

Home-Based Child Care Landscape in Los Angeles County:

PROJECT BACKGROUND, METHODS AND ACTIVITIES



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Large numbers of families are choosing home-based child care, particularly families who are faced with challenges and barriers. Any initiative that has the goal of achieving equity must address the needs of HBCC providers.

The Essential Infrastructure of Home-Based Child Care

In the last few years, the COVID-19 pandemic and increased awareness of structural racism, sexism and classism have brought greater attention to the existence of systemic barriers that prevent our communities from thriving. Addressing the needs of marginalized communities most impacted by these systemic barriers may be critical to tackling societal challenges. To truly understand community needs, approaches that involve learning from key stakeholders and community members are essential. One issue critical to addressing societal challenges and economic drivers is child care. Historically marginalized families tend to use Home-Based Child Care (HBCC) settings to care for their children. Families with infants and toddlers, low-income families working non-traditional hours, those from immigrant backgrounds, those living in rural communities, families of color or families with children who have disabilities or special needs are more likely to choose HBCC over center-based care (Henley & Adams, 2018; Johnson 2005; Laughlin 2013; Layzer & Goodson 2006; Liu 2015; Liu and Anderson 2012; NICHD Early Child Care Research Network 2004; NSECE Project Team 2015; Porter et al. 2010). HBCC is often viewed in two broad categories — Family Child Care (FCC) and Family, Friend, and Neighbor (FFN) care. Family child care providers are often regulated, licensed in California, and paid to care for children out of their homes. Whereas FFN providers most commonly refer to unregulated, informal or license-exempt providers (can be paid or unpaid for providing care) (Bromer et al., 2021). Because HBCC providers serve children and families with the background characteristics and experiences described above, they are serving members of our communities who encounter inequitable access to services and discrimination within systems. Because of the large numbers of families choosing home-based child care, particularly families who are faced with challenges and barriers, any initiative that has the goal of achieving equity must address the needs of HBCC providers. However, little is known about this population of providers.

Los Angeles Home-Based Child Care Landscape Analysis

First 5 LA (F5LA) is launching a new multi-year strategy to achieve greater equity for our HBCC community and support them to thrive. Because little is known about this population of providers F5LA partnered with the Child Care Alliance of Los Angeles (CCALA)¹, which partnered with the research department of the Child Care Resource Center (CCRC), to initiate a landscape analysis of HBCC providers in Los Angeles County. CCALA is a partnership of ten agencies that serve communities at the local level and can reach thousands of parents and child care providers across Los Angeles County. One way of defining a landscape analysis is that it “outlines the strengths, resources, and needs of a particular community. It provides a framework for designing a service and ensuring that it is embedded directly in the needs of the community.”² This landscape analysis of HBCC in Los Angeles County will help inform future strategies to support the HBCC workforce. Landscape project planning, stakeholder engagement and input, and research tool development took place in the fall of 2021. Outreach and key stakeholder engagement occurred in winter 2021-22. Between February and November of 2022 data were collected from HBCC providers, parents who use HBCC, and agencies that serve HBCC providers via surveys, focus groups, key informant interviews, and community convenings to interpret data and offer recommendations.

The specific goals of the HBCC landscape analysis are to: 1) Understand these provider populations, their role and unique needs in providing child care in Los Angeles County, 2) Understand families utilizing home-based care, their rationale for choosing home-based care and their experience with using home-based care, 3) Identify successes in home-based care and understand barriers that limit supply, quality, and sustainability, and 4) Understand how to best support inclusive, culturally and linguistically responsive, quality care for children age 0-5 years.

To guide the HBCC landscape analysis, the following six Research Questions were developed by F5LA:

1 RESEARCH QUESTION 1:

Who are Los Angeles County’s home-based child care providers? How do they **view their job**?

2 RESEARCH QUESTION 2:

How do Los Angeles County’s HBCC providers currently **access resources, services, and supports**?

3 RESEARCH QUESTION 3:

What do Los Angeles County’s HBCC providers **need** to become a successful family business?
What are their **barriers to success**?

4 RESEARCH QUESTION 4:

How has **COVID-19** changed the experiences of Los Angeles County’s HBCC providers and the children they serve?

5 RESEARCH QUESTION 5:

Who are the children and families that Los Angeles County’s HBCC providers serve?
How do they view their HBCC provider?

6 RESEARCH QUESTION 6:

What **policies** are needed to build a stronger, more sustainable HBCC sector for the future?

¹ <https://www.ccala.net/>

² <https://studentsupportaccelerator.com/tutoring/program-focus/conducting-community-landscape-analysis#:~:text=What%20is%20a%20Landscape%20Analysis,the%20needs%20of%20the%20community>



This brief summarizes the background, methods and activities of the first phase of the strategic partnership (the landscape analysis). The landscape analysis planning, stakeholder engagement and input and research tool development took place in the fall of 2021. Data were collected via surveys, focus groups, key informant interviews, and community sense-making convenings from February – November of 2022.

Equity Framework and Stakeholder Engagement

Historic and systemic racism continues to present significant and devastating barriers for children, families, and providers. Excluding their voice results in the development of programs and policies that are irrelevant, fiscally unsound, and harms groups who need the greatest amount of involvement and opportunity. Actively uplifting and using providers' voices will ensure programs and policies are relevant, fiscally appropriate, and result in the outcomes needed for successful and thriving communities. An equity-based framework was used in each phase of this landscape analysis to intentionally examine challenges that contribute to inequity. This is accomplished by identifying and engaging stakeholders, particularly those intended to benefit from policies and programs,³ and therefore, relevant stakeholders were engaged at every step of the project. Communities of providers and agencies that work with providers were asked to review questions that were developed based on the literature, they were involved in outreach efforts, determination of methods, interpretation of results, development of recommendations, and will receive final reports and presentations.

Sampling, Outreach, and Stakeholder Engagement

Data were collected from HBCC providers throughout Los Angeles County, leveraging the connections and partnerships of agencies across the county and ensuring representation from each Service Planning Area (SPA)⁴. See Table 1. Resource and Referral (R&R) agencies distributed electronic survey links to all licensed FCC providers in their referral databases and all subsidized FFN providers to whom they distribute payments for child care in their subsidized child care databases and non-subsidized providers engaging in play and learn and quality improvement programs. Electronic surveys were also distributed by R&R agencies to all parents in their databases who use HBCC and whose care is subsidized. Outreach also occurred through social media platforms, through community-based organizations, internal F5LA programs (e.g., Best Start Communities), and county offices. Surveys included an opt-in option to participate in a Key Informant Interview (KII) for FFN providers or focus groups for FCC providers and for parents. Representation was ensured across Los Angeles County SPAs, language groups (Armenian, Mandarin, and Spanish), and race/ethnicity groups with increased outreach to African American or Black providers. Reaching the non-subsidized, FFN provider population was a difficult task given they do not typically engage in formal programs and events for providers. Successful research with these providers includes expensive national studies that call households⁵ or small-scale studies and programs that intentionally sample small, targeted groups. This informal group of non-subsidized FFN providers was not targeted for this analysis but may have been reached through community partners and social media efforts. Future efforts to reach non-subsidized FFN providers will need to consider either large-scale household calling or smaller, targeted methods to meet providers where they naturally gather.

3 <https://buildinitiative.org/wp-content/uploads/2017/10/EquityActionFramework.pdf>

4 <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>

5 <https://www.acf.hhs.gov/opre/project/national-survey-early-care-and-education-nsece-2012>

TABLE 1. SURVEY PARTICIPANTS BY SERVICE PLANNING AREA (SPA)

SERVICE PLANNING AREA (SPA)	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
SPA 1: Antelope Valley	10%	36%	22%
SPA 2: San Fernando Valley	23%	23%	40%
SPA 3: San Gabriel Valley	12%	5%	2%
SPA 4: Metro LA	8%	7%	6%
SPA 5: West	7%	<1%	4%
SPA 6: South	12%	16%	14%
SPA 7: East	22%	9%	6%
SPA 8: South Bay	7%	3%	5%
Unknown	0%	<1%	2%

As seen in Table 2, the distribution of FCC providers who responded to the survey resemble the distribution of family child care providers one would expect in Los Angeles County based on recent workforce data from the Center for the Study of Child Care Employment (CSCCE; Powell, Kim, & Montoya, 2021). The increased outreach to African American providers in this study resulted in a higher engagement than previous work with FFNs (15% vs 28%; Harder and Company, 2014).

TABLE 2. SURVEY PARTICIPANTS BY RACE AND ETHNICITY

RACE / ETHNICITY	LA FCC (CSCCE)	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
American Indian or Alaskan Native		1%	2%	2%
Asian or Asian American	13%	9%	2%	2%
Black or African American	19%	15%	28%	21%
Hispanic or Latino	43%	57%	58%	55%
Native Hawaiian or Pacific Islander		0%	<1%	1%
White or Caucasian	17%	13%	10%	19%
Multiple ethnicities	5%	2%	3%	5%
Not listed	4%	2%	<1%	1%
Prefer not to answer		6%	5%	5%



Based on those who opted-in to participate in further research in the survey, eight focus groups were conducted with FCC providers, four focus groups with parents and 30 KIIs with FFN providers. Representation was attempted from those who speak Spanish, Chinese and Armenian and across all SPAs in LA County (see Tables 3 and 4). It is recommended that future outreach be funded to ensure a greater representation from Asian and Armenian providers and providers who reside in SPA 8. Focus groups were typically 1.5-2 hours and held via Zoom. KIIs lasted approximately one hour and were held via Zoom phone. All sessions had a facilitator, a note-taker and a staff person available for technical support and all sessions were recorded.

TABLE 3. FOCUS GROUP (FG) LANGUAGE TARGETS FOR FAMILY CHILD CARE (FCC) PROVIDERS AND PARENTS

FCC FGS	PARENT FGS
3 English	1 English
3 Spanish	1 Spanish
1 Armenian*	1 Armenian*
1 Mandarin**	1 Mandarin**

* Led by program staff from CCRC fluent in Armenian; trained and supported by CCRC Research (who were present)

** Led by program staff from Mexican American Opportunity Foundation and Options for Learning fluent in Mandarin; trained and supported by CCRC Research (who were present)

NOTE: Targeted outreach was conducted to ensure the inclusion of the Black/African American voice from SPAs 1, 6 and 8 and Asian-Americans in SPAs 3, 4, 5 and 8. This is based on community profiles from LA County Department of Public Health and UCLA's Ask CHIS

TABLE 4. LANGUAGE AND LOCATION OF FFN PROVIDERS PARTICIPATING IN KEY INFORMANT INTERVIEWS (KII)

SPA TARGETED	NUMBER OF FFN KIIS / LANGUAGE
1: Antelope Valley	3 English, 3 Spanish
2: San Fernando Valley	2 English
3: San Gabriel Valley	1 English, 4 Mandarin*
4: Metro LA	3 Spanish
5: West	1 English
6: South	5 English, 2 Spanish
7: East	2 English, 4 Spanish
8: South Bay	None

* Led by program staff from CCRC, Mexican American Opportunity Foundation and Options for Learning; trained and supported by CCRC Research (who were present)

NOTE: targeted outreach was conducted to ensure the inclusion of the Black/ African American voice from SPAs 1, 6 and 8 and Asian-Americans in SPAs 3 and 8. This is based on community profiles from LA County Department of Public Health and UCLA's Ask CHIS

The primary home languages reported by participants in all three groups were English and Spanish (see Table 5). The next largest groups were Armenian for the FFN and Parent groups and Chinese for the FCC group. The language capacity of child care providers ensures linguistic match for parents who value or need this skillset for their children.

TABLE 5. PRIMARY LANGUAGE SPOKEN AT HOME

PRIMARY HOME LANGUAGE	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
English	43%	68%	77%
Spanish	43%	29%	14%
Armenian	4%	2%	6%
Chinese (Mandarin, Cantonese, Other)	5%	<1%	<1%
Other	5%	1%	3%

Data Analyses

The data were exported from JotForm, the platform used to collect the survey, to Excel and analyzed using SPSS (Statistical Package for Social Sciences). Analysis of the survey data included appropriate descriptive statistics for the question type (frequencies/percentages for categorical or ordinal data, averages/medians for interval data). Appropriate group testing was also conducted (e.g., chi-square or Fisher’s Exact for categorical or ordinal data and t-tests for interval data). Group-based comparisons included child age, home language, race, and provider type (FFN compared with FCC) or subgroup (FCC with small licenses compared with FCC with large licenses). Notes-based analyses were conducted with all qualitative data (Focus Groups and KIIs), combining the data from multiple note-takers and then uploading the information into Dedoose for coding. The research questions created a general framework for organizing the codes for the qualitative data. Codes were developed with a Grounded Theory framework, ensuring the codes arose from the experts in the field rather than developed from the lens of the researchers. Please see the main report for greater detail on the data analyses.

Community Interpretation of the Data

To ensure interpretation of results and development of recommendations are relevant and meaningful to the intended communities, convenings were held with key stakeholders from across Los Angeles (LA) County. Convenings were geared toward specific groups including FFN and FCC providers, parents who use home-based child care, agencies that work with providers and parents, county offices, advocates and funders. The manner in which information was presented was tailored to each audience (e.g., more narrative format with providers and parents and more tabular formats for agencies and offices). These community convenings allowed the Research Team to assess if the survey, focus group and KII data aligned with the experiences of a broader audience base and provide the team input on interpretation and recommendations based on the results.



Learning from Additional Experts

Duane Dennis (Dennis, 2022) conducted a series of interviews and reviews of programs and policies from across the nation to shed light on key lessons for creating programs and policies intended to support HBCC providers. A result of this report was a site visit for a subgroup of the project team to learn from experts in New York City. This trip included site visits to agencies and providers, presentations and discussions at Union Settlement⁶ in East Harlem and Women's Housing and Economic Development Corporation (WHEDco)⁷ in the Bronx. On the first day, the team learned about the history of home-based subsidized child care in NYC, the past and present political climate and levers needed for success, the development of the staffed networks, and a site visit to a family child care home participating in the network. The second day included a site visit to WHEDco in the Bronx to learn about the history of settlement houses, formal and informal family child care services, the research outcomes from these programs and site visits to FCC and FFN provider homes. The team returned to Union Settlement to learn about a grass roots movement called ECE on the Move affecting change on behalf of FCCs. Each day included an exchange of information, dialogue about key lessons learned, and the opportunity to hear not only from the typical program leaders, but also from political leaders and from staff and providers engaged in holistic support services. Each day included a debrief among the project team and a post-event meeting was scheduled to discuss key take-aways. Some key themes include:

- The need for multiple champions who can affect change at multiple levels
- The need for a true mixed delivery system that includes all providers from the beginning to prevent pushing HBCC out of business
- A holistic system of services is needed for providers and parents
 - Ensure staff are knowledgeable about all community services
 - Ensure funding levels are sufficient to do this
 - A home-visitation model may be more relevant for FFN providers
- Leverage existing connections, programs and needs
 - Leverage and connect/align existing programs to serve different providers along their career pathway
 - Providers are already networking; harness this passion, connection and expertise
 - Support the state to come into compliance with federal guidelines regarding child care providers (e.g., visits/training) that could serve as the entry point for supports and services
 - Government and philanthropy need to be at the table
- Relationship-based service models provided by trusted Community-Based Organizations (CBOs) that are connected in the community is key to reaching HBCC providers
- Ensure the provider voice is heard, uplifted and empowered to drive change
- Increase ease of access to services and programs for both providers and families (including single applications for service)
- Offer back-end or administrative work through agencies so providers can focus on the important work of child care
- Ensure there are no additional requirements without additional funding for providers
- Develop a formalized grievance process for providers with forms and liaisons at organizations including CBOs, county offices, unions, and the state

⁶ <https://www.unionsettlement.org/history/>

⁷ <https://whedco.org/>



Synergizing Results Across Project Activities

Information was collected across surveys, focus groups, key informant interviews, community convenings and the learning trip to New York City. Many stakeholders were involved including FCC and FFN providers, parents who use HBCC, agencies who serve providers, county offices, state and local officials and advocates, union representatives, and out-of-state experts. Main findings and recommendations were compared across these sources and themes emerged. These results and recommendations can be found in the main study report and briefs. Key next steps should include a review of these recommendations in collaboration with a diverse range of stakeholders to design policies and programs that are relevant, result in equitable opportunities and ensure the sustainability of this essential workforce.



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