# Instrument 5 Community Partner Staff Interview Protocol

OMB # XXXX-XXXX Expiration Date: XX/XX/XXXX

#### SPRING 2022 HEAD START REACH CASE STUDY SITE VISITS

#### **Community Partner Staff Interview Protocol**

In spring 2022, the Head Start REACH team will use this protocol to conduct interviews with staff from up to 4 community organizations that partner with each of six Head Start programs. We will conduct a 45--minute in-person interview with the representative of the organization that helped us recruit parents and 45-minute one-on-one telephone interviews with representatives of up to three other community organizations. All respondents may not be asked all questions; each interview will be tailored in advance based on the organization type. We will seek staff permission to record all interviews. Staff will receive \$25 to complete this interview.

**NOTE:** This protocol is a guide, not a script. The protocol has been developed to apply to staff at the partner organization. Interviewers will need to tailor questions to the specific organization and add probes to further explore the responses provided.

#### A. Introduction

Hello, my name is [NAME]. Thank you for taking the time to speak with me today. I am calling on behalf of the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services to talk about your program's participation in the Head Start REACH study. Head Start REACH is a study that aims to improve understanding of how Head Start programs recruit, select, enroll, and retain families experiencing adversities. As part of this study, we are taking an in-depth look at programs that have demonstrated success in reaching and supporting families facing one or more adversities. Adversities is a broad term that refers to a wide range of circumstances or events that pose a threat to a child or caregiver's physical or psychological well-being. The adversities that families experience are often intertwined with poverty, may co-occur, and are affected by systematic factors, such as structural racism. Common examples include (but are not limited to) families experiencing homelessness; involvement in child welfare, including foster care; and affected by substance use, mental health issues, and domestic violence.

I work for Mathematica, an independent research organization, which is conducting Head Start REACH on behalf of ACF. As part of the study we are reaching out to community organizations that work with populations that are eligible and might benefit from Head Start services. We are gathering information to gain an understanding of how community partner organizations, such as yours, work with [PROGRAM NAME]. [PROGRAM NAME] indicated that they work with [PARTNER ORGANIZATION] to reach and support families experiencing [ADVERSITY/ADVERSITIES].

During the interview we will ask questions that will help us understand your organizations' experience in working with the Head Start program, how your organization communicates with families about early childhood education options, and ways in which your organization is able to help families facing [ADVERSITIES] receive services from [PROGRAM NAME].

We expect this interview will take about 45 minutes and you will receive a \$25 gift card as a thank you for completing it. Before we start, I want to let you know that your participation in this discussion is voluntary and you may refuse to answer any of the questions. All information you provide will be kept

private to the extent permitted by law. We will use the information you share to write a summary of what we learned, but we will not attribute any of your comments to you in our reports. We want to record the information you share to inform our notes. Only study staff will listen to the recordings and we will destroy the recording at the end of the project. Data from this interview will be transmitted to the <a href="Child & Family Data Archive">Child & Family Data Archive</a> or a similar data archive at the end of the study so it can be used by other researchers. No personal information that could identify you or the programs you serve will remain in the interview notes that are shared with the data archive. If you want to say anything that you do not want recorded, please let me know, and I will be glad to pause the recorder.

Do we have your permission to record this interview?

Do you have any questions before we start?

## B. Respondent characteristics

Let's start by discussing your background and responsibilities.

- **1.** What is your official job title?
- **2.** Can you provide a description of your responsibilities in this role?
- **3.** How long have you been working at [PARTNER ORGANIZATION] in this position?
- **4.** When did you begin working with [PROGRAM NAME]?
  - **a.** Is this when your organization first began working with [PROGRAM NAME] or did you take over this role after the relationship was already established?
- **5.** Can you describe your role or involvement with [PROGRAM NAME]?

## C. Partner organization characteristics

Now, I'd like to learn a bit about [PARTNER ORGANIZATION].

- **6.** What is your organization's goal/mission?
- **7.** What is your organization's primary target population? Are there any specific groups that you reach out to, to provide services?
- **8.** How do you connect with the families that you serve?

IF ORGANIZATION IS SINGLE-FOCUSED, SUCH AS A HOMELESS SHELTER OR A CHILD WELFARE AGENCY, SKIP TO Q10  $\,$ 

- **9.** [PROGRAM NAME] indicated that they work with your organization to serve families experiencing [ADVERSITIES]. Is there anything different about how you reach out to families facing [ADVERSITIES]? [PROBE FOR STRATEGIES USED WITH FAMILIES EXPERIENCING THESE ADVERSITIES]
- **10.** What kinds of services do you provide families facing [ADVERSITIES]?

Now thinking about families you serve with children under the age of 5.

- **11.** What kind of child-related services do these families need? For example, child care and early education needs.
- **12.** What other types of services that Head Start provides might be useful to the families you serve (for example, health and disability screenings, support for family self-sufficiency, etc.)?
- **13.** Based on your experience, are there specific types of child care and early education that your families prefer?
  - **a.** That is, what types of programs are they and who runs them? [PROBES: home based/center based, informal or formal programs, sponsored by the state, town, schools, religious or community organizations]
  - **b**. Are there specific features of this type of care that you or families prefer? [PROBES: cost, languages spoken, ages served, services offered].
- **14.** Do you have child care options that you usually suggest to families with young children that you serve?
- **15.** How do you share information about child care programs with your families? [PROBES: give out printed information from program, discuss options while meeting with families, help schedule meetings/appointments with program]

Thinking now about any partnerships that you may have with other child care programs besides [PROGRAM NAME].

- **16.** Do you have partnerships with any other early child care programs?
  - **a.** Which ones?
- **17.** IF YES TO 16: Do you track whether the families you referred to these programs end up enrolling or using their services?
  - a. Do you know how well the programs or services are working for the families?
  - **b.** Do you keep track of when families stop using the program or services?
- **18.** [IF ORGANIZATION HAS PARTNERSHIPS WITH OTHER CHILD CARE PROGRAMS]: What proportion of your families needing child care go to [PROGRAM NAME] and what proportion go to these other organizations? Your best guess is fine.

# D. Relationship with Head Start program

I'd like to focus now on [PROGRAM NAME] specifically.

- **19.** How and when did your organization become involved with [PROGRAM NAME]?
- **20.** And was there a specific reason you decided to partner with [PROGRAM NAME]?
- **21.** Do you happen to know if [PROGRAM NAME] reached out to you, or did your organization reach out to [PROGRAM NAME]?

IF RESPONDENT DOES NOT KNOW ABOUT THE HISTORY OF THE RELATIONSHIP, REQUEST TO FOLLOW UP TO OBTAIN THIS INFORMATION.

## E. Head Start program's goals and benefits

Now I'd like to dive a bit deeper to understand how [PARTNER ORGANIZATION] and [PROGRAM NAME] work together.

- **22.** How does [PROGRAM NAME] help [PARTNER ORGANIZATION] meet your organization's goals for families you serve?
- **23.** In what areas do you see [PARTNER ORGANIZATION] contributing to [PROGRAM NAME]'s ability to serve families and provide services?
  - **a.** What role does your organization play in helping [PROGRAM NAME] recruit and enroll families? [PROBE: For example, do you help the program in identifying eligible families? Do you support the program in getting eligible families enrolled by helping them fill out paperwork, providing child care, etc.?]
  - **b.** Do you play any role in supporting families so that they stay in [PROGRAM NAME] once they are enrolled? [PROBE: For example, do you help the program connect families with services they need? Do you check in with families if they have missed appointments/low attendance in program?]
  - **C.** Can you describe the types of things your organization does to help make sure the families continue to stay in the [PROGRAM]? [PROBE: Check in with the program, bring up attendance issues when you meet with the family, check in directly with families if they have missed appointments/or low attendance.]
- **24.** What do you think are the primary benefits that families gain by enrolling in [PROGRAM NAME]?
  - **a.** How do these compare to other child care programs with which you partner?
- **25.** How would you characterize the reputation of [PROGRAM NAME] in the community?
  - **a.** What contributes to this reputation?

## F. Communication with Head Start program

- **26.** What is the process for your organization's referring families to [PROGRAM NAME]?
  - **a.** How often and through what methods are you in communication with a staff member from [PROGRAM NAME]?
  - **b.** What topics are typically discussed during your communication with staff members from [PROGRAM NAME]?
- **27.** Does [PROGRAM NAME] recommend families to [PARTNER ORGANIZATION]?
  - **a.** IF YES: What is the process for that?
- **28.** What is your understanding of who is eligible to enroll in [PROGRAM NAME]?
  - **a.** Who do you go to with any questions regarding a family's eligibility?
- **29.** What kinds of outreach materials have your received from [PROGRAM NAME]?

- **a.** How have you used these materials?
- **b.** Do you receive support from [PROGRAM NAME] in using those materials?
- **30.** Is information about specific families facing [ADVERSITIES] ever shared between [PARTNER ORGANIZATION] and [PROGRAM NAME]?

IF YES

- **a.** What type of client information does [PARTNER ORGANIZATION] share with [PROGRAM NAME]?
- **b.** What type of client information does [PROGRAM NAME] share with [PARTNER INFORMATION]?
- **C.** How is the information shared?
- **d**. How does sharing this information help [PARTNER ORGANIZATION NAME] in serving families?
- **e.** What other client information would be helpful for you and [PROGRAM NAME] to share? How would sharing this information be useful? What are the barriers to sharing this information?

IF NOT

- **a.** Do you think there is a need to share client information across organizations?
- **b.** What information would it be useful to share and why?
- **C.** Why do you think this information is not shared?
- **C**. What are the barriers to sharing this information?
- **31.** How might the communication between [PARTNER ORGANIZATION] and [PROGRAM NAME] be strengthened (if needed)?
  - **a.** How would this improve your ability to provide services to families in [PROGRAM NAME]?

## G. Final reflections

- **32.** Can you summarize what you think are the key factors that have supported a successful partnership between [PARTNER ORGANIZATION] and [PROGRAM NAME]?
- **33.** Is there anything that is challenging to maintain the partnership?
- **34.** Is there anything that you would like change about your partnership with [PROGRAM NAME]? IF YES
  - **a.** Would you like to change anything about how the partnership is structured?
  - **D.** Would you like to change anything about how your partnership is implemented?
- **35.** Is there anything else you would like to share about your partnership with [PROGRAM] or working with families with [ADVERSITIES]?

Thank you so much for meeting with me today and taking time out of your busy schedule. We really appreciate the work that you do here and your willingness to allow us to learn from you!

[Hand gift card/ get information to send respondent gift card].