

Supporting Caregivers of Young Children With Disabilities

Evaluation of the Caregiver Coaching Initiative



Introduction

In 2020, Michigan was one of 20 states selected by the U.S. Department of Health and Human Services to receive a Preschool Development Grant Birth through Five (PDG B-5) renewal grant. This grant funded the *Integrating Birth through Five: Caregiver Coaching* initiative, among other Michigan Department of Education (MDE) activities, under the state's broad goal of preparing children to enter kindergarten. As part of Michigan's PDG B-5, MDE contracted with the American Institutes for Research® (AIR®) to conduct an evaluation of the Caregiver Coaching initiative. Administered by the Clinton County Regional Educational Services Agency (CCRESA), Office of Innovative Projects, under the direction of MDE, the Caregiver Coaching initiative is a professional development program for coaches employed by intermediate school districts (ISDs) and Great Start Regional Resource Centers (RCs) to strengthen their strategies for working with caregivers of young children with disabilities. This brief describes the findings from the evaluation, which focused on the initiative's implementation lessons.

About the Caregiver Coaching Initiative

Caregiver Coaching is a 15-month professional development initiative designed to build the capacity of ISD and RC coaches to support childcare providers and parents in caring for infants and toddlers with disabilities. The training is intended to build coaches' skills in working with adult caregivers; it is not intended to build coaches' understanding of early intervention strategies with children. In addition, CCRESA intentionally invited ISD and RC coaches to participate in the training, with the goal of fostering collaboration between these coaches to provide coordinated support to providers and parents (see **Coaching Services for Caregivers** sidebar). Twenty-eight coaches participated in the first cohort of the initiative.

Developed by the Family, Infant and Preschool Program, the [Caregiver Coaching model](#) includes five steps:

1. **Joint Planning.** The caregiver and coach create a plan to guide the caregiver in using specific strategies.
2. **Observation.** The coach observes the caregiver and child (and/or the caregiver observes the coach as they model specific strategies).

3. **Action/Practice:** The caregiver practices specific strategies during the coaching visit and uses the strategies between the coaching visits.
4. **Reflection.** The coach facilitates a discussion with the caregiver to help the caregiver reflect on their use of specific strategies.
5. **Feedback.** The coach provides feedback to the caregiver to help them refine their practice.

Michigan’s Caregiver Coaching initiative encompasses two implementation phases. Phase I (February–July 2022) focused on training participants on the five-step Caregiver Coaching model. This phase included a 2-day training institute followed by monthly support meetings. Between the monthly support meetings, participating coaches practiced new strategies with a parent/provider and documented these interactions in E-Coaching Logs. The Family, Infant and Preschool Program trainers reviewed the logs to provide feedback to the participating coaches and track their progress toward implementing the Caregiver Coaching model with fidelity. In Phase II of the initiative (October 2022–May 2023), coaches are being trained to become Master Mentor Coaches, which will qualify them to train other professionals on the coaching model.

COACHING SERVICES FOR CAREGIVERS

Typically, ISD coaches work with parents, and RC coaches work with childcare providers. These coaching services are intended to build the capacity of these caregivers to support young children in their care. Through the Caregiver Coaching initiative, CCRESA sought to build relationships between RC and ISD coaches to foster future coordination and collaboration efforts when they engage caregivers of the same child (e.g., a mother and her child’s childcare provider).

About the Evaluation

This evaluation focused on Phase I of the Caregiver Coaching initiative. The study was designed to explore participants’ satisfaction with the initiative and the extent to which participants increased both their knowledge of Caregiver Coaching strategies and their self-efficacy as coaches. The evaluation also focused on whether and how the initiative helped improve coordination between ISD and RC coaches and identified the needs of coaches in working with caregivers of young children with disabilities.

Research Questions

1. **Coaching Participants.** Who participated in Phase I of the *Integrating Birth through Five: Caregiver Coaching* initiative?
2. **Satisfaction With the Initiative.** To what extent were participants satisfied with their experiences with Phase I of the initiative?

3. **Coach Knowledge.** To what extent, and how, did Phase I of the initiative strengthen participants' knowledge of Caregiver Coaching strategies?
4. **Coach Self-Efficacy.** To what extent, and how, did Phase I of the initiative help increase participants' self-efficacy in providing coaching?
5. **Collaboration.** To what extent, and how, did participation in Phase I of the initiative help increase communication and coordination between coaches from the participating RCs and ISDs?
6. **Coaching Supports Needed.** What additional supports do coaches need to address common challenges in providing support to caregivers of young children with disabilities?

Data Collection

AIR administered a survey of all 28 participants in the Caregiver Coaching initiative. The survey, administered in October 2022, explored participants' satisfaction with the professional development program, knowledge of the coaching model, confidence in their coaching abilities, and resources needed to support caregivers of children with disabilities. The survey had an 86% response rate ($n = 24$).

Findings

In this section, we highlight findings from the evaluation of the Caregiver Coaching initiative. The findings are structured according to the six research questions around which the evaluation was conducted.

Twenty-eight participants successfully completed Phase I of the Caregiver Coaching initiative.

CCRESA reached its goal of training 28 coaches in the first phase of the Caregiver Coaching initiative. Survey data (available for 24 of the 28 participants) provide a snapshot of the participants' demographics. Slightly more than half of the 24 survey respondents (58%) are ISD coaches, and 42% are RC coaches. Survey respondents are highly educated: 83% have a graduate degree, 8% have some graduate school education but no degree, and 2% have a bachelor's degree.

Coaching participants are experienced in their work. Eighty-eight percent of respondents have more than 10 years of experience in the fields of early childhood, education, and/or health and human services. With respect to tenure at their respective organizations, 4% of participants worked at their organization less than 1 year; 21%, 1 to 2 years; 33%, 3 to 6 years; 13%, 7 to 10 years; and 29%, more than 10 years.

Most coaching participants generally were satisfied with the Caregiver Coaching initiative.

Ninety-two percent of participants agreed or strongly agreed that the Caregiver Coaching initiative was high quality, and 84% of participants agreed or strongly agreed that it was relevant to their coaching work. The majority of participants provided positive feedback on the monthly support meetings: 88% of participants agreed or strongly agreed these meetings helped them improve their use of Caregiver Coaching strategies, and 84% reported they were comfortable sharing their coaching experiences in the meetings. Seventy-six percent of participants agreed or strongly agreed that they would recommend the program to their friends and colleagues.

Participants highlighted some challenges with the Caregiver Coaching training, with many describing it as time consuming.

About three quarters of the participants reported that the program took more time than they expected (63% strongly agreed and 13% agreed this was the case). Nearly all respondents strongly agreed that the required E-Coaching Logs took a lot of time to complete. When participants were asked to describe, in response to an open-ended survey item, what aspects of the training program were challenging, 18 of 23 focused on the E-Coaching Logs in their comments. Participants described the logs as time-consuming and/or confusing. One respondent wrote, “The e-logs were a lot of work, and I still don’t completely understand how to fill them out.”

In addition, about a quarter of the survey respondents indicated that the training goals were not clear (25% of respondents) and that they would not recommend the program to friends or colleagues (25%). In addition, 30% of respondents reported that they were not sure how to integrate the Caregiver Coaching strategies into their ongoing coaching work (see Exhibit 1).

The most useful part of the Caregiver Coaching program was [the] consistent, guided practice with specific goals in mind as well as the discussion and feedback based on the coaching logs. It was also useful to listen to the feedback and discussion related to the logs of other group members as a way to hear the information again and apply it to my own coaching practice.

—Caregiver Coaching program participant

Exhibit 1. Participants’ perceptions of Caregiver Coaching training (n = 24)

	Strongly agree	Agree	Disagree	Strongly disagree
The E-Coaching Logs took a lot of time to complete.	83%	8%	8%	0%
The Caregiver Coaching program took more time than I expected it would.	63%	13%	21%	4%
Overall, the training I received through the Caregiver Coaching program was of high quality.	50%	42%	8%	0%
The monthly meetings helped me improve my use of the Caregiver Coaching strategies.	46%	42%	13%	0%

	Strongly agree	Agree	Disagree	Strongly disagree
I felt comfortable sharing my coaching experiences in the monthly meetings.	46%	38%	13%	4%
I received useful feedback related to my coaching.	46%	50%	0%	4%
I would recommend this program to my friends and colleagues.	38%	38%	17%	8%
The training was well aligned with other coaching strategies I am expected to use in my job.	38%	38%	21%	4%
The Caregiver Coaching program was relevant to my work in supporting caregivers.	38%	46%	13%	4%
The goals of the Caregiver Coaching program are clear to me.	33%	42%	21%	4%
Using the E-Coaching Logs helped me learn the Caregiver Coaching strategies.	29%	46%	21%	4%
I am not sure how to integrate the Caregiver Coaching strategies into my ongoing coaching work.	17%	13%	42%	29%
The training covered too many topics.	8%	8%	67%	17%

Survey respondents reported moderate or strong improvement in their knowledge of most components of the Caregiver Coaching model.

Participants rated the extent to which their knowledge of various topics improved after participation in the first phase of Caregiver Coaching initiative: a lot, somewhat, a little, or not at all (see Exhibit 2). In general, survey respondents indicated that the training program improved their knowledge in relevant areas “a lot” or “somewhat.” For example, respondents reported that they learned how to engage in joint planning with caregivers and how to provide feedback to caregivers (58% and 50%, respectively, said the training improved their understanding in these areas “a lot”).

Survey data suggest, however, that the initiative was less successful in improving coaches’ knowledge of how to identify resources to meet the needs of caregivers or families. Thirty-eight percent of respondents reported that their understanding in this area improved “somewhat,” 38% said it improved “a little,” and 13% reported “not at all.” Participants also reported less growth in knowledge related specifically to coaching caregivers of children with individualized education programs (IEPs) and individualized family service plans (IFSPs). Close to half of respondents (42%) said their understanding in this area improved “a little” or “not at all.”

Exhibit 2. Respondents’ understanding of the Caregiver Coaching strategies (n = 24)

The Caregiver Coaching program improved my understanding of . . .	A lot	Somewhat	A little	Not at all
coaching strategies to support caregivers of young children with IFSPs or IEPs.	33%	25%	29%	13%
how to engage in joint planning with caregivers.	58%	29%	13%	0%
how to encourage caregivers to engage in self-reflection.	58%	29%	13%	0%
different ways to provide feedback to caregivers.	50%	46%	4%	0%
how to identify resources to meet the needs of caregivers or families.	13%	38%	38%	13%
how to use natural learning environments as a basis for coaching interactions.	33%	46%	13%	8%

Participants reported that the training improved their confidence in using the Caregiver Coaching core strategies, but it was less successful in supporting caregivers of children with disabilities.

Participants reflected on the extent to which the training improved their self-efficacy in supporting caregivers of young children with IFSPs or IEPs (see Exhibit 3). Participants agreed or strongly agreed that after completing the program, they feel more comfortable reflecting on their own coaching interactions (100%), are more willing to try new strategies in their coaching (92%), and are more confident in providing feedback during coaching interactions (80%).

However, the program appeared to be less successful in improving the self-efficacy of coaches in working specifically with caregivers of young children with disabilities. About one third of respondents reported that after completing the program, they disagreed or strongly disagreed that they are more confident in coaching caregivers of children with disabilities. Similarly, after finishing the training, 42% of respondents disagreed or strongly disagreed that they feel better about their ability to make a positive impact with caregivers of young children with disabilities. Finally, after completing the training, 46% of respondents disagreed or strongly disagreed that they feel more positive about their ability to create strong relationships with caregivers of young children with disabilities.

Exhibit 3. Respondents' self-efficacy as coaches (n = 24)

After completing the program, I feel . . .	Strongly agree	Agree	Disagree	Strongly disagree
more confident in coaching caregivers of young children with IFSPs or IEPs.	21%	42%	17%	21%
more comfortable reflecting on my own coaching interactions.	50%	50%	0%	0%
more willing to try new strategies in my coaching.	54%	38%	8%	0%
more confident in providing feedback during coaching interactions.	42%	38%	21%	0%
better about my ability to make a positive impact with caregivers of young children with IFSPs or IEPs.	25%	33%	29%	13%
more positive about my ability to create strong relationships with caregivers of young children with IFSPs or IEPs.	29%	25%	33%	13%

Participants reported that the initiative did not change how ISDs and RCs work together.

The Caregiver Coaching training program included coaches from ISDs and RCs. By providing joint professional development to these groups, CCRESA intended to promote relationships between ISD and RC coaches and encourage them to work together when ISD and RC staff coach caregivers of a shared child (in other words, when an ISD coach works with a parent and an RC coach supports that parent’s childcare provider). It is important to note, however, that the training did not include content explicitly related to collaboration between RC and ISD coaches.

RC and ISD survey respondents indicated a willingness to work together (see Exhibit 4). For example, the majority of ISD and RC participants indicated it is beneficial for them to work with each other (100% of ISD and RC participants agreed or strongly agreed), and they would be more successful with caregivers if ISD and RC coaches collaborated (77% and 90% of ISD and RC participants, respectively, agreed or strongly agreed). However, only 14% of ISD participants and 20% of RC participants reported that they learned ways they could work together through the Caregiver Coaching initiative. In addition, based on survey data, the initiative has not served as a strong catalyst for new collaborations between RC and ISD staff. The majority of survey respondents (86% of ISD respondents and 80% of RC respondents) indicated they had not worked with a coach from an RC or an ISD, respectively, since beginning the Caregiver Coaching initiative (data not shown in Exhibit 4).

Exhibit 4. Percentage of respondents agreeing or strongly agreeing with statements regarding collaboration between ISD and RC coaches, by type of coach

	n	Agreed or strongly agreed	
		ISD coaches	RC coaches
I know how to get in touch with an ISD/RC professional if I want to connect about working together.	24	14%	40%
It is beneficial for RC and ISD colleagues to work together when they are supporting caregivers of the same child (the child’s parent and the childcare provider).	24	100%	100%
My organization has procedures or “ground rules” for how RC and ISD professionals can work together.	23	8%	40%
I learned ways I can work more closely with an ISD/RC colleague through the Caregiver Coaching program.	24	14%	20%
I am more likely to reach out to a RC/ISD professional about working together, after participating in the Caregiver Coaching program.	23	46%	50%
I would be more successful with caregivers if I had more opportunities to collaborate with an ISD/RC colleague.	23	77%	90%

Based on the survey data, it appears that RCs have more structures in place than ISDs to support collaboration between the two agencies. For example, 40% of RC participants agreed or strongly agreed that they know how to get in touch with an ISD peer if they want to work together, compared with 14% of ISD participants. Forty percent of RC participants reported that their organization has “ground rules” for how RC and ISD professionals can work together, compared with 8% of ISD participants. Survey data showed significant room for growth for both groups but particularly for ISDs.

Survey respondents want more assistance to support collaboration between ISD and RC coaches.

Participants identified the types of supports they think would be useful in their work supporting caregivers of young children with IFSPs or IEPs (see Exhibit 5). The most common response was more support to promote collaboration between ISD and RC coaches: 75% of all respondents indicated this is a need (nine RC respondents and nine ISD respondents). Thirty-eight percent of all respondents asked for more guidance (strategies, tools) to promote positive attitudes among childcare providers regarding caring for young children with IFSPs or IEPs.

Exhibit 5. Percentage of respondents who indicated various supports are needed to help them work with caregivers of young children with disabilities

	<i>n</i>	Additional support needed
More assistance collaborating with RCs/ISDs in my area	18	75%
More training related to special needs	2	8%
More understanding of Early On® and special education program components	6	25%
More training to improve my coaching skills	5	21%
Special equipment/toys	5	21%
More guidance (strategies, tools) to promote positive attitudes among childcare providers regarding caring for young children with IFSPs or IEPs	9	38%
More written resources to give parents/providers caring for young children with IFSPs or IEPs	5	21%

Conclusion and Recommendations

Participants in the Caregiver Coaching initiative provided positive feedback about the training program in general, including the monthly support meetings in which they reflected on the coaching strategies they were learning. The most common critique of the program was the amount of time it took to participate, including the use of the E-Coaching Logs. The majority of respondents expressed concern about these logs, describing them as time-consuming and often confusing. Other critiques about the program (expressed by about a quarter of the survey respondents) focused on a lack of understanding of the goals of the initiative and concerns that it did not align with other coaching strategies that participants use in their jobs.

Survey data showed that participants’ knowledge of coaching strategies (and confidence in their coaching abilities) improved after participating in the program—but less so specifically in regard to coaching caregivers of young children with disabilities. Participants said the program helped them feel more comfortable reflecting on their coaching interactions, more willing to try new strategies in their coaching, and more confident about providing feedback during coaching interactions. However, about one third of respondents stated the program did not make them feel more confident in coaching caregivers of children with disabilities or better about their ability to make a positive impact with this specific group of caregivers. CCRESA acknowledged that some participants in the program did not have prior experience supporting children with disabilities. CCRESA emphasized that the training was designed to help coaches strengthen their support of adult caregivers (rather than build their understanding of specific strategies to use with young children with disabilities). Some of the

participating coaches, according to CCRESA, misunderstood the overall goal of the professional development, assuming they would strengthen their knowledge of early intervention strategies.

Finally, ISD and RC participants expressed a strong willingness to work together to support caregivers. However, they indicated that they lack the necessary infrastructure to facilitate these types of partnerships. This is particularly true for ISD coaches, compared with RC professionals.

Based on the findings from the survey, MDE and CSESSA may consider the following:

- Provide applicants with more detailed information about the goals of the Caregiver Coaching initiative and expectations for time commitments. This also may include clarification about expected training outcomes related to supporting caregivers of young children with disabilities (e.g., clearer guidance about what knowledge and skills participants can acquire through the training in relation to supporting children with disabilities).
- Work with the Caregiver Coaching trainers to review the format and use of the E-Coaching Logs, identifying strategies to simplify or streamline them.
- Adapt or expand the Caregiver Coaching training to include specific guidance on how ISD and RC coaches can work together to support caregivers of young children.
- Convene ISD and RC leaders to discuss how to make system-level changes that will promote coaching collaboration between the organizations. These changes might include implementing memoranda of understanding that specify how ISD and RCs work together, training for ISD and RC coaches focused on how they can collaborate, and changes to ISD and RC job roles to ensure expectations for joint agency collaboration are formalized into performance expectations.