

Head Start Family and Child Experiences Survey (FACES 2000) Spring 2001

Family Service Worker Interview

INTRODUCTION

The purpose of FACES is to help Head Start understand how it is performing in the servicing of families and children and how to improve those services. I want to understand your point of view on how your program works with parents and children as well as talk to you about your background.

I will ask you questions and write down your answers. You may stop me at any time, and you may go back to earlier questions to change your answers. No one from the Head Start program will see or hear your answers. The things you tell me are very important, so please be as complete as possible. Our interview should take approximately 30 minutes.

Before we begin, let me read the following to you:

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 0970-0151 (expires 7/2003). The time required to complete this information collection is estimated to average 30 minutes per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Do you have any questions before we begin?

A. NEED ASSESSMENT AND SERVICE PLANS

I would like to start with some questions about the family needs assessment (FNA) or family partnership agreement (FPA).

- A1. Do you complete a Family Need Assessment (FNA) or Family Partnership Agreement (FPA) for all, most, some, or none of the families that are assigned to you?

ALL.....	1
MOST.....	2
SOME.....	3
NONE.....	4 (GO TO B1)

- A2. When **you** develop a family needs assessment (FNA) or family partnership agreement (FPA), do you...

	<u>YES</u>	<u>NO</u>
a. Discuss objectives and goals with families?	1	2
b. Prepare a written plan with families?	1	2
c. Ask the family to sign a copy of the plan?.....	1	2
d. Give the family a copy of the plan?	1	2

B. CASE MANAGEMENT

Now I'd like to ask you about your work with families.

B1. What was **your average** caseload of Head Start families since last September?

|_|_|_|
FAMILIES

B2. Do you think **your caseload** since last September was...

Too low,..... 1
About right, or 2
Too high? 3

B3. What determines how families are assigned to specific case managers/family service workers? Is it...

	<u>YES</u>	<u>NO</u>	<u>USED MOST OFTEN</u>
a. According to the child's classroom.....	1	2	_
b. According to the center	1	2	_
c. Geographic location of family	1	2	_
d. Caseload size	1	2	_
e. Previous experience with specific families	1	2	_
f. Match between race, language, ethnic, and/or cultural characteristics of family and staff, or	1	2	_
g. Something else?.....	1	2	_
(SPECIFY) _____			

IF MORE THAN ONE "YES" ABOVE, ASK "Which of these is the one used most often?"

B4. In general, when do you first have contact with a family in your caseload? Do you have it...

During recruitment,..... 1
Upon enrollment,..... 2
Shortly after the child begins class, 3
Upon direct request from parents, or 4
At some other time? 5
(SPECIFY) _____

B5. If a family had a new need for services during the Head Start year, how would you **most likely** learn about it?

- Family tells me directly 1
- I would find out during a regular home visit 2
- I would find out when I see the family during Head Start activities..... 3
- Other Head Start staff (like the teachers) would tell me 4
- Other 5
- (SPECIFY) _____

B6. What are the **minimum number of home visits** you make to the families that you work with during the Head Start year?

- NONE 1
- ONE PER YEAR 2
- TWO PER YEAR..... 3
- THREE TO SIX PER YEAR 4
- MORE THAN SIX A YEAR 5

B7. In the past month, what type(s) of contact did you have with Head Start families that you work with? Do you have...

	<u>YES</u>	<u>NO</u>
a. Individual meetings at the Head Start center?	1	2
b. Visits to the families' home?	1	2
c. Group meetings at the Head Start center?	1	2
d. Telephone calls?	1	2
e. Notes, postcards?	1	2
f. Anything else?	1	2
(SPECIFY) _____		

B8. Since last September, how often did you have **face-to-face** meetings with the following types of families in your caseload?

- a. Families that have serious problems |_|_|_| times
- b. Other families |_|_|_| times

B9. In your work with families, on what **three** activities do you spend most of your time? How about...

RESPONSE CARD

- a. Providing social service information/referral to community agencies (such as employment assistance, adult education)..... 1
 - b. Teaching the parent about parenting/education/child development issues 1
 - c. Helping families with health and nutrition problems..... 1
 - d. Providing informal counseling or addressing personal issues such as marital stress, family relations 1
 - e. Providing assistance with basic needs such as food/housing/clothing/medical care..... 1
 - f. Other 1
- (SPECIFY) _____

B10. In the past Head Start year, how many families in your caseload have needed these services? How about (ITEM)? Would you say none, 1 to 10, 11 to 20, 21 to 30, or more than 30 families?

RESPONSE CARD

- | | NONE | 1-10 | 11-20 | 21-30 | MORE
THAN 30 |
|--|------|------|-------|-------|-----------------|
| a. Help with housing..... | 1 | 2 | 3 | 4 | 5 |
| b. Training for a job | 1 | 2 | 3 | 4 | 5 |
| c. Help finding a job..... | 1 | 2 | 3 | 4 | 5 |
| d. Help to go to school or college..... | 1 | 2 | 3 | 4 | 5 |
| e. Classes in English as a second language..... | 1 | 2 | 3 | 4 | 5 |
| f. Transportation to work or training | 1 | 2 | 3 | 4 | 5 |
| g. Child care | 1 | 2 | 3 | 4 | 5 |
| h. Alcohol or drug treatment or counseling | 1 | 2 | 3 | 4 | 5 |
| i. Advice from a lawyer | 1 | 2 | 3 | 4 | 5 |
| j. Mental health services or counseling | 1 | 2 | 3 | 4 | 5 |
| k. Help dealing with family violence | 1 | 2 | 3 | 4 | 5 |
| l. Help or counseling for other family problems..... | 1 | 2 | 3 | 4 | 5 |
| m. Other? | 1 | 2 | 3 | 4 | 5 |
- (SPECIFY) _____

B11. In the past Head Start year, how many families in your caseload have received these services? How about (ITEM)? Would you say none, 1 to 10, 11 to 20, 21 to 30, or more than 30 families?

RESPONSE CARD

	NONE	1-10	11-20	21-30	MORE THAN 30
a. Help with housing	1	2	3	4	5
b. Training for a job	1	2	3	4	5
c. Help finding a job.....	1	2	3	4	5
d. Help to go to school or college.....	1	2	3	4	5
e. Classes in English as a second language.....	1	2	3	4	5
f. Transportation to work or training	1	2	3	4	5
g. Child care	1	2	3	4	5
h. Alcohol or drug treatment or counseling	1	2	3	4	5
i. Advice from a lawyer	1	2	3	4	5
j. Mental health services or	1	2	3	4	5
k. Help dealing with family violence	1	2	3	4	5
l. Help or counseling for other family problems.....	1	2	3	4	5
m. Other?	1	2	3	4	5
(SPECIFY) _____					

B12. In the past Head Start year, how many families in your caseload did you help obtain these services? How about (ITEM)? Would you say none, 1 to 10, 11 to 20, 21 to 30, or more than 30 families?

RESPONSE CARD

	NONE	1-10	11-20	21-30	MORE THAN 30
a. Help with housing	1	2	3	4	5
b. Training for a job	1	2	3	4	5
c. Help finding a job.....	1	2	3	4	5
d. Help to go to school or college.....	1	2	3	4	5
e. Classes in English as a second language.....	1	2	3	4	5
f. Transportation to work or training	1	2	3	4	5
g. Child care	1	2	3	4	5
h. Alcohol or drug treatment or counseling	1	2	3	4	5
i. Advice from a lawyer	1	2	3	4	5
j. Mental health services or	1	2	3	4	5
k. Help dealing with family violence	1	2	3	4	5
l. Help or counseling for other family problems.....	1	2	3	4	5
m. Other?	1	2	3	4	5
(SPECIFY) _____					

B13. Since last September, how many of the families that you have worked with have been reported to an agency for...

NUMBER

- a. Child abuse? _____
- b. Child neglect?..... _____
- c. Other family violence?..... _____

B14. Since last September, how many of the families that you have worked with have household members...

NUMBER

- a. With AIDS? _____
- b. With a substance abuse problem?..... _____
- c. In prison?..... _____
- d. Who have a physical or mental disability? _____
- e. Who are the victims of family violence? _____

C. CONTACT WITH COMMUNITY SERVICE PROVIDERS

Now I'd like to ask you some questions about your experience with community service providers.

- C1. What percent of your time would you estimate is spent directly providing services to Head Start families, what percent is spent contacting and working with community agencies, and what percent is spent on administrative tasks? (TOTAL MUST ADD TO 100%.)

RESPONSE CARD

PERCENTAGE OF TIME

- a. % time with families _____
- b. % time contacting and working with community agencies..... _____
- c. % time on administrative tasks such as paperwork and meetings..... _____
- d. Other _____
(SPECIFY) _____
- 100%

- C2. How involved do you have to get with your families in order for them to obtain services? Would you say you...

- Provide information about services to families and then they make their own arrangements to get them, 1
- Make arrangements for the family to receive the services with service providers, 2
- Arrange the services and go with the family to these services, or 3
- Something else? 4
(SPECIFY) _____

- C3. Tell me how often the following things have been barriers to getting services from other community service agencies. Are they never a problem, rarely a problem, sometimes a problem, or often a problem. What about...

- | | NEVER | RARELY | SOME-
TIMES | OFTEN |
|--|-------|--------|----------------|-------|
| a. Not enough openings for families at collaborating agency? | 1 | 2 | 3 | 4 |
| b. Agency's focus does not match families' needs?..... | 1 | 2 | 3 | 4 |
| c. Lack of bilingual staff at the agency? | 1 | 2 | 3 | 4 |
| d. Services inaccessible or too far away? | 1 | 2 | 3 | 4 |
| e. There is no child care during class or meeting time?..... | 1 | 2 | 3 | 4 |
| f. Schedule does not meet families' needs? | 1 | 2 | 3 | 4 |
| g. Lack of cooperation from staff at collaborating agency? | 1 | 2 | 3 | 4 |
| h. Cost of service is too high? | 1 | 2 | 3 | 4 |
| i. Anything else?.....
(SPECIFY) _____ | 1 | 2 | 3 | 4 |

D. IN-SERVICE TRAINING

The next questions are about training that you have received.

D1. In the past program year, has the following training been provided or made available to you by Head Start?

	<u>YES</u>	<u>NO</u>
a. Parenting education	1	2
b. Mental health issues	1	2
c. Domestic violence/family violence	1	2
d. Child abuse and neglect.....	1	2
e. Substance abuse.....	1	2
f. Family needs assessment and evaluation	1	2
g. Providing case management services to families	1	2
h. Linking families to community services	1	2
i. Helping families set goals and schedules for meeting goals .	1	2
j. Anything else?..... (SPECIFY) _____	1	2

D2. Overall, **how helpful** is the training provided by or made available to you by Head Start? Would you say it is ...

Not very helpful,	1
Somewhat helpful, or	2
Very helpful?	3

E. BACKGROUND INFORMATION

I would like to ask you questions about your employment and educational background.

- E1. How long have you been **employed by this Head Start program**?
(ROUND RESPONSE TO NEAREST # OF YEARS.)

|_|_|
YEARS

- E2. In total, how many years have you worked with **any Head Start program**?
(ROUND RESPONSE TO NEAREST # OF YEARS.)

|_|_|
YEARS

- E3. Before you started working with Head Start, did you have **any work or volunteer experience** as a social worker or case manager in a family support program?

YES..... 1
NO..... 2 (GO TO E5)

- E4. How many **years experience** did you have with such programs before you joined Head Start? (ROUND RESPONSE TO NEAREST # OF YEARS.)

|_|_|
YEARS

- E5. In your **current Head Start position(s)**, do any of the following **make it harder** for you to do your job well? How about...

	<u>YES</u>	<u>NO</u>
a. Time constraints such as not enough time to do all that is required?.....	1	2
b. An undefined role unclear guidelines on job responsibilities?	1	2
c. Salary too low for job demands?	1	2
d. Lack of support staff?	1	2
e. Not enough training for secondary responsibilities?	1	2
f. Not enough support and communication from administration?	1	2
g. Not enough funds for supplies and activities?	1	2
h. Anything else?	1	2
(SPECIFY) _____		

- E6. Please tell me the extent to which you agree with each of the following statements about your job. Tell me whether you **strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree.**

RESPONSE CARD

	Strongly <u>disagree</u>	<u>Disagree</u>	Neither agree nor <u>disagree</u>	<u>Agree</u>	Strongly <u>agree</u>
a. I really enjoy my present job	1	2	3	4	5
b. I am certain that I am making a difference in the lives of children.....	1	2	3	4	5
c. If I could start over, I would choose the field of family services again as my career ..	1	2	3	4	5

- E7. How likely are you to continue working for Head Start through the next Head Start year (through 2001-2002)? Would you say you are...

Very likely,.....	1
Somewhat likely,	2
Somewhat unlikely, or.....	3
Very unlikely?.....	4

- E8. Do you have any children living in your household who attend Head Start now?

YES.....	1
NO.....	2

- E9. Did any child who lived in your household in the past attend Head Start?

YES.....	1
NO.....	2

E10. What is the highest grade or year of school that you completed?

- | | | | |
|---|----|-------|-------------|
| UP TO 8TH GRADE..... | 01 | } | (GO TO E12) |
| 9TH TO 11TH GRADE..... | 02 | | |
| 12TH GRADE BUT NO DIPLOMA..... | 03 | | |
| HIGH SCHOOL DIPLOMA/EQUIVALENT..... | 04 | | |
| | | | |
| VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA..... | 05 | } | (GO TO E12) |
| VOC/TECH DIPLOMA AFTER HIGH SCHOOL | 06 | | |
| SOME COLLEGE BUT NO DEGREE..... | 07 | <hr/> | |
| ASSOCIATE'S DEGREE | 08 | } | (GO TO E11) |
| BACHELOR'S DEGREE | 09 | | |
| GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE | 10 | | |
| MASTER'S DEGREE (MA, MS) | 11 | | |
| DOCTORATE DEGREE (PHD, EDD)..... | 12 | | |
| PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) | 13 | | |

E11. In what field did you obtain your highest degree?

- | | |
|--|---|
| CHILD DEVELOPMENT OR DEVELOPMENTAL
PSYCHOLOGY | 1 |
| EARLY CHILDHOOD EDUCATION | 2 |
| ELEMENTARY EDUCATION | 3 |
| SOCIAL WORK..... | 4 |
| OTHER FIELD | 5 |
| (SPECIFY) _____ | |

E12. Are you currently enrolled in any additional professional training or education, including, post-secondary school degrees, graduate degrees, etc.? If yes, in what kind of program are you enrolled?

- | | |
|--|----|
| NOT CURRENTLY ENROLLED..... | 01 |
| CHILD DEVELOPMENT ASSOCIATE (CDA) DEGREE
PROGRAM..... | 02 |
| TEACHING CERTIFICATE PROGRAM | 03 |
| BACHELOR'S OF SOCIAL WORK PROGRAM..... | 04 |
| OTHER BACHELOR'S DEGREE PROGRAM | 05 |
| GRADUATE DEGREE PROGRAM (MASTER'S, PH.D, OR
ED.D.)..... | 06 |
| OTHER..... | 07 |
| (SPECIFY) _____ | |

E13. What is your total annual salary (before taxes) as a family service worker for the current school year?

\$_____, _____ PER YEAR

E14. How many months of the year does this salary cover?

|_|_| NUMBER OF MONTHS

E15. How many hours per week does this salary cover (not including overtime)?

|_|_| HOURS PER WEEK

E16. What is your gender?

MALE 1
FEMALE..... 2

E17. In what year were you born?

19 |_|_|

E18. Are you of Spanish, Hispanic, or Latino origin?

YES 1
NO..... 2 (GO TO E20)

E19. Which one of these best describes you...

Mexican, Mexican American, Chicano,... 1
Puerto Rican, 2
Cuban, or 3
Another Spanish/Hispanic/Latino group? 4

E20. What is your race? You may name more than one if you like. (CIRCLE ALL THAT APPLY.)

- a. WHITE 01
- b. BLACK, AFRICAN AMERICAN, OR NEGRO 02
- c. AMERICAN INDIAN OR ALASKA NATIVE
(SPECIFY) 03
- d. ASIAN INDIAN 04
- e. CHINESE 05
- f. FILIPINO 06
- g. JAPANESE 07
- h. KOREAN 08
- i. VIETNAMESE 09
- j. ASIAN (NOT FURTHER SPECIFIED) 10
- k. NATIVE HAWAIIAN 11
- l. GUAMANIAN OR CHAMORRO 12
- m. SAMOAN 13
- n. OTHER PACIFIC ISLANDER (SPECIFY) 14
- o. OTHER RACE 15
(SPECIFY)

E21. Is there anything you would change about your job or the social service component that would improve services provided to families? (PLEASE EXPLAIN)

E22. Has there been an impact on Head Start **families** because of welfare reform and changes in public assistance laws? (PLEASE EXPLAIN)

E23. Has there been an impact on your Head Start **program** because of welfare reform and changes in public assistance laws? (PLEASE EXPLAIN)

THANK YOU FOR YOUR PARTICIPATION IN FACES!