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CARE GIVING CONVERSATION EVALUATION REPORT

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Executive Summary

Family Engagement Consultation and Care Giving Conversations

The Race to the Top Early Learning Challenge (RTT) was a federal initiative that granted Michigan funds to support high need communities in improving access to and the quality of early learning programs. One of the strategies piloted through RTT was specialized consultation, which pairs early care and education providers with expert consultants to work on a specific area of quality. One of the areas of specialization was family engagement, and Family Engagement Consultation (FEC) supported childcare providers with engaging families.

In addition to one-on-one consultation, FEC piloted Care Giving Conversations, which were designed to bring parents and providers together for shared learning and support using the Protective Factors Framework. Care Giving Conversations were offered as a series of five 2-hour sessions (totaling 10 hours) designed and implemented specifically for license exempt subsidized child care providers.

Evaluation Design & Method

The purpose of this evaluation was to learn about the implementation and outcomes of the Care Giving Conversation model under RTT. As a pilot initiative with a limited timeframe, partners recognized that the evaluation provided an opportunity to explore, experiment with implementation strategies, and learn from the experiences of consultants as well as café participants. The evaluation was designed to address the learning needs defined by the implementation team, in order to ensure the results had the best chance of being used. Using a mixed method approach drawing from both quantitative and qualitative data, the evaluation of CGCC was designed around the following evaluation questions:

- Did Care Giving Conversations reach their intended audience?
- What barriers were identified to enrolling providers in Care Giving Conversation sessions, and what outreach strategies were successful?
- Did Care Giving Conversation participants have sufficient exposure to Care Giving Conversation sessions to expect a change?
- What barriers were identified to keeping providers engaged in the Care Giving Conversation model?
- To what extent did consultants facilitate Care Giving Conversation with fidelity?
- Did participants of Care Giving Conversation report they gained knowledge about strengthening families' protective factors?
- Did providers or parents intend to continue to meet after the conclusion of the Care Giving Conversation series?

Key Findings

Within one year, consultants collectively hosted 226 CARE GIVING CONVERSATIONs, reaching over 300 unique individuals across 8 of the pilot regions. Although most participants were providers, 22 total parents attended Care Giving Conversation sessions across all regions.

Care Giving Conversation offered learning opportunities to license exempt subsidized providers and subsidized early child providers that otherwise were not available. Post-Café Survey results indicated the most prominent motivator for participation was to learn, illustrating the desire of license exempt subsidized providers to continue to improve and provide the best possible care to the children and families they serve.

License exempt subsidized providers face barriers to participating in professional development available to other types of providers; however, FECs noted that these providers will attend, if consultants can identify venues to reach out to this population. As such, FECs needed to connect with and engage local agencies, as well as contacts from the community, to support recruitment.

Through the Care Giving Conversation, FECs were able to give providers a safe and welcoming environment to share their thoughts, experiences, and learnings with one another. The personalized approach that FECs utilized to meet providers where they were contributed to the strong relationships that were formed. Providers were able to create a support system with one another that they indicated would last beyond the Care Giving Conversation sessions.

Recommendations

Based on the evaluation findings, the following recommendations may be considered:

- Make available trainings and resources visible to license exempt subsidized providers by using the community-based networks that reach this provider type. These providers are interested in learning and connection; but are often isolated from traditional paths for provider outreach.

- Use providers' social networks as a strategy for engaging license exempt subsidized providers in learning opportunities toward the goal of developing larger collaborative learning networks that are inclusive of these providers.

- FECs require flexible work hours, reflective supervision, and technical supports to effectively reach and meet the needs of license exempt subsidized providers.

- Identify opportunities to continue to offer Care Giving Conversations to providers, and use training materials, flyers, and other personal and professional connections established through RTT as a foundation for future growth.

Background

Introduction

The Race to the Top Early Learning Challenge (RTT) was a federal initiative that granted Michigan funds to support high need communities in improving access to and the quality of early learning programs. Through RTT, Michigan aimed to increase the availability of high-quality early learning programs that meet the needs of families, and especially the physical and social-emotional health needs of young children, by meeting the following goals articulated in the grant application:

- Aligning Great Start to Quality (GSQ) indicators with nationally-recognized physical and social-emotional health standards;
- Aligning GSQ indicators to include the Strengthening Families Protective Factors approach;
- Developing training and technical assistance materials and supports that promote healthy habits for families and providers, and developmental screening and referral procedures;
- Developing training and technical assistance that promote strategies designed to increase access to high quality early learning and development programs that promote family and community partnerships; and
- Providing specialized consultants to support home-based providers in meeting the needs of families, including the social-emotional and physical health needs of young children (0-5 yrs).

One of the strategies included in this grant involved building a team of consultants who worked with early care and education programs and providers to improve the quality of their programs. This consultation strategy included three disciplines: social emotional consultation (SEC), child care health consultation (CCHC), and family engagement consultation (FEC). Nine FECs were hired to support early care and education providers in eight regions representing 18 counties; Genesee, Kalamazoo, Macomb, Muskegon, Oakland, Saginaw, Thumb (Huron, Sanilac, St. Clair, Lapper, Tuscola), Wayne, UP (Marquette, Dickinson, Menominee, Alger, Delta Schoolcraft). FEC supported childcare providers in building strategies and procedures to engage families, assisted providers in helping parents to build the knowledge and confidence to be involved in their child's development, and collaborated with the Great Start Parent Local Coalitions in their areas. FEC coordinator provided the guidance and supervision to FECs, while purveyor provided oversight and content level expertise. Family Engagement Specialist provided day to day technical assistance for implementing Care Giving Conversations.

Care Giving Conversations

FECs helped providers learn about the Strengthening Families Protective Factors framework through facilitating community/parent cafés, which followed a series of Care Giving Conversations modules. The Care Giving Conversations modules were created by integrating key components of Zero to Three's® Caring Conversations, Parent Cafés, and the Strengthening Families Protective Factors™ trainings, to align with the purpose of what was proposed in the RTT grant as Parent/Community Cafés. The modules were designed to also meet the requirements necessary to qualify as a Great Start to Quality training for which providers could earn training hours.

The Care Giving Conversations involved a series of five, 2-hour training sessions (totaling 10 hours) designed and implemented specifically for license exempt subsidized providers and the parents of the children in their care. The sessions were designed to explore opportunities for parents and caregivers to support one another and work as a team in caring for children. The Care Giving

Conversations was influenced by emerging information regarding brain architecture, trauma and adverse childhood experiences, and studies of resilience that highlight the power of nurturing and supportive relationships and community.

Derived from the World Café Model, the Care Giving Conversations was designed as facilitated conversation where a trained facilitator supports meaningful, reflective conversations that promote leadership and collaboration among participants. The Care Giving Conversations modules focused on building collaborative partnerships among parents and their young children's providers. Through these collaborations, parents and providers had the opportunity to learn from each other and support one another in providing nurturing, responsive care to the very young children in their lives. In having both parents and providers participate in these cafés, the hope was that all involved would gain an awareness and understanding of the protective factors that strengthen families.

Strengthening Families' Protective Factors

Care Giving Conversations sessions targeted five critical protective factors known to strengthen families:

1. Social Connections: "Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and provide concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to 'give back', an important part of self-esteem as well as a benefit for the community." (CSSP, 2012b)[1]

2. Concrete Support in Times of Need: "Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis." (CSSP, 2012b)

3. Parental Resilience: "Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary." (CSSP, 2012b)

4. Knowledge of Parenting and Child Development: "Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children." (CSSP, 2012b)

5. Social and Emotional Competence of Children: "A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed

[1] Center for the Study of Social Policy (2012b). *The protective factors framework. Retrieved from www.cssp.org/reform/strengthening-families/the-basics/protective-factors*

development create extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track." (CSSP, 2012b)

Intended Participants/Eligibility

In order to attend the Care Giving Conversations, participants had to be license exempt subsidized providers, or parents whose children are enrolled in those participating providers. In addition, those license exempt subsidized providers had to be actively billing and receiving child care subsidy payments and were required to be caring for children ages 0-5. Prior to the implementation of Care Giving Conversations, Great Start to the Quality offered a cohort project to support specific needs of license exempt subsidized providers. Those providers who have participated, or currently participate, in those cohort projects were permitted to attend Care Giving Conversations; however, the FEC were not able to provide session series exclusively for the Cohort group.

Overview of this report

This report describes the results of the evaluation of the early implementation of CGCC offered through RTT. It describes the evaluation approach used, evaluation findings, and recommendations and lessons learned.

Evaluation Approach

The purpose of this evaluation was to learn about the implementation and outcomes of Care Giving Conversations under RTT. As a pilot initiative with a limited timeframe, partners recognized that the evaluation provided opportunity to explore, understand FEC, experiment with implementation strategies, and learn from the experiences of consultant as well as café participants. As such, participatory and utilization focused models of program evaluation informed the evaluation design and methods. The Family Engagement Implementation Team (Coordinator, Purveyor, and Specialist) were engaged in every stage of the evaluation process, from defining its purpose to supporting interpretation. Additionally, the evaluation was designed to address the learning needs defined by the implementation team, in order to ensure the results had the best chance of being useful.

Evaluation Questions

Process Evaluation

- Did Care Giving Conversations reach its intended audience?
- What barriers were identified to enrolling providers in Care Giving Conversations, and what outreach strategies were successful?
- Did Care Giving Conversations participant have sufficient exposure to sessions to expect a change?
- What barriers were identified to keeping providers engaged in Care Giving Conversations?
- To what extent did consultants facilitate Care Giving Conversations with fidelity?

Outcome Evaluation

- Did participants of Care Giving Conversations report they gained knowledge about strengthening families' protective factors?
- Were participants satisfied with the Care Giving Conversations series?

Methods

The CGCC evaluation used a variety of tools and instruments to gather data about the process and outcomes of the program. Table 1 describes the evaluation methods, instruments used, participants, and timing of data collection activities.

Table 1: Evaluation Table

Implementation Evaluation			
Evaluation Question	Instrument	Participants	Timing of Data Collection
Did Care Giving Conversations reach its intended audience?	Café Attendance Log (REDCap)	Consultant	On going
What barriers were identified to enrolling providers in Care Giving Conversations, and what outreach strategies were successful?	Café Attendance Log (REDCap) Post-Café Survey (Qualtrics)	Consultant Participants	On going Each Café
Did Care Giving Conversations participant have sufficient exposure to sessions to expect a change?	Café Attendance Log (REDCap)	Consultant	On going
What barriers were identified to keeping providers engaged in Care Giving Conversations?	Consultant Interview	Evaluation team	June, 2018
To what extent did consultants facilitate Care Giving Conversations with fidelity?	Care Giving Conversations Log (REDCap)	Consultant	On going
Process Evaluation			
Did participants of Care Giving Conversations report they gained knowledge about strengthening families' protective factors?	Post-Café Survey (Qualtrics)	Participants	Each Café
Did providers or parents intend to continue to meet after the conclusion of the Care Giving Conversations series?	Post-Café Survey (Qualtrics)	Participants	Each Café

Instruments

Care Giving Conversations Log: The Care Giving Conversations log captured information about the number of café sessions the consultant hosted. This log also included a session fidelity checklist, and a reflection on the sessions.

Café Attendance Log: The Café Attendance Log kept track of each participants' café attendance, and outreach method used for each participant. When appropriate, this log also kept track of missed sessions.

Post-Café Surveys: Post-Café Surveys were distributed and collected after each session by FEC. The survey included 23 close ended questions intended to gather information about general satisfaction and knowledge gained as a result of café participation.

Consultant Interview: An interview protocol was developed to guide in depth interviews to gather consultant perspectives on the implementation and outcomes of CGCC. The provider protocol included seven questions.

Participants

Multiple types of stakeholders participated in the evaluation. ***Consultants*** were the primary source of data. Consultants entered data into the REDCap system, which included assessment data. A total of 9 FEC entered data about the providers they served. Four of these consultants also participated in phone interviews. ***Care Giving Conversations Participants*** were also a key source of evaluation data. After each session, all of the participants at the session were asked to fill out anonymous surveys. At

the end of September 2018, a total of 331 participants (307 license exempt subsidized providers child care providers, 22 family members, and 2 others) registered and attended at least one of the five CGCC sessions. Table 2 shows the number of participants by service region.

Table 2: Care Giving Conversations Participant by Region

Region	License Exempt Subsidized providers	Parents/Family	Other	Total
Genesee	76	3	1	80
Kalamazoo	24	1	0	25
Macomb	14	0	1	15
Muskegon	21	0	0	21
Oakland	33	3	0	36
Saginaw	50	3	0	53
Thumb	31	6	0	37
Wayne	35	6	0	41
Upper Peninsula	23	0	0	23
Total	**307**	**22**	**2**	**331**

Data Cleaning & Analysis

Data from the *Care Giving Conversations Log* and the *Café Attendance Log* were downloaded from REDCap, and exported to SPSS. After checking and cleaning missing data, each question was analyzed using descriptive statistics. When appropriate, comments and reflections were examined for common themes.

Post-Café surveys were collected by consultants, scanned and uploaded to REDCap. The evaluation team downloaded these survey PDFs and entered the responses into Qualtrics, an online survey software system. Data were then downloaded from Qualtrics, and exported into SPSS. After cleaning and assessing missing data, each question was analyzed using descriptive statistics.

Limitations

The evaluation was not designed to test the relationships between implementation and outcomes, or proximal and distal outcomes, defined in the logic model of Specialized Consultation. As a pilot project, early in implementation, it was more important to learn and adapt over the course of the pilot period than maintain the stability and control needed for a well-designed experiment. However, the implication of this design decision was that the findings cannot be used to either affirm or reject the theory of change. Additionally, while all partners were highly committed to robust data collection and submission, the multiple demands facing consultants resulted in data gaps.

RESULTS

The following section organizes the findings and interpretations by evaluation question.

Did Care Giving Conversations reach the intended audience?

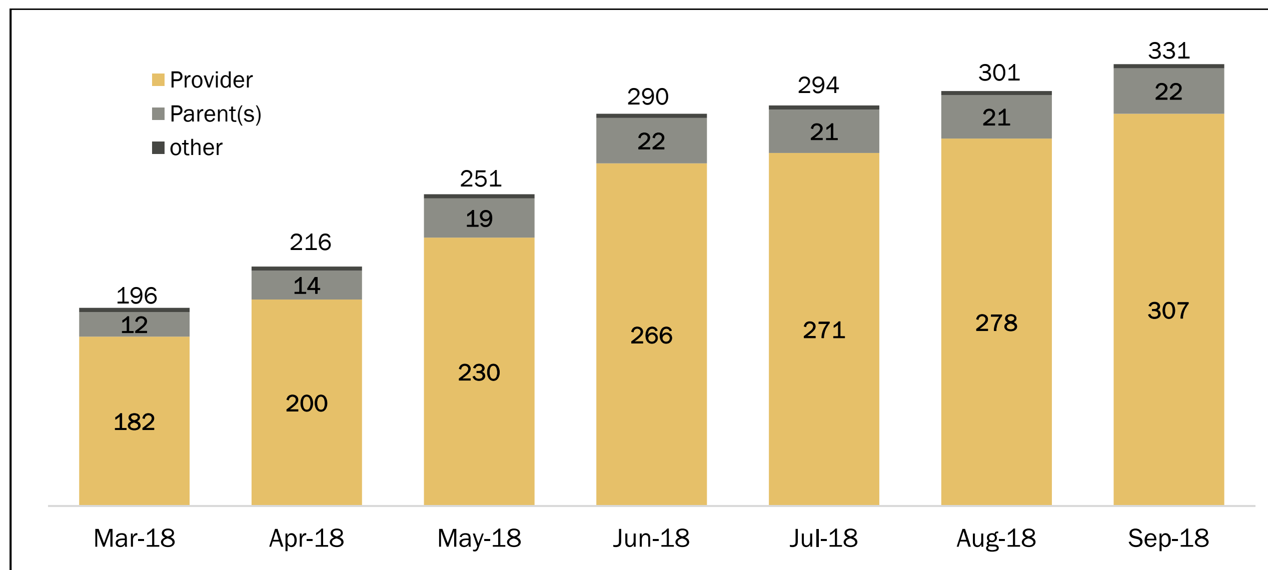


Figure 1: Growth of Care Giving Conversations Participants

Care Giving Conversations were designed as a safe space for license exempt subsidized providers and caregivers to come together and learn to create a supportive environment for the children they care for. Figure 1 shows the change in number and type of participants from March 2018 through September 2018. As is evident in this figure, a majority of participants were license exempt subsidized providers.

As shown, the number of providers served increased every month, with the largest increase occurring from May to June. FECs were able to identify and recruit additional license exempt subsidized providers each month throughout the project period. The final number of participants at the end of September 2018 was 331, 307 of which were providers, 22 parents, and 2 listed as 'other.' This suggests that recruiting parents was more of a challenge than recruiting providers.

The first Care Giving Conversations recorded in the data system was on October 9th, 2017. By the end of September 2018, consultants had hosted 266 sessions across Michigan, reaching over 300 unique individuals over the course of a year.

What barriers were identified to enrolling providers in Care Giving Conversations, and what outreach strategies were successful?

FECs conducted community outreach activities to recruit license exempt subsidized providers to participate in Care Giving Conversations. When interviewed, FECs listed several outreach and recruitment strategies they tried. These strategies included direct mailing, phone calls, and attending GSQ orientations.

FECs also maintained an outreach log in REDCap that provides the frequency with which consultants used a variety of methods to reach out to providers. As shown in Figure 2 below, making phone calls and providing materials/brochures were the most frequently used methods for outreach to providers. Examples of 'Other' methods included texting, GSQ orientation attendance, and mailing flyers.

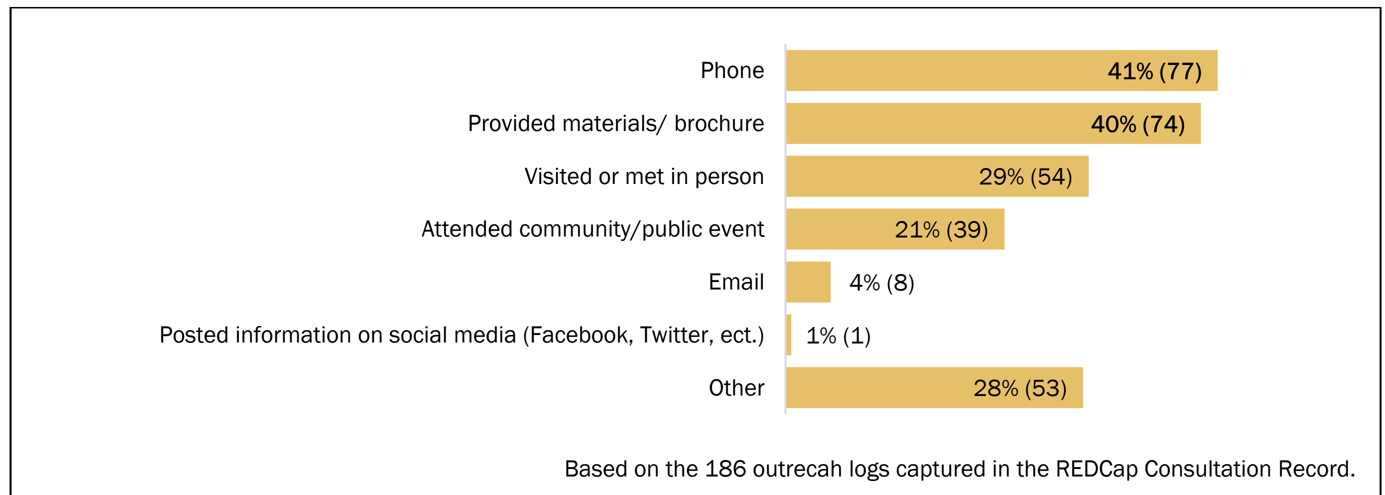


Figure 2: Outreach Method Captured in Outreach Log

When asked what strategies were most effective, FECs who were interviewed shared that personalizing their approach to recruiting providers was helpful in boosting provider enrollment. Instead of conducting outreach through a formal approach delivered in the same format to all providers, FEC selected methods that allowed them to reach providers within communities, and through communication tools that resonated best with them. For example, they would attach their phone number with a message saying, "text or call me to schedule a training," to flyers, or they would make themselves available to take a call or receive text messages during weekends.

FECs recorded monthly reflections on the Care Giving Conversations Log that recounted their successes and challenges related to recruitment for Care Giving Conversations. For example, one month a consultant wrote, *"The GSTQ orientation continues to be a great point of contact for connecting with license exempt subsidized providers. In March, I recruited 100% of the providers who went through orientation to participate in the Care Giving Conversations series."* In another month, a consultant wrote, "*This month I connected with the P2P Coordinator in [region]. I am scheduled to speak at the upcoming staff meeting in April!"*

The consultants' interviews, monthly reflection entries, and outreach logs were corroborated by post-café surveys. Figure 3 details how participants heard about the Care Giving Conversations. Participants mainly found out about the opportunity through attending other trainings, receiving direct mailings, and through phone calls. What is notable in this figure is that about 13% of participants heard about the café through *word of mouth.* This suggests that recruitment also occurred via participants who brought in or referred their fellow providers, or family friends who also use license exempt subsidized providers.

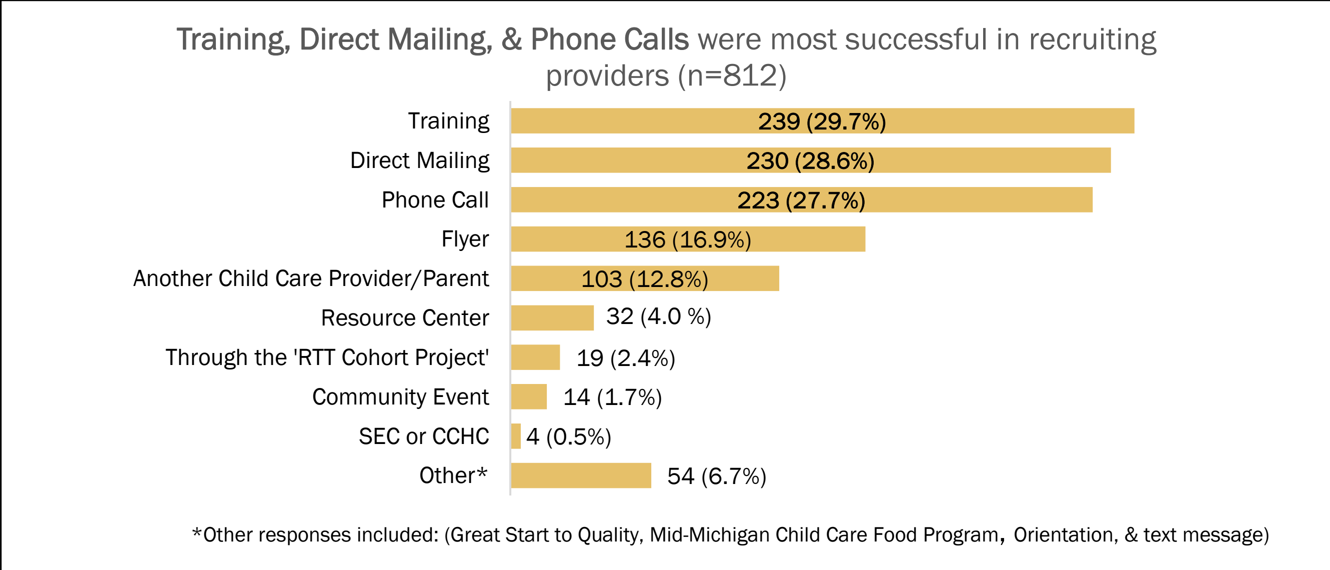


Figure 3: Response to "How did you hear about today's session?"

Challenges. Providers were responsible for recruiting parents or family members to participate in Care Giving Conversations with them. When asked about outreach and recruitment of parents during interviews, consultants mentioned that the parents had been invited, but were unable to make it to the session most of the time. Consultants' reflections also included some of the challenges they were experiencing regarding recruitment of parents.

> *"Reaching eligible parents has been challenging. I am looking forward to developing and implementing some of the strategies we come up in our CQI work."*

> *"Recruiting parents. This has remained a challenge. I think we need parents to attend in order to keep the Care Giving Conversations going for another 3- 6 months."*

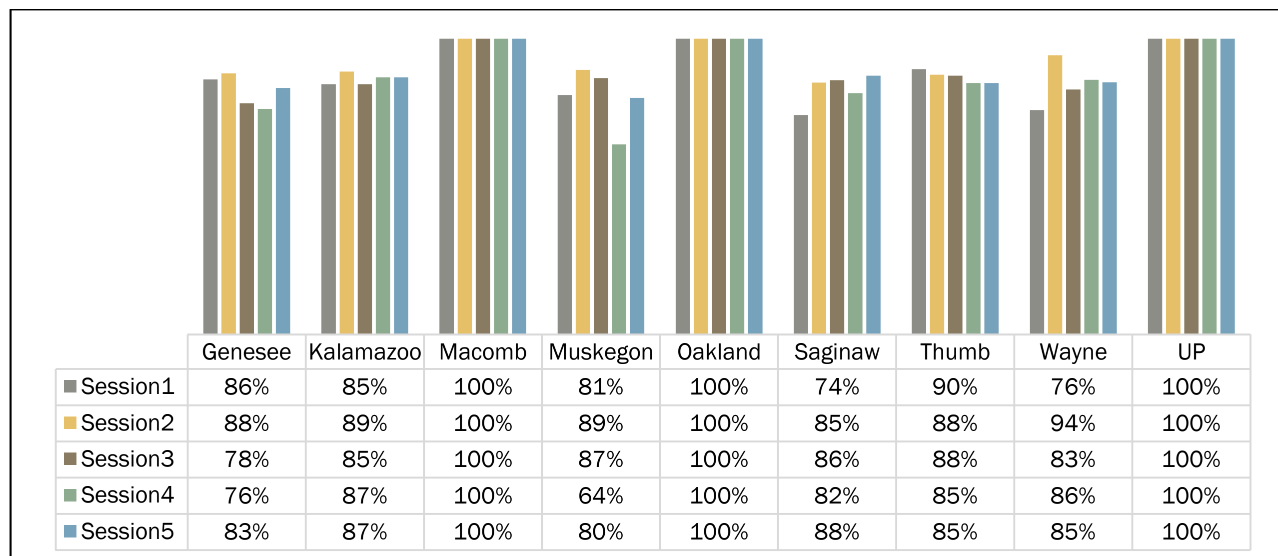
Although consultants were ultimately quite successful in recruiting and enrolling providers, those successes required a great deal of trial and error. During an interview, one consultant mentioned issues with the lists of license exempt subsidized providers that were made available to them, noting that usually these lists were outdated or had limited information. Additionally, some regions had established groups of license exempt subsidized providers the consultants could recruit from, whereas other regions had not established any such groups or cohorts. Lists of Care Giving Conversations participants, including their contact information, that were gathered through this pilot could serve as a foundation for future efforts with this group, providing the basis for a recruitment database.

Did Care Giving Conversations participants have sufficient exposure to sessions to expect a change?

The Care Giving Conversations is designed to cover five protective factors with a series of five, two-hour sessions. In order to receive a credit for Level 2 training hours, license exempt subsidized providers were required to attend and complete all of the five sessions. As a pilot program, this

evaluation could not evaluate, or assume the relationship between exposure in time and the change of knowledge or practice of participants; however, the attendance log indicated that more than half (52%) of the participants completed all the 5 sessions as of October 2018. The remaining 47% attended anywhere from 2 – 4 of the sessions offered.[2] Moreover, three of the providers who completed five sessions opted to enroll in Care Giving Conversations for a second time in order to invite parents to participate with them.

Figure 4 shows the attendance rate, represented as a percentage of the total participants who attended each session (whether scheduled or rescheduled). The attendance rate was fairly high across all the regions and across all the sessions. Furthermore, three service regions had a 100% attendance rate at all sessions. An exploration of the reasons given for not attending the scheduled sessions demonstrated that a majority of the cancellations were due to scheduling conflicts, including family sickness or other commitments. During the winter months, car trouble and weather were listed as reasons for cancelling. Consultants shared strategies to remedy some of the known or anticipated barriers to provider attendance. Those strategies included offering child care, transportation (e.g., bus passes, cab fare, or gas cards), and meals for participants. They also offered the opportunity to 'make-up' sessions that were missed.



	Genesee	Kalamazoo	Macomb	Muskegon	Oakland	Saginaw	Thumb	Wayne	UP
Session1	86%	85%	100%	81%	100%	74%	90%	76%	100%
Session2	88%	89%	100%	89%	100%	85%	88%	94%	100%
Session3	78%	85%	100%	87%	100%	86%	88%	83%	100%
Session4	76%	87%	100%	64%	100%	82%	85%	86%	100%
Session5	83%	87%	100%	80%	100%	88%	85%	85%	100%

Figure 4: Attendance Rate by Region

Responses to the Post-Café surveys elaborate on factors that facilitated café attendance. Survey asked, "What motivated you to attend today's café?" As shown in figure 5, the most common factors influencing providers' attendance was their desire to learn new things. According to providers, simply having the opportunity to deepen their knowledge about caring for children was what drove their attendance.

In interviews, consultants expressed that they were pleasantly surprised how passionate providers were in searching for ways to learn and better themselves as early care providers. FECs reported

[2] 48% represents the number of participants who attended 2-3 sessions, and did not comeback, or attended 2-3 and have scheduled another sessions to complete 5 sessions in total. Because participants are allowed to attend make-up sessions they have missed and several participants were on track to attend another session scheduled after evaluation data cut-off, we were not able to distinguish those participants from available data.

learning about the importance of sharing ample resources with providers to ensure continued learning and improvement. In reflecting on her experience facilitating cafés, this consultant shared:

> "Most providers said that I was the first person that they have heard from with respect to training. There isn't training available for them at least face-to-face within their counties for the most part. So with there being no training or anything, they really haven't had a lot of interaction with each other or with really anything. They have had the orientation and some of them years and years ago. And they don't have any more contact with anyone in the sphere of childcare."

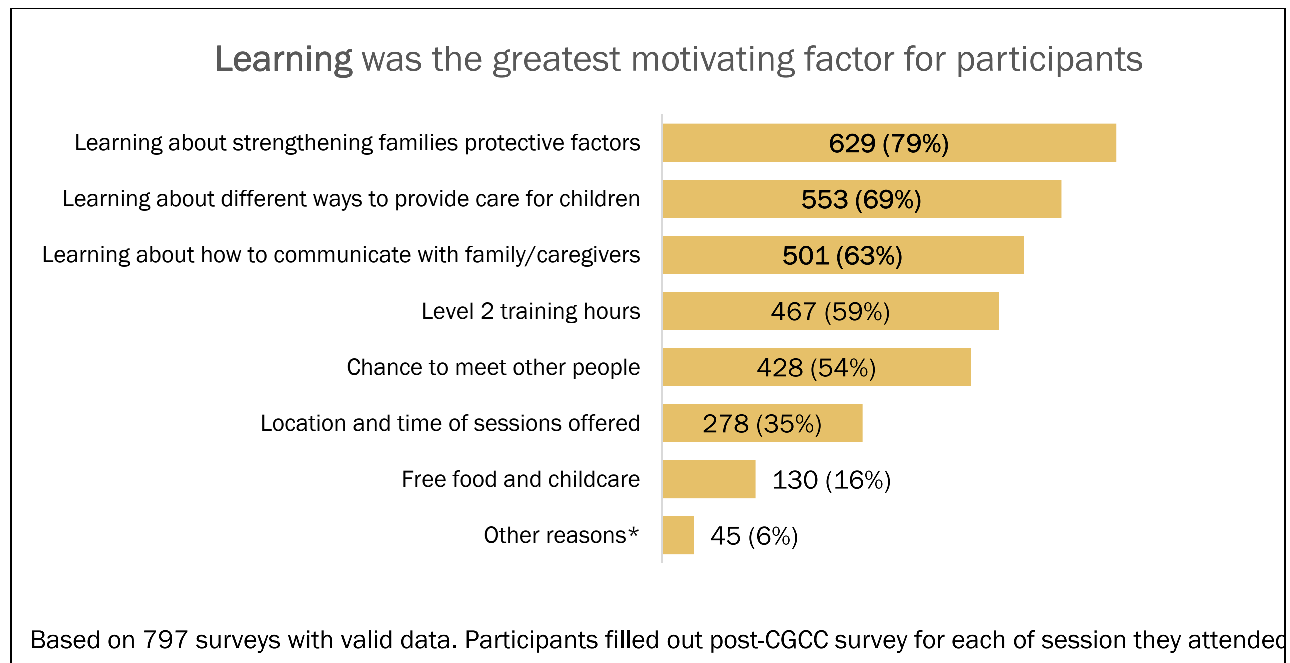


Figure 5: Motivation for Attending Care Giving Conversations

To what extent did consultants facilitate Care Giving Conversations with fidelity?

FECs were provided training and a guidance document detailing the requirements and framework of the Care Giving Conversations. This guide was focused on building collaborative partnerships among parents and their young children's providers. It included detailed instructions for each of the five sessions on materials needed, set up procedures, welcoming providers and beginning the training, a detailed overview on the topics and activities to include in each session, as well as closing reflections and questions. In order to explore the degree to which the guide was followed with fidelity, FECs reflections were captured through the *Care Giving Conversations Log*'s fidelity checklist, and participants' feedback was gathered through the Post-Café surveys.

Looking at the fidelity checklist, a majority of session milestones were completed for 90% or more of sessions with an exception of one element: "Parents were able to get children settled in childcare and gather materials and food." Remarkably, evaluation forms were conducted for 100% of

sessions, indicating this data comprehensively speak to the implementation of Care Giving Conversations.

Table 3: Social Connection Fidelity Checklist

Social Connection Fidelity Checklist (Valid N* = 46)	
Able to get the Care Giving Conversations set up properly	**100% (46)**
Facilitator introduced self and welcomed attendees	**100% (46)**
Shared Learning Objectives	**100% (46)**
Discussed Working Agreements	**100% (46)**
Introduced Strengthening Families Framework and Protective Factors	**100% (46)**
Talked about positive Social Connections and healthy relationships	**100% (46)**
Transition to the space for Care Giving Conversations/ Instructions for Care Giving Conversations	**100% (46)**
Spent 30-45 minutes on Care Giving Conversations Questions	**100% (46)**
Group Reflection	**100% (46)**
Evaluation	**100% (46)**
Asked why would this protective factor be important to you and make your family stronger	98% (45)
Video: Take a Seat, Make a Friend	98% (45)
Ended session on time	98% (45)
Working together Puzzle Activity	96% (44)
Started on time	94% (43)
Energy Stick Activity	91% (42)
Had all needed supplies for the Social Connections session	91% (42)
Parents were able to get children settled in childcare and gather materials and food	59% (27)
Records with incomplete fidelity checklist excluded	

Table 4: Concrete Support in Time of Need Fidelity Checklist

Concrete Support In Time of Need Fidelity Checklist (Valid N = 49)	
Shared Learning Objectives	**100% (49)**
Talked about Concrete Support in Times of Need	**100% (49)**
Asking for Help Activity	**100% (49)**
Transition to the space for Care Giving Conversations/ Instructions for Care Giving Conversations	**100% (49)**
Spent 30-45 minutes on Discussion Questions	**100% (49)**
Group Reflection	**100% (49)**
Evaluation	**100% (49)**
Had all needed supplies for the Concrete Support in Time of Need	**100% (49)**
Able to get the sessions set up properly	98% (48)
Started on time	98% (48)
Introduced Strengthening Families Framework and Protective Factors	98% (48)
Asked: Why would this protective factor be important to you and make your family stronger?	98% (48)
Ended session on time	98% (48)

Facilitator introduced self and welcomed attendees	92% (45)
Discussed Working Agreements	92% (45)
Stoplight Handout	65% (32)
Parents were able to get children settled in childcare and gather materials and food	61% (30)
Records with incomplete fidelity checklist excluded	

Table 5: Parental Resilience Fidelity Checklist

Parental Resilience Fidelity Checklist (Valid N = 42)	
Able to get the session set up properly	**100% (42)**
Started on time	**100% (42)**
Shared Learning Objectives	**100% (42)**
Introduced Strengthening Families Framework and Protective Factors	**100% (42)**
Talked about Parental Resilience	**100% (42)**
Asked: Why would this protective factor be important to you and make your family stronger?	**100% (42)**
Video: Are you a carrot, an egg, or a coffee bean	**100% (42)**
Transition to the space for Care Giving Conversations/ Instructions for Care Giving Conversations	**100% (42)**
Spent 30-45 minutes on Discussion Questions	**100% (42)**
Group Reflection	**100% (42)**
Evaluation	**100% (42)**
Closing Activity: Personal Reflection and Commitment Time	98% (41)
Ended CGCC on time	98% (41)
Had all needed supplies for the Parental Resilience	95% (40)
Facilitator introduced self and welcomed attendees	90% (38)
Discussed Working Agreements	90% (38)
Parents were able to get children settled in childcare and gather materials and food	55% (23)
Records with incomplete fidelity checklist excluded	

Table 6: Knowledge of Parenting and Child Development Fidelity Checklist

Knowledge of Parenting and Child Development (Valid N = 39)	
Able to get the session set up properly	**100% (39)**
Facilitator introduced self and welcomed attendees	**100% (39)**
Shared Learning Objectives	**100% (39)**
Discussed Working Agreements	**100% (39)**
Talked about Knowledge of Parenting and Child Development	**100% (39)**
Asked: Why would this protective factor be important to you and make your family stronger	**100% (39)**
Transition to the space for Care Giving Conversations/ Instructions for Care Giving Conversations	**100% (39)**
Group Reflection	**100% (39)**

Provide Resources/ handouts about child development/ parenting	100% (39)
Evaluation	**100% (39)**
Had all needed supplies for the Knowledge of Parenting and Child Development	**100% (39)**
Started on time	97% (38)
Introduced Strengthening Families Framework and Protective Factors	97% (38)
Spent 30-45 minutes on Discussion Questions	97% (38)
Closing Activity: Personal Reflection and Commitment Time	95% (37)
Ended CGCC on time	95% (37)
Pocket Story Activity	87% (34)
Parents were able to get children settled in childcare and gather materials and food	59% (23)
Records with incomplete fidelity checklist excluded	

The Post-Café survey explores fidelity from the perspective of participants. As evident in Figure 6, the café was reported as being organized, useful, and meaningful. These results suggest that the Care Giving Conversations were implemented with fidelity and delivered as they were intended, and that this perception was consistent across over 800 participants.

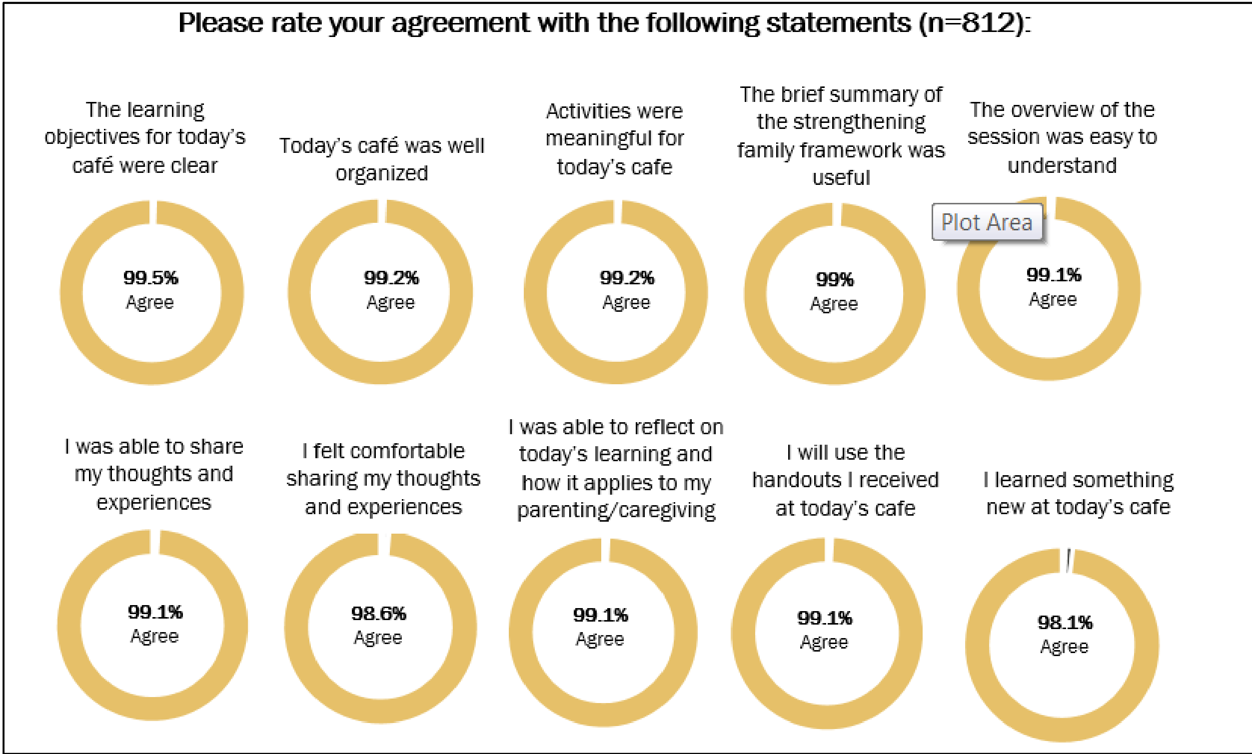


Figure 6: Participants' Perspective on Care Giving Conversations Fidelity

Did participants of Care Giving Conversations report they gained knowledge about strengthening families' protective factors?

The Post-Café survey asked about knowledge gained from each session. For example, items that captured learning about Social Connections included, "I see how positive social connections can help me to take care of myself" and "I see the importance of creating new social connections." Participants were asked to rate their agreement with these statements using 5-point scales. Overall, almost all participants (94-100%) indicated that they strongly agreed or agreed with each of the statements. This suggests that participants' felt they were impacted by the Conversations in ways that were consistent with the goals of each session. See Figures 7-11.

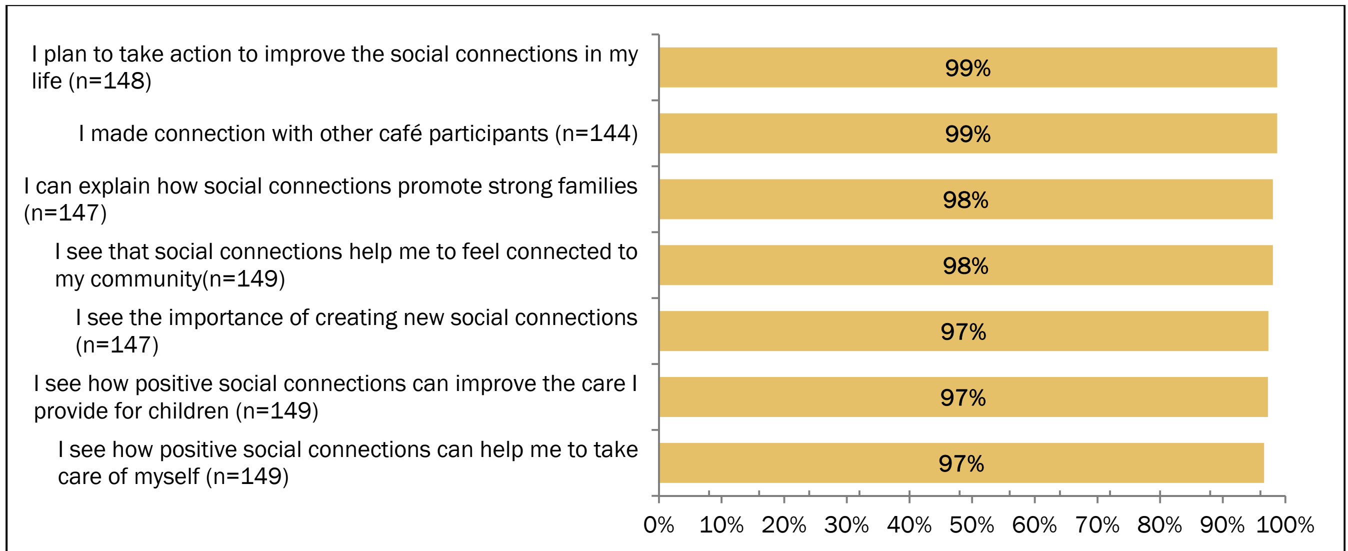


Figure 7: Learning of Social Connection Session

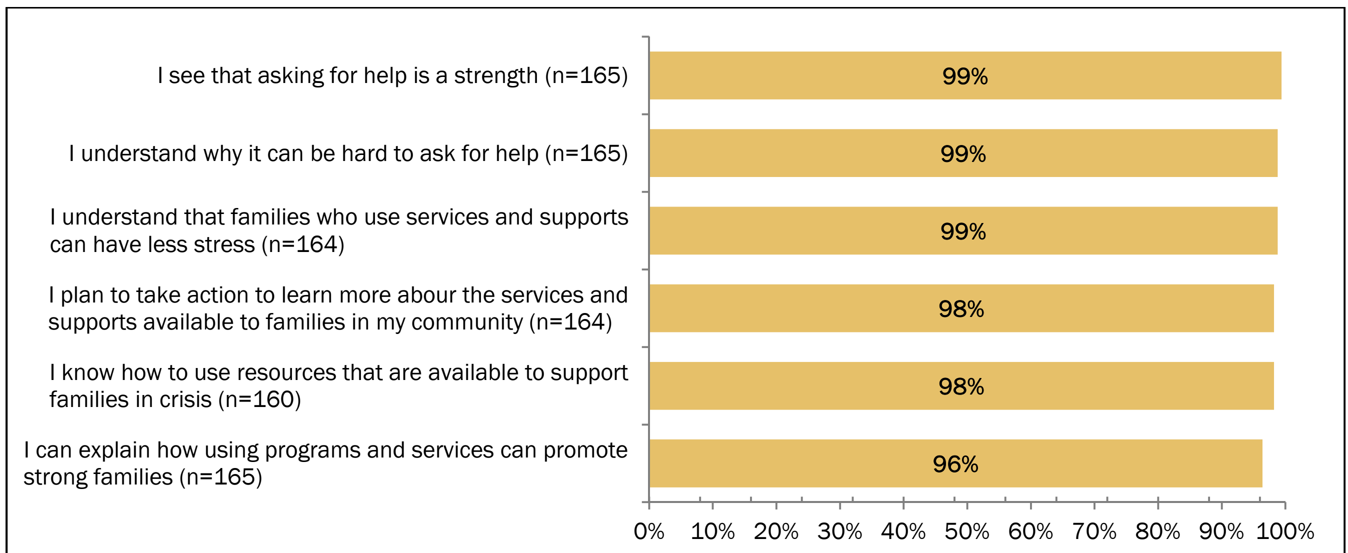


Figure 8: Learning of Concrete Support in Time of Need

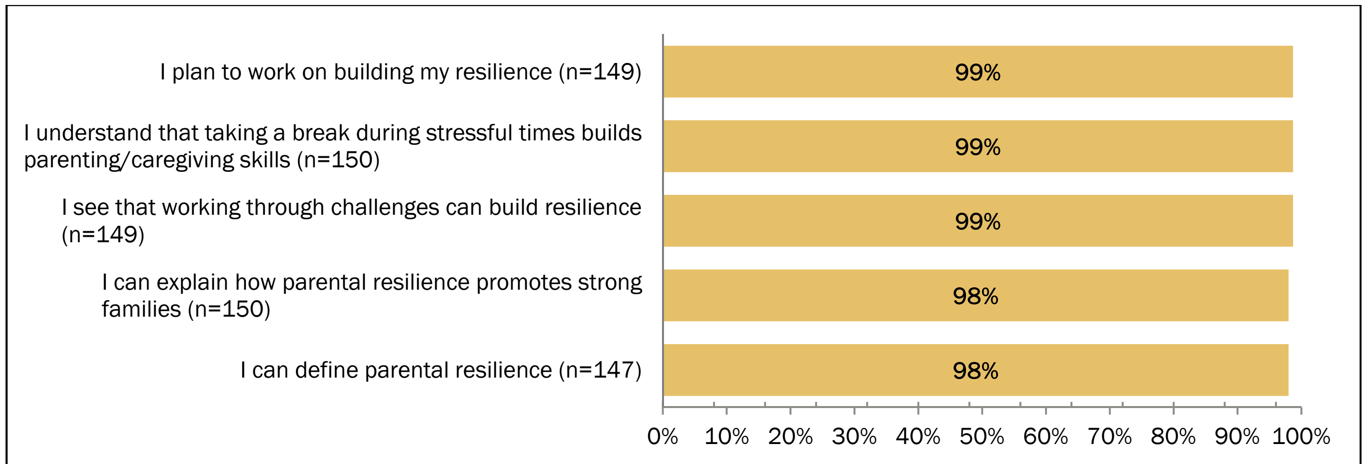


Figure 9: Learning of Parental Resilience

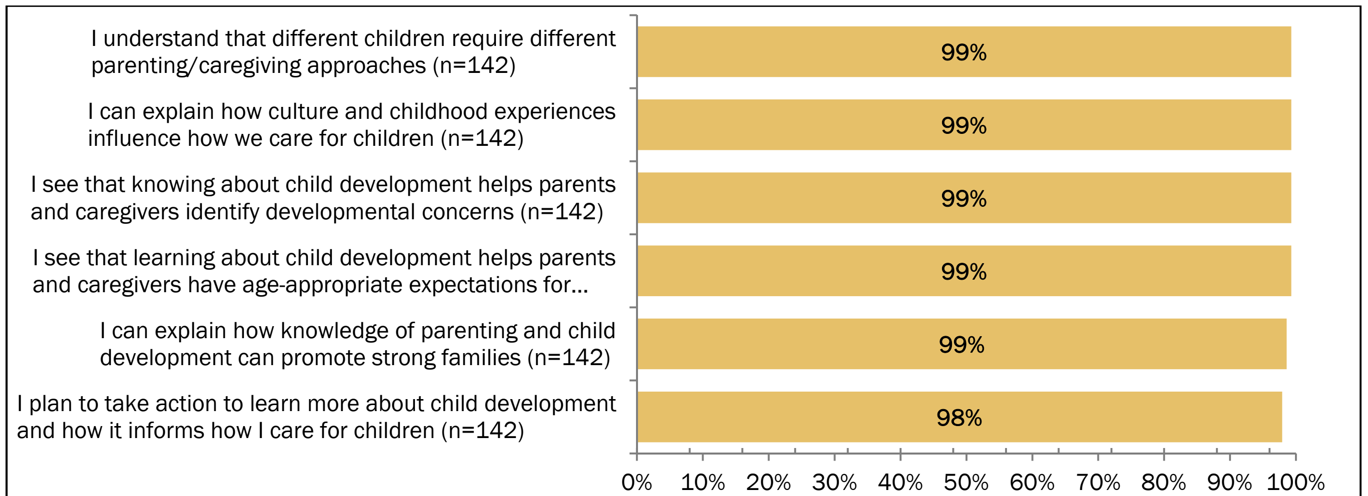


Figure 10: Learning of Knowledge of Parenting and Child Development

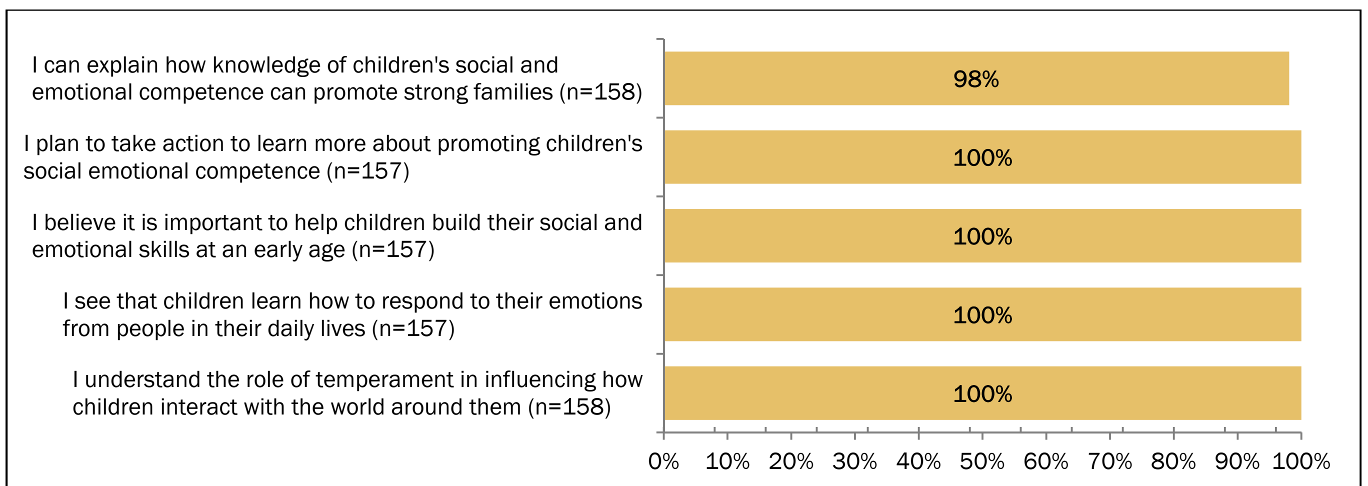


Figure 11: Learning of Social Emotional Competence of Children

Were participants satisfied with the experience of the Care Giving Conversations series?

Results from the Post-Café survey indicated that almost all participants enjoyed the Care Giving Conversations, with 99% of participants reporting that they would recommend attending a CGCC to others. Furthermore, 97% of participants indicated that they planned to attend another Care Giving Conversations. FEC interviews suggest that one of the most important and satisfying dimensions of the Care Giving Conversations was the opportunity to build connections and create community.

> *"I had one group of providers who everyone at the table in one training was dealing with addiction in one way or another. I had one provider who had custody of it was a foster child but it was of a sibling. And the other provider was in a process where she had had custody of the children that she's watching but she no longer does. And just trying to work with the mom who is currently dealing with an opioid addiction. And the other was dealing with her husband was in the process of trying to stop drinking. So he was working with that. And so everyone at the table was affected by addiction in some manner. And so through our connection of this training, providers were able to befriend each other, make social connections, and they continue to support each other today. So there was an event that took place where I saw two providers who met at training were at together. So that shows me that they have contacted each other and they said, "We came together." So they were together. So stories like that for me make me realize that A) these trainings are needed and B) these trainings make a difference."*

Discussion

The Care Giving Conversations model was designed to provide a safe and open space for license exempt subsidized providers and subsided providers to learn, reflect, and connect with other providers. Additionally, the Conversation was intended to offer opportunities for parents and family members to participate alongside providers. After one year of implementation, consultants were able to attract and reach over 300 unique providers, but only 22 parents. By design, the recruitment of family members or parents largely relied on providers' willingness to involve parents in the conversation. Providers hesitance may be an indicator that they need safe space to engage in dialogue first with other providers before feeling comfortable inviting parents to the table.

More than half of the participants completed all five Care Giving Conversations sessions, and attendance rates for each session and across communities were high. Participants were motivated to attend sessions, and they reported that their motivation was driven by their desire to learn and improve. This finding suggests that Care Giving Conversations filled a meaningful gap in opportunities provided to a relatively isolated group of early care and education providers.

According to FECs, they implemented Care Giving Conversations with careful attention to the model as designed. The only challenge reported by FECs was related to getting children settled and gathering materials and food. Other dimensions of each session, from the session introduction to the content to the questions guiding dialogue, were implemented with careful attention to the guidance provided. Participants echoed this finding, and, importantly, their feedback suggests that Care Giving Conversations were meaningful, useful, and provided safe space for open conversation and sharing.

Additionally, participants indicated that the learning goals of each of the Care Giving Conversations were met. Participants reported that they learned about making social connections, the importance of concrete support in times of need, resilience, parenting and child development, and children's emotional development. They also agreed that they planned to act on what they learned.

Recommendations

Based on the evaluation findings, the following recommendations may be considered:

- Make available trainings and resources visible to license exempt subsidized providers by using the community-based networks that reach this provider type. These providers are interested in learning and connection; but are often isolated from traditional paths for provider outreach.

- Use providers' social networks as a strategy for engaging license exempt subsidized providers in learning opportunities toward the goal of developing larger collaborative learning networks that are inclusive of these providers.

- FECs require flexible work hours, reflective supervision, and technical supports to effectively reach and meet the needs of license exempt subsidized providers.

- Identify opportunities to continue to offer Care Giving Conversations to providers, and use training materials, flyers, and other personal and professional connections established through RTT as a foundation for future growth.