Head Start Connects

SURVEY OF HEAD START FAMILY AND COMMUNITY PARTNERSHIPS MANAGERS

The purpose of the survey of family and community partnerships managers is to collect information about the structures and services that Head Start programs have for providing supports to parents and families, including coordination with service providers in their communities; how family support staff members reach out to and engage families in family support services; how family support staff members work with families to identify and utilize appropriate family support services; and the characteristics, experiences, job characteristics, benefits, and well-being of staff members who provide family support services.

Terms used in this survey

Term	Refers to…
Your Head Start program(s)	The Head Start-funded program(s) you are employed by. This includes: • Head Start programs, • Early Head Start programs, • Migrant and Seasonal Head Start programs, and • Early Head Start-Child Care Partnership programs.
Parent	A child's parent or guardian.
Umbrella organization	The public agencies, private nonprofit and for-profit organizations, tribal governments, and school systems (that is, the grantee or delegate agencies) that receive grants from the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) to run Head Start, Early Head Start, and Migrant and Seasonal Head Start programs
Program	All the centers that one umbrella organization oversees. Programs provide Head Start or Early Head Start center- or home-based services to children and families
Center	A facility that houses Head Start services at a single location. A Head Start program may provide oversight over multiple centers
Current Program Year	The Head Start program year when you are taking the survey. For example, programs that follow a K-12 public school schedule might have a program year lasting from August 2022 through May 2023.
Family support services staff member	The Head Start staff member who coordinates services for parents. Programs may use various terms for this position, such as family service advocate or family empowerment specialist.
Family and community partnerships manager	The Head Start staff member who oversees all family support services and supervises the family support services staff members. Programs may use various terms for this position, such as family service manager or family empowerment advisor.

You have been selected for this survey because of your responsibilities for managing and coordinating family support services at your Head Start program(s) and your knowledge of your Head Start Program(s). We received your name from your Head Start director. All your responses are confidential and will not be linked to you.

When responding to the questions on this survey, please think about your work managing and coordinating support services for families in all components of your Head Start program(s) including:

- *Head Start programs,*
- *Early Head Start programs,*
- *Migrant and Seasonal Head Start programs, and*
- *Early Head Start-Child Care Partnership programs.*

*Please think about the **current program year** when responding to questions.*

Your Job, Roles, and Responsibilities

M1.) What is the title of your position managing and coordinating family support services for your Head Start program(s)? *Select one.*

   a.   Family and community partnerships manager (or coordinator)
   b.   Family and community services manager (or coordinator)
   c.   Family community manager (or coordinator)
   d.   Family empowerment adviser (or coordinator)
   e.   Family services manager (or coordinator)
   f.   Family support services manager (or coordinator)
   g.   Family support services staff member
   h.   Parent, family, and community engagement managers (or coordinator)
   i.   Director or assistant director for family services
   j.   Program director
   k.   Other:_____

Pop-up Note: *Thank you for providing the title for your job. For consistency across the remainder of the survey, survey questions use the broad title "family and community partnerships manager" to refer to jobs like yours.*

M2.) In a typical program year, which months do you work in your position as a family and community partnerships manager? Indicate "yes" if you work at least one day in the month, and indicate "no" if you do not work at least one day in the month.

In any given month, if the only work you do in your position is participate in in-service training, select "no" for that month.

Month	Yes, I work at least one day in this month	No, I do *not* work at least one day in this month
January	•	•
February	•	•
March	•	•
April	•	•
May	•	•
June	•	•
July	•	•
August	•	•
September	•	•
October	•	•
November	•	•
December	•	•

M3.) When working in your position as a family and community partnerships manager, do you work 35 or more hours in a typical week?

    a.   Yes, 35 or more hours per week
    b.   No, under 35 hours per week
    c.   It varies between weeks

M4.) In what year did you start your job as a family and community partnerships manager at your current Head Start program(s)?

    [drop down with list of calendar years starting with 2023 at top, then 2022…. 1973; Don't know]

M5.) Which of the following tasks are you responsible for in your job as a family and community partnerships manager?

If you oversee staff who do a certain task, please select "Other people do this task, but I oversee it."

Select one response per row.

TASKS	I am the only person who does this task	I do this task and others do it too	Other people do this task but I oversee it	Other people do this task (I do not oversee it)	I don't know whether this task is done	This task is not done
a. Recruit families into Head Start program(s)	☐	☐	☐	☐	☐	☐

TASKS	I am the only person who does this task	I do this task and others do it too	Other people do this task but I oversee it	Other people do this task (I do not oversee it)	I don't know whether this task is done	This task is not done
b. Enroll families or conduct intake of families into Head Start program(s)	☐	☐	☐	☐	☐	☐
c. ☐onduct home visits with families	☐	☐	☐	☐	☐	☐
d. Conduct assessments of strengths, interests, and needs with families	☐	☐	☐	☐	☐	☐
e. Set goals with families or create family partnership agreement	☐	☐	☐	☐	☐	☐
f. Conduct case management (carry a caseload of families)	☐	☐	☐	☐	☐	☐
g. Make or arrange referrals for family support services	☐	☐	☐	☐	☐	☐
h. Follow-up on family support services provided by other organizations in the community	☐	☐	☐	☐	☐	☐
i. Facilitate or run parenting groups	☐	☐	☐	☐	☐	☐
j. Drive parents to appointments	☐	☐	☐	☐	☐	☐
k. Conduct parent orientation	☐	☐	☐	☐	☐	☐
l. Locate or search for services and service providers within the Head Start program(s) community	☐	☐	☐	☐	☐	☐
m. Drop off goods or supplies at families' homes	☐	☐	☐	☐	☐	☐
n. Work with direct service providers to establish memorandums of understanding (MOUs), formal partnerships, or agreements	☐	☐	☐	☐	☐	☐
o. Serve as a liaison with community service provider(s)	☐	☐	☐	☐	☐	☐
p. Recruit, screen, and hire family support services staff members	☐	☐	☐	☐	☐	☐
q. Supervise family support services staff members	☐	☐	☐	☐	☐	☐
r. Provide coaching or mentorship to family support services staff members	☐	☐	☐	☐	☐	☐
s. Plan training and professional development opportunities for family support services staff members	☐	☐	☐	☐	☐	☐
t. Conduct training and professional development activities for family support	☐	☐	☐	☐	☐	☐

TASKS	I am the only person who does this task	I do this task and others do it too	Other people do this task but I oversee it	Other people do this task (I do not oversee it)	I don't know whether this task is done	This task is not done
services staff members						
u. ☐nput data into management information systems (MIS)	☐	☐	☐	☐	☐	☐
v. Produce reports or review data about family support services	☐	☐	☐	☐	☐	☐
w. Other responsibility not listed above:	☐	☐	☐	☐	☐	☐
x. Other responsibility not listed above:	☐	☐	☐	☐	☐	☐
y. Other responsibility not listed above:	☐	☐	☐	☐	☐	☐
z. Other responsibility not listed above:	☐	☐	☐	☐	☐	☐
aa. Other responsibility not listed above:	☐	☐	☐	☐	☐	☐

M6.) Other than your role as a family and community partnerships manager, what other formal role(s) do you have with your Head Start program(s)?

Select all that apply.

a. None. I do not have another formal role.
b. Center director, associate center director
c. Outreach staff/recruiter/enrollment coordinator
d. Health manager
e. Disability services coordinator/manager
f. Parent involvement coordinator/manager
g. Behavioral health (or mental health) coordinator/manager
h. Nutrition coordinator/manager
i. Education coordinator/manager
j. Other (Specify) _____

M7.) How many family support services staff members do you directly supervise in your role as a family and community partnerships manager?

Remember to include all components of your Head Start program, including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnerships.

Number of family support services staff members: drop down 0 to 50

M8.) Across how many centers do you supervise family support services staff members?

> Number of centers: drop down 0 to 25; don't know

M9.) On average, how often do you have scheduled meetings with each family support services staff member you supervise?

Scheduled meetings are appointments that are pre-planned. These can include one-on-one meetings and/or group meetings.

    a.   I don't hold scheduled meetings with the family support services staff members I supervise
    b.   Weekly or biweekly
    c.   Once a month
    d.   Once every 2-3 months
    e.   Once every 4-6 months
    f.   Once every program year
    g.   Other (Specify) _____

M10.) For each of the following program options, please indicate how many families you currently **work with directly** (that is, how many families are on your caseload)?

Please provide an approximate number. A rough estimate is fine. If you do not work directly with any families in that program option, select 0.

    a.   Head Start, Center-based option   [drop down 0 to 100]
    b.   Head Start, Home-based option   [drop down 0 to 100]
    c.   Head Start, Family child care option   [drop down 0 to 100]
    d.   Head Start, Locally designed option   [drop down 0 to 100]
    e.   Early Head Start, Center-based option   [drop down 0 to 100]
    f.   Early Head Start, Home-based option   [drop down 0 to 100]
    g.   Early Head Start, Family child care option   [drop down 0 to 100]
    h.   Early Head Start, Locally designed option   [drop down 0 to 100]
    i.   Early Head Start - Child Care Partnership   [drop down 0 to 100]
    j.   Migrant and Seasonal Head Start, Center-based option   [drop down 0 to 100]
    k.   Migrant and Seasonal Head Start, Family child care option [drop down 0 to 100]
    l.   AIAN Head Start, Center-based option   [drop down 0 to 100]
    m. AIAN Head Start, Home-based option   [drop down 0 to 100]
    n.   AIAN Head Start, Locally designed option   [drop down 0 to 100]
    o.   Other: _____   [drop down 0 to 100]

M11.) How satisfied are you with your current position as a family and community partnerships manager?

    a.   Not at all satisfied
    b.   Slightly satisfied

  c. Moderately satisfied
  d. Very satisfied
  e. Extremely satisfied

[PROGRAMMER: IF AT LEAST 1 FAMILY ON CASELOAD IN M10, ASK M12, OTHERWISE SKIP:]

M12.) To what extent do you agree or disagree with the following statements about your **work with families** in your Head Start program(s) in your role as a family and community partnerships manager?

Select one response per row.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not Applicable
a. I am able to build relationships with families.	☐	☐	☐	☐	☐	☐
b. I have enough opportunities to interact with families.	☐	☐	☐	☐	☐	☐
c. ☐ am making a difference in families' lives.	☐	☐	☐	☐	☐	☐
d. Families appreciate the work I do.	☐	☐	☐	☐	☐	☐

M13.) To what extent do you agree or disagree with the following statements about your **day-to-day work** in your job as a family and community partnerships manager in your Head Start program(s)?

Select one response per row.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not Applicable
a. Being a family and community partnerships manager is important work.	☐	☐	☐	☐	☐	☐
b. My work is stressful.	☐	☐	☐	☐	☐	☐
c. My work is rewarding.	☐	☐	☐	☐	☐	☐
d. ☐y work responsibilities are well-defined.	☐	☐	☐	☐	☐	☐
e. My work has manageable paperwork.	☐	☐	☐	☐	☐	☐
f. My work is frustrating.	☐	☐	☐	☐	☐	☐
g. I have enough time to do all the work that m☐ job requires.	☐	☐	☐	☐	☐	☐

M14.) To what extent do you agree or disagree with the following statements about the **support from your Head Start program(s)** for you and the families you work with?

Select one response per row.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not Applicable
a. My Head Start program(s) supports my well-being.	☐	☐	☐	☐	☐	☐
b. My Head Start colleagues are supportive.	☐	☐	☐	☐	☐	☐
c. My Head Start program(s) is a physically and mentally safe work environment (e.g., staff feel they can raise concerns such as job stress and safety with program leadership; staff feel their physical and mental health matters to program leadership).	☐	☐	☐	☐	☐	☐
d. My Head Start program(s) has enough family support services staff to meet families' needs and interests.	☐	☐	☐	☐	☐	☐
e. My Head Start program(s) has staff members with similar linguistic and cultural backgrounds as the families we work with.	☐	☐	☐	☐	☐	☐
f. My Head Start program(s) has enough financial resources for family support services.	☐	☐	☐	☐	☐	☐
g. The Office of Head Start appreciates the work I do.	☐	☐	☐	☐	☐	☐
h. I receive enough training and professional development to do my work.	☐	☐	☐	☐	☐	☐
i. I receive sufficient supervision for my work.	☐	☐	☐	☐	☐	☐
j. The leaders of my Head Start program(s) appreciate	☐	☐	☐	☐	☐	☐

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not Applicable
the work I do.						
k. I have enough opportunities to communicate with the director of my Head Start program(s).	☐	☐	☐	☐	☐	☐
l. I am paid fairly for the work I do.	☐	☐	☐	☐	☐	☐
m. I feel comfortable asking my co-workers when I need help with work.	☐	☐	☐	☐	☐	☐
n. The program staff in my Head Start program(s) appreciate the work I do.	☐	☐	☐	☐	☐	☐

The next set of questions ask about your annual income as a family and community partnerships manager and whether you want to stay in your position. The goal is to better understand the circumstances in which you work. You may find these questions sensitive. As with other questions in this survey, the information you provide is kept confidential.

M15.) What is your total annual salary (before taxes) from your Head Start program(s) for the current program year?

Include your work for all components of your Head Start program including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnerships.

     a. Less than $10,000
     b. $10,000 – $20,000
     c. $20,001 – $30,000
     d. $30,001 – $40,000
     e. $40,001 – $50,000
     f. $50,001 – $60,000
     g. $60,001 – $70,000
     h. $70,001 – $80,000
     i. $80,001 – $90,000
     j. More than $90,001
     k. Prefer not to answer

M16.) How long do you plan to remain in your current position as a family and community partnerships manager at your Head Start program(s)?

    a. As long as I'm able
    b. Until I am eligible for retirement benefits from this job
    c. Until I am eligible for retirement benefits from another job
    d. Until I am eligible for Social Security benefits
    e. Until a specific life event occurs (e.g., parenthood, marriage)
    f. Until a more desirable job opportunity comes along
    g. Until I can find a job that pays more or has better benefits
    h. Definitely plan to leave as soon as I can
    i. Undecided at this time

M17.) [ASK IF M16 =f, g, or h; OTHERWISE SKIP] If presented with multiple job opportunities, what kind of job opportunity are you **most likely** to choose?

    a. Another kind of job/position at my Head Start program(s)
    b. My current job/position but at another Head Start program(s)
    c. A job at another early care and education site that is not a Head Start program(s)
    d. A job that is not in early care and education. Please specify: _____
    e. Don't know

Staffing Arrangements in Your Head Start Program(s)

*The next few questions ask about staffing arrangements and how staff are organized in your Head Start program(s). Please think about the **current program year** when responding to questions in this section, unless noted otherwise.*

M18.) Including yourself, how many family and community partnerships managers does your Head Start program(s) employ?

Remember to include all components of your Head Start program, including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnerships.

    a. 1
    b. 2 or more

M19.) [ASK IF M18= "2 or more"; OTHERWISE SKIP] Which of the following best describes the staffing arrangement for the staff who are managing family support services in your program(s)?

    a. Family and community partnerships managers are assigned to specific center(s)
    b. Family and community partnerships managers are assigned to supervise/support specific family support services staff members
    c. Other: _____

M20.) Who decides which family support services staff members are assigned to centers, to classrooms, **or** to families?

"Family support services staff members" includes staff who have primary responsibilities for family support services AND who work directly with families on the family partnership process (i.e., carry a caseload).

Select all that apply.

      a.   I am responsible for these assignments
      b.   Another family and community partnerships manager
      c.   Program director
      d.   Center director or associate center director
      e.   Other: _____

M21.) How many family and community partnerships managers have left your Head Start program(s) since the end of the last program year (2021-22)?

Remember to include all components of your Head Start program, including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnerships.

    a.   [drop down, 0 to 50 or more; Don't know]

M22.) [ASK IF M18= "2 or more"; OTHERWISE SKIP] How many family and community partnerships managers are new to your Head Start program(s) during this program year (2022-2023)?

Include yourself if you joined the program this year.

    a.   [drop down, 0 to 50 or more; Don't know]

M23.) Which of the following describes the approaches that your Head Start program(s) uses to assign family support services staff members to families?

Select one response per row.

In my Head Start program(s), we assign family support services staff members …	Yes, we use this approach	No, we do not use this approach	Not sure
a. To families through a random process	☐	☐	☐
b. To specific centers	☐	☐	☐
c. To specific classrooms	☐	☐	☐
d. To families, which may include siblings across programs	☐	☐	☐
e. To families either with infants/toddlers **or** to	☐	☐	☐

In my Head Start program(s), we assign family support services staff members …	Yes, we use this approach	No, we do not use this approach	Not sure
families with preschool-aged children, not both. *(If your program(s) has only EHS or only HS services, select "no.")*			
f. To families based on the language(s) they speak	☐	☐	☐
g. To families based on similar cultural or demographic factors (other than language)	☐	☐	☐
h. To families based on families' specific strengths, needs, or requests	☐	☐	☐
i. To families based on geographic proximity to families' homes	☐	☐	☐
j. To families based on staff availability	☐	☐	☐
k. Another approach (please specify): _____	☐	☐	☐

M24.) In your Head Start program(s), **when** are family support services staff members assigned to families?

Select all that apply.

   a.   At the time of program enrollment
   b.   After intake and enrollment are complete
   c.   After family strengths and needs are assessed
   d.   After service referrals are made
   e.   As needed, based on family preferences
   f.   As needed, based on availability of family support services staff members
   g.   Other: _____

M25.) How does your Head Start program(s) assign family support services staff members **to families that have only one child enrolled** in your Head Start program(s)?

Remember to include all components of your Head Start program, including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnerships.

   a.   Families work with one family support services staff member.
   b.   Families work with more than one family support services staff member.
   c.   Not applicable to my Head Start program(s)
   d.   Other: _____

M26.) How does your Head Start program(s) assign family support services staff members **to families that have more than one child enrolled** in your Head Start program(s)?

Remember to include all components of your Head Start program, including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnerships.

   a. Families work with one family support services staff member.
   b. Families work with more than one family support services staff member.
   c. Not applicable to my Head Start program(s)
   d. Other: _____

M27.) Which of the following best describes the number of families that family support services staff members work with over the course of a program year (that is, their "caseloads")?

   a. Caseloads tend to <u>remain the same</u> across the program year.
   b. Caseloads tend to <u>decrease</u> across the program year (that is, staff work with fewer families as the program year progresses)
   c. Caseloads tend to <u>increase</u> across the program year (that is, staff work with more families as the program year progresses)
   d. Caseloads <u>depend on the year</u>, and how many staff the program has or how many families the program serves
   e. Caseloads tends to <u>change in some other way</u> (please specify: _____)

M28.) How many family support services staff members have left your Head Start program(s) since the end of the last program year (2021-2022)?

"Family support services staff members" includes staff who have primary responsibilities for family support services AND who work directly with families on the family partnership process (i.e., carry a caseload). Include contracted staff who play a family support services role as described here.

Remember to include all components of your Head Start program, including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnerships.

   • [drop down, 0 to 50 or more; don't know]

M29.) How many family support services staff members are new to the family support services staff member position at your Head Start program(s) during the current program year (2022-2023)?

"Family support services staff members" includes staff who have primary responsibilities for family support services AND who work directly with families on the family partnership process (i.e., carry a caseload). Include contracted staff who play a family support services role as described here.

Remember to include all components of your Head Start program, including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnerships.

   • [drop down, 0 to 50 or more; don't know]

How Your Head Start Program(s) Works with Families to Coordinate Family Support Services

*The next set of questions ask about your Head Start program(s)' work with families around family support services. Please think about the **current program year** when responding to all questions in this section.*

M30.) During what months does your Head Start program(s) conduct most of its <u>outreach and recruitment</u>?

Select all that apply.

    a. January
    b. February
    c. March
    d. April
    e. May
    f. June
    g. July
    h. August
    i. September
    j. October
    k. November
    l. December

M31.) During what month(s) do most families <u>enroll</u> in your Head Start program(s)?

Select all that apply.

    a. January
    b. February
    c. March
    d. April
    e. May
    f. June
    g. July
    h. August
    i. September
    j. October
    k. November
    l. December

M32.) Think about when families enroll in your Head Start program(s). When do family support staff members typically conduct <u>initial assessments of strengths and needs?</u>

    a. At the same time as enrollment
    b. Within a week of enrollment
    c. Within a month of enrollment

    d.   Within two months of enrollment
    e.   More than two months after enrollment

M33.) Think about when families discuss their needs and strengths with family support services staff members in your Head Start program(s). When do families typically <u>set goals</u>?

    a.   At the same time as the strength and needs assessment
    b.   Within a week of the strength and needs assessment
    c.   Within a month of the strength and needs assessment
    d.   Within two months of the strength and needs assessment
    e.   More than two months after the strength and needs assessment

M34.) On average, how long do family support staff members work with families who are enrolled in your Head Start program(s)?

    a.   One month or less
    b.   2-3 months
    c.   4-6 months
    d.   7-9 months
    e.   10-12 months
    f.   13-24 months
    g.   More than 24 months

M35.) About how many families participate in the following activities with family support services staff members in your Head Start program(s)?

An approximation or rough estimate is fine.

Activity	None/few families (less than 10%)	Some families (around a third)	About **half** of families	**Most** families (about two-thirds)	**Almost all/all** families (over 90%)	Not Applicable to my Head Start program(s)
a. Assessing needs and strengths	☐	☐	☐	☐	☐	☐
b. Setting goals	☐	☐	☐	☐	☐	☐
c. Receiving at least one referral for services/supports	☐	☐	☐	☐	☐	☐
d. Participating in a referred service/support	☐	☐	☐	☐	☐	☐
e. Updating needs, strengths, or goals	☐	☐	☐	☐	☐	☐
f. Other: _____	☐	☐	☐	☐	☐	☐

M36.) Which of the following do family support services staff members use when working with families to coordinate family support services?

Select all that apply.

a. **Relationship-based practices** (*Relationship Based Competencies-RBCs such as using strength based approaches to building goal-oriented relationships and working with families to strengthen their support networks and connections with other parents and community members*)
b. **Family coaching / mentoring** (*Relationship between staff member and family that has the following characteristics: ongoing, individualized, developmental, reciprocal and nonevaluative*)
c. **Motivational interviewing** (*Collaborative conversation to learn about and strengthen an individual's motivation for changing behavior*)
d. **Trauma-informed approaches** (*Approach that realizes the widespread impact of trauma and pathways to recovery, recognizes trauma signs and symptoms, responds by integrating awareness about trauma into all facets of the system, and resists re-traumatization of trauma impacted individuals by decreasing the occurrence of unnecessary triggers*)
e. **Another method or approach** (please specify: _____)
f. **Family support services staff members in my Head Start program(s) do not use specific methods or approaches**
g. **Don't know**

M37.) Thinking about the families enrolled in your Head Start program(s), does every family have access to at least one family support services staff member who can speak and understand the family's primary language?

a. Yes
b. No

M38.) Which of the following do family support services staff members in your Head Start program(s) use to share information about families and family support services *with other staff members*?

Select one response per row.

Method for sharing information about families and family support services with other staff members	Used by my HS program(s)	Not used by my HS program(s)	Not Sure
a. Formal, scheduled in-person meetings	☐	☐	☐
b. Informal, unscheduled in-person meetings	☐	☐	☐
c. Phone calls or video conferences	☐	☐	☐
d. Email / electronic communication (e.g., text messaging)	☐	☐	☐
e. Written communication to staff (e.g., memos)	☐	☐	☐

f. Databases or electronic files that are accessible to staff	☐	☐	☐
g. Other: _____	☐	☐	☐

M39.) How often do family support services staff members in your Head Start program(s) hold meetings to discuss families they work with (e.g., case conference, family review, or similar types of meetings)?

Example topics could include availability of support services in the community, or strategies for working with families in specific circumstances.

  a. Daily
  b. Weekly
  c. Every other week
  d. Monthly
  e. Every 3 months
  f. Every 6 months
  g. Once per year
  h. Never
  i. Some other timing (please specify:_____)

Support Services for Families at your Head Start program(s) and in the Community

*The next set of questions ask about the family support services that are needed and available in your Head Start program(s) as well as the working relationships you may have with community providers. Please think about the **current program year** when responding to all questions in this section.*

M40.) Estimate how many families in your Head Start program(s) **need or want** each of the following family support services.

An approximation or rough estimate is fine. Select one response per row.

Family support service type	None/few families (less than 10%)	Some families (around a third)	About half of families	Most families (about two-thirds)	Almost all/all families (over 90%)
a. Emergency/crisis intervention (e.g., meeting immediate needs for food, clothing, or shelter)	☐	☐	☐	☐	☐
b. Housing assistance (e.g., subsidies, utilities, repairs)	☐	☐	☐	☐	☐
c. Asset building services (e.g., financial education, debt counseling)	☐	☐	☐	☐	☐

Family support service type	None/few families (less than 10%)	Some families (around a third)	About half of families	Most families (about two-thirds)	Almost all/all families (over 90%)
d. Mental health services	☐	☐	☐	☐	☐
e. Substance misuse prevention	☐	☐	☐	☐	☐
f. Substance misuse treatment	☐	☐	☐	☐	☐
g. English as a Second Language (ESL) training	☐	☐	☐	☐	☐
h. Assistance in enrolling into an education or job training program	☐	☐	☐	☐	☐
i. Research-based parenting curriculum	☐	☐	☐	☐	☐
j. Education on preventive medical and oral health	☐	☐	☐	☐	☐
k. Education on health and developmental consequences of tobacco product use	☐	☐	☐	☐	☐
l. Education on nutrition	☐	☐	☐	☐	☐
m. Education on postpartum care (e.g., breastfeeding support)	☐	☐	☐	☐	☐
n. Education on relationship/marriage	☐	☐	☐	☐	☐
o. Assistance to families of incarcerated individuals	☐	☐	☐	☐	☐
p. Coordination related to child welfare involvement	☐	☐	☐	☐	☐
q. Domestic violence services	☐	☐	☐	☐	☐
r. Adult education, such as GED programs or college selection	☐	☐	☐	☐	☐
s. Job training (e.g., job training program, professional certificate, apprenticeship, or occupational license)	☐	☐	☐	☐	☐
t. Child care	☐	☐	☐	☐	☐
u. Child support services	☐	☐	☐	☐	☐
v. Accessing public assistance programs (e.g., TANF, SNAP, WIC, Medicaid, SSI).	☐	☐	☐	☐	☐
w. Accessing public benefits through tax systems (e.g., EITC, child tax credit)	☐	☐	☐	☐	☐
x. Other: _____	☐	☐	☐	☐	☐
y. Other: _____	☐	☐	☐	☐	☐
z. Other: _____	☐	☐	☐	☐	☐

Family support service type	None/few families (less than 10%)	Some families (around a third)	About half of families	Most families (about two-thirds)	Almost all/all families (over 90%)
aa. Other: _____	☐	☐	☐	☐	☐
bb. Other: _____	☐	☐	☐	☐	☐

M41.) Which of the following family support services **are available** to families in your Head Start program(s)?

Select all that apply on each row.

Family support service type	Available through **my Head Start program(s)**	Available through the **umbrella organization**	Available through **an external provider in the community**	**Not available** to families in my program
a. Emergency/crisis intervention (e.g., meeting immediate needs for food, clothing, or shelter)	☐	☐	☐	☐
b. Housing assistance (e.g., subsidies, utilities, repairs)	☐	☐	☐	☐
c. Asset building services (e.g., financial education, debt counseling)	☐	☐	☐	☐
d. Mental health services	☐	☐	☐	☐
e. Substance misuse prevention	☐	☐	☐	☐
f. Substance misuse treatment	☐	☐	☐	☐
g. English as a Second Language (ESL) training	☐	☐	☐	☐
h. Assistance in enrolling into an education or job training program	☐	☐	☐	☐
i. Research-based parenting curriculum	☐	☐	☐	☐
j. Education on preventive medical and oral health	☐	☐	☐	☐
k. Education on health and developmental consequences of tobacco product use	☐	☐	☐	☐
l. Education on nutrition	☐	☐	☐	☐
m. Education on postpartum care (e.g., breastfeeding support)	☐	☐	☐	☐
n. Education on relationship/marriage	☐	☐	☐	☐
o. Assistance to families of incarcerated individuals	☐	☐	☐	☐
p. Coordination related to child welfare involvement	☐	☐	☐	☐

Family support service type	Available through **my Head Start program(s)**	Available through the **umbrella organization**	Available through **an external provider in the community**	**Not available** to families in my program
q. Domestic violence services	☐	☐	☐	☐
r. Adult education, such as GED programs or college selection	☐	☐	☐	☐
s. Job training (e.g., job training program, professional certificate, apprenticeship, or occupational license)	☐	☐	☐	☐
t. Child care	☐	☐	☐	☐
u. Child support services	☐	☐	☐	☐
v. Accessing public assistance programs (e.g., TANF, SNAP, WIC, Medicaid, SSI).	☐	☐	☐	☐
w. Accessing public benefits through tax systems (e.g., EITC, child tax credit)	☐	☐	☐	☐
x. Other: _____	☐	☐	☐	☐
y. Other: _____	☐	☐	☐	☐
z. Other: _____	☐	☐	☐	☐
aa. Other: _____	☐	☐	☐	☐
bb. Other: _____	☐	☐	☐	☐

M42.) Please think about specific service providers in the community for each type of family support service. What kinds of partnerships does your Head Start program(s) have with service providers in these areas?

"Formal partnerships" include memorandums of understanding (MOU), contracts, data sharing agreements, and similar kinds of formal agreements.

"Informal relationships" include personal connections and processes that are not specified in a formal document such as an MOU or a contract.

Select all that apply on each row.

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Survey of Family and Community Partnerships Managers   Draft: Nov 10, 2022

[Programmer: show only those services where "available through an external provider in the community" was selected in M41 – examples are shown below but this list is included as an example, and the specific list will depend on a respondent's answer to M41]	My Head Start program(s)…		
Family support service type	Have a **formal partnership** with at least one provider in the community for this service type	Have an *informal* **partnership** with at least one provider in the community for this service type	**Do not have a formal or informal partnership with any provider** in the community for this service type
a. Emergency/crisis intervention (e.g., meeting immediate needs for food, clothing, or shelter)	☐	☐	☐
b. Housing assistance (e.g., subsidies, utilities, repairs)	☐	☐	☐
c. Asset building services (e.g., financial education, debt counseling)	☐	☐	☐
d. Mental health services	☐	☐	☐
e. Substance misuse prevention	☐	☐	☐
f. Substance misuse treatment	☐	☐	☐
g. English as a Second Language (ESL) training	☐	☐	☐
h. Assistance in enrolling into an education or job training program	☐	☐	☐
i. Research-based parenting curriculum	☐	☐	☐
j. Education on preventive medical and oral health	☐	☐	☐
k. Education on health and developmental consequences of tobacco product use	☐	☐	☐
l. Education on nutrition	☐	☐	☐
m. Education on postpartum care (e.g., breastfeeding support)	☐	☐	☐
n. Education on relationship/marriage	☐	☐	☐
o. Assistance to families of incarcerated individuals	☐	☐	☐
p. Coordination related to child welfare involvement	☐	☐	☐
q. Domestic violence services	☐	☐	☐
r. Adult education, such as GED programs or college selection	☐	☐	☐
s. Job training (e.g., job training program, professional certificate, apprenticeship, or occupational license)	☐	☐	☐

[Programmer: show only those services where "available through an external provider in the community" was selected in M41 – examples are shown below but this list is included as an example, and the specific list will depend on a respondent's answer to M41]	My Head Start program(s)…		
Family support service type	Have a **formal partnership** with at least one provider in the community for this service type	Have an *informal* **partnership** with at least one provider in the community for this service type	**Do not have a formal or informal partnership with any provider** in the community for this service type
t. Child care	☐	☐	☐
u. Child support services	☐	☐	☐
v. Accessing public assistance programs (e.g., TANF, SNAP, WIC, Medicaid, SSI).	☐	☐	☐
w. Accessing public benefits through tax systems (e.g., EITC, child tax credit)	☐	☐	☐

M43.) Which of the following family support services are the hardest for families to access?

Select up to five services.

Please consider factors such as long waiting lists, limited space or slots, and other external limitations that may make it hard for families to engage in a service.

Family support service type	**Top Five (5) Support Services that are Hardest for Families to Access**
a. Emergency/crisis intervention (e.g., meeting immediate needs for food, clothing, or shelter)	☐
b. Housing assistance (e.g., subsidies, utilities, repairs)	☐
c. Asset building services (e.g., financial education, debt counseling)	☐
d. Mental health services	☐
e. Substance misuse prevention	☐
f. Substance misuse treatment	☐
g. English as a Second Language (ESL) training	☐
h. Assistance in enrolling into an education or job training program	☐
i. Research-based parenting curriculum	☐
j. Education on preventive medical and oral health	☐
k. Education on health and developmental consequences of tobacco product use	☐
l. Education on nutrition	☐

Family support service type	Top Five (5) Support Services that are Hardest for Families to Access
m. Education on postpartum care (e.g., breastfeeding support)	☐
n. Education on relationship/marriage	☐
o. Assistance to families of incarcerated individuals	☐
p. Coordination related to child welfare involvement	☐
q. Domestic violence services	☐
r. Adult education, such as GED programs or college selection	☐
s. Job training (e.g., job training program, professional certificate, apprenticeship, or occupational license)	☐
t. Child care	☐
u. Child support services	☐
v. Accessing public assistance programs (e.g., TANF, SNAP, WIC, Medicaid, SSI).	☐
w. Accessing public benefits through tax systems (e.g., EITC, child tax credit)	☐
x. Other: _____	☐
y. Other: _____	☐
z. Other: _____	☐
aa. Other: _____	☐
bb. Other: _____	☐

M44.) How many families served by your Head Start program(s) have their family needs or goals met?

a. **None/few** families (less than 10%)
b. **Some** families (around a third)
c. **About half** of families
d. **Most** families (about two-thirds)
e. **Almost all/all** families (over 90%)

The next question asks about how you use data in your Head Start program(s).

M45.) The following types of information may be collected by your Head Start program(s). How useful is each information topic for planning and individualizing the coordination of family support services for families?

Select one response per row.

	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful	My Head Start program(s)	My Head Start program(s)

						do not use these data	do not collect these data
a. Information about strengths and needs assessment	☐	☐	☐	☐	☐	☐	☐
b. Information about number and type of goals families set	☐	☐	☐	☐	☐	☐	☐
c. Information about number or timing of meetings or contacts with families	☐	☐	☐	☐	☐	☐	☐
d. Information about referrals	☐	☐	☐	☐	☐	☐	☐
e. Information about families' participation in services to which they are referred	☐	☐	☐	☐	☐	☐	☐
f. Information about families' outcomes or achievements	☐	☐	☐	☐	☐	☐	☐
g. Information about families' satisfaction with services received	☐	☐	☐	☐	☐	☐	☐
h. Information about family support services staff members' training and professional development	☐	☐	☐	☐	☐	☐	☐

Training and Professional Development Opportunities for Family Support Services Staff Members

The next questions are about training and other professional development opportunities available to family support services staff members in your Head Start program(s).

M46.) During the current program year (2022-2023), which of the following training and professional development topics were available to family support services staff members in your Head Start program(s)?

Select all that apply.

Training/Professional Development Topics	Offered to Staff in Current Program Year (2022-2023)
a. Reaching out to families.	☐
b. Identifying families' strengths and needs.	☐
c. Setting goals with families.	☐
d. Tracking families' service receipt.	☐
e. Developing written plans with families about needs, strengths, goals, communication, and progress toward goals.	☐
f. Establishing trust and rapport with families.	☐
g. Implementing the Head Start Parent, Family, and Community Engagement (PFCE) framework.	☐
h. Working with families in ways that respect their culture, language, strengths, traditions.	☐
i. Conducting motivational interviewing.	☐
j. Providing trauma-informed care.	☐
k. Supporting family leadership and advocacy.	☐
l. Working with service providers in the community.	☐
m. Using computer software/applications to record and track family information.	☐
n. Using reflective supervision.	☐
o. Other training / professional development topic not listed (please specify_____)	☐
p. Other training / professional development topic not listed (please specify_____)	☐
q. Other training / professional development topic not listed (please specify_____)	☐
r. Other training / professional development topic not listed (please specify_____)	☐
s. Other training / professional development topic not listed (please specify_____)	☐

Your Health and Wellbeing

The next set of questions ask about activities related to staff health and your well-being. We are interested in these aspects of the Head Start workforce to better understand staff experiences and to inform program improvement activities. All individual responses will remain confidential and will not be shared with others at your program.

M47.) Please read each statement carefully and decide if you ever feel this way about your job.

Select one response per row.

		Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
a)	I feel emotionally drained from my work.	☐	☐	☐	☐	☐	☐	☐
b)	I feel used up at the end of the workday.	☐	☐	☐	☐	☐	☐	☐
c)	I feel fatigued when I get up in the morning and have to face another day on the job.	☐	☐	☐	☐	☐	☐	☐
d)	Working with people all day is really a strain for me.	☐	☐	☐	☐	☐	☐	☐
e)	I feel burned out from my work.	☐	☐	☐	☐	☐	☐	☐
f)	I feel frustrated by my job.	☐	☐	☐	☐	☐	☐	☐
g)	I feel I'm working too hard on my job.	☐	☐	☐	☐	☐	☐	☐
h)	Working with people directly puts too much stress on me.	☐	☐	☐	☐	☐	☐	☐
i)	I feel like I'm at the end of my rope.	☐	☐	☐	☐	☐	☐	☐

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M48.) During the current program year, is your Head Start program(s) offering **family support services staff** the following wellness activities or well-being supports?

Select one response per row.

Wellness Activities or Well-being Supports	Offered	Not offered	Don't know
a. Physical health screenings	☐	☐	☐
b. Oral health screenings	☐	☐	☐
c. Asthma management	☐	☐	☐
d. Weight management, nutrition information	☐	☐	☐
e. Physical activity/fitness	☐	☐	☐
f. Tobacco cessation	☐	☐	☐
g. Stress management	☐	☐	☐
h. Injury prevention / safety	☐	☐	☐

Wellness Activities or Well-being Supports	Offered	Not offered	Don't know
i. Cancer screening	☐	☐	☐
j. COVID vaccines	☐	☐	☐
k. Mindfulness activities (e.g., yoga, meditation)	☐	☐	☐
l. Extra days off of work for mental health	☐	☐	☐
m. Schedule flexibility	☐	☐	☐
n. Mental health consultant that staff can see	☐	☐	☐
o. Staff social events (virtual or in-person)	☐	☐	☐
p. Chances for staff to take breaks during the day (e.g., staff can safely express if they need an unscheduled break during the day)	☐	☐	☐
q. Training or resources on secondary traumatic stress	☐	☐	☐
r. Counseling resources or referrals to Employee Assistance Programs	☐	☐	☐
s. Other wellness activity or well-being support:_____	☐	☐	☐

Your Background

The final questions ask about your background, including educational background and work experience, and some of your characteristics.

M49.) Have you ever had a child raised in your household attend a Head Start program?

Please include any children raised in your household who currently attend or ever attended a Head Start program.

    a.   Yes
    b.   No
    c.   Prefer not to answer

M50.) In what year did you start working at your **current** Head Start program(s) in any role?

    [drop down with list of calendar years starting with 2023 at top, then 2022…. 1973; Don't know]

M51.) How many **other** Head Start programs have you worked in?

Do not include your work at your current Head Start program(s).

Remember to include all components of a Head Start program, including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnerships.

Number of Head Start program(s): drop down from 0 to 25

M52.) <u>Besides </u>your current job as a family and community partnerships manager, what other positions have you held in any Head Start program(s)?

Select all that apply.

   a.   No other positions: my only job in Head Start program(s) is my current job
   b.   Family and community partnerships manager at another Head Start program
   c.   Family support services staff member at your current Head Start program
   d.   Family support services staff member at another Head Start program
   e.   Teacher
   f.   Teacher's aide/instructional aide
   g.   Home visitor
   h.   Parent involvement coordinator/family service coordinator
   i.   Outreach staff/recruiter/enrollment coordinator
   j.   Health manager/coordinator
   k.   Health aide
   l.   Counselor
   m.   Disability services manager/coordinator
   n.   Behavioral health (or mental health) manager/coordinator
   o.   Nutrition manager/coordinator
   p.   Culinary or food services staff
   q.   Receptionist/office staff
   r.   Bus driver or related transportation
   s.   Center director, associate center director, or other program manager
   t.   Other (Specify) _____

M53.) What is the highest level of education that you have completed?

   a.   Some high school/equivalent (GED) **[SKIP TO M55]**
   b.   High school diploma/equivalent (GED) **[SKIP TO M55]**
   c.   Some vocational/technical program but no certification **[SKIP TO M55]**
   d.   Vocational/technical certification **[SKIP TO M55]**
   e.   Some college but no degree **[SKIP TO M55]**
   f.   Associate's degree
   g.   Bachelor's degree
   h.   Some graduate or professional school but no degree
   i.   Master's degree (e.g., MA, MS, MPH, MSN, MBA)
   j.   Doctorate degree (e.g., Ph.D., Ed.D.)
   k.   Other Postgraduate degree (e.g., MD; DDS; JD)

M54.) Indicate your major field of study for your highest-level degree.

Select all that apply.

    a. Child development
    b. Early childhood education
    c. Social work
    d. Mental or behavioral health
    e. Psychology
    f. Family development
    g. Human services
    h. Counseling (*family, pastoral, addiction*)
    i. Other related major (*special education, bilingual/bicultural education, educational psychology, education administration, elementary education, music education.*)
    j. Another major not listed here: _____

M55.) Have you earned any licenses, certificates, or credentials?

Include those earned outside of the United States.

    a. Yes
    b. No → **SKIP TO M57**

M56.) For each certificate, license, or credential that you have earned, indicate whether it is active at this time.

Select one response per row.

License/Certification	Earned - Active	Earned - Inactive	Have not earned
a. Child Development Associate [CDA] license or certificate	☐	☐	☐
b. Counselor certificate or license	☐	☐	☐
c. Family Development certificate or license	☐	☐	☐
d. Family Services certificate or license	☐	☐	☐
e. Human Services certificate or license	☐	☐	☐
f. Psychologist certificate or license	☐	☐	☐
g. Social worker certificate or license	☐	☐	☐
h. Other license, certificate or credential Please specify: _____	☐	☐	☐

M57.) Is your age...

    a. Under 25 years old?
    b. 25 to 34 years old?

    c. 35 to 44 years old?
    d. 45 to 54 years old?
    e. 55 to 64 years old?
    f. 65 years old or older?
    g. Prefer not to answer

M58.) Are you of Hispanic, Latino/a, or Spanish origin?

Select all that apply.

    a. No, not of Hispanic, Latino/a, or Spanish origin
    b. Yes, Mexican, Mexican American, Chicano/a
    c. Yes, Puerto Rican
    d. Yes, Cuban
    e. Yes, Another Hispanic, Latino, or Spanish origin
    f. Don't know
    g. Prefer not to answer

M59.) What is your race?

One or more categories may be selected.

    a. White
    b. Black or African American
    c. American Indian or Alaska Native
    d. Asian Indian
    e. Chinese
    f. Filipino
    g. Japanese
    h. Korean
    i. Vietnamese
    j. Other Asian
    k. Native Hawaiian
    l. Guamanian or Chamorro
    m. Samoan
    n. Other Pacific Islander
    o. Prefer not to answer

M60.) What sex were you assigned at birth, on your original birth certificate?

    a. Female
    b. Male

    c.   Don't know
    d.   Prefer not to answer

M61.) What is your current gender?

    a.   Female
    b.   Male
    c.   Transgender
    d.   [PROGRAMMER: Show if respondent is "American Indian or Alaska Native" on M59:] Two-Spirit
    e.   I use a different term: _____
    f.   Don't know
    g.   Prefer not to answer

M62.) What language do you **most frequently** speak at home?

    a.   English
    b.   French/Francés
    c.   Spanish/Español
    d.   Cambodian (Khmer)/Camboyano (Khmer)
    e.   Chinese/Chino
    f.   Haitian Creole/Creole Haitiano
    g.   Hmong/Hmong
    h.   Japanese/Japonés
    i.   Korean/Coreano
    j.   Vietnamese/Vietnamita
    k.   Arabic/Arabe
    l.   African Language (e.g., Somali, Swahili, Hausa, Yoruba, Laal, Shabo, Afrikaans, Awing, Bargu, Tumbuku, Teso, and Daholo)/Lengua African (por ejemplo, Somali, Swahili, Hausa, Yoruba, Laal, Shabo, Africaans, Awing, Bargu, Tumbuku, Teso, Y Daholo)
    m.   Native American or Alaskan language/lengua de Native Americano o de Alaska
    n.   A Filipino language/un idioma Filipino
    o.   Other (please specify): _____
    p.   Prefer not to answer

M63. Please use the text box below to provide any additional information about your role managing family support services that we did not capture, or to elaborate on your survey responses.

[TEXT BOX]

[SUBMIT SURVEY]

HONORARIUM SCREENS.

Those are all the questions we have for you today!

Thank you very much for participating in **Head Start Connects: A Study of Family Support Services**!
Please reach out to Shannon Nelson at HSConnects@norc.org if you have any questions.

You will receive a $25 honorarium for your participation in this survey.

Please let us know your preference for your honorarium.

- Email gift code for Amazon, Walmart, or Target: *This will be emailed to you immediately.*
- I would prefer not to receive an honorarium.

[if Email gift code selected:]

Please provide an email address so that we can send you $25

NORC will only use this email address to send you the gift card. We will not share this email with anyone outside of the research team.

Please enter your email:_____

Please confirm your email:_____

FINAL SCREEN.

Thanks again for participating in Head Start Connects. **[IF HONORARIUM SELECTED:** , click "Next" to submit your choice and obtain your gift code.**]**

If you have any questions, please feel free to contact us at **HSConnects@norc.org** or call us at 1-877-888-7117.