

## **Instrument 1:**

### **Matrix and Starfish EHS/HS Intervention Group Caregiver Interview and Focus Group Protocol**

#### **Introduction**

Thank you for participating in this [interview/focus group]. This is an important part of the Behavioral Interventions to Advance Self-Sufficiency Next Generation (BIAS-NG) project. We want to learn about how we can make your experience with Early Head Start/Head Start better. We want to hear your thoughts about working with [EHS/HS program name] and your ideas about how to improve the experience for individuals and families.

This interview/focus group is completely voluntary. Program staff will not see these responses. The research team working with [program name] on the project will summarize all responses. In sharing what we learn from talking with you and others, we will never use your name or otherwise identify you.

[If a focus group] We ask that you not share anything that is said here outside of this group. However, we cannot guarantee that others will not do so. You can also share any comments with us privately.

Please read and sign the consent form. Then we can get started. I will record the conversation, so we don't miss anything you say. Only members of the research team will hear the recording, but you can also share any comments with us at the end, when we've turned the recorder off.

*The [interview/focus group] will take about one hour of your time.* According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13), 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 collection is 0970-0502 and the expiration date is 8/31/2025. The information collected will be maintained and protected as outlined in the system of records notice (SORN) for this collection, OPRE Research and Evaluation Project Records, 09-80-0361.

## **Informed Consent: Participant Interviews and Focus Groups**

You are invited to participate in [an interview/a focus group] for the Behavioral Interventions to Advance Self-Sufficiency Next Generation (BIAS-NG) project.

### **What is the study about?**

MDRC, a nonprofit social policy research organization, and its partner MEF Associates are conducting this project on behalf of the Office of Planning, Research, and Evaluation in the Administration for Children and Families. This project's goal is to improve communication with and engagement for individuals who participate in Early Head Start/Head Start services with [program name].

### **What will I need to do?**

We are talking with individuals with children in [program name's] Early Head Start/Head Start and asking them to share their thoughts and experiences. This [interview/focus group] will take up to 1 hour and gives you an opportunity to share your perspective.

### **Does the [interview/focus group] involve any risk to me?**

There are no major risks from participating. The main risk is feeling uncomfortable discussing your experiences. You can choose not to answer any of the questions. We have very strong security measures in place and will make every effort to protect your privacy. There is a small possibility of someone outside of the study staff hearing or seeing your responses [or someone in the focus group] repeating your answers.

### **Will the [interview/focus group] help me?**

Participating in the [interview/focus group] will probably not help you directly but sharing your thoughts and experiences may help improve the experiences of future individuals and families.

### **Do I have to [do the interview/participate in the focus group]?**

The [interview/focus group] is completely voluntary. You do not have to [do the interview/participate in the focus group] if you do not want to. You can [stop the interview/leave the focus group] at any time. Your participation in the [interview/focus group] will have no effect on services you or your family receive from [program name] Early Head Start/Head Start or any other organizations. We would like to record the [interview/focus group] so we can concentrate on what you are saying and to help with our notes. However, if you do not want us to record, we will not. If there is anything you would like to say without being recorded, you can ask to pause the recording at any time.

### **Will I receive anything for my time?**

To express our appreciation for your participation, we will give you a \$40 gift card for participating in the [interview/focus group].

**Will you tell people what I say?**

The study team will not share your answers with anyone unless you say something about hurting yourself or others or if you describe someone else being hurt. [Focus group only: There is a possibility of someone in the focus group repeating your answers, but we are asking all participants to keep this conversation private.] Otherwise, only the study team will read the notes or listen to the recording and no one at [program name] will hear your answers. In public reports, we may use some specific quotes, but we won't include anyone's name or other identifying information. When the project is over, we will destroy our notes and recordings.

**Questions:**

If you have questions about the study or your privacy rights, you can call the project director, Caitlin Anzelone at MDRC at 212-340-8841.

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**[For Written Consent] Statement**

“I have read this form and agree to participate in the interview or focus group. I know that my participation is voluntary and that MDRC follows strict rules to protect my privacy. I know that I can refuse to answer any questions and that I can stop participating at any point.”

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Name of Study Participant (Print)	Signature of Study Participant
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**[For Verbal Consent]**

Are you willing to participate in this interview?

Do you feel comfortable with me recording our discussion?

Record response.

- If yes, proceed
- If no: “No problem. Thank you for your time today.”

### ***Draft Intervention Group Caregiver Interview and Focus Group Guide***

*This protocol is semi-structured, so interviewers may ask follow-up or probing questions for clarity.*

#### **Introduction**

1. [Focus group only:] Please go around and quickly introduce yourself.
2. Can you tell me about your children?
  - a. How many children do you have, and how old are they?
    - i. How many children do you currently have in Early Head Start or Head Start?
    - ii. (If applicable): Have any of your other children ever been involved in Early Head Start or Head Start?

#### **Intervention Fidelity**

3. In the last few months, have you received text messages/emails from Head Start staff?  
*[Share printed copy of select intervention messages]*
4. Do you remember receiving these messages as texts, emails, or both?  
If Yes,
5. What were the messages you received about?
6. Do you remember who the messages came from (teacher, Family Service Worker, Center Director, ChildPlus/general sender?)
7. About how many times per week/month did you receive texts from the program? Emails?
8. What time of day did you receive texts and emails from the program?
9. Would you mind showing me how the messages look on your phone?
10. Did you ever see errors with the messages like a misspelling or a name you didn't recognize?
  - a. If Yes, what errors did you notice?
  - b. If Yes, how often did they occur?
11. Do you think you receive more, less, or the same amount of communication from [program name] as other caregivers in your child's class?

#### **Participant Perspectives**

*[Share printed copy of select intervention messages]*

12. What did you think when you first saw the messages? How did you react to them?
13. Generally, how did you engage with the messages (not at all, read only, take an action)?
14. Did you learn new information? Can you share an example of something you learned?
15. Can you share an example or two of a time when these messages were helpful?
16. Which were your favorite messages? Why?

17. Can you share an example of a message you thought was not helpful/confusing for any reason?
18. Did you ever look at any message again later, to reread it or find a piece of information?
19. Over the past few months, what kinds of communication have you had with your Family Service Worker?
  - a. What was the communication about? Did you initiate the conversation or did they?
  - b. Is this communication by phone, text, email, in person?
  - c. Would you prefer to speak to them more often, less often, or was it about, right? Why?
20. Who do you turn to talk about or ask questions about your child? Specifically, who do you speak with about the following [probe for specific examples]:
  - a. Issues getting your child to school?
  - b. Absences?
  - c. Services or resources?
  - d. Anything else?
21. Are there areas where you want support but have not received it from [program name]?
22. How do you currently connect with other caregivers, children, or families that attend Head Start, if at all?
23. Did a text or email from the program ever lead you to take an action (e.g., reach out to Family Service Worker/teacher, another caregiver, activity with your child)?
24. What do you think [program name] could do to help your child attend school more often?
25. How do you think [program name] could better help families:
  - a. Understand why daily attendance at [program name] is important
  - b. Learn about routines and planning to make attendance easier [e.g. nighttime, daytime]
  - c. Understand and connect to resources [food, financial, health, etc.]
26. What would help you:
  - a. Connect with staff with questions/concerns
  - b. Connect with other caregivers [in their child's class, policy council rep, etc.]
27. Would you generally prefer to receive information by individual text, group text, email, handouts, or another way?

*[Share printed copy of select intervention messages]*

28. How might you change or edit these messages to make them more helpful for you and other families?
29. In general, would you prefer to receive more or fewer messages from [program name]? Why?
30. If you could request new messages from [program name], what additional information would you want?
31. Would you prefer to receive messages on a certain day or days of the week? At specific times?