

Safe Families Safe Homes Evaluation

Survey Instructions

OMB Control No: xxxx-xxxx

Expiration Date: xx/xx/xxxx

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

About You

Between April and October 2011, you and other Head Start staff from your state participated in a training session on Safe Families-Safe Homes: A Collaborative Approach to Responding to and Preventing Domestic Violence. The following questions relate to these trainings and to activities you have undertaken since the training.

*1. Please provide your month and year of birth.

*2. Gender

- Female
- Male

*3. At the time of the training, what was your official job title at your Head Start program?

- Family Service Worker
- Home-Based Visitor
- Home-Based Supervisor
- Teacher
- Assistant Teacher
- Health Service Manager
- Family & Community Partnerships Manager
- Head Start Director
- Other

Please specify.

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***4. At the time of the training, how long had you worked in that position at the Head Start program?**

Number of years

***5. Before you started working with Head Start, did you have any work or volunteer experience working directly with families seeking services (e.g., social worker, case worker)?**

- No (skip to #7)
- Yes

6. How many years experience did you have with such programs before you joined Head Start?

Number of years

***7. At the time of the training, what was the last or highest grade of school (or highest level of education) you had completed?**

***8. At the time of the training, did you have any professional certifications or state or industry licenses? (Select all that apply.)**

- No, no professional certifications or licenses
- Yes, Child Development Associate (CDA)
- Yes, Family Development Credential (FDC)
- Yes, Registered Nurse (RN) or Licensed Practical/Vocational Nurse (LPN/LVN)
- Yes, Other

Please specify.

***9. Prior to this Safe Families-Safe Homes training, had you ever had training on domestic violence/family violence?**

- No (skip to #12)
- Yes

10. Prior to this Safe Families-Safe Homes training, how many hours of training do you estimate you have had on domestic violence/family violence?

Number of hours

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11. Prior to this Safe Families-Safe Homes training, what types of training have had you had related to domestic violence/family violence? (Select all that apply.)

- Training sessions or workshops held within your Head Start agency
- Training sessions or workshops held within a domestic violence program
- Training sessions or workshops held within any other agency
- Courses or classes made available at a community or four-year college

***12. Prior to this Safe Families-Safe Homes training, had you ever worked or volunteered with a domestic violence/family violence program?**

- No (skip to #14)
- Yes

13. How many years experience did you have with such programs?

Number of years

About Your Community and Head Start Families

***14. What term best describes the location of your program?**

- Urban
- Suburban
- Rural

***15. Does your program have an Early Head Start program?**

- No
- Yes

***16. Is your program a Migrant/Seasonal Head Start program?**

- No
- Yes

***17. Is your program an American Indian/Alaska Native Head Start program?**

- No
- Yes

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***18. On average, approximately what percentage of the families you work with predominately speak a language other than English?**

% of families speaking Spanish

% of families speaking other languages

(Please specify)

***19. On average, approximately what percentage of the families you work with are...**

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

***20. In terms of the families you work with, to what degree do they need your help with personal problems (e.g., family relations, marital stress, substance abuse, domestic violence)? (Choose the one statement that best describes the needs of the families.)**

- Families do not need my help at all with their personal problems.
- Some families need my help with personal problems, but not as much as with other issues.
- Personal problems are the main concern for some, but not all, of the families I work with.
- Personal problems are the main concern for many of the families I work with.

***21. To the best of your knowledge, at any given time how many of the families that you work with have household members who are the victims of domestic violence?**

Number of families

About the Safe Families-Safe Homes Training Session

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***22. Please rate the following statements about the Safe Families-Safe Homes training, using this rating scale:**

Strongly Disagree Somewhat Disagree Somewhat Agree Strongly Agree

The training helps participants understand the CAUSES, CHARACTERISTICS and IMPACTS of domestic violence on families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training helps participants understand the CONNECTIONS between domestic violence and other issues families face (e.g., substance abuse and child abuse and neglect).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training prepares Head Start staff to RESPOND appropriately to disclosures of domestic violence and support families experiencing domestic violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training prepares Head Start staff to quickly CONNECT families to domestic violence services in their local communities and increase family safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training prepares Head Start staff to ENGAGE in local collaborative efforts aimed at prevention and intervention of domestic violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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***23. Which of the following components of the Safe Families-Safe Homes training contributed to improvements in your understanding of the CAUSES, CHARACTERISTICS and IMPACTS of domestic violence?**

	Very helpful	Helpful	Somewhat helpful	Not at all helpful	N/A
Collaborative delivery model (i.e., trainings delivered by trainers from different disciplines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Films	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group activities and exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small-group discussions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role playing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify.

***24. Which of the following components of the Safe Families-Safe Homes training contributed to improvements in your understanding of the CONNECTIONS between domestic violence and other issues families face (e.g., substance abuse and child abuse and neglect)?**

	Very helpful	Helpful	Somewhat helpful	Not at all helpful	N/A
Collaborative delivery model (i.e., trainings delivered by trainers from different disciplines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Films	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group activities and exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small-group discussions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role playing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify.

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***25. Which of the following components of the Safe Families-Safe Homes training contributed to improvements in your PREPARATION to ASSIST families in obtaining needed services and increase family safety?**

	Very helpful	Helpful	Somewhat helpful	Not at all helpful	N/A
Collaborative delivery model (i.e., trainings delivered by trainers from different disciplines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Films	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group activities and exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small-group discussions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role playing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify.

***26. Which of the following components of the Safe Families-Safe Homes training contributed to improvements in your PREPARATION to ENGAGE in local collaborative efforts aimed at response to domestic violence?**

	Very helpful	Helpful	Somewhat helpful	Not at all helpful	N/A
Collaborative delivery model (i.e., trainings delivered by trainers from different disciplines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Films	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group activities and exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small-group discussions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role playing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify.

Activities Since the Safe Families-Safe Homes Training Session

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Each participant in the Safe Families-Safe Homes training identified his or her own action steps to be taken upon returning to work. The next three questions ask about activities that you may have completed since participating in the Safe Families-Safe Homes training, reasons that might have contributed to any successes you may have had, and challenges you may have encountered in completing these activities.

***27. Which, if any, of the following activities have you completed since participating in the Safe Families-Safe Homes training? (Check all that apply.)**

- Enrolled in additional training related to helping families deal with domestic violence.
- Investigated the policies and procedures related to domestic violence that are in place at your Head Start program.
- Changed (or suggested changes to) the policies and procedures related to domestic violence that are in place at your Head Start program.
- Investigated the laws and regulations related to domestic violence that are in place in the community in which you work.
- Identified resources in your community, such as local domestic violence victim service agencies.
- Contacted potential community partner(s) to improve local efforts aimed at prevention and intervention of domestic violence (please specify agency below).
- Developed a formal partnership agreement with a community partner to improve local efforts aimed at prevention and intervention of domestic violence (please specify agency below).
- Referred a family for social or community services.
- Assisted a family with accessing domestic violence services.
- No follow-up activities completed (skip to Question #29).
- Other activity (specify below).

Please specify involved agencies and/or other activities:

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28. What are the reasons that might have contributed to any successes you have experienced in follow-up activities related to the Safe Families-Safe Homes training? (Check all that apply.)

- The Safe Families-Safe Homes training provided us with the necessary skills and information to respond appropriately to disclosures of domestic violence.
- The Safe Families-Safe Homes training provided us with the necessary skills and information to connect families directly to domestic violence services.
- The Safe Families-Safe Homes training provided us with the necessary skills and information to increase family safety.
- The Head Start Collaboration Director and/or other state trainers facilitated follow-up activities.
- Our Head Start program's Director was supportive of the initiative.
- We had the resources to devote to additional training opportunities or collaborative efforts.
- Domestic violence prevention and intervention was a priority of our program's Policy Council, Governing Board, or other advisory committee.
- Before the training, our program was involved in collaborative efforts with community partners related to other issues (e.g., substance abuse).
- Before the training, our program was already involved in collaborative efforts related to domestic violence prevention and intervention.
- Does not apply.
- Other

Please specify.

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*29. What are the challenges you have encountered in follow-up activities since the Safe Families-Safe Homes training session you attended? (Check all that apply.)

- The Safe Families-Safe Homes training did not provide us with the necessary skills and information to respond appropriately to disclosures of domestic violence.
- The Safe Families-Safe Homes training did not provide us with the necessary skills and information to connect families directly to domestic violence services.
- The Safe Families-Safe Homes training did not provide us with the necessary skills and information to increase family safety.
- I do not have the authority to institute or change policies and procedures related to domestic violence.
- I do not have the authority to contact potential community partners.
- I do not have the authority to establish formal agreements with community partners.
- I do not have the time to devote to additional training or collaborative efforts.
- We did not have the resources to devote to additional training opportunities or collaborative efforts.
- Our Head Start program's Director was not supportive of the initiative.
- Domestic violence prevention and intervention was not a priority of our program's Policy Council, Governing Board, or other advisory committee.
- No challenges encountered.
- No follow-up activities attempted.
- Other

Please specify.

30. Are there things that you wish you had learned or practiced at your Safe Families-Safe Homes training? Are there any changes you would make to the training? Please describe.