

# Instrument 7: Community Provider Interview

This collection of information is voluntary and will be used to learn how Head Start programs coordinate family well-being support services. 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. The OMB number for this information collection is 0970-0538 and the expiration date is 4/30/2021.

# Semi-Structured Interview with Community Providers

*The term “site” is used, as respondents may come from the grantee, delegate, center, and/or program levels; “site” will be replaced with “grantee,” “delegate,” “center,” and/or “program” depending on what is appropriate for the respondent.*

*The questions with asterisks (\*) are of lower priority and can be skipped if the interviewer is running short on time.*

*This protocol includes probes, which will be used if a respondent doesn't understand the question or gives a brief answer. This protocol also includes sub-bullets, which are example questions that will be asked, time-permitting, if the respondent doesn't touch on that topic in their first response. Interviewers may probe more deeply in response to an interviewee's comment, in-line with the Head Start Connects research questions.*

## Section 1. Introduction and Overview

Thank you for meeting with me today! I'm [NAME] and I work for [MDRC, MEF, OR NORC - SHORT DESCRIPTION]. I would like to interview you today because [HEAD START PROGRAM], a site you work with to coordinate family services, is participating in a study called Head Start Connects. Head Start Connects is funded by the Administration for Children and Families and conducted by MDRC, MEF Associates, and NORC at the University of Chicago. Head Start Connects aims to build knowledge about how Head Start programs across the country coordinate family support services for parents and the processes or practices used to ensure that service coordination is aligned with individual family needs and fosters family well-being. When I say, “family support services,” I mean services for parents and guardians such as education, employment services, financial capability services, housing and food assistance, emergency or crisis intervention services, substance abuse treatment, physical health services (such as tobacco cessation services, nutritional services, or other services to maintain and promote physical health and well-being), and mental health services. I understand that your organization's circumstances and the family support services you provide may have changed as a result of the COVID-19 pandemic; at points during the interview I will ask you to think specifically about how your provision of family support services may have been affected by COVID-19. During the study, we will carry out a literature review and conduct in-depth case studies that will inform the creation of several design options for a large-scale study of Head Start programs' approaches to coordinating family support services.

[HEAD START PROGRAM] is one of six Head Start programs participating in the Head Start Connects case study. We are interviewing Head Start staff, parents, and community providers that sites work with. If you are OK with talking to me today, I will ask you some questions about your experience working with this Head Start site to coordinate family support services for parents. Your opinions and ideas will provide valuable information about how parents use Head Start family support services, so we can determine how to improve the services offered to parents. I emailed you an information sheet about the study for you to keep for your records- did you receive it and have a chance to read it? If not, please feel

free to read the full form and I'll now also give you an overview. [IF DIDN'T RECEIVE INFORMATION SHEET VIA EMAIL, SHOW SHEET ON VIDEO CALL, SUMMARIZE, AND GET EMAIL TO SEND AFTER INTERVIEW.]

The interview won't take more than one hour, and your participation is voluntary. If you decide not to participate, it will not affect your relationship with this site. If you need to leave early or don't want to answer certain questions, that's fine – just let me know. We will not use your name or the name of your site or otherwise identify you when we report our findings. Your name or other identifying information will be protected and will never be shared with anyone outside the research team. While we may use what you say during the interview in our reports, we won't include your name or the name of your organization or otherwise identify you. This study has a Certificate of Confidentiality from the U.S. Department of Health and Human Services which says that we cannot be required to share any identifiable information, even under a court order or subpoena. We will use the Certificate to resist any requests for information that would identify you. Finally, 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. The OMB number for this information collection is 0970-0538 and the expiration date is 4/30/2021.

### **Do you agree to participate in this interview?**

We are also asking to audio record the interview. The audio recording is to help our team keep track of what you said; the audio recording will never be shared beyond our research team, the recordings will be deleted after transcription, and your name will not be attached to the transcription.

### **Do you give permission for me to audio record?**

Do you have any questions before we start? So you know, whenever I reference “parents” in this interview I'm talking about parents and legal guardians.

## **Section 2. Organization Background**

Let's start by discussing your background and your organization/agency.

### **1. Please tell me a little about your professional and educational background.**

*[PROBE: What were you doing before you joined this organization?]*

- What are your degrees or other credentials?

### **2. Please tell me a little about your organization.**

- What is your organization's mission?
- What kind of services does your organization provide?
- How is your organization funded?
- How many families does your organization work with?
- Which kinds of families or individuals do you work with (for example, those who are new to the area or new to the country; mostly working-age adults; children, adults, seniors)?

**3. Next, please describe your role at this organization.**

*[PROBE: For instance, what does a typical workday or workweek look like for you?]*

- What is your formal title?
- How long have you been at this organization?
- Have you had any other roles at this organization? If yes, please describe them.

**Section 3. Working with Head Start Programs**

Next, let's talk about how you work with [HEAD START PROGRAM], first thinking about how you worked with them prior to the COVID pandemic Afterwards, I will ask how the pandemic may have changed this process.

**4. Please tell me about how your organization began working with [HEAD START PROGRAM].**

- Was it an informal or formal partnership to start out with?
- Who initiated the partnership – your organization or [HEAD START PROGRAM]?
- What role did you play in initiating this partnership?

**5. What are some specific reasons you decided to partner with [HEAD START PROGRAM]?**

- What motivated your organization to partner with [HEAD START PROGRAM]?
- What are the advantages for your organizations of having this partnership?

**6. How did you formalize your partnership with [HEAD START PROGRAM]?**

*[PROBE: Do you have an agreement or MOU in place? (Memoranda of Understanding, a formal agreement between organizations to work together)]*

**7. \*What are some specific steps you take to maintain your partnership?****8. How are services for families referred to your organization by [HEAD START PROGRAM] funded?**

- Do you receive any funding from Head Start?
- Do you offer reduced rates to Head Start families?

**9. Now, please describe how you worked with [HEAD START PROGRAM] prior to the COVID-19 pandemic. What are some specific ways you worked together or coordinated to provide services for mutual parents?**

- o Did you accept referrals and then work independently of the [HEAD START PROGRAM]?
- o Did you take part in service planning with [HEAD START PROGRAM]?
- o Did you and [HEAD START PROGRAM] jointly manage cases or have an intensive collaborative approach for some types of needs or high-risk families? Please describe this collaborative approach.
- o In what ways did your approach differ, depending on the families served and their specific needs?

**10. What are some specific ways you communicated with [HEAD START PROGRAM] (prior to the COVID-19 pandemic)?**

*[PROBE: For example, ad-hoc emails, phone calls, informal meetings, formal meetings.]*

- o Who did you communicate with at [HEAD START PROGRAM]?
- o Did you have regular meetings?
  - How often?
  - What kind of topics do you discuss?
- o Is there anyone else you communicated with about the Head Start families you serve?
  - If so, for what reasons?

**11. \*What are some specific ways you received referrals from [HEAD START PROGRAM]?**

- o For example, via an online system, a phone call, an email.

**12. How many families from Head Start do you serve through referrals in a typical year?**

**13. Is there anything you do differently with Head Start families than you do with families not from Head Start?**

**14. What are some specific ways you gather and track information on families from [HEAD START PROGRAM]?**

- o What computer-based system do you use to record and track your work with families (Management Information System [MIS] or database)?
  - Is it the same as the [HEAD START PROGRAM]'s database?
- o Do you have access to the [HEAD START PROGRAM]'s database?
- o Does [HEAD START PROGRAM] have access to your database?
- o What forms are in that system for you to use? For example, an intake and assessment form, a goal-setting form.

- How do you use these forms?
- How else do you use this system?  
*[PROBE: For example, do you communicate about families with others at your organization or at other agencies via this database?]*

**15. How, if at all, has the COVID-19 pandemic affected your partnership with [HEAD START PROGRAM]?**

- What are some specific ways the pandemic has changed how you work [HEAD START PROGRAM] (if at all)? For example, has the pandemic affected:
  - How you communicate with [HEAD START PROGRAM]? If so, tell me about that.
  - What types of services you provide [HEAD START PROGRAM]? If so, tell me about that.
  - The uptake of services by families from [HEAD START PROGRAM]? If so, tell me about that.

## Section 4. Reflecting on Partnership with Head Start Site and Provision of Services

Finally, I have a few questions about how your partnership with [HEAD START PROGRAM] has been going. I'm generally interested in understanding your reflections on your partnership from prior to the pandemic, but I will ask specifically how the pandemic may have changed things.

**16. What has been challenging about partnering with [HEAD START PROGRAM]?**

- What has been challenging about working with Head Start staff?
- What has been challenging about working with Head Start parents referred to your organization?
- What are some specific ways you have addressed these challenges?
- Has the COVID-19 pandemic caused any challenges to partnering with [HEAD START PROGRAM]? If so, tell me about that.

**17. What changes have you made over time to this partnership with [HEAD START PROGRAM]?**

- Please describe any changes you made to how you work with Head Start staff.
- Please describe any changes made to how you work with Head Start parents referred to your organization.

**18. Thinking about your partnership prior to the pandemic, how would you improve on these processes?**

*[PROBE: What would you like to do differently?]*

- o What about in terms of working with Head Start staff?
- o What about in terms of working with Head Start parents referred to your organization?
- o Now, taking into consideration your current partnership (that is, since the pandemic started), are there any other ways you would improve on these processes?

**19. What has been going well with this partnership?**

- o What has been going well with working with Head Start staff?
- o What has been going well with working with Head Start parents referred to your organization?
- o Do you have any success stories to share about a Head Start parent who was referred to you from [HEAD START PROGRAM]?
- o Have there been any unexpected positive changes to your partnership resulting from the COVID pandemic? If so, tell me about them.

## **Section 5. Conclusion**

Those are the last of my questions. Before we end, I wanted to ask you – is there anything I missed about how your site works with [HEAD START PROGRAM] to provide Head Start families with services? Anything more you want to add in or any questions I should have asked?

Thank you so much for your time! Our next steps are to complete this site visit, interviewing staff, parents, and community providers, and then to visit additional case study sites.