

ATTACHMENT A3

PARENT QUALITATIVE INTERVIEW, FORMS A AND B

**Head Start Family Voices Pilot Study
Qualitative Interview for Parents
ALL MODULES**

Introduction

Thank you for agreeing to participate in the Head Start Family Voices Pilot Study, and for taking the time to meet with me today. My name is [NAME] and I work for Mathematica Policy Research, a nationally-recognized research organization that conducts studies in early childhood education and other areas. Mathematica is conducting this study for the Administration for Children and Families to help them better understand the experiences of families participating in Head Start and Early Head Start.

This interview will last approximately one hour. As a token of our appreciation for your participation, you will receive a gift card valued at \$20. As a reminder, all of the information that you share with me today will remain private; no one from your child's program will see or hear your responses.

Today, I will be asking you some questions about your experiences in your [Early Head Start/Head Start] program. In addition to your answers to these questions, I will be asking for some additional information—how clear or unclear or difficult to understand the questions are. This will help us learn how we can re-word certain questions to make them easier to understand.

During the interview, I will be taking some notes about our discussion. To help me keep track of your responses to the questions, I will audio record our conversation. Again, this information will not be shared with anyone from the program; it is just meant to serve as a record of what you and I discussed. Is that okay?

Do you have any questions before we begin the interview?

BEGIN AUDIO RECORDING. STATE THE FOLLOWING BEFORE YOU BEGIN THE INTERVIEW:

- INTERVIEWER NAME
- TODAY'S DATE
- PARTICIPANT MPRID
- INTERVIEW FORM

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxx-xxxx. The time required to complete this collection of information is estimated to average 1 hour, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. This information collection is voluntary. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Nikki Aikens.

Module 1: Choosing Head Start/Early Head Start – INCLUDED IN FORMS A AND B
(5-10 minutes)

I would like to begin by asking you about your experiences related to enrolling in **[Early Head Start/Head Start]**.

1. How did you learn about **[Early Head Start/Head Start]**? Did someone suggest **[Early Head Start/Head Start]** to you, or did you decide to enroll on your own?
 - When you enrolled in **[Early Head Start/Head Start]**, what did you hope to get from the program? Did you hope to gain something for your child? Did you hope to gain something for yourself or for your family? If so, what?
2. Before you enrolled in **[Early Head Start/Head Start]**, did you think that families should do activities at home with their child to support their learning and development? Why or why not?
 - Now that you are in the program, do you feel the same way? [IF NO, ASK: Why not?]
3. FOR CENTER-BASED FAMILIES ONLY: Before you enrolled in **[Early Head Start/Head Start]**, did you think that families should get involved in classrooms or work with teachers to help their child learn? Why or why not?
 - Do you feel the same way now? [IF NO, ASK: Why not?]
4. FOR PREGNANT WOMEN ONLY; ALL OTHER RESPONDENTS, ASK ITEM 5: Are you satisfied with your experiences in the program so far?
 - IF YES, PROBE: Please tell me some of the ways that the program has helped you and your family.
 - IF NO, PROBE: What could the program do differently to better help you and your family?
5. Are you satisfied with your child's and family's experiences in the program so far?
 - IF YES, PROBE: Please tell me some of the ways that the program has helped your child. Have you seen changes in your child's learning and development since you first enrolled in **[Early Head Start/Head Start]**?
 - IF YES, PROBE: Please tell me some of the ways that the program has helped you and your family.
 - IF NO, PROBE: What could the program do differently to better help your child and family?

Module 2: Relationships with Staff and Programs – INCLUDED IN FORMS A AND B
(20-25 minutes)

Now, I would like to talk about your experiences with staff at your **[Early Head Start/Head Start]** program, including the staff that you usually talk to and the types of things you talk about.

FOR HOME-BASED FAMILIES ONLY, EXCLUDING PREGNANT WOMEN:

6. How often do you meet with or talk to your home visitor?
 - What kinds of things do you talk about with your home visitor?

- What types of things does the home visitor do with you and your child when you meet?
 - Do you ever work with your home visitor to make plans about ways to support your child's learning and development? [IF YES, ASK: Please tell me about some of the ways that you have worked together.]
7. When you meet with your home visitor, do you feel comfortable talking about topics related to you and your family?
- PROBE: What are some examples of ways s/he has made you feel **[comfortable/uncomfortable]**?
8. Family services staff provide families with needed resources, and may include family service workers, family services managers, family services coordinators, family services assistants, and social workers. Have you ever met with or talked to the family services staff from your **[Early Head Start/Head Start]** program? [IF YES, ASK: How often have you talked to them?]
- IF YES, ASK: What kinds of things did you talk with them about?
 - PROBE: Do you ever work with the family services staff from your program to make plans about ways to support your child's learning and development? [IF YES, ASK: Tell me about some of the ways that you have worked together.]
 - IF YES, ASK: Do you feel comfortable talking with them about topics related to you and your family? What are some examples of ways s/he has made you feel **[comfortable/uncomfortable]**?

FOR PREGNANT WOMEN ONLY:

9. What types of staff at your **[Early Head Start/Head Start]** program do you talk to most often?
10. How often do you meet with or talk to **[STAFF MEMBER(S)]**?
- What kinds of things do you talk about with **[STAFF MEMBER(S)]**?
 - What types of things do you do with **[STAFF MEMBER(S)]** when you meet?
11. When you meet with **[STAFF MEMBER(S)]**, do you feel comfortable talking about topics related to you and your family?
- PROBE: What are some examples of ways **[STAFF MEMBER(S)]** has made you feel **[comfortable/uncomfortable]**?
12. IF FAMILY SERVICES STAFF ALREADY MENTIONED: Do you ever work with the family services staff from your program to make plans about ways to support your child's learning and development? [IF YES, ASK: Tell me about some of the ways that you have worked together.]
13. IF FAMILY SERVICES STAFF NOT ALREADY MENTIONED: Family services staff provide families with needed resources, and may include family service workers, family services managers, family services coordinators, family services assistants, and social workers. Have you ever met with or talked to the family services staff from your **[Early Head Start/Head Start]** program? [IF YES, ASK: How often have you talked to them?]

- IF YES, ASK: What kinds of things did you talk with them about?
- PROBE: Do you ever work with the family services staff from your program to make plans about ways to support your child's learning and development? [IF YES, ASK: Tell me about some of the ways that you have worked together.]
- IF YES, ASK: Do you feel comfortable talking with them about topics related to you and your family? What are some examples of ways s/he has made you feel **[comfortable/uncomfortable]**?

FOR CENTER-BASED FAMILIES ONLY, EXCLUDING PREGNANT WOMEN:

14. How often do you meet with or talk to your child's teacher?

- What kinds of things do you talk about with your child's teacher?
- PROBE: Do you ever work with your child's teacher to make plans about ways to support your child's learning and development? [IF YES, ASK: Please tell me about some of the ways that you have worked together.]

15. When you talk to your child's teacher, do you feel comfortable talking about topics related to you and your family?

- PROBE: What are some examples of ways s/he has made you feel **[comfortable/uncomfortable]**?

16. Family services staff provide families with needed resources, and may include family service workers, family services managers, family services coordinators, family services assistants, and social workers. Have you ever met with or talked to the family services staff from your **[Early Head Start/Head Start]** program? IF YES, ASK: How often have you talked to them?

- IF YES, ASK: What kinds of things did you talk with them about?
- PROBE: Do you ever work with the family services staff from your program to make plans about ways to support your child's learning and development? [IF YES, ASK: Tell me about some of the ways that you have worked together.]
- IF YES, ASK: Do you feel comfortable talking with them about topics related to you and your family? What are some examples of ways s/he has made you feel **[comfortable/uncomfortable]**?

FOR ALL FAMILIES:

17. When you're at your **[Early Head Start/Head Start]** program, do you feel welcomed by staff?

- PROBE: What are some examples of ways staff have made you feel **[welcome/unwelcome]**?

18. Have you ever had a question or needed help with something that was not related to your child's learning and development (for example, help with your own goals)?

- IF YES, ASK: Who from the program did you talk to? [IF NO, ASK: Who from the program do you think you would you ask for help? Why?]

- IF SPOKE TO PROGRAM STAFF, ASK: What kinds of things did you talk about with them? Was this staff person able to help you? [IF YES, ASK: How so? IF NO, ASK: Why not?]
19. IF PARENT HAS NOT MENTIONED GOALS FOR THEIR CHILD, ASK: Many parents have hopes for their child's future. What are your goals and dreams for your child?
- How are staff from your **[Early Head Start/Head Start]** program helping you reach those goals?
 - Do you feel that staff from your **[Early Head Start/Head Start]** program understand what's important to you when it comes to the goals that you have for your child?
20. IF PARENT HAS ALREADY MENTIONED GOALS FOR THEIR CHILD, ASK: You mentioned some goals and dreams for your child. How are staff from your **[Early Head Start/Head Start]** program helping you reach those goals?
- Do you feel that staff from your **[Early Head Start/Head Start]** program understand what's important to you when it comes to the goals that you have for your child?
21. IF PARENT HAS NOT MENTIONED GOALS FOR SELF, ASK: What are your goals and hopes for yourself?
- How are staff from your **[Early Head Start/Head Start]** program helping you reach those goals?
22. IF PARENT HAS ALREADY MENTIONED GOALS FOR SELF, ASK: You mentioned some goals and hopes for yourself. How are staff from your **[Early Head Start/Head Start]** program helping you reach those goals?

<p><i>Module 3: Family Engagement in the Program and in Children's Learning and Development</i> – FORM A ONLY (10 minutes)</p>
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Next, I would like talk about the types of activities that you do to help support your child's learning and development. This includes activities you do at your **[Early Head Start/Head Start]** program, at home, or in your neighborhood or community.

23. What kinds of things does your **[Early Head Start/Head Start]** program encourage you to do at the program **[to support your child's learning and development]**? Some examples may include attending parenting meetings, socializations, or volunteering at the program. There may be other activities in your program that you have heard of.
- PROBE: Which of these activities have you or your family gotten involved in?
 - IF FAMILY HAS NOT PARTICIPATED: Are there any activities at the program that you wanted to get involved in but could not? [IF YES, ASK: What made it hard for you to get involved?]
24. FOR HOME-BASED FAMILIES ONLY, EXCLUDING PREGNANT WOMEN: Have you ever found it hard to participate in home visits? [IF YES, ASK: What has made it hard for you to participate?]
25. FOR PREGNANT WOMEN ONLY: Have you ever found it hard to meet with staff from your Early Head Start program? [IF YES, ASK: What has made it difficult for you?]

26. Has the program encouraged you to get involved in program leadership activities like the Policy Council or to become a member of a Committee?

- IF YES, PROBE: Which of these leadership activities have you or your family gotten involved in?
- IF FAMILY HAS NOT PARTICIPATED: Are there any leadership activities you wanted to get involved in but could not? [IF YES, ASK: What made it hard for you to get involved?]
- Does the program encourage you to share your opinions about program policies and procedures in other ways? [IF YES, ASK: What are some examples?]

27. What kinds of activities does the program encourage you to do outside of the program to support your child's learning and development? This can include activities you do at home or in your neighborhood or community.

- Have you or anyone in your family done any of these activities? [IF YES, ASK: Which ones?]
- PROBE: FOR HOME-BASED FAMILIES, IF PARENT TALKS ABOUT ACTIVITIES THAT OCCUR DURING HOME VISITS, CLARIFY THAT WE ARE INTERESTED IN ACTIVITIES THEY ARE ENCOURAGED TO DO AT HOME BEYOND THOSE THAT OCCUR WITH THEIR HOME VISITOR.

Module 4: Components of Community Engagement – FORM B ONLY (5-10 minutes)

These next questions are about activities that your **[Early Head Start/Head Start]** program provides to parents for getting to know one another, and ways that the program encourages parents to get involved in their neighborhood or community.

28. What kind of activities or events does the program provide for getting to know other parents and families?

- IF NEEDED, ASK: Does the program plan parent meetings or some other activity or event for parents to get to know each other?
- Does your **[Early Head Start/Head Start]** program provide families with opportunities to get to know other families who have transitioned from **[Early Head Start to Head Start/Head Start to kindergarten]**?
- Have you or anyone in your family done any of these activities? [IF YES, ASK: Which ones?]

29. Do you feel that families in the program can turn to each other for friendship or if they need support?

- In what ways does the program encourage this sense of community among parents?

30. Does the program encourage you to get involved in local events or volunteer in your neighborhood or community? [IF YES, ASK: Can you give me some examples?]

- IF EXAMPLES PROVIDED, ASK: Have you or anyone in your family done any of these activities?

31. Does the program encourage you to get involved in job training opportunities in your neighborhood or community? [IF YES, ASK: Can you give me some examples?]

- IF EXAMPLES PROVIDED, ASK: Have you or anyone in your family done any of these activities?

32. Does the program encourage you to express your opinions or speak out in your neighborhood or community about decisions that are made to change or make something better in your community? [IF YES, ASK: How so?]

- IF EXAMPLES PROVIDED, ASK: Have you or anyone in your family done any of these activities?

End-of-Interview Debrief (10-15 minutes)

I just have a few more questions.

- ASK ONLY IF PERCEIVED DIFFICULTY IN RESPONDING: I noticed that you paused when responding to one of the questions I asked you. The question reads as follows [REPEAT QUESTION]. Was this question difficult to understand? If so, why?
- Are there any additional topics that we have not discussed today that you think we need to consider in developing the interviews? As a reminder, these interviews are designed to help us better understand how programs engage and provide services to families enrolled in **[Early Head Start/Head Start]**.

Closing

We have now reached the end of the interview. Thank you again for sharing your experiences with me, and for your time and contributions to this important study.