

# Instrument 6: Parent/Guardian 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 Parents/Guardians

*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. Wherever this protocol mentions “parents,” it is referring to both parents and legal guardians.*

## 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]. Your Head Start program is participating in a study called Head Start Connects, which is funded by the Administration for Children and Families (ACF – the agency that houses the Office of Head Start, which funds Head Start across the country) 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 make sure that service coordination is matched to 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 situation and the family support services you receive may have changed as a result of the COVID-19 pandemic that affected many families around the world; at points during the interview I will ask you to think specifically about how your experiences receiving family support services have been affected by COVID-19. I emailed you a study information sheet 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 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.]

If you are OK with talking to me today, I will ask you some questions about your experience receiving family support services coordinated by your Head Start program. Your opinions and ideas will help us better understand how parents use Head Start family support services, so we can improve the services offered to parents. At the end of the interview you will receive a \$50 gift card.

This interview won't take more than two hours, and your participation is voluntary. If you need to leave at any time or don't want to answer certain questions, that's fine – just let me know (and if you stop the interview, you will still receive the gift card). We will never 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 outside the research team. 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.

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 with anyone 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?

## **Section 2. Parent Background**

I'd like to start with a few questions to get to know you.

- 1. How are you doing?**
- 2. Please tell me a little about yourself and your background. What do you do?**  
*[PROBE: What's your educational background?]*
- 3. Now, please tell me a little about your family.**  
*[PROBE: How many children do you have? What are their ages? How many children do you have at this center?]*
- 4. How long have you been sending your child/ren to [HEAD START CENTER NAME]?**
  - o Why did you choose this site to send your child/ren?**
    - Were you aware of the family support services your site offered when you were enrolling? If so, did the support services offered play any role in your decision to send your child/ren here?**

5. **Thinking about when your site was open (prior to COVID-19 closures), how often did you personally drop off or pick up your child/ren from this site?**
6. **When you visit your site, who at the site do you usually speak with?**
  - o What do you typically talk about?
7. **Did you ever visit the site to do things other than drop off or pick up your child/ren?**
  - o If so, what kinds of things do you do?
    - o Do you volunteer?

### Section 3. Parent Goals/Needs and Service Receipt – Education and Career

Now, I'm going to ask you about different types of goals families may have to see if you have similar goals and needs.

8. **Let's start with education – for example, obtaining a high school diploma, a training certificate, a degree, or learning English– and employment –finding a job, advancing at your job, or switching careers. What are some education and career or employment goals that you have for yourself?**

[IF GOALS MENTIONED, ASK THE FOLLOWING. IF NONE MENTIONED, SKIP TO NEXT SECTION]:

9. [INTERVIEWER – QUESTION AIMS TO UNDERSTAND IF THIS GOAL/NEED IS RELATED TO COVID]: **For how long have you had this goal?**
10. **Who, in general, is helping you towards this goal?**
  - o [ASK ABOUT EACH IF NOT MENTIONED]: Do you receive any help from:
    - This site/your child's Head Start site
    - Another organization or program
11. [IF HELP IS RECEIVED]: **What are some specific ways [ORGANIZATION MENTIONED ABOVE] has helped you towards this goal?**
  - o [IF ANOTHER ORGANIZATION/PROGRAM IS MENTIONED]: In what ways, if at all, was your Head Start site involved in connecting you to [ORGANIZATION/PROGRAM]?

[ASK IF RECEIVING SERVICES/ASSISTANCE/SUPPORT FROM THIS SITE]:

12. **Who at this site has worked with you on this goal?**

**13. Please tell me how you found out that this site could help you with this goal – that this support/service/assistance was available.**

*[PROBE: For example, you heard about it from your FSW, from someone else at your Head Start site, you found out on your own, you heard through a teacher.]*

- Who set up the appointment for you to receive these supports/services/assistance?
- About how long was it between when you first learned about these supports/services/assistance and when you began to participate?

**14. About how many times did you receive these supports or go to these services?**

- Are you still going?

**15. Did you feel that this support/service/assistance you received addressed your needs? How well did it help you?**

- What, if anything, would you change about the services you received?
- If you could do things differently, would you get this support/service/assistance again?

**[ASK IF NOT RECEIVING SERVICES/ASSISTANCE/SUPPORT FROM THIS SITE]:**

**16. If there was something that you could change so that this site could help you with this goal, what would you want to change?**

*[PROBE: Have you discussed this goal with anyone at this site? What was their response? Is there a reason why you haven't spoken to others at this site about this goal?]*

- Were there other barriers to you receiving this support from this site, such as having limited time, no transportation, the site doesn't have culturally or linguistically appropriate resources, or that there may be a negative consequence if you ask for this support?

**17. [ASK IF NOT RECEIVING ANY SERVICES/ASSISTANCE/SUPPORT]: How were you able to navigate achieving this goal on your own?**

## **Section 4. Parent Goals/Needs and Service Receipt – Emergency Assistance**

Next, let's talk about support you may need.

**18. Some families with young children need short-term, immediate help with different things to make ends meet, like cash assistance, food assistance, help with housing, or help with transportation. Does this apply to your family?**

**[IF YES, ASK THE FOLLOWING. IF NO, SKIP TO NEXT SECTION]:**

**19. What kind of emergency and short-term assistance do you need or have you needed in the past?**

- For how long have you required this assistance?

**20. Who, in general, is helping you with this?**

- [ASK ABOUT EACH IF NOT MENTIONED]: Do you receive any help from:
  - This site/your child's Head Start site
  - Another organization or program

**21. [INTERVIEWER – QUESTION AIMS TO UNDERSTAND IF THIS GOAL/NEED IS RELATED TO COVID]: For how long have you needed this assistance?**

**22. [IF HELP IS RECEIVED]: What are some specific ways [ORGANIZATION MENTIONED ABOVE] has helped you receive emergency assistance?**

- [IF ANOTHER ORGANIZATION/PROGRAM IS MENTIONED]: In what ways, if at all, was your Head Start site involved in connecting you to [ORGANIZATION/PROGRAM]?

[ASK IF PARENT MENTIONS THIS SITE IS INVOLVED IN THEIR RECEIPT OF EMERGENCY ASSISTANCE]:

**23. Who at this site has helped you to receive this emergency assistance?**

**24. Please tell me how you found out that this site could help you receive this emergency assistance – that the support/service/assistance you accessed was available.**

*[PROBE: For example, you heard about it from your FSW, from someone else at your Head Start site, you found out on your own, you heard through a teacher.]*

- Who set up the appointment for you to receive these supports/services/assistance?
- About how long was it between when you first learned about these supports/services/assistance and when you began to participate?

**25. About how many times did you receive these supports or go to these services?**

- Are you still going?

**26. Did you feel that this support/service/assistance you received addressed your needs? How well did it help you?**

- What, if anything, would you change about the services you received?
- If you could do things differently, would you get this support/service/assistance again?

[ASK IF PARENT DOESN'T MENTION THIS SITE HELPS THEM RECEIVE EMERGENCY ASSISTANCE]

**27. If there was something that you could change so that this site could help you receive emergency assistance, what would you want to change?**

*[PROBE: Have you discussed this support/assistance with anyone at this site? What was their response? Is there a reason why you haven't spoken to others at this site about this support/assistance?]*

- o Were there other barriers to you receiving this support from this site, such as having limited time, no transportation, the site doesn't have culturally or linguistically appropriate resources, or that there may be a negative consequence if you ask for this support?

**28. [ASK IF NOT RECEIVING ANY EMERGENCY ASSISTANCE]: How were you able to navigate this on your own, when you needed this emergency assistance?**

## Section 5. Parent Needs and Service Receipt – Parents' Health

Next, let's talk about support you may need for your own health.

**29. Some parents need support for their own physical or mental health, like help accessing insurance and doctors, support groups around issues like domestic violence, and/or help with nutrition, tobacco cessation, counseling, substance abuse treatment, . Does this apply to your family?**

[IF YES, ASK THE FOLLOWING. IF NO, SKIP TO NEXT SECTION]:

**30. What kind of support for your physical and mental health do you need or have you needed in the past?**

**31. [INTERVIEWER – QUESTION AIMS TO UNDERSTAND IF THIS GOAL/NEED IS RELATED TO COVID]: For how long have you needed this support?**

**32. Who, in general, is helping you with this?**

- o [ASK ABOUT EACH IF NOT MENTIONED]: Do you receive any help from:
  - This site/your child's Head Start site
  - Another organization or program

**33. [IF HELP IS RECEIVED]: What are some specific ways [ORGANIZATION MENTIONED ABOVE] has helped you with this?**

- o [IF ANOTHER ORGANIZATION/PROGRAM IS MENTIONED]: In what ways, if at all, was your Head Start site involved in connecting you to [ORGANIZATION/PROGRAM]?

[ASK IF RECEIVING PARENTAL HEALTH SERVICES/ASSISTANCE/SUPPORT FROM THIS SITE]:

**34. Who at this site is helping you with this?**

**35. Please tell me how you found out that this site could provide support/assistance with parents' health.**

*[PROBE: For example, you heard about it from your FSW, from someone else at your Head Start site, you found out on your own, you heard through a teacher.]*

- o Who set up the appointment for you to receive these supports/services/assistance?
- o About how long was it between when you first learned about these supports/services/assistance and when you began to participate?

**36. About how many times did you receive these supports or go to these services?**

- o Are you still going?

**37. Did you feel that this support/service/assistance you received addressed your needs? How well did it help you?**

- o What, if anything, would you change about the services you received?
- o If you could do things differently, would you get this support/service/assistance again?

[IF NOT RECEIVING PARENTAL HEALTH SERVICES/ASSISTANCE/SUPPORT FROM THIS SITE]:

**38. If there was something that you could change so that this site could help you receive parental health services/assistance/support, what would you want to change?**

*[PROBE: Have you discussed this support/assistance with anyone at this site? What was their response? Is there a reason why you haven't spoken to others at this site about this support/assistance?]*

- o Were there other barriers to you receiving this support from this site, such as having limited time, no transportation, the site doesn't have culturally or linguistically appropriate resources, or that there may be a negative consequence if you ask for this support?

**39. [ASK IF NOT RECEIVING ANY PARENTAL HEALTH SERVICES/ASSISTANCE/SUPPORT]: How were you able to navigate this on your own, when you needed help with your health?**

## Section 6. Parent Goals/Needs and Service Receipt – Support with Child/ren

Next, let's talk about support you may need with or for your child/ren.

- 40. Some families need support for their children or in taking care of their children, like wrap around childcare; assistance taking care of children with disabilities; or assistance with kindergarten selection and transition. Does this apply to your family?**

[IF YES, ASK THE FOLLOWING. IF NONE MENTIONED, SKIP TO NEXT SECTION]:

- 41. What kind of support do you need for your children or have you needed in the past?**

- 42. [INTERVIEWER – QUESTION AIMS TO UNDERSTAND IF THIS GOAL/NEED IS RELATED TO COVID]: For how long have you needed this assistance?**

- 43. Who, in general, is helping you with this support/assistance?**

- o [ASK ABOUT EACH IF NOT MENTIONED]: Do you receive any help from:
  - This site/your child's Head Start site
  - Another organization or program

- 44. [IF HELP IS RECEIVED]: What are some specific ways [ORGANIZATION MENTIONED ABOVE] has helped you receive support/assistance for your child?**

- o [IF ANOTHER ORGANIZATION/PROGRAM IS MENTIONED]: In what ways, if at all, was your Head Start site involved in connecting you to [ORGANIZATION/PROGRAM]?

[ASK IF RECEIVING SERVICES/ASSISTANCE/SUPPORT FOR CHILD FROM THIS SITE]:

- 45. Who at this site has helped you receive support/assistance for your child?**

- 46. Please tell me how you found out that this site could help you receive support/assistance for your child.**

*[PROBE: For example, you heard about it from your FSW, from someone else at your Head Start site, you found out on your own, you heard through a teacher.]*

- o Who set up the appointment for you to receive these supports/services/assistance?
- o About how long was it between when you first learned about these supports/services/assistance and when you began to participate?

- 47. About how many times did you receive these supports or go to these services?**

- o Are you still going?

**48. Did you feel that this support/service/assistance you received addressed your needs? How well did it help you?**

- o What, if anything, would you change about the services you received?
- o If you could do things differently, would you get this support/service/assistance again?

[ASK IF **NOT** RECEIVING SERVICES/ASSISTANCE/SUPPORT FROM THIS SITE]:

**49. If there was something that you could change so that this site could help you with this support/service/assistance, what would you want to change?**

*[PROBE: Have you discussed this support/assistance with anyone at this site? What was their response? Is there a reason why you haven't spoken to others at this site about this support/assistance?]*

- o Were there other barriers to you receiving this support from this site, such as having limited time, no transportation, the site doesn't have culturally or linguistically appropriate resources, or that there may be a negative consequence if you ask for this support?

**50. [ASK IF NOT RECEIVING ANY SUPPORT FOR THEIR CHILD]: How were you able to navigate on your own, when you needed this support for your child?**

## Section 7. Parent Goals/Needs and Service Receipt – Skills

Next, let's talk about learning new skills.

**51. Some parents are interested in gaining skills, such as skills in managing money, making financial decisions, and asset development – like opening children's savings accounts; time management skills; or parenting skills, such as different activities to do with your child and why they are important and how to discipline. What are some skills you hope to gain?**

[IF SKILLS MENTIONED, ASK THE FOLLOWING. IF NONE MENTIONED, SKIP TO NEXT SECTION]:

**52. [INTERVIEWER – QUESTION AIMS TO UNDERSTAND IF THIS GOAL/NEED IS RELATED TO COVID]: For how long has gaining this skill been a goal of yours?**

**53. Who, in general, is helping you get this skill?**

- o [ASK ABOUT EACH IF NOT MENTIONED]: Do you receive any help from:
  - This site/your child's Head Start site
  - Another organization or program

**54. [IF HELP IS RECEIVED]: What are some specific ways [ORGANIZATION MENTIONED ABOVE] has helped you towards this goal?**

- o [IF ANOTHER ORGANIZATION/PROGRAM IS MENTIONED]: In what ways, if at all, was your Head Start site involved in connecting you to [ORGANIZATION/PROGRAM]?

[ASK IF RECEIVING SERVICES/ASSISTANCE/SUPPORT FROM THIS SITE]:

**55. Who at this site has worked with you on this skill?**

**56. Please tell me how you found out that this site could help you gain this skill – that this support/service/assistance was available.**

*[PROBE: For example, you heard about it from your FSW, from someone else at your Head Start site, you found out on your own, you heard through a teacher.]*

- o Who set up the appointment for you to receive these supports/services/assistance?
- o About how long was it between when you first learned about these supports/services/assistance and when you began to participate?

**57. About how many times did you receive these supports or go to these services?**

- o Are you still going?

**58. Did you feel that this support/service/assistance you received addressed your needs? How well did it help you?**

- o What, if anything, would you change about the services you received?
- o If you could do things differently, would you get this support/service/assistance again?

[ASK IF NOT RECEIVING SERVICES/ASSISTANCE/SUPPORT FROM THIS SITE]:

**59. If there was something that you could change so that this site could help you with this skill, what would you want to change?**

*[PROBE: Have you discussed this skill with anyone at this site? What was their response? Is there a reason why you haven't spoken to others at this site about wanting to get this skill?]*

- o Were there other barriers to you receiving this support from this site, such as having limited time, no transportation, the site doesn't have culturally or linguistically appropriate resources, or that there may be a negative consequence if you ask for this support?

**60. [ASK IF NOT RECEIVING ANY SERVICES/ASSISTANCE/SUPPORT]: How were you able to navigate getting this skill on your own?**

## Section 8. How COVID-19 Affected Parent's Interests and Needs

We just talked about your different interests and needs. Now, I'd like to learn about how the COVID-19 pandemic – that is, the illness caused by the coronavirus that closed non-essential businesses and affected many families – may have affected your situation.

### 61. What are some ways the COVID-19 pandemic affected your interests and needs?

*[PROBE: Did the COVID-19 pandemic change anything in terms of your interests and needs related to: your education and career, emergency assistance needs, interest in obtaining new skills, your health needs, your needs related to childcare and assistance with your child/ren.]*

### 62. What are some ways the COVID-19 pandemic affected the support and assistance you receive – or don't receive – to address your interests and needs?

*[PROBE: Did the COVID-19 pandemic stop any of the support/assistance you were receiving? Did you receive more support/assistance? Did you receive support/assistance in a different way – for example, virtually instead of in person? Did you receive support/assistance from different people or a different place?]*

- o Tell me about how these changes went for you. How well did these changes meet your needs? **[INTERVIEWER – IF REMOTE/VIRTUAL SERVICES MENTIONED, ASK HOW THOSE WENT SPECIFICALLY]**
  - What changes went well?
  - What changes were challenging?
 

*[PROBE: If you participated in virtual/remote services, did you experience any challenges related to internet or phone accessibility?]*
- o In what ways, if at all, has your FSW helped you access services during the time when COVID-19 closed non-essential businesses?

## Section 9. Working with Family Support Worker

Next, I'd like to hear more about your overall experiences working specifically with your FSW.

### 63. Thinking overall about all of the goals and needs we have talked about, please tell me how working with your FSW on these has made you feel.

### 64. How would you describe your relationship with your FSW?

*[PROBE: Do you feel comfortable talking with them? Does it seem like your FSW has your best interests in mind? Do you feel that they understand your needs?]*

### 65. \*Thinking back to when you first started to work with your FSW, when did you first communicate with your FSW and how – what mode (for example, a phone call, email, in-person)?

- o Did you reach out to your FSW or did [s/he] reach out to you?

**66. \*What was your first meeting with your FSW like? What did you discuss?**

**67. Generally, what are some ways you get in touch with your FSW?**

*[PROBE: Does your FSW reach out to you? If so, in what ways? Do you ever reach out to staff directly?]*

- o About how often are you in touch with your FSW?
  - How often do you have in-person, private meetings with your FSW?
  - How often do you talk with your FSW more informally?
- o When you are in touch with your FSW, what kinds of things do you talk about?

*[PROBE: For example, your child/ren, follow up on goals, talk about new/changing needs or situations, participation in services/follow-up on referrals, activities at site, new services available.]*

- Is this generally in-person, in a formal meeting, in an informal meeting, over the phone, or via email?
  - What are some reasons you would have an in-person meeting instead of a phone call or email?
- o Have there been any changes in how you get in touch with your FSW because of the COVID-19 pandemic? If so, tell me what changed.

**68. Have you had conversations about things related to your families' culture or what you as a family value with your FSW?**

- o If so, please describe these conversations.
- o How did these conversations come up?

## Section 10. Developing the Family Partnership Plan

Next, I'd like to hear more about your experiences developing your family partnership plan. This is the written plan or agreement that Head Start staff and families create together that identifies needs, reflects ongoing communication between staff and parents, keeps a record of goals, and tracks progress over time.

**69. Please describe how you worked with your FSW to develop your family partnership plan.**

*[PROBE]: That is, the plan with your FSW to discuss your strengths, needs, and family goals? Have you created a plan (a family partnership agreement)? If so, please describe this process.]*

**70. What are some specific ways your FSW asked you about your strengths and needs?**

- What was it like to talk about your strengths and your needs with your FSW?
- What were your needs and strengths when you started the process?
  - Did you feel like these were captured in the plan you developed with your FSW?

**71. Were there any topics that you were not comfortable sharing with your FSW? For example, your health, financial situations, housing.**

**72. Did you set goals with your FSW?**

*[PROBE: Were all of your goals put into your family partnership plan?]*

- How did that process work – did you have ideas for goals you wanted to achieve? Did your FSW suggest goals?
- What do you think about the goals you set?
- Do you feel like you're making progress toward your goals?

## Section 11. Working with Outside Organizations/Agencies

Next, let's talk about working with organizations or agencies outside of your Head Start site.

**73. Do you have case managers or contacts at other programs? Examples are: public assistance from the Temporary Assistance for Needy Families program (TANF); food stamps or an EBT card (from the Supplemental Nutrition Assistance Program (SNAP); a program that provides training and supports to learn a skill for a job (workforce development program); child support; child welfare (services and supports from an agency to make sure that children are safe and that families have supports needed to care for them successfully); health programs or Medicaid, etc.? If so:**

- Is your FSW in contact with your case managers for those other programs?
- How is it going, communicating between the different case managers?
  - Do you talk about the same things with both case managers?
  - Are their requests or requirements about the same or are there any differences?

**74. Earlier, you mentioned receiving [COMMUNITY PROVIDER SERVICES MENTIONED EARLIER] from another organization or provider in the community. Please describe how you were connected with or referred to these services.**

- What did your interactions with your FSW look like after you were referred to this service in the community? Did they change?
- Do you still meet regularly with your FSW?

**75. \*Did you receive referrals for services that you ended up not following up on or participating in?**

- o What kinds of things got in the way, or why did you decide not to follow up?

**76. \*Has your FSW given you information about resources that you could get or access on your own? For example, meetings in the community, peer groups, other activities that you can participate in on your own, on a drop-in basis.**

- o What were these resources? Can you provide an example?
- o Did you find it helpful?

## Section 12. Successes and Challenges

I have just a few more questions. Here I'd like to understand how everything is going, generally.

**77. Overall, are there any other services that you need or want but that you have not received (or been referred to)?**

- o Which services?

**78. How have you found working with Head Start staff and programs to help you with your goals and needs?**

**79. What are some specific challenges you have faced when receiving these services/supports/assistance?**

- o Have any of these challenges come about because of COVID? If so, tell me about how COVID caused these challenges.

**80. What are some specific things that have been positive or helpful?**

- o Have there been any changes made because of the COVID-19 pandemic that resulted in any silver linings or unexpected positive outcomes?  
*[PROBE: For example, remote/virtual services working out well and allowing you to participate without having to travel somewhere]*

## Section 13. Conclusion

Those are the last of my questions. Before we end, I wanted to ask you – is there anything I missed about the support services you receive? 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. Thank you again – this information you shared with me really is invaluable. It will be used to help researchers and policy makers better understand how parents use Head Start family support services, so they can determine how to improve the services offered to parents.