



Building Knowledge and Connections

Evaluation of Virtual Caregiving Conversations in Michigan

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In 2020, the Michigan Department of Education (MDE) Office of Great Start was awarded federal continuation funds for the Preschool Development Grant (PDG) by the Administration for Children & Families at the U.S. Department of Health and Human Services. To further the state's goal to make Michigan the best state to raise a family, Michigan re-launched Caregiving Conversations as one of several initiatives funded by PDG renewal funds to support intensive family engagement. This initiative was originally developed and implemented from 2014 to 2018 as part of Michigan's Race to the Top – Early Learning Challenge (RTT-ELC) grant (2014–2018).¹

As part of Michigan's PDG evaluation, MDE contracted with the American Institutes for Research[®] (AIR[®]) to conduct an implementation evaluation of the current Caregiving Conversations series. This brief shares the evaluation results from four cohorts of license exempt child care providers (LEPs) and licensed child care providers.²

RESEARCH QUESTIONS

1. To what extent were Caregiving Conversations successful in promoting family and provider partnerships?
2. To what extent did participants feel they gained useful knowledge from the Caregiving Conversations series?

About Caregiving Conversations

Under the RTT-ELC grant, Michigan developed Caregiving Conversations to **help providers and parents build their capacity to work as partners in their child's care**. In response to the COVID-19 pandemic, MDE worked with the Early Childhood Investment Corporation (ECIC)—a subcontractor to the Yaffe Group, a communications firm contracted by MDE—to adapt the face-to-face series for virtual use and expand the series to include all types of early childcare providers. The content is delivered in five virtual, 2-hour sessions that use the World Café format—characterized by group discussions and smaller breakout groups led by session facilitators—to engage participants in open, collaborative discussions.

Caregiving Conversations sequentially cover the following modules:

- Social Connections
- Concrete Support in Times of Need
- Parental/Caregiver Resilience
- Knowledge of Parenting and Child Development
- Social and Emotional Competence of Children

The five content modules were created from preexisting initiatives that engage parents and providers, including Parent Cafés, Zero to Three's[®] Caring Conversations, and the Strengthening Families Protective Factors[™] trainings. The training modules qualify as a Great Start to Quality training for which providers can earn training hours.

¹ RTT-ELC grants were funded by the U.S. Department of Education's Office of Early Learning. RTT-ELC grants were intended to encourage and reward states pursuing comprehensive early learning education reform.

² Licensed or registered child care providers include providers in home or center settings regulated by the state of Michigan. LEPs are often friends or relatives of the child's family providing care in home settings. Both licensed and license exempt providers must be adults, submit to a background check, and participate in initial and ongoing health and safety trainings. (https://www.michigan.gov/documents/mde/CDC_Handbook_7-2013_428431_7.pdf)

Participant Characteristics

In total, 25 LEPs and seven licensed providers participated in one of four Caregiving Conversations evaluated cohorts.³ Participants represented a variety of backgrounds and experiences:



More than one third of participants had attended a prior Caregiving Conversations series, including 10 LEPs (40%) and one licensed provider (17%).



Most participants identified as Black or African American (40%, n=13) or White (38%, n=12). Other participants identified as Hispanic or Latinx, American Indian or Alaska Native, a category not listed, or preferred not to identify their racial/ethnic background.



Participants most frequently had fewer than 2 years (40%, n=12) or more than 10 years of child care experience (27%, n=8).



Most LEPs were friends of the family (76%, n=19) or close relatives to the children in their care (16%, n=4).



Participants were satisfied with the virtual series, and the remote format offered unique advantages.

Overall, participants gave positive feedback in open-ended survey responses and focus group discussion on the virtual aspect of the Caregiving Conversations series. Participants appreciated the flexibility the virtual format provided and did not feel that it detracted from the overall experience. This finding may be particularly true for LEPs, who often reported enjoying the virtual format because it gave them a chance to gather as an exclusively LEP group. For participants from rural areas, it offered an especially valuable opportunity to connect with a wider range of individuals, but many participants, regardless of their location, enjoyed connecting with providers from different areas across the state. Some participants also mentioned appreciating the convenience of accessing the virtual series from their homes.

DATA COLLECTION

ECIC used connections with existing provider support networks to recruit licensed and license exempt providers to participate in the Caregiving Conversations series.

The evaluation team administered pre- and post-series surveys to assess changes in participant attitudes and knowledge after participating in the series. Facilitators administered the pre-series survey during the first session of the five-part series and the post-series survey at the end of the fifth session. Each series lasted approximately 2 weeks. In addition to the surveys, the evaluation team conducted one focus group with four providers from the LEP pilot series to expand on their experiences with the virtual series and discuss ways that they had begun applying what they had learned.⁴

⁴ Out of the 17 LEP pilot participants who indicated willingness to speak further with the evaluation team, four attended the focus group. Due to the small size of the focus group, any answers given or themes observed during the focus group can only be interpreted as the experience of those individuals, rather than the pilot cohorts as a whole.

³ Of the 32 providers who participated in the Caregiving Conversations virtual series, 31 attended all five sessions (97%). Of these participants, 31 completed a pre-survey, and 30 completed a post survey. Each survey item was optional; therefore, the sample size may vary by survey item.

Participants appreciated the opportunity to discuss and build community with other providers and learned principles that will strengthen their relationships with the families of the children they serve.



At this stage of the evaluation, the virtual series has yet to be offered to cohorts of parents. As such, we can only partially evaluate the effect this series had on provider relationships with the parents of children for whom they provide care. Findings from survey responses and focus groups indicate that Caregiving Conversations taught providers caregiving principles that will be helpful in supporting their relationships with families. Our findings also demonstrate that the Caregiving Conversations promoted community-building and partnerships between providers. The key findings are as follows:

Participants gained tools that will strengthen providers' relationships with families.

In open-ended responses to the post-series survey, several participants reported they felt better equipped to support or partner with the families of children they serve. By the end of the series, 100% of participants across all four cohorts (N=28) agreed with the following survey items:

- Had learned a new way to help the families with whom they work handle stress or challenges
- Had learned new ways to support the families with whom they work
- Were motivated to share what they had learned with the families with whom they work
- Believed that the information they learned in this training will strengthen the relationship they have with the families and children with whom they work

The Caregiving Conversations empowered providers to have hard conversations with the families of children in their care.

Several focus group participants described how they applied the knowledge gained during the Caregiving Conversations to their work. In particular, participants said they applied lessons learned from the *Parental/Caregiver Resilience* session. For example, a participant explained to a mother how her stress management affects her parenting. One participant reported improving emotional resilience through more attention to self-care. Another participant used sources shared during the series to create a list of resources on job loss and financial support (e.g., assistance paying utility bills) to share with families. It was satisfying, they reported, to be able to help the family of the children they care for in ways other than simply providing care.

The Caregiving Conversations series built relationships between participants.

In open-ended responses in the post-series survey (N=30), participants repeatedly noted how much they enjoyed talking with a community of other caregivers who really listened and had similar experiences or backgrounds (n=14). Survey responses indicated that participants not only enjoyed the collaborative environment created within the series but also want to sustain these relationships with other providers after the series. All participants but one felt safe sharing during the sessions, and all but two met at least one person with whom they want to stay in contact (N=28).

“ I watch [my cousin’s] kids, so I took that away and I talked to my cousin about it. Like when she has different issues, try not to have too many issues around the children because it affects them. And she’s learning from that as well. . . I’ve been getting on her about, you know, hollering at the kids when she’s going through something at work or whatever. . . and she’s getting better.”

–License exempt provider focus group response

“ I really enjoyed the cafe and being able to share experiences with the other people in the group. I loved that we are all license-exempt and share a lot of the same ideas, and the way we work with these families is so similar and relatable.”

–License exempt provider survey response

All participants gained knowledge of resources and strategies to help them better support the families and children they serve.



Evaluation findings from both the survey responses and the focus group discussion indicate that although participants entered with high levels of knowledge about caregiving practices and related resources, all participants reported learning new information that can be used to support families.

All providers found the sessions useful and reported gains in knowledge. On all survey items assessing a general gain in knowledge—whether knowledge of resources or of practices—

100% of participants across all sessions indicated that they had learned something new that they found useful (N=28). Survey responses also showed that providers unanimously agreed that they learned something new from the series, not only from facilitators but also from the experiences of other providers (100%, N=28).

Caregiving Conversations increased knowledge, but many providers reported high levels of knowledge and skills at the beginning of the series.

In the survey administered at the beginning of the series, participants reported confidence in their ability to find resources to help themselves and others, seek social support, and manage their own emotional state during caregiving. Even with these high levels of baseline ability, respondent surveys reported slight increases in knowledge and confidence by the end of the series in areas such as accessing information and resources in Michigan’s mixed delivery system, finding support and resources within their communities, problem-solving for their own life situations or for the situations in the lives of the families they serve, and self-care behaviors (e.g., taking time for themselves, getting enough sleep, examining their own mental and emotional health).

Focus group participants reported applying knowledge gained from the Caregiving Conversations. A month after the series ended, the participants shared ways in which they had been able to use the information, knowledge of resources, and perspectives acquired during the training to strengthen the families of the children for whom they provide care or become better providers themselves. Examples include the following:

- Approaching the children they care for differently because of what they had learned by making greater efforts to understand their individual skills, struggles, capabilities, and unique needs for support
- Feeling empowered to initiate difficult conversations about child well-being with parents
- Sharing lists of resources with the families of children served
- Gaining a better understanding and placing more emphasis on how their personal well-being affects the quality of care they can provide

“I learned and loved so many things about this series. It was so intimate and personal with the same small group; we really learned a lot about each other during these five sessions. I am not usually a person who shares much in a group setting, but I got more and more confident sharing my personal experiences and volunteered to share first most of the time. This has been such an amazing series, and I learned so much from [the coaches] and from everyone involved that I will definitely be incorporating.”

–License exempt provider survey response

“I found at least one or two takeaways from each class that we did, and I really liked it, and that’s stuff that I still apply now.”

–License exempt provider focus group response

RECOMMENDATIONS

Overall, responses to the virtual Caregiving Conversations series from both license exempt and licensed providers have been overwhelmingly positive. Participants also offered the following suggestions for improvement of the series through the focus group discussion and open-ended survey responses. The following are presented for consideration:

- **Make the virtual Caregiving Conversations modules widely available.** An LEP suggested making the series mandatory for all LEPs, and licensed providers shared that providers needed these types of platforms and resources and wanted to see the series continue. Combined with the unanimously positive responses to the series from all participants, it seems likely that, if expanded, the series would benefit other providers.
- **Create options for continued learning after the Caregiving Conversations series.** In the post-series surveys, 12 participants emphasized their desire for more time for the series, both because of the discussions they were able to have with other providers and the information learned from the formal curriculum (N=30). Providing some form of a discussion forum could allow for the continuation of discussions from the series. A database of resources for providers and activities to share with families could meet the desire for continued formal learning.
- **Incorporate additional interactive activities in the virtual modules.** In the post-series survey responses, two participants recommended adding more interactive opportunities within the modules, such as role-playing scenarios.
- **Establish a formal online space where LEPs can connect with one another and keep in contact.** LEP focus group participants requested a structured way to connect with other LEPs and keep the conversations from the series going.
- **Facilitate future LEP-exclusive training events.** In survey responses and the focus group setting, LEPs vocally expressed their excitement about having a training dedicated to their perspectives and their challenges. Future events exclusive to LEPs would likely be welcomed by this community.
- **Recruit providers in need of extra support for future Caregiving Conversations series.** Survey responses suggested that participants in the initial virtual series had high levels of prior knowledge and skills. Although all participants reported benefiting from the series, targeting new or struggling providers for future series may magnify the impact of Caregiving Conversations on provider connections, knowledge, and competencies.

MDE intends to continue piloting the Caregiving Conversations series with licensed childcare providers in the spring of 2021. Following this pilot, MDE will continue holding the series for other providers in the mixed delivery system. MDE hopes to pilot a modified Caregiving Conversations series for cohorts of parents later in the year.



“ I thoroughly enjoyed the entire series from the breakout rooms, to the video illustrations and the rich, needful discussions. It was a dialogue not a monologue! Being able to be listened to and get valuable resources will benefit the families and children that I care for and even beyond—reaching my own personal family. In short, content and the care because people don’t care what you know until they know you care. **People don’t stay/return to sessions that are not helpful. I personally was grateful to have someone care for the caregivers. We need more Caregiving Conversations.**”

—Licensed provider survey response



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