needs, child care providers with the appropriate training and experience can provide support in a way that parents may not be equipped to do, particularly as they balance the multitude of challenges that characterizes the experience of homelessness.^{148,149} For focus group participants who had positive experiences with child care, they expressed deep appreciation for the opportunity it provided for their children to receive educational support and build social skills.

Because zero to five years of age is such a critical time for social, emotional, and cognitive development, high quality early care and education can be considered the number one need for children experiencing homelessness.¹⁵⁰ Children who do not have ample opportunity for peer interaction face deep behavioral challenges when they start kindergarten. Such tough adjustments early in life can have far reaching impacts on a child’s education and educational attainment, and many face lifelong trauma¹⁵¹. High-quality, trauma-informed care for children experiencing homelessness is crucial to achieving equitable outcomes for children.

For children of parents dealing with mental health and substance use disorders or episodic emergency situations, even basic child care services that offer children a supervised place to stay can meet a child’s need for safety and protection.^{152,153}

Child Care in the Context of Other Needs

Rather than viewing the various needs of families experiencing homelessness independently, it is essential to take a comprehensive view and recognize the interconnectedness of these needs¹⁵⁴. For all families

“Women have so much strength, but in situations like this we feel stuck...we need things like child care to allow us to be strong and excel.” - Focus Group Participant

experiencing homelessness with young children, the need for housing must be met first, as identified in the Housing First model. However, research suggests that for families experiencing homelessness, affordable child care is a need that must be met for parents to independently sustain their housing^{155,156,157}. For families living in crisis housing, temporary shelters or in doubled-up situations, child care is an important need to meet in order to secure and sustain more stable housing. Some level of basic child care is an extremely critical need for all families with young children^{158,159,160,161}. As shown in the chart below, when focus groups were asked to rank child care on a scale of 1-10 (1 being not critical and 10 being extremely critical), participants on average ranked child care as very critical in the context of all their needs.

Chart 9: Ranking Child Care In the Context of Other Needs



Child care is a pre-requisite for successfully taking advantage of opportunities and resources to both prevent and exit homelessness. Many parents in focus groups stated that because they did not have anyone they could rely on to watch their children, they were not able to attend job interviews, go to school, or look for housing¹⁶². One participant shared that she was putting her job at risk by surreptitiously bringing her 18-month old child to work with her due to a lack of child care options, and many participants shared that they had turned down or seriously considered turning down job offers because of being unable to find an acceptable child care arrangement.

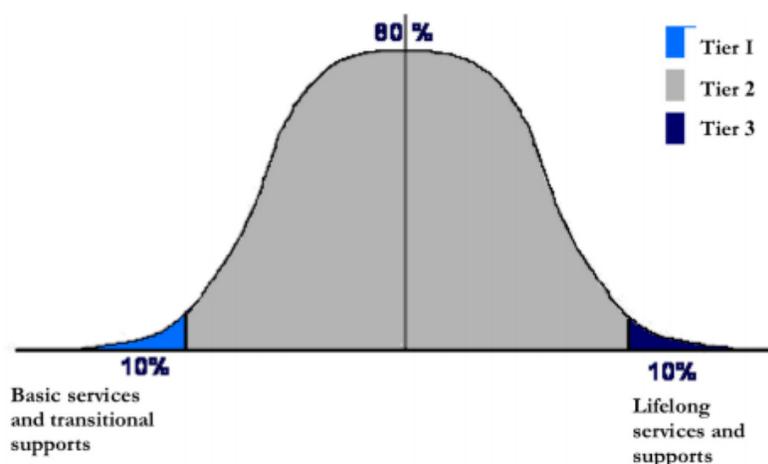
Child care is essential. You cannot do anything without it... Work and child care for single moms go hand in hand.” - Key Informant Interview

Certain subgroups of families experiencing homelessness may require higher levels of support from child care services¹⁶³. When looking at the needs of children experiencing homelessness specifically, high-quality early care can be considered the top need due to the long-term consequences of homelessness for children¹⁶⁴ and the impact of early childhood support on lifelong success^{165,166,167}.

The needs of families can be illustrated through a bell-curve continuum, with levels of need split into three tiers:¹⁶⁸

- Tier 1** includes short-term basic needs: affordable permanent housing, jobs that pay a livable wage, food, utilities, child care, transportation, health care, and basic services for children. Tier 1 needs apply to all families experiencing homelessness and can be met with transitional services, with the goal of connecting families to community supports and facilitating integration into the community. This tier represents the far-left end of the bell-curve, and roughly 10% of families need nothing more than Tier 1 support to transition out of homelessness.

Figure 1: Three Tiers of Needs of Families Experiencing Homelessness



Source: Bassuk et al, 2010.

- Tier 2** encompasses families who need all supports and services described in Tier 1, as well as additional continuous services. This Tier represents the middle of the bell curve, approximately 80% of families experiencing homelessness. The need for services may shift over time in terms of intensity and duration, and services include education and job opportunities, services for trauma and mental health, services for children with special developmental and behavioral needs, and family supports.
- Tier 3** represents the far-right end of the bell-curve, the remaining 10% of families. In addition to Tier 1 and 2 services and supports, families that fall under Tier 3 have complex and acute needs and require lifelong intensive services in order to maintain housing stability. Many Tier 3 families have one or more family members with a combination of serious chronic physical and mental health needs.

The type of child care provided should be responsive to this spectrum of needs, as pictured in Figure 2, acknowledging that affordable child care for a family in Tier 1 or Tier 2 may just be a place that is safe and flexible, compared to affordable childcare that is safe and reliable plus a focus on early childhood development and learning. One way of defining this continuum of child care needs is through levels (see Figure 2), including:

- **Level one**, which acknowledges that without basic needs met, parents and care providers are not able to think about a child’s development;
- **Level two**, which acknowledges a need to first support children’s emotional and behavioral needs resulting from trauma of those experiences that may have led to their instability as well as the experience of homelessness itself, with
- **Level three**, which begins to incorporate an environment which supports learning as families become more stable with connections to housing and other resources.

At all levels of care, programs serving families experiencing homelessness must prioritize designs that incorporate flexible hours, including drop-in and multiple shift coverage. Services and resources provided at any level should be able to meet nutrition and hygiene needs of the children. Resource literacy – or the capacity of providers to connect families to resources to meet their needs – is also an important attribute of child care providers that has benefits to families as they become increasingly more stable. Child care providers are or often become trusted individuals for families experiencing homelessness and may be someone that families turn to for support in other areas of their life. Trusted child care providers also present opportunities to reinforce information and clarify understanding that might have been provided via other parts of the system.

Figure 2: Levels of Child Care Needs



It is important to note that meeting the needs of families experiencing homelessness in this way is inextricably linked to prioritizing the needs of providers as well. Absent adequate financial and professional support for child care and ECE providers, equitable access to high-quality care cannot be achieved¹⁶⁹.

Child Care Services Available to Families Experiencing Homelessness

Subsidized Early Care and Education Programs

A combination of federal and state dollars fund subsidy payments for child care in California. In 2019, the Federal Administration for Children and Families (ACF) dedicated \$2.3 billion to California for Early Care and Education. Combined with \$3.3 billion in state funding, these dollars support the following subsidized child care services¹⁷⁰:

- CalWORKs Stage 1
- CalWORKs Stage 2 & 3
- California Alternative Payment Program (CAPP)
- Child Care Centers (CCTR), and State Preschool (CSPP) and Family Child Care Home Education Network (FCCHEN)
- Transitional Kindergarten & Early Transitional Kindergarten
- Head Start
- Early Head Start
- EHS Child Care Partnerships

In SPA 1 and 2, there is some additional support at the community level. Some community-based organizations such as Family Promise provide child care to families experiencing homelessness, and families may be able to access onsite child care at school or work, such as the on-campus child care center at Antelope Valley Community College¹⁷¹. Some providers may also offer sliding scale payment options based on a family's ability to pay¹⁷².

Subsidized services are available to families who meet certain local and/or state requirements including income, child age, and enrollment in other benefits. For a detailed list of eligibility requirements by program, please see Appendix D. Programs that provide subsidy vouchers allow parents to use subsidies for the child care provider of their choice, including licensed exempt, licensed family child care, or center providers. For programs such as CCTR, CSPP, FCCHEN, and Head Start, parents may choose from a list of approved and funded sites.

In terms of other child care services available to families experiencing homelessness, families may choose to ask a trusted friend for help. While friends may qualify as licensed exempt providers in specific circumstances, this is not always the case, thus limiting use of subsidies¹⁷³.

When a parent experiencing homelessness is seeking child care services after entering the CES, they typically work with a case manager to receive a referral. After completing the application and approval process for a specific program, such as CalWORKs, parents must then go through the process of finding a provider and enrolling children¹⁷⁴. From the time of indicating a need for child care to the time of getting the child enrolled, this process typically takes 30 to 90 days¹⁷⁵.

Barriers to Using Child Care For Families Experiencing Homelessness

While a number of subsidized programs and resources for Early Care and Education exist, due to the unique experience of homelessness, families experiencing homelessness face many barriers to accessing child care resources:

■ Fear/ Lack of Trust

Families in focus groups expressed a great deal of reluctance to trust anyone outside of a family member to care for their child (particularly for infants and toddlers) based on personal negative experiences, negative experiences they had heard about from others, or stories on the news. This issue of trust went deeper for families who had a child with special needs. Due to these issues of trust, families preferred to stay home from work or school or have an older child stay home from school to watch their young children¹⁷⁶. Due to the high prevalence of child welfare involvement and family separation among families experiencing homelessness, families often have a hard time leaving children with a child care provider, particularly in center-based care¹⁷⁷.

“It takes a village to raise a child, but nowadays that village seems a little shaky.” - Focus Group Participant

For parents escaping a domestic violence situation, there is the additional layer of fear of being found, and of child welfare involvement due to a history of domestic violence^{178,179}. Undocumented families may also be particularly reluctant to trust center-based providers¹⁸⁰. Many families mentioned having a trusted friend or family member go through the process to become a licensed provider to use their subsidies rather than attempting to find a provider they were not personally familiar with. In one focus group, every participant rated trust as the number one barrier to accessing child care¹⁸¹.

■ Transportation

Without access to reliable transportation, families struggle to take children to child care and are limited to child care options that are conveniently located in relation to public transit routes, shelter or employment^{182,183,184}. One focus group participant in SPA 1 reported walking several miles with her young children to get to a child care center. Particularly for parents with children in multiple age ranges, it can be difficult to juggle transportation if one child needs to get to school while another needs to get to child care^{185,186}. Focus group families had an average of 3.6 children with ages ranging from one month to 22 years old and expressed difficulties with managing the demands of infants and toddlers alongside the demands of their older, school-age children¹⁸⁷. Both families who are “doubled-up” and families in temporary/ interim shelter have high mobility. Families expressed struggles with transportation and child care particularly after they were placed in shelters far away from the family members and friends they had previously relied on to watch their children¹⁸⁸. Each change in housing disrupts accessibility of child care—while one living situation may be conveniently located to a transit line to get to a child care provider, the next living situation may not. Families who continuously drop out and re-enroll in child care then compromise their eligibility for child care subsidies¹⁸⁹.

■ Awareness/ Navigation of Services

Families experiencing homelessness must navigate a multitude of human service systems in order to meet their basic needs, and may struggle with making multiple phone calls and

knowing which questions to ask when searching for available child care services^{190,191}.

Additionally, restrictive documentation requirements can prevent or delay families experiencing homelessness from qualifying for or even seeking child care services from certain providers.¹⁹² Because the process is so difficult to navigate, it typically takes one month before families are able to access services¹⁹³. Several families expressed that because they must focus so much energy on meeting immediate, basic needs, there is little time left over to dedicate to searching for and accessing resources like child care. While they knew solutions such as relying on older children or keeping young children in the car with them while working for delivery services such as Postmates were less than ideal, they felt too overwhelmed to figure out a more sustainable solution¹⁹⁴.

■ **Accessing Subsidies**

Despite having the greatest need, many families experiencing homelessness never access subsidies for child care services; in fact, mothers experiencing homelessness are less likely to receive child care subsidies than low-income mothers who are housed.¹⁹⁵ While families experiencing homelessness are eligible for funds through the Child Care and Development Fund (CCDF) block grant, the main federal source of child care assistance for low-income families, the system is underfunded and for families who are not on welfare, priority is given for lowest income and family size with no special priority for homelessness¹⁹⁶.

Undocumented families are not eligible to receive federally funded subsidies. Among families who do qualify for needs-tested subsidized child care in Los Angeles County, 85% are not receiving subsidies¹⁹⁷. This can be due to issues with paperwork and documentation, and difficulty maintaining eligibility due to unstable employment¹⁹⁸. There is also a lack of awareness of eligibility guidelines among families due to misinformation and the complexity of navigating so many different systems. Families mentioned that certain assistance programs required them to already be working or in school to qualify for child care assistance; however, there is in fact a “seeking permanent housing” eligibility criteria which could ease the process of searching for housing¹⁹⁹.

■ **Cost**

Infant and toddler care in LA County costs an average of \$14,300 per year for center-based care and \$9,300 in a family child care home²⁰⁰. Without subsidies, most child care resources are completely out of reach for families experiencing homelessness with little to no income^{201,202}. Families who do have subsidies cannot use them for unlicensed providers who are not close relatives unless the provider goes through a fingerprinting and background check process, which providers may not be willing to do due to financial burden or immigration status²⁰³. For providers that cannot supply basic resources for children such as diapers and food, families may struggle to supply these resources themselves²⁰⁴. Many providers also charge per child per day, and several focus group participants stated that because they had multiple children, it was more cost effective to stay home with their children than it would be to pay for child care while making minimum wage.

■ **Time/ Availability**

Families experiencing homelessness have irregular schedules and often need to access child care on very short notice²⁰⁵. Programs such as Head Start and Early Head Start are not available during the summer, and center-based care is generally not available during evenings and

weekends. Many focus group participants reported a need for child care options that meet their variable work hours but were reluctant to trust existing 24-hour drop in centers. One focus group participant specifically highlighted the fact that 24-hour centers she had contacted only had one adult staff member on site at a time and she would only feel comfortable if there were more staff present for “checks and balances”. Additionally, some programs have stringent drop-off and pick-up requirements that families struggle to meet.^{206,207}

- **Service Supply v. Demand**

There is a significant lack of child care resources available in LA County. Licensed child care centers and licensed family child care homes have the capacity to serve just 13% of working parents of children 0-5²⁰⁸. While parents may receive referrals or lists of providers to contact, most providers in SPA 1 and 2 are at capacity²⁰⁹. In SPA 1 and 2 combined, there are only enough licensed child care slots to serve 26.6% of children. 69.3% of residents live in an area classified as a “child care desert”—an area with few to no available child care slots to meet the needs of children—and more than half of Black and Latinx families live in a child care desert compared to 36.1% of White families²¹⁰.

Families with children who have complex needs particularly struggle when trying to find providers with adequate training to address those needs. One focus group participant reported calling every provider from the list provided to her by her child’s doctor to no avail, leaving her with no option but to stay home with her child herself.

- **Stigma/ Lack of Trauma-Informed Care**

Families may face stigma from child care providers or a resistance to serve children experiencing homelessness due to emotional and behavioral needs. Families experiencing homelessness often feel ashamed and unwilling to disclose their housing situation and may avoid center-based care for this reason²¹¹. Families also reported a difficulty with finding providers who were sensitive to their child’s unique needs, behavioral issues and developmental delays due to the traumatic experience of homelessness²¹².

Challenges With Providing Child Care For Families Experiencing Homelessness

Caring for children experiencing homelessness is as challenging as it is critical. Because children experiencing homelessness have extremely complex needs, providers may be called upon to play a variety of roles including emotional support for parents, problem solving, and social service navigation and coordination. Parents are often under a tremendous amount of stress, limiting their capacity to provide children with the support and attention they require. This can translate to a greater demand for emotional support from providers.²¹³ However, many providers do not have access to the knowledge and training required to be able to provide much-needed trauma-informed care²¹⁴. In order to support the child care workforce to be equipped to truly meet the varied and complex needs of families experiencing homelessness, compensation must be adequate and sensitive to levels of training, education, and licenses.

Across California, 58% of child care workers’ families depend on one or more public income support programs²¹⁵. This suggests that a substantial percentage of child care providers may themselves be at risk for housing instability. Providers working with families experiencing homelessness face particular

challenges with low reimbursement²¹⁶. In the context of exceptionally low provider wages, families and key informants shared several anecdotes of providers paying out of pocket for basic items such as shoes, toys, and food for children²¹⁷. A system of care that meets the needs of families experiencing homelessness cannot be built on the backs of providers; rather, it must recognize well-supported and trained providers as the cornerstone of the system. Consistent relationships with caregivers and a high degree of support are critical for a young child's early development, healthy adjustment, and learning, and children experiencing homelessness have a significantly higher level of need. However, if child care providers are not receiving adequate professional support, resources, and pay, high turnover rates will continue to create challenges with filling existing job openings, let alone expanding service portfolios²¹⁸. Child care providers in California, who for the state's youngest children in particular are largely low-income women of color, must receive equitable pay in order to provide equitable care to children and families experiencing homelessness.

How Child Care is Delivered: Assumptions to Reconsider When Serving Families Experiencing Homelessness

There are many assumptions underlying current delivery of child care which must be reconsidered when trying to meet the needs of families experiencing homelessness:

- **Standard Work Hours**

Parents experiencing homelessness who are employed often have non-standard work hours and constantly shifting work schedules, with many working late nights and weekends²¹⁹. However, it may be difficult for providers to match this schedule, particularly for family providers who must balance the demands of their own families.

- **Access to Reliable Transportation**

Parents experiencing homelessness may not be able to consistently get to child care providers if they are relying on public transportation and moving frequently. Many providers may fine parents for failing to pick up children on time, or for a high no-show rate. Providers may find it difficult to accommodate the unpredictable arrival times of a parent experiencing homelessness and unsustainable to hold spots that are not being utilized as expected.

- **Access to Resources**

Families experiencing homelessness may be unable to supply resources such as food and diapers to sustain children while in child care. Child care providers for children experiencing homelessness may also lack these resources, presenting a challenge to serving these children.

- **Stable Residential Location**

Families experiencing homelessness change living situations very frequently—those in “doubled-up” and shelter situations often have limits on how long they can stay, and child care services they may have been easily accessible from one location can become very difficult to access from another. Thus, providers may see a high turnover rate with families experiencing homelessness, creating sustainability issues.

- **Social/ Emotional/ Cognitive Development**

Children experiencing homelessness indicate developmental delays, psychosocial problems, and depression and anxiety at disproportionate rates compared to children who are stably housed.²²⁰

This can create disruptions in a group child care setting, and providers may not feel equipped to provide the specialized support that these children need.

VI. Recommendations For Designing Models of Child Care for Families Experiencing Homelessness

Based on our research, we have identified a set of considerations for designing child care for families experiencing homelessness that is family-centered and equitable. Shaped by a review of best practices, the perspectives of national experts, community leaders, and—most importantly—families experiencing homelessness themselves, we make several recommendations corresponding to these considerations to improve the system of child care delivery for families experiencing homelessness in SPA 1 and 2.

Many of these recommendations are applicable to improving the system of care for all families; however, there are a number of recommendations specific to families experiencing homelessness that have been highlighted within each section.

Consideration #1: System Funding

California Governor Gavin Newsom has made a significant commitment to invest in child care, including the following budget provisions in the 2019-20 state budget²²¹:

- + \$300 million for full-day kindergarten
- + \$5 million to develop a long-term Master Plan for Early Learning and Care
- + \$143.3 million to increase access to subsidized child care for 12,400 income eligible children ages 0-12
- + \$56.4 million (\$70.5 million ongoing) for continuous access to CalWORKs child care in Stage 1 for up to 12 months
- + \$31.4 million (\$124.9 million ongoing) to increase access to State Preschool for 10,000 income-eligible children in community-based organizations.
- + \$263 million for early learning and care facilities (centers and family child care homes)
- + \$195 million for education/training grants and other supports for the early learning and care workforce
- + \$20 million for childcare data, which will complement an additional \$10 million provided to develop the Cradle to Career data system

While this is a historic and important investment in California's children, it may still fall short of meeting the needs of families and providers, particularly in the context of homelessness. According to a recent report from the UC Berkeley Center for the Study of Child Care Employment and the Economic Policy Institute, implementing a comprehensive, high-quality, equitable ECE system in California would require an annual cost of \$29.7-75.4 billion, or \$30,000-\$37,000 per child²²². In the context of current and inflowing funding, more research is needed to determine the exact net cost of such an expanded investment, which would also be variable based on how many children participate. However, there are some immediately apparent and notable gaps in current child care system funding which largely must be addressed in order to create the space that is needed to serve families experiencing homelessness.

*Recommendations:***■ Invest in higher wages for child care providers**

California's child care workforce provides a service that is critical to the long-term success of California's children, and yet do not receive compensation that reflects the value of their work. With so many child care workers dealing with food and economic insecurity, it is unreasonable and unjust to expect them to put aside their own stress and struggles in order to provide the level of care and support that children experiencing homelessness need. In order to address provider shortages, turnover, and quality, a substantial investment must be made in the child care workforce. Not only is it vital to make such an investment in order to provide consistent, quality, dependable care for California's children at large, it is a vital first step in supporting providers to meet the complex and uniquely challenging needs of families experiencing homelessness.

■ Explore opportunities for collaboration and braided funding between early childhood and homeless systems of care.

The link between homelessness and child care access is clear, and there is an opportunity to address the needs of families experiencing homelessness in a more comprehensive, family-centered manner through system coordination and braided funding. With current expanded funding for homelessness at both state and county levels, more research is needed in order to determine strategies to best leverage funds to meet the needs of families across the continuum of housing stability, from prevention to permanent housing support. Measure H funding has considerable flexibility, and increased funding could be an effective way to incentivize collaboration. Prioritizing and integrating child care funding into homeless service systems of care is crucial to provide parents and children experiencing homelessness with the support they need to succeed.

Consideration #2: Access to Subsidies

For families experiencing homelessness, child care is a critical need that must be met in order for parents to maintain stable employment. However, for working parents, it is equally critical that the cost of child care does not exceed net income. For parents who are not working, the issue of cost becomes an insurmountable barrier. Beyond increasing overall system funding, improving access to care for families experiencing homelessness will require removing barriers to connecting with available resources. Parents in focus groups stated that accessing subsidies, either through CalWORKs or other programs, was extremely difficult, time consuming, and required them to "jump through too many hoops".

Recommendations:

- **Alleviate barriers to subsidy enrollment**

Families should not face undue barriers to participate in child care subsidy programs.

“Offer support to families without making them jump through a bunch of hoops.”

-Key Informant Interview

Recently, new state regulations for subsidized families allowed 12-month eligibility, removing the

burden to continually provide paperwork and visit social service offices to certify the continued need for child care. Now, parents are only asked to re-certify their need and eligibility for a program on an annual basis. This will have a significant impact once a parent qualifies for child care, but stakeholders must work together to further remove barriers to initial qualification for families experiencing homelessness. This could include policies waiving copayments, eliminating excess documentation requirements, establishing a grace period for immunizations, and removing eligible activity requirements such as housing and job searching.

- **Provide child care subsidies to undocumented parents**

Particularly because undocumented parents rely almost exclusively on income from employment, they must be able to access reliable, affordable child care while they are working. However, undocumented parents are currently not able to access most subsidized child care resources. Measure H funds could be one source of flexible funding for undocumented parents experiencing homelessness.

- **Provide tailored support for families experiencing homelessness regarding subsidies and subsidy enrollment.**

Two counties in California (San Francisco and Alameda) have implemented comprehensive programs to support families experiencing homelessness with finding and enrolling in subsidized child care. These programs include tailored assistance through the entire process, from filling out paperwork to getting required immunizations and visiting different programs to make an informed selection and build rapport with providers. This type of tailored support could significantly increase access to available resources for families experiencing homelessness. Alameda County also has a voucher program specifically for families experiencing homelessness who are unable to access other child care subsidies, in order to quickly provide families with the support they need while looking for housing and employment. These programs should be expanded across the state to ensure families experiencing homelessness are not hindered by lack of child care options when taking the necessary steps to exit homelessness.

Consideration #3: Place

Location of child care is extremely important to consider when serving families experiencing homelessness, not only due to transportation challenges but also because of a particular reluctance to trust providers outside of family and friends. Having child care available in a familiar location such as a shelter, workplace or school makes the resource easily accessible, and can assuage parents' fears because the environment is one that is trusted and known. Children are also likely to feel more comfortable in a familiar setting, allowing them a level of stability in the absence of a parent. Child care

that meets families where they are can help mitigate some of the trauma from having to move around and have routine disrupted, and can act as a bridge to other programs and services once families build positive child care experiences.

“Being able to go to the same child care center regularly could be a way to have stability for children.”

-Key Informant Interview

Recommendations:

- **Develop and support opportunities for community and school-based care**²²³

Community leaders mentioned that residents of SPA 1 and 2 tend to rely on and trust schools, family resource centers, and faith-based organizations in their communities²²⁴. These trusted locations where parents have established relationships with teachers and faith-based leaders are places that not only can connect families to community resources but also could serve as locations for child care. As an example, a community school model from the New York City Department of Education provides wrap-around services in areas with a high population of students experiencing homelessness and brings together mental health providers, medical services, and child care providers in one place²²⁵. Through models such as this one, schools can leverage existing relationships with a family and serve as a hub to address the needs of both parents and children. One key informant noted efforts underway in California to identify schools with a high prevalence of students experiencing homelessness, as well as efforts within the California Department of Education to create regional resource centers to provide support to school districts. Offering wraparound services to families that include child care at these resource centers could be an opportunity to build on these efforts²²⁶.

- **Increase and strengthen the network of informal providers by advocating for less restrictive eligibility requirements and building their capacity to serve families through training and education opportunities.**

Just as there is a spectrum of needs for families experiencing homeless, so too is there a spectrum for the quality and frequency of child care that is needed. While center-based child care settings often offer greater opportunity for child development and learning, it may not be what families experiencing homelessness feel they need and/or can afford. Offering child care models that simply provide a safe and reliable place for children to be may be the most that a family needs, particularly in a stage before stable employment when a family may only need child care on an ad hoc basis.

For many families experiencing homelessness, “safe and reliable” means with a family member or friend that they trust and know. Supporting the development and implementation of policies that remove barriers to family members and friends earning certification to provide child care and/or be paid for it is another opportunity to meet families where they are. Policies that alleviate the application process and the amount and type of information that needs to be shared more easily allows families to engage the provider of their choice and is particularly important to consider when engaging undocumented members of the community as providers.

Since 2014 the California based Lucile Packard Foundation has been funding efforts to better understand and support informal child care providers, including extended family members, friends, and neighbors²²⁷. These efforts present an opportunity to leverage the knowledge and networks developed through this work and expand the development of quality informal care in

ways that can support families experiencing homelessness in identifying safe and stable options for child care. The foundation has identified key lessons in developing high quality informal care opportunities including the need to understand the communities needing care, the success of strategies utilizing mentors and community health workers, and positive outcomes related to increased networking of informal care providers²²⁸. Engaging informal care providers in efforts to increase their skills and knowledge can also meet families where they are in terms of preferences while increasing ability and capacity to serve the needs of children.

■ **Develop and support opportunities to provide co-located child care at family shelters.**

For families in temporary shelter situations, on-site child care presents opportunities to overcome expressed barriers to accessing child care including trust of service providers and transportation. Focus groups with families in shelters revealed a sense of comfort and trust between parents living in the same shelter. Shelter based care is an opportunity to leverage these relationships and offer opportunities for parents to support each other with child care. Offering child care in shelters or other housing locations also removes transportation from the calculation made by families on whether child care is accessible and affordable. Families in focus groups were enthusiastic about the prospect of on-site care, and also expressed that they felt comfortable leaving their children with on-site child care providers during the focus groups themselves despite not knowing them simply because of the proximity and fact that the children were in a familiar location²²⁹.

There are already some examples of on-site child care at shelter happening in SPA 1 and 2. For example, Hope of the Valley in SPA 2 offers one-off "Mommy night out" events where children are cared for at the shelter while their mothers go on a planned social outing²³⁰. These are successful events that could be developed into a program that offers regular hours rather than a one-time special event. Valley Oasis is actively looking into offering co-located child care services, stating that if child care can be made "convenient and accessible", families would take advantage of it. Qualities of shelter-based care that meets the needs of families would include a room where children can be dropped off with very flexible hours and minimal paperwork/requirement barriers. Shelters may also offer an opportunity to create a place for informal care networks and child care providers to operate.

■ **Develop and support opportunities to provide co-located child care in Permanent Supportive Housing (PSH).**

At Cedar Ridge, a PSH facility owned and operated by First 5 LA, facility case managers work with residents to connect them with child care providers who will pick up children at home and take them to their care facility. Focus group participants at Cedar Ridge expressed extremely positive experiences with this type of care, both because they felt the providers showed a distinct sense of care for their children and because Cedar Ridge case managers worked to facilitate a trusting relationship with the provider. Even for families who chose not to utilize this service, having a dedicated PSH facility for families with children 0-5 allowed families to build a strong and immediately apparent sense of community with each other, and over half of the families in this focus group reporting often depending on their neighbors to watch their children when they needed to go to the grocery store or a doctor's appointment. This type of PSH facility could potentially be identified as a best practice for families with young children and should be expanded and replicated in SPA 1 and 2.

■ Develop and support opportunities for mobile “pop-up” child care at trusted locations.

Deploying mobile child care vans or trailers to meet families experiencing homelessness in the community could be another effective way to overcome barriers of transportation and trust. If child care was delivered through a mobile trailer at sites familiar to families, child care could be available at a variety of sites and remain responsive to family needs and new locations. Families in focus groups stated they would feel comfortable leaving their child in a child care van or trailer as long as it was parked near a location they were familiar with, such as a shelter, work, or school. A mobile child care van would be a way to meet families where they are regardless of the spacing/ facility conditions of any location.

■ Identify and disseminate best practices for co-located child care in shelters.

There is a need for best practices for providing co-located child care, including options and requirements to create safe space for informal care providers to operate. Dedicating physical space for shelter or PSH residents to engage in child care arrangements with fellow residents can allow a space to provide support, training, and resources to informal care providers that have been shown to be effective in increasing care giver knowledge and confidence. Where no current best practices exist, there is an opportunity for stakeholders to collaborate and design and test models. This will create a knowledge base for child care providers serving families experiencing homelessness.

■ Identify and support policies that incentive developers of shelters to consider family needs in their design.

A safe and dedicated space for on-site child care at all new and renovated shelters serving families is something that should be part of a funder and developer’s design. However, developers and funders are often incentivized in ways that maximize the number of shelter beds with a focus on quantity and capacity, which can jeopardize the inclusion of space for child care.

One approach is to advocate and implement policies that support results-based funding, where developers are paid for their investments in positive outcomes and results for those families who use the shelters. Funders and developers are then incentivized to deliver high-quality shelter and services rooted in evidence-based practices and an intergenerational approach best suited for families. In addition to results-based funding, engaging social entrepreneurs can be an effective way to identify sustainable solutions. Offering incentives or a prize for novel facilities designs that include child care spaces, and funding outcomes-based contracts may be additional ways to incentivize the development of sustainable and scalable solutions. Another approach could be a “condo agreement” in which a child care center is owned by a non-profit who pays rent to the housing facility.

Convening shelter developers to discuss sustainable financing mechanisms is necessary to formulate opportunities for effectively providing child care resources in shelters.

Consideration #4: Transparency/ Trust

Many families stated that they would be unable to leave their child with a child care provider and concentrate on work or school if they did not have some assurance that their child would be safe. Trust can be difficult to define in tangible terms; families repeatedly mentioned a “gut feeling”, an observation based on their child’s immediate response to the provider, or a “sense” that a provider truly cared and would treat their child “as their own”. Some families stated that they could only trust family and friends with their children, while other put more trust in licensed facilities as long as the facilities had mechanisms for transparency such as multiple staff present at one time or security cameras. In order for families experiencing homelessness to feel comfortable with a child care provider, they must have opportunities for open communication and building trust.

Recommendations:

- **Incorporate more opportunities for transparency in child care.**

A number of focus group participants proposed a video “live-stream” of child care facilities with the ability to check on their child on their phone at any point during the day. This type of video streaming is already available at some facilities in SPA 1 and 2, and families stated a specific need for cameras to cover all space in the facility. Access to video feeds, sending parents pictures, and implementing an “open door policy” allowing parents to drop in at any time could all help to facilitate transparency and increase comfort with center-based care.

- **Facilitate child care provider and family relationships for families experiencing homelessness.**

One parent stated that after sitting in a child care facility and observing the provider interact with her child, she felt comforted by seeing the way her child responded to the provider and was able to feel secure using the service regularly. Focus group participants at Cedar Ridge had the opportunity to work with case managers to connect and build a rapport with potential child care providers, and not only did participants who had used this service report success, but also participants who had not yet found child care expressed great interest in this type of resource navigation support. Much like the programs in San Francisco and Alameda counties, case managers and resource navigators who work with families experiencing homelessness can facilitate opportunities for families to meet with and observe providers, and providers can work with families to build trust and communicate so parents have the sense of security they need.

Increasing the availability of on-site care can also provide opportunities for parents to develop relationships with providers who maintain a primary role in the supervision of their children. Where on site care is not an option, helping providers establish online streams, or other methods of communication to let parent know about the activities and interactions their children are engaging in can help to build trust. Additionally, working with providers to utilize orientation sessions and “meet and greet” sessions with their children’s care giver on site and/or during flexible hours can support the early development of good communication and trust among providers and parents.

Consideration #5: Time/ Availability

Families experiencing homelessness often have irregular schedules. Many parents work nights and weekends, and while searching for housing, employment, and other resources, they may need child care during unconventional times. Parents in focus groups expressed a need for more child care during non-standard hours. However, they expressed a great deal of trepidation around utilizing current 24/7 drop-in centers due to a lack of trust and location of the centers. For parents using child care who currently had positive relationships with their providers, they stated that they would ideally prefer for their current arrangement to be available during later hours and during the summer (specifically for Early Head Start).

Recommendations:

- **Prioritize non-traditional hours in cost of care studies, advocacy, and investment to better understand what financial and other resources are needed and support an expansion of non-traditional hours care.**

Many of the solutions to meeting the need for drop in and evening and weekend child care will require public investment to be increased or shifted to address the need. Understanding the actual cost of care in both financial, human and physical resources can help drive advocacy and planning efforts.

- **Engage civic and community stakeholders in the development of a plan to address non-traditional hour needs.**

Once an understanding of local need has been developed, stakeholders can be identified and engaged to develop a path forward. These stakeholders can include licensing agencies, zoning officials, child care referral services, providers and others to engage in planning activities to increase the accessibility and quality of care offered during non-traditional hours.

- **Consider possible ways licensing and quality requirements may be differently defined for providers offering care during non-traditional hours.**

Barriers to providing extended or non-traditional hours care include one-size standards for quality and licensing. It may be possible to shift the requirements for providers without compromising safety and accountability. This possibility should be explored as a way to decrease the administrative barriers for providers willing to expand care hours.

- **Support advocacy efforts encouraging employers to stabilize work hours for families.**

Implementing stable work hours for families, including scheduling hours during the day as much as possible and keeping schedules consistent week to week, can have immense benefits for families as well as for employers in terms of decreasing turnover and improving performance. Supporting current advocacy efforts to stabilize work hours for families as much as possible will have positive implications for accessing child care.

- **Connect employers to providers to increase marketing and outreach to employees who may need after hours and weekend care.**

Police officers, emergency responders, hospital employees, and restaurant workers may all be in the position of needing child care during non-traditional hours. Engaging local businesses and employers to increase the overall demand for after hours and weekend care has the potential to

increase the sustainability of the business model overall, increase the options for families receiving subsidies, and minimize the impact when parents don't show up.

- **Continue to incentivize evening and weekend hours and identify barriers and solutions to providing these “premium hours” of care for families who work non-standard hours.**

While higher reimbursement for after hour/ weekend care is one existing way in SPA 1 and SPA 2 to incentivize providers to be available during these hours, the choice to provide care during these hours is that of the provider.²³¹ Family child care provider barriers include conflicts with their providing for their own families. Child care centers find it difficult to afford teaching staff after hours and on weekends with having to pay staff even if parents do not show up with their child(ren). Exploring the feasibility of strategies such as paying for hours of care rather than days of attendance may help families access care, but parallel efforts to increase other incentives, like those described above, will be necessary to increase the supply of child care.

- **Develop and support opportunities for summer programming.**

Several focus group participants who had used Head Start and Early Head Start programs reported positive experiences and expressed a need for more programming during the summer. One participant stated that while she saw the developmental and educational benefits for her child of being in Early Head Start during the school year, the abrupt drop-off in programming for the summer was now making it extremely difficult to attend work. Currently, Head Start, Early Head Start and centers on public school campuses are often not available during summers. There is a need for further consideration and research on developing more summer programming.

Taking account of current resources, facilitating warm hand-offs to other summer programming could help with smoother transitions and stability for families²³². One emerging system, called “My Child Care Plan,” will soon point parents to their local Child Care Resource and Referral agency for navigation support where a referral specialist will interview them and develop a plan based on their unique family needs. This plan will include a list of providers, how to identify quality care, and what questions to ask providers. In order to effectively serve families experiencing homelessness, referral specialists must be made aware of the unique needs of families experiencing homelessness and considerations when choosing a provider.

Consideration #6: Trauma-Informed Care

Experiencing homelessness, and the events that led to their homelessness, is traumatic for families. Moreover, children in the birth to 5 age range are disproportionately exposed to traumatic events relative to older children²³³. Young children experiencing homelessness may present symptoms of stress, which can result in heightened aggression, poor social skills, and impulsivity. For these families it is important to meet both the emotional and mental health needs of these parents and children, and provide trauma-informed child care.

*Recommendations:***■ Build awareness of existing child care provider training on Trauma Informed Care and serving families experiencing homelessness.**

Child care providers trained in Trauma Informed Care know effective ways to interact with children experiencing homelessness. They can help children cope with trauma reminders, maintain predictable routines, and use effective behavior management strategies. Trauma Informed Care also builds child care providers' capacity to identify trauma and to make appropriate referrals for screening, assessment, and evidence-based treatment for both the parent and the child. Families in focus groups expressed a desire for child care providers to treat their children with compassion and be sensitive to unique challenges they are facing²³⁴. Training focused on cultural sensitivity and the traumatic experience of homelessness would better equip providers to serve families experiencing homelessness.

Compiling and disseminating resources can be effective for increasing the skills of child care providers, both formal and informal, in understanding trauma and healing and managing behavior in children exposed to trauma. Ensuring that providers have access to resources and online training like that available through Child Aware, the Center for Child and Family Health and Duke University, or California Child Care Bridge program can be an important step in improving the experiences of families. Stakeholders can also explore development of skill building training focused on building a trauma informed and healing centered child care practice. Training providers on the integration of mindfulness as part of existing behavior management trainings may also be an opportunity to address trauma and build skills in children exposed to homelessness. Additionally, making sure that providers understand how to make referrals, and to whom, could be accomplished through a centralized resource portal either on CCRC's website or through CES.

"There should be more compassion in the system; treat families as a unit and strengthen us together." - Focus Group Participant

Consideration #7: Data

There is a dearth of data on families experiencing homelessness, particularly when considering families with young children who meet the McKinney-Vento definition of homelessness but have not yet entered the CES, and in terms of tracking families who are in need of child care from referral to access of resources. More data is needed in order to formulate a right-sized system to meet the child care needs of families experiencing homelessness, and to identify and connect families in need with the appropriate resources.

Recommendations:

- **Collaborate with organizations that assist with eviction defense for families to formulate a more complete picture of family homelessness in LA County.**

While it is difficult to gather data on families experiencing homelessness with young children, focusing on families seeking legal services for eviction defense could be an effective strategy to identify families who are in danger of becoming homeless and may be about to enter a “doubled-up” or otherwise unstable housing situation. Partnering with organizations who provide legal assistance specifically for eviction defense to access data on families facing eviction would provide a worthwhile avenue for reaching families experiencing homelessness with young children who have a need for child care but may not show up in homeless service data systems.

- **Explore opportunities to track child care referrals and access through HMIS.**

While families experiencing homelessness in the CES are referred to child care resources through Family Solution Centers, there is an opportunity to track referrals and access through the HMIS system in order to gain a better understanding of gaps in and barriers to access following the initial referral. Engaging in conversations with LAHSA could be helpful to determine ways to use HMIS more effectively to track child care access, such as piloting use of HMIS among a select few child care providers, and identifying specific child care metrics to track including referrals, accessing subsidies, and enrollment with a child care provider.

VII. Conclusion

Child care is an important resource for families with young children, and there is much work to be done to improve the system of care for children in California and LA County. For families experiencing homelessness in particular, access to quality, affordable, trauma-informed child care is critical to take the necessary steps to secure and maintain stable housing.

Children experiencing homelessness represent the voices that could not be included in this study but are the most important to consider in any advocacy and program design efforts. In order to effectively advocate for these children, it is vital to maintain an explicit focus on designing systems and services that meet their unique, complex, and varied needs. This research has undoubtedly underscored the need to develop and expand access to child care resources that are specifically tailored to families experiencing homelessness, and it is our ultimate hope that it serves as a springboard for more conversation and cross-sector collaboration in order to achieve equity of opportunity for children and families.

Appendix A: Key Stakeholder Interview Guide

Introduction

HMA is working with The Child Care Resource Center to conduct a study to assess the needs of Families experiencing homelessness (FEH) with young children 0 to 5 years of age and recommend child care program designs that will address those needs. The goal of the research is to ensure any future programming is informed by the voices of FEH and the stakeholders who directly serve them. The goal is to develop recommendations from the “ground up,” examining the needs that families have and understanding the possibilities and constraints in the context of implementing different interventions.

CCRC’s mission is to cultivate child, family and community well-being. CCRC helps meet the early childhood education and development needs of 50,000 children, families, child care providers and community members in Northern Los Angeles and San Bernardino Counties. For over 40 years, the agency has provided services through a diverse mixture of subsidized child care programs, child development, and workforce training programs which work together to enhance the quality of life for our clients.

We are reaching out to leaders, like yourself, to learn your perspective and thoughts on this population and the barriers they face in accessing resources they need or want, in particular child care. Our questions target your knowledge of needs of the target population, who you think they turn to for support, what resources exist, and the barriers these families face in accessing those resources to better understand the realities of what is available or can be made available. We want to understand better the role that child care plays in assisting with the needs of FEH and how critical is child care as one of those needs. We are also interested in learning about what child care program designs would be most effective for FEH.

The information you share will be confidential and only major themes from all of our interviews will be included in the final report to CCRC. We may use some of the information you provide to help inform subsequent phases of the research, such as identifying other studies and possible focus group participants.

QUESTIONS

1. Can you say a little bit about your background, your experience with families experiencing homelessness and, if relevant, the organization with which you work?

Critical needs of the FEH and barriers to permanent, stable housing

2. We recognize that FEH have a number of critical needs, and among them, perhaps the most critical is permanent, stable housing. What other needs do these families have that prevent them from securing stability?
 - a. Short-term basic needs (affordable housing, quality housing, personal safety, child care, transportation, health care)

- b. Transitional supports (e.g. case management)
 - c. Ongoing supports (education, job opportunities, MH services, family supports)
 - d. Lifelong supports (chronic medical, mental health, and substance use disorder (SUD) issues)
 - i. *For KII knowledge of SPA 1 and/or SPA 2: What are the specific needs or challenges of FEH in SPA 1 and SPA 2? For example, is it finances, medical access, child care, employment, affordable housing, transportation, support networks, fear of foster system)*
3. How do needs differ for the different subgroups of FEH, including:
- a. Chronic homelessness versus unstably housed such as:
 - i. Frequent moving
 - ii. Short stays in one's own housing
 - iii. Doubling / tripling up with relatives / friends
 - b. Single parent versus two parent families
 - c. Female-headed versus male-headed families
 - d. Undocumented FEH
 - e. Families with Transitional Age Youth (TAY)
 - f. FEH with limited English proficiency
4. Similarly, how do these needs differ for FEH with children of different age groups within that 0 to 5 years of age, for example under 2 and 3 years and older?

Services for FEH

We want to talk a little bit about the ways in which housing services and these non-housing supportive services are delivered – whether they are linked or not, whether there would be value in them being linked more, and how they interact with each other.

1. Do you think it is helpful when these services are linked? Why or why not?
2. Do you know of ways in which supportive services are being linked to housing? If yes, please describe what makes them effective or how they could be improved.
3. Can you think of ways that these services are not currently being linked with housing services, but could or should be?
4. Do housing programs themselves present barriers to the supportive services families need? If yes, how?
5. In what ways should services for FEH be designed differently than for other families with secure housing?
6. Should these qualities in program design be carried over to child care? If so, why and how?
 - a. What might be the potential barriers?

How critical is child care?

7. On a scale of 1 to 10, one being not critical to 10 being extremely critical, where would you rank child care as a need of these families? Please explain.
8. And now compared to the other needs you have described, where would you rank child care among the list of needs just described? Please explain.
9. In what ways does the availability of child care impact children and parents differently (still considering families experiencing homelessness specifically)?
 - a. How does it help children?
 - b. How does it help parents?
10. How does the availability of or lack of child care influence the other needs in these family's lives? What is the relationship between child care and these other needs?
 - a. How does child care play a role in assisting with those needs?
11. How might outcomes for FEH be different if they have access to child care?
 - a. Residential stability?
 - b. Employment?
 - c. Family preservation / reunification?
 - d. Kindergarten readiness?
 - e. Community connectedness?
 - f. OTHER OUTCOMES OF INTEREST? Economic stability; stress reduction; mental health improvement

Support network and other resources

12. Who do you think these families turn to for support? Is it friends, family, school, other organizations?
13. Are these networks any different than those of other families with young children? If yes, in what way are they different?
14. Where are FEH going for resources?
 - a. What is the best way to inform them of resources? How do they learn about resources available to them?
15. What are the resources or opportunities that might help to prevent homelessness from occurring for these families?

What are the child care services available to FEH?

16. Among FEH who have access to child care, who is providing it? How are they affording it?
 - a. Care by parents/siblings
 - b. Relative care (grandparents, aunts, uncles, etc)
 - c. Non-relative care (baby sitters, in-home child care)
 - d. Organized care (center-based care)

17. Are you familiar with child care subsidies, subsidized child care programs (head start, educare), and child care program enrollment ? How are these working for FEH? What are the opportunities to strengthen their capacity to serve FEH?
18. What other child care services models for FEH are working or being tested?
 - a. *For KII with knowledge of SPA 1/SPA 2:* What child care services are available to FEH living in SPA 1 and SPA 2?
 - b. Are there other service models that work for families with similar challenges to FEH that might be adapted to FEH?
19. Do models or programs differ depending on who they are serving? If so, how are they different?
 - a. Frequent moving
 - b. Short stays in one's own housing
 - c. Doubling / tripling up with relatives / friends
 - d. Unsheltered
 - e. Age of child(ren)
20. What are the barriers for FEH to access child care services?
 - a. Chronic homelessness versus unstably housed such as:
 - i. Frequent moving
 - ii. Short stays in one's own housing
 - iii. Doubling / tripling up with relatives / friends
 - a. Single parent versus two parent families
 - b. Female-headed versus male-headed families
 - c. Undocumented FEH
 - d. Families with Transitional Age Youth (TAY)
 - e. FEH with limited English proficiency
 - f. Families with ongoing special needs, such as medical, developmental, mental, trauma
 - g. Families experiencing separation

Data and Studies

21. Are you familiar with any data that may help us understand the demographics and needs FEH in SPA 1 and SPA 2?
22. Are there any studies that may help us understand the lives of FEH better?

On systems collaboration

1. Where do you think there is good work occurring in LA County regarding collaborations focusing on homelessness? What are the goal(s) of these collaborations?
 - a. What are existing barriers to collaboration?

Engagement and Focus Groups

23. What recommendations might you have for how to engage FEH in services, in particular child care?
 - a. What challenges have you had in reaching the population you want to reach?

24. We want to hear from FEH themselves, so they can tell us their perspective on these questions. What are your suggestions for how to reach FEH to engage in a focus group?

Appendix B: Focus Group Interview Guide

ABOUT THE FOCUS GROUP

Thank you so much for joining us today. We appreciate you being willing to speak with us. We want to hear about your experience living in LA County without stable housing, some of the obstacles you face, and the resources that are available to you. We want to better understand the resources you and your family could benefit from as you look for permanent housing. In particular, we are interested in learning how child care fits into your family's needs and how it can play a role in meeting your goals.

Your thoughts will inform a study we are doing in collaboration with the Child Care Resource Center here in LA County. The study seeks to assess the needs of families experiencing homelessness with young children 0 to 5 years of age and recommend new types of child care programs that will address those needs. Your voices are the most important voices in this research—we want to make sure any future programming is family-centered and driven by the perspectives of families in this community who are experiencing or have experienced homelessness.

This focus group discussion should last approximately 1.5 hours. Please feel free to get up and walk around as needed.

There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said.

We would like to record this conversation so that we do not miss any of your comments. People say very helpful things in these discussions and we can't write fast enough to get them all down. Is it ok if we record? <<Pause for response>>

We will be on a first name basis for the discussion, and we won't use any names in our report. You may be assured of complete confidentiality. The reports will go to CCRC staff to help them plan future programs.

Please take a moment to review our consent form. It reiterates what I have just told you now. Specifically, that:

- You understand why you are here and why it is we want to talk with you;
- You agree to the recording of the discussion;
- You know that your participation is up to you and you are free to stop at any time;
- You understand that you are receiving a \$50 gift card for your participation.

Are there any questions? <<Facilitator – collect signed consent forms>>

Are there any questions before we begin?

DISCUSSION GUIDE

1. We understand that you are currently experiencing a lack of stable housing for you and your family. During this time, what would you consider your greatest need?
2. Apart from stable, affordable, and safe housing, what do you struggle most with?
 - Struggles for yourself? Struggles for your child(ren)?
3. Please raise your hand if you currently have someone who cares for your children when you are not around. <<Facilitator: note the number of raised hands>>
 - For those of you who raised your hands, how does having someone who can care for your children make your life easier? What does it change for you?
 - What does it change for your child?
4. Now, for those of you who did not raise your hand, do you need someone who cares for your children when you are not around? <<Facilitator: note the number of raised hands>>
 - For those of you who raised your hands, how would having someone who could care for your children make your life easier? What would change for you? What would it change for your child?
 - If no, why do you not need someone to care for your children?
5. Among the list of needs you have right now, on a scale of 1 to 10, where would you rank child care? Please explain. <<Note to facilitator: Have each participant provide a rank>>

Access to quality and affordable child care

6. Do you get any help with paying for child care, like from an organization or the government?
 - If yes- what was the process like to get this help? Was it easy?
 - If no- why?
7. Right now, what has been your experience of child care providers? <<Note to facilitator: ask each participant to identify what type of provider they are referring to>>
 - Explore as needed with the following prompts:
 - How comfortable were you when enrolling your child? (Stigma)
 - Do all the providers/ programs you contact typically have openings? Do they have the hours that you need? (Availability)

- Are the child care resources located in places that are easy for you to get to? How do you get there? (Transportation/ mobility)
8. What would you consider the number one barrier to finding someone to care for your child?
- What is the number one barrier to keeping that someone?

Models of Child Care

9. Did your child care options change after you lost your housing? If yes, how and why?
10. For those of you who found yourself in need of child care after you lost your housing, how did you look for child care? Where did you start?
- Has the way in which you looked for child care changed from when you had housing?
11. What is most important to you about someone who cares for your children? <<*listen for hours, frequency (drop in versus 5 days a week, etc), trust, safety, education, location, affordability*>>
12. What would you change about your current options for child care if you could?
13. CCRC would like to understand whether mobile child care – where essentially child care comes to you – would be beneficial to families experiencing homelessness. If childcare could be flexible and convenient and meet you where you are at, what would that look like to you?
- Would you want someone to come and pick up your child and take them to a safe child care location, and then return them?
 - If a mobile classroom in a bus or trailer parked outside your shelter or nearby, what would you need to make you feel comfortable with leaving your child in its care?

Conclusion

14. Is there anything we should have talked about, but didn't?

Appendix C: Focus Group Demographics

Appendix C

What SPA do you live in?		
SPA	Count	Percent
1	19	39%
2	30	61%
Grand Total	49	100%

Number and Percent of Participants		
How many children do you have?	Count	Percent
0	1	3%
1	4	12%
2	3	9%
3	8	24%
4	7	21%
5	9	26%
6	2	6%
Grand Total	34	100%

What type of Child Care have use used?	Number	Percent
Shelter Based Care	0	0%
Family and Friends	15	38%
Center Based Care	2	5%
None	10	25%

Age of Children	Years Old
Average Age	7.6
Median Age	5
Youngest Child	1 month
Oldest Child	18

What is your preferred language?
English
Spanish
Tagalog
Grand Total

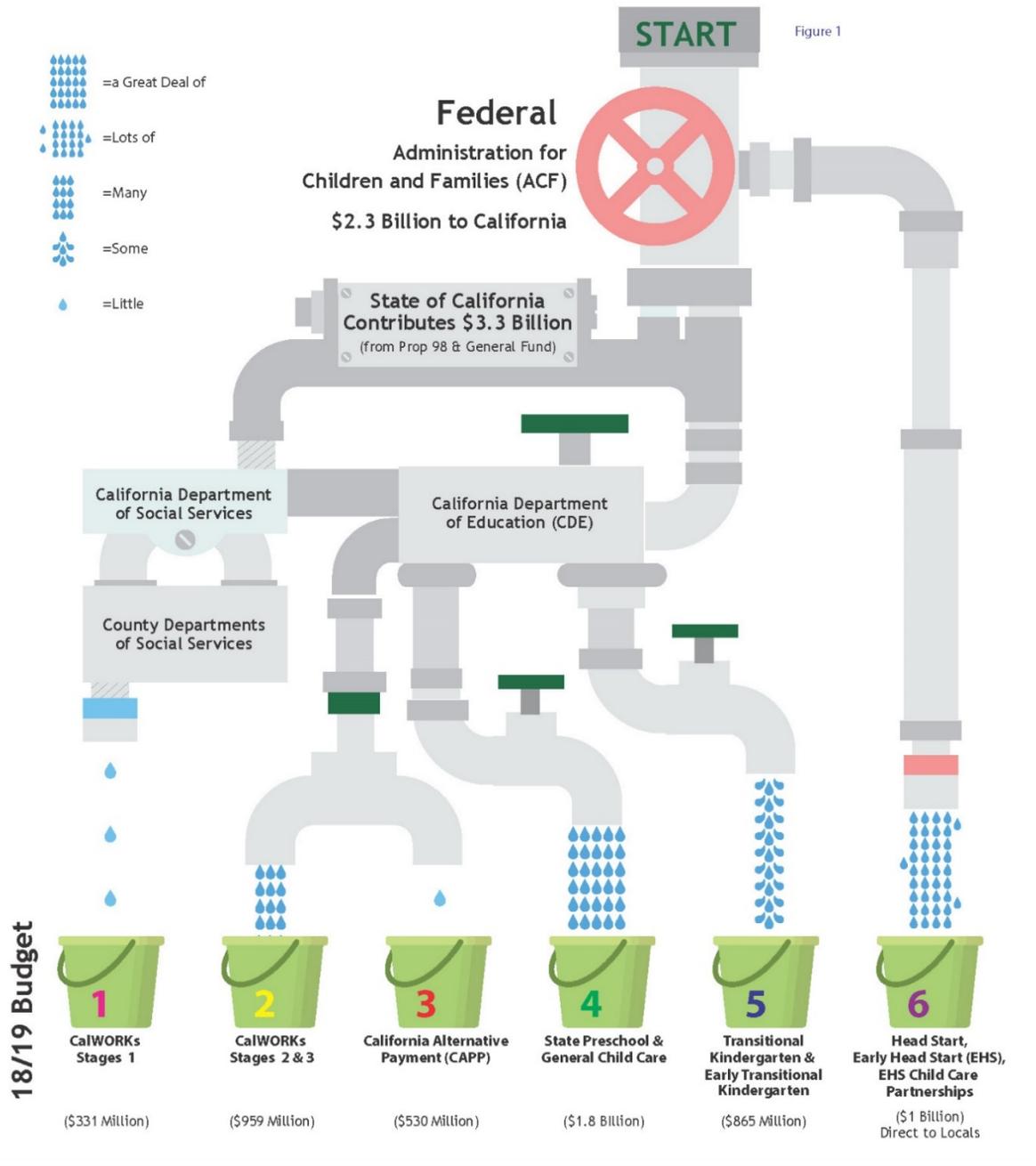
Where were you born?	Count	Percent
Inside the U.S.	29	85%
Outside the U.S.	5	15%
Grand Total	34	100%

Appendix D: Eligibility For Subsidized ECE Programs

How Subsidized Early Care & Education Programs Work

The Administration for Children and Families (ACF) is the second largest agency within the federal government’s Department of Health and Human Services. ACF administers more than 60 programs with a budget of over \$50 billion. They partner with states, communities and individual organizations to help families achieve prosperity and independence. In California, 3/5 of children under 13 live in families where parents work or are in school. This means that child care in our state is critical to child, family and community success with millions of dollars in subsidy payments going through every year. Local state dollars combined with the \$2.3 billion from federal contributes to Early Care & Education.

In general, subsidized child care services are available to eligible families who meet local and/or state requirements. Figure 1 shows how the money comes from ACF + State of California and Figure 2 describes each program and basic eligibility/qualifications.



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