

**Office of Head Start**  
**Evaluation of the Head Start *Safe Families-Safe Homes* Training**

Phone Script for Semi-Structured Interviews with Trainers who Conducted *Safe Families-Safe Homes* Training Sessions

Trainer's Name: <Name of interviewee>                      Call Date: <date and time>

INTRODUCTION

<Reintroduce self and thank participant for his/her time and involvement.>

FORMAT OF SEMI-STRUCTURED INTERVIEW

I have a guide of 18 to 21 questions that we will go through, but I anticipate that our conversations will cover many of the questions concurrently. In January 2011, you and other representatives from your state participated in a training-of-trainers (ToT) event on *Safe Families-Safe Homes: A Collaborative Approach to Responding to and Preventing Domestic Violence*. The questions we will cover today relate to the ToT event and the local trainings that you have conducted within your state between April and October 2011.

Before we continue, I want you to know that this interview will not be used to evaluate you or your Head Start's program performance. This interview will be recorded, but the information that you provide will be released in a manner that will not identify you or any other trainer.

INTERVIEW QUESTIONS/PROMPTS

First, we will begin with some basic questions about you...

*About You*

1. What is your role in terms of this collaborative effort? (For example, Head Start Collaboration Director, Domestic Violence Coalition Director/Staff)
2. How long have you worked in your current role?
3. What is the highest level of education you have completed?
4. Prior to this project, did you have experience conducting trainings? If yes, describe.
5. Have you previously conducted trainings on domestic violence?

*About the Safe Families-Safe Homes Project*

6. For Head Start Collaboration Directors: Why did you decide to implement *Safe Families-Safe Homes* in your state? Why did this opportunity appeal to you?

*About the Safe Families-Safe Homes Training-of Trainers (ToT) Event*

7. How helpful was the ToT event in preparing you to conduct your own *Safe Families-Safe Homes* trainings? Were there specific aspects of the ToT that you found to be particularly useful? (For example, state-specific discussions, training materials, films, practice activities, role playing)
8. Was any technical assistance provided after the ToT to ensure that you were prepared to conduct your own trainings? If yes, what kind of technical assistance did you receive?
9. Taking into consideration the ToT and any technical assistance received afterwards, did you feel prepared to conduct your own *Safe Families-Safe Homes* trainings?
10. Do you have any suggestions for improving the preparations for *Safe Families-Safe Homes* trainings?

*About Your State's Safe Families-Safe Homes Training*

11. What were your main goals for participants in your state's *Safe Families-Safe Homes* trainings?
  - a. Did you intend to improve participants' understanding of the causes, characteristics and impacts of domestic violence? If not, why not?
  - b. Did you intend to improve participants' understanding of the connections between domestic violence and other issues families face (e.g., substance abuse and child abuse and neglect)? If not, why not?
  - c. Did you intend to prepare participants to assist families in obtaining needed services and increase family safety? If not, why not?
  - d. Did you intend to prepare participants to engage in local collaborative efforts aimed at prevention and intervention of domestic violence? If not, why not?
12. Who served as trainers for your local trainings? (For example, Head Start Collaboration Director, Domestic Violence Coalition Director, representatives from child welfare or substance abuse agencies)
13. For Head Start Collaboration Directors: How did you select the Head Start staff to participate in the local trainings?
14. For trainers: Which components of the *Safe Families-Safe Homes* training curriculum are most important to achieving the goals you have set for your participants? (For example,

collaborative delivery model, training materials, self-assessments, films, group activities and exercises, small-group discussions, role playing)

15. For trainers: Did you adapt any of the exercises to better meet the needs of your state? If so, which? Did you make any other changes to the curriculum?
16. For trainers: What delivery option did you use for your local training? (For example, 3 consecutive days, 1 day per month for 5 months)
17. For trainers: What went well in your *Safe Families-Safe Homes* trainings?
18. For trainers: What challenges did you encounter in conducting your *Safe Families-Safe Homes* trainings?

*Activities since Your State's Safe Families-Safe Homes Training Sessions*

19. Has conducting this training had any effect on your own knowledge and attitudes regarding domestic violence? Have you participated in any additional training? Has conducting the *Safe Families-Safe Homes* trainings influenced your own state-level collaborations?
20. Have you followed up with the Head Start staff who participated in your local trainings? If so, in what way?
21. Did you receive feedback from the Head Start participants regarding the training? Did you have a formal process for obtaining feedback?
22. Besides the two trainings that are part of this funded project, will you conduct *Safe Families-Safe Homes* trainings in the future? Will you do something else? If so, what?
23. Do you have suggestions for future efforts at involving Head Start staff in coordinated community responses to domestic violence?

This brings us to the conclusion of this interview. Do you have any questions or concerns?

Again, we greatly appreciate your cooperation in conducting this evaluation and look forward to the improvements we will be able to make based on everyone's feedback. Thank you so much for your time! If you have any additional questions or comments, please do not hesitate to contact me at [mneal@pal-tech.com](mailto:mneal@pal-tech.com).

Thank you again and goodbye!