

Alaska Early Intervention • Infant Learning Program

2021 Family Outcomes Survey

families enrolled in calendar year 2020

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Executive Summary

The Alaska Early Intervention • Infant Learning Program (Alaska ILP) oversees an array of flexible early intervention services for children birth to three years of age who have or are at risk for disabilities or developmental delays. During the previous calendar year, 15 ILP grantees delivered services across the state through local agencies.

The U.S. Department of Education Office of Special Education Programs (OSEP) requires State agencies to develop and implement outcome measures to evaluate infant and toddler programs operated under Part C of the Individuals with Disabilities Education Act. Family Outcomes Survey items are based on five core OSEP family outcome areas and general level of satisfaction with services received from an ILP:

1. Families understand their children's strengths, abilities, and special needs.
2. Families know their rights and advocate effectively for their children.
3. Families help their children develop and learn.
4. Families have support systems.
5. Families access desired services, programs, and activities in their communities.
6. Families are satisfied with the services they receive.

The 2021 survey instrument had 22 items and space for comments. Families rated experiences with their children and their ILP by choosing how often each statement was true for their family: none of the time, some of the time, most of the time, or all of the time. This 4-point Likert scale was recommended to the Alaska ILP by a group of Alaska Native providers who had consulted as a group about making survey instruments more culturally appropriate for Alaska's indigenous cultures. One new item was added for 2021 about distance-delivered services during the pandemic.

Family eligibility criteria included a child enrolled during the previous calendar year eligible for Part C and enrolled for at least 6 months duration, as well as a potentially valid mailing address. The eligible population was comprised of 710 families with 724 children. The survey utilized a randomly selected 20% target group of families, stratified by Alaska ILP grantee, and by race of children. It was comprised of 143 families with 148 children. Target families were contacted in March-April 2021. Survey packets sent by mail invited them to complete the survey by mail, online, or over the phone. Follow-up was conducted with phone calls and postcard reminders. There were 79 completed surveys rendering a 55% response rate. Characteristics of children were fairly similar across responding families, the selected target group, and the total eligible population.

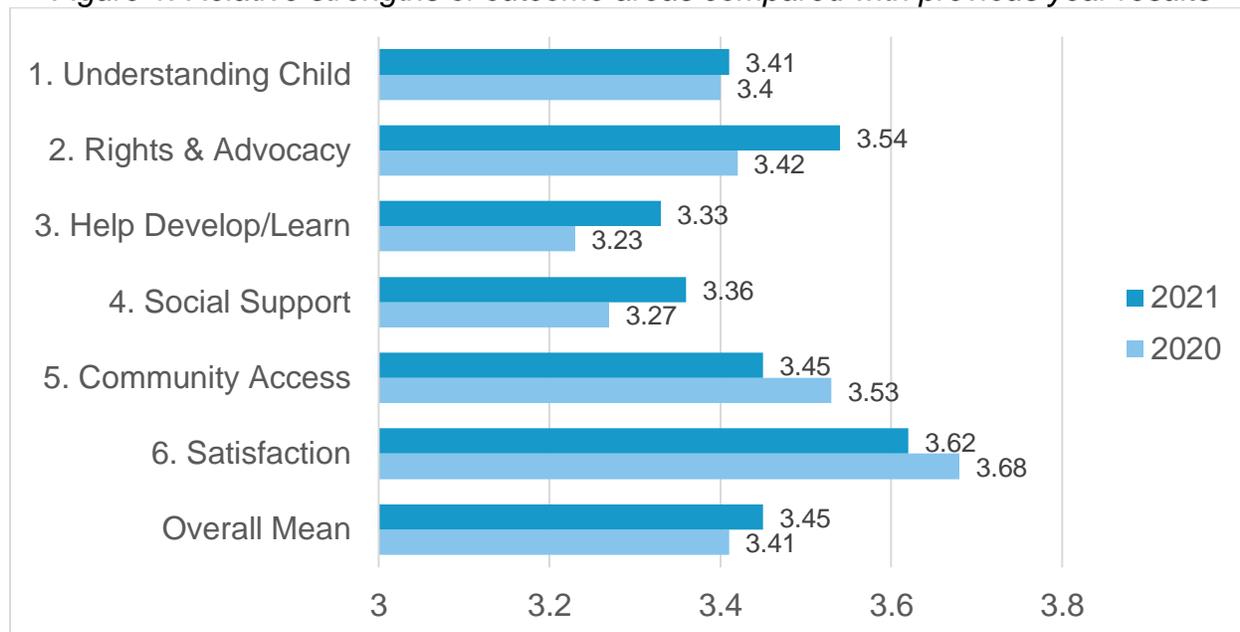
Survey Findings

Pattern of Outcome-Level Results

Note: Figures often depict ratings between 3 and 4 on a 1-4 scale. This is a magnified view to more easily see patterns. Differences are not as large as they may appear and readers should look to the statistical analyses for significant or meaningful differences.

It can be concluded from the results of the 2021 Family Outcomes Survey that the vast majority of families (approximately 92%) were satisfied all or most of the time with ILP services they received during calendar year 2020. The overall survey mean was 3.45 on a 1-4 scale. Most responding caregivers were confident in their knowledge and abilities, and available resources usually met their needs. Figure 1 illustrates an outcome level pattern of results in 2021, compared to the previous annual survey.

Figure 1: Relative strengths of outcome areas compared with previous year results



The strongest outcome area was Outcome 6 ($M = 3.62$) regarding satisfaction with ILP services, followed by Outcome 2 (rights and advocacy, $M = 3.54$). Outcome 5 (community access, $M \cong 3.45$) was the same as the overall mean of the survey ($M = 3.45$), and Outcome 1 (parental understanding of children, $M = 3.41$) was just below the overall mean. Outcome 4 (social support, $M = 3.36$) and Outcome 3 (parental ability to help children develop and learn, $M = 3.33$) were relatively weaker.

The pattern of outcome-level results was fairly similar to the previous year. There were no significant outcome-level differences between years. There were also no significant differences within 2021 results by region or by race.

Outcome 1: Understanding of Children

The Outcome 1 mean ($M = 3.41$) was just under the overall survey mean. The greatest strength was in caregivers' *ability to perceive children's progress* ($M = 3.52$). The relative weakness was in *knowing about children's special needs* ($M = 3.23$). This is a typical pattern within Outcome 1.

Outcome 2: Rights and Advocacy

The Outcome 2 mean ($M = 3.54$) was above the overall survey mean. The greatest strength was in whether or not caregivers were *comfortable in meetings with professionals* ($M = 3.80$). The relative weakness was in being *informed about programs*

and services available to families ($M = 3.37$). This is a typical pattern within Outcome 2. One item in Outcome 2 about whether or not caregivers *knew what to do if not satisfied* with their services had a significantly stronger result than the previous year.

Outcome 3: Helping Children Develop and Learn

The Outcome 3 mean ($M = 3.33$) was the weakest outcome area. The strongest item was *working with professionals to develop a plan* ($M = 3.48$). The greatest weakness was in knowing how to *help children learn to behave* ($M = 3.12$). This is consistent pattern within Outcome 3.

Outcome 4: Social Support

The mean response for Outcome 4 ($M = 3.36$) was relatively weaker than most other outcome areas. The greatest strength was in having *people to talk with* to deal with problems or celebrate ($M = 3.63$). The greatest weakness was in having resources for *occasional childcare* ($M = 3.05$). This represents a typical pattern within Outcome 4.

Outcome 5: Community Access

One item within Outcome 5 is not applicable to a large portion of families and not included in aggregate analyses. To represent all results, the outcome mean is estimated. The estimated mean response ($M \cong 3.45$) was the same as the overall survey mean. *Access to excellent medical care* ($M = 3.70$) was the greatest strength. The greatest weakness was access to *participate fully in the community* ($M = 3.14$). This represents a typical pattern within Outcome 5.

ILP providers can make a meaningful difference in the quality of local childcare by working with childcare providers to help them understand and address the special needs of young children they both serve. Fourteen (47%) of the 30 families who indicated this would be appropriate for their circumstances noted these interactions occurred all or most of the time. Typically, 50% is considered a positive result as this collaboration is not always necessary, appropriate, or possible. Considering the challenges of the pandemic, the level of collaboration achieved is impressive.

Outcome 6: Satisfaction with ILP Services

Outcome 6 was the strongest outcome area ($M = 3.62$), which is a typical outcome-level pattern on this survey. Each item within Outcome 6 had very strong results. At the regional level, satisfaction ranged from 3.57 to 3.68, highest in the Southeast Region.

Pattern of Item-Level Results

Following are the aspects of family knowledge, resources, and abilities from the strongest to the weakest, as measured in the 2021 survey. Five of these item results surpassed a benchmark for stronger outcomes (greater than or equal to 3.50), compared to seven in the previous year. However, the two items that slipped just below the 3.50 benchmark were not significantly weaker than the previous year. Of more interest is the item about knowing what to do if not satisfied with services, which moved from among the weakest outcomes up into the high moderate outcomes. The lowest three items are typically among the weakest results on the survey.

Stronger Outcomes

- Comfortable in meetings with professionals ($M = 3.80$)
- Access to resources for excellent medical care ($M = 3.70$)
- Access to social resources, people to talk with ($M = 3.63$)
- Informed of the right to choose EI services ($M = 3.53$)
- Able to perceive the child's progress ($M = 3.52$)

Moderate to Weaker Outcomes

- Worked with professionals to develop a plan ($M = 3.48$)*
- Access to resources for excellent childcare ($M = 3.47$)*
- Knows what to do if not satisfied with services ($M = 3.47$, *sig. stronger*)
- Understands the child's development ($M = 3.45$)
- Able to do the activities the family enjoys ($M = 3.39$)
- Knows how to help the child develop and learn ($M = 3.37$)
- Informed of available programs and services ($M = 3.37$)
- Knows about the child's special needs ($M = 3.23$)

Weakest Outcomes

- Access to opportunities for community inclusion ($M = 3.14$)
- Knows how to help the child learn to behave ($M = 3.12$)
- Access to resources for occasional childcare ($M = 3.05$)

*Items that were among the stronger items in the previous year.

Social-Emotional Development

One item is intended to measure success of ILP efforts to help improve the social-emotional development of children, or how well the ILP helped families enjoy relationships with their children. A mean rating of 3.70 was an exceptionally strong result, similar to the previous year. At the regional level, means ranged from 3.64 to 3.78, highest in the Anchorage Region.

Services During the Pandemic

One item added in 2021 was intended to measure the effectiveness of distance ILP services delivered during restrictions imposed by the pandemic. Of 75 families who considered this item applicable to them, the majority (61%) indicated distance services were helpful, but in-person services work better. For about a quarter of respondents, distance services worked very well and they hoped it would continue to be an option after the pandemic. Respondents often used the comment space as an opportunity to say more about the pandemic and distance services (see below).

Comments Added to Surveys

Forty-five responding caregivers added comments to surveys (45 or 57% of all responders). Thirty of these (67%) were positive, expressing gratitude and satisfaction. Ten of these comments specifically praised the efforts made by ILPs to continue providing services with distance methods during the pandemic. However, twelve of fourteen negative and mixed comments demonstrated that distance services were particularly inadequate for at least 15% of the families who responded to the survey.

Introduction

The Alaska Early Intervention • Infant Learning Program (Alaska ILP) is administratively under the Division of Senior and Disabilities Services (SDS) within the Department of Health and Social Services. The mission of the Alaska ILP is “to build upon natural supports and provide resources that assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.”

To assist children who are at risk for disabilities or developmental delays to have a healthier start in life (birth to age 3), the Alaska ILP oversees an array of flexible early intervention services. During the previous calendar year, 15 ILP grantees delivered community-level services across the state through local agencies. Grantees typically include school districts, mental health associations, Native health organizations, parent associations, and other nonprofit organizations. ILP services include developmental screening and evaluation; individualized family service plans; home visits; physical, occupational, and speech therapies; and children’s mental health services. ILP providers share assessment, development, and intervention information and strategies with families, deal with specialized equipment, and make appropriate referrals to meet child and family needs that are beyond the scope of ILP providers.

Alaska ILP funding comes from multiple sources including State general funds, federal Part C funds, Medicaid, and billing receipts from insurance and other third-party payers. Alaska ILP activity and progress are reported to the U.S. Department of Education Office of Special Education Programs (OSEP). OSEP requires State agencies to develop and implement outcome measures to evaluate infant and toddler programs operated under Part C of the Individuals with Disabilities Education Act (IDEA). Through a developmental process of working with experts and stakeholders, OSEP identified five family outcome areas. Guided by this framework, an annual Family Outcomes Survey gathers this type of information from the perspective of families in Alaska who received ILP services, along with their general level of satisfaction with services:

1. Families understand their children’s strengths, abilities, and special needs.
2. Families know their rights and advocate effectively for their children.
3. Families help their children develop and learn.
4. Families have support systems.
5. Families access desired services, programs, and activities in their communities.
6. Families are satisfied with the services they receive.

Methodology

Historical Development

Prior to 2008, the instrument used to measure family outcomes was adopted from the Early Childhood Outcomes Center (ECO). The method was a census approach with one survey per child who received any Part C services in the previous calendar year. Evaluators recommended greatly simplifying the 8-page instrument, but matching the focus of ECO items. Methodological recommendations included making the family the unit of measurement, randomly selecting a segment of the population stratified by ILP grantee to receive the survey, and investing effort in a meaningful response rate. Proposed changes were approved by OSEP and first implemented in 2008.

Since then, core outcome items and methodology were fairly consistent with some improvements over time. From 2012 through 2019 there were additional items about access to childcare, but only the one most relevant to ILP services was retained since 2019. One item added in 2020 is an indicator of how well the ILP helped families to promote social-emotional development. This year an item was added to ask about family experiences with distance services during the pandemic. The 2021 survey consisted of 22 items and space for comments (see the instrument in Appendix A).

Caregivers were asked to rate their experiences by choosing how often each outcome statement was true for their family: none of the time, some of the time, most of the time, or all of the time. This 4-point Likert scale was recommended to the Alaska ILP by a group of indigenous providers who consulted about making survey instruments more culturally appropriate for the state's indigenous cultures.

Participants & Selection Procedures

To be eligible for the survey, families needed to have at least one child eligible for Part C services enrolled during the previous calendar year for at least 6 months duration. Data about potentially eligible children and families is pulled from the Alaska ILP statewide database. Families are removed from the population if there is insufficient information to send them a survey packet by mail. This includes families with no address, families without enough of an address to be recognized by the USPS, and families whose only address is a child protection office. Deliverable mail serves as informed consent, as well as providing an opportunity to respond by mail or online. The eligible population for the 2021 survey consisted of 724 children in 710 families.

A target group comprised of 143 families was randomly selected from eligible families to receive the survey by mail. Random numbers are assigned to all families in the eligible population. In order to stratify by geography and by race of children, families are sorted by ILP grantees and again by up to 6 race categories. Within each resulting ILP/race category, the 20% of families with the highest random numbers are selected.

Children with any Native heritage are defined as Native for stratification and analyses by race. This matches the culture in Alaska where people with partial Native heritage are recognized as members of Tribes or other indigenous groups. Thus, about 32.9% of the

children in the eligible population and 33.8% in the selected target group had Native heritage by this definition.

Small differences in demographic proportions between the eligible population and the selected target group are most likely an artifact of selection procedures that avoided systematically excluding families in low incidence race categories or with missing race data. Specifically, in the 2021 eligible population, there were eight ILP areas where race/ethnic categories had only one or two families in each, failing to meet a minimum threshold to include one family of that race/ethnicity in the target group. As much as possible, these families were grouped together within each respective ILP service area, and the 20% with the highest random numbers were selected into the target group.

For selection purposes, families with missing race data are treated as an additional stratification category to avoid systematically excluding them. Typically, Hispanic/Latino is indicated for these children. In the 2021 eligible survey population, there were 21 cases across six ILP grantee areas where this occurred.

Survey Procedures

A third-party evaluator, the University of Alaska Anchorage (UAA) Center for Human Development (CHD), is contracted to implement the Family Outcomes Survey. Survey packets containing an invitational letter, the survey instrument, and a postage-paid return envelope were mailed to the selected target group families on March 5, 2021.

The invitational letter (in Appendix A) introduces the survey and invites families to complete it by mail, online, or by using a toll-free phone number, and informs them a CHD evaluator will call in about two weeks if a survey is not yet completed. This letter includes informed consent language approved by the UAA Institutional Review Board.

If a survey packet is returned as undeliverable in time to send a new one, the procedure is to replace the selected family using the next highest random number within the same ILP/race category. This procedure resulted in 2 replacement families in the 2021 target group. The final target group was comprised of 143 families with 148 children. The given deadline for responding was April 23, and the survey was closed on April 26.

When an evaluator reaches families by phone, caregivers are invited to complete the survey over the phone. Requests to call at another time, opt out, or send information in the mail are honored with courtesy. Due to Covid-19 conditions, the evaluator was set up at home to make and receive phone calls, and retrieve voicemail through a UAA computer interfacing with a UAA office phone. Phone calls appeared to participants with the UAA caller ID.

Having a working phone number is not required for inclusion in the target group. When non-responding families cannot be reached by phone, a postcard reminder is sent by mail. It includes phone numbers to reach the evaluator and an online address to access the survey. As the survey deadline approaches, the postcard may also be sent as a reminder to any remaining non-responders in the target group.

Data Analysis

Note: For statistical tests, equal variances are assumed unless indicated otherwise.

Summaries of responses. Typical analyses to summarize responses to survey items include descriptive statistics such as frequencies, distributions, and measures of central tendency. Summaries often include the proportion of combined all/most responses (positive half of the scale) and some/none responses (negative half of the scale).

Comparisons across four regions. A univariate analysis of variance is used to test for differences by region at the outcome-level and sometimes at the item-level. Post hoc testing uses Tukey for pairwise comparisons when differences among variances are small, Levene's test is $> .05$, and equal variances are assumed. Post hoc testing uses Dunnett C when differences among variances are larger, Levene's test is $< .05$, and equal variances are not assumed.

Comparisons between years. When an outcome or item mean appears different from a previous year, the two results are compared using an independent 2-tailed t-test.

Comparisons by race. There are only enough children of Native and White heritage to test for differences by race. Independent 2-tailed t-tests determine differences at the outcome-level. When outcome-level results indicate potential item-level differences, those items are tested. If a difference by race is significant, there is a follow-up test for difference by rural versus urban residence, which can be a confounding variable.

Qualitative data. Comments tend to fall into general satisfaction categories of positive, negative, or mixed positive/negative. Themes in mixed and negative comments are noted. All comments are listed in Appendix B.

Respondents

Response Rates

Seventy-nine ($n = 79$) surveys were completed by families from the target group for an overall response rate of 55%. The following shows how it is calculated. "No contact" is mail returned as undeliverable too late for replacement.

- 143 Target Families (with 2 replaced families)
 - 79 eligible completed surveys (S)
 - 62 opted out or did not respond (O)
 - 2 no contact (N)
- Response Rate: $S / (S+O+N) = 0.55244$ or 55%

About 25% ($n = 20$) of the 79 respondents completed surveys by mail or online, while 75% ($n = 59$) responded over the phone when called by the evaluator.

Response Characteristics

Table 1 shows the number and proportion of response rates sorted by Alaska ILP regions and Table 2 shows a further breakdown of response by ILP grantees. The highest was in the Southeast Region (63%), followed closely by the Southcentral

Region (62%). The Northern Region had the lowest response rate at 40%. Looking at response by grantees in the Northern Region, there was a 43% response in the largest area (ACC), and no responses in two areas (NSH and TCC).

Table 1: Response sorted by ILP regions

Region	Alaska ILP Grantees (ILP Code)	Sent	Rec'd	%
1. Northern	Alaska Center for Children & Adults (ACC) Northwest Arctic Borough School District (NWA) Norton Sound Health Corporation (NSH) Tanana Chiefs Conference (TTC)	35	14	40
2. Anchorage	Programs for Infants & Children (PIC) FOCUS – Family Outreach Center for Understanding Special Needs (FOC)	47	27	57
3. Southcentral	Bristol Bay Area Health Corporation (BBA) Kodiak Area Native Association (KAN) Mat-Su Services for Children & Adults (MSU) Yukon Kuskokwim Health Corporation (YKH)	29	18	62
4. Southeast	Center for Community (CFC) Community Connections (CCK) Frontier Community Services (FCS) REACH, Inc. (REA) Sprout Family Services (SFS)	32	20	63

Table 2: Response sorted by grantees

Alaska ILP Grantee (ILP Code)	Service Area	Sent	Rec'd	%
Alaska Center for Children & Adults (ACC)	Fairbanks, Copper River, Delta-Greeley, North Slope	30	13	43
Bristol Bay Area Health Corporation (BBA)	Bristol Bay area	3	1	33
Center for Community (CFC)	Sitka, Kake, Angoon area	3	2	67
Community Connections (CCK)	Ketchikan, Prince of Wales Island, Metlakatla area	7	4	57
FOCUS (FOC)	Chugiak, Eagle River, JBER, Cordova, Valdez area	12	5	42
Frontier Community Services (FCS)	Kenai, Soldotna area	5	4	80
Kodiak Area Native Association (KAN)	Kodiak Island	3	2	67
Mat-Su Services for Children & Adults (MSU)	Mat-Su Borough	17	11	65
Northwest Arctic Borough SD (NWA)	Northwest Arctic	2	1	50
Norton Sound Health Corporation (NSH)	Norton Sound Region	1	0	---
Programs for Infants & Children (PIC)	Anchorage, Girdwood, Whittier	35	22	63
REACH, Inc. (REA)	Juneau, Haines, Petersburg	11	7	64
Sprout Family Services (SFS)	Aleutian/Pribilof Islands, Seward and Homer areas	6	3	50
Tanana Chiefs Conference (TCC)	Interior, TCC area	2	0	---
Yukon Kuskokwim Health Corp. (YKH)	Yukon Kuskokwim area	6	4	67

Within ILP regions and sometimes within grantee service areas, both urban and rural populations are served. If children in families with mailing addresses in Anchorage, Eagle River, Fairbanks, and Juneau are defined as more urban, 43.2% in the responding sample were more urban and the remaining 56.8% more rural. This was exactly the same as the urban/rural proportions in the target group, and compares to

41.9% urban, 58.1% rural in the eligible population. It is clear there was no difference in response rates based on urban/rural residence.

Fifty-nine (75%) of this year's responses were completed over the phone. Calls to target group families who had not yet responded began on March 22. Calls were conducted weekdays, evenings, and on weekends in attempts to reach people when they were available. However, having a working phone number was not a requirement for being in the target group. Reminder postcards were mailed to target families who could not be reached by phone in a timely manner.

Among the 64 families in the target group who did not respond to the survey 42 could not be reached by phone and 8 declined to participate. There were 3 wrong numbers and 11 out-of-service, not connecting, or not accepting calls. In another 19 cases, calls always went to voicemail, and 9 more always went to voicemail after someone was reached and asked for a call back. A brief message was left the first time a call went to voicemail. In summary, the following represents these types of nonresponse characteristics as proportions of the target group:

- 10% nonworking numbers (out-of-service, invalid, not working) ($n = 14$)
- 20% calls routinely sent to voicemail ($n = 28$)
- 6% declined to participate ($n = 8$)

Combined, these 50 cases represented 35% of target group families, slightly lower than what has been most typical in previous years. Following is a breakdown by region.

Northern Region: Impact was high at almost half of the regional target (17/35 or 49%). The largest impact by type was in *calls routinely sent to voicemail* (9 or 26%), followed by nonworking numbers (6 or 17%). Two families (6%) declined to participate.

Anchorage Region: Impact was moderate (15/47 or 32%). The largest impact by type was in *calls routinely sent to voicemail* (9 or 19%). Four families (9%) in the region declined to participate. There were two (4%) nonworking numbers.

Southcentral Region: Impact was moderate (10/29 or 34%). The largest impact by type was in *calls routinely sent to voicemail* (6 or 21%), followed by nonworking numbers (3 or 10%). One family declined to participate.

Southeast Region: Impact was low at a quarter of the regional target (8/32 or 25%). The largest impact by type was in *calls routinely sent to voicemail* (4 or 13%), followed by nonworking numbers (3 or 9%). One family declined to participate.

Of the 50 families who could not be reached by phone or declined to participate, 29 or 58% were rural families, which is about the same as the proportion of rural families in the target group (57%). Of the 53 children in these families about 34% ($n = 18$) had Native heritage, which was the same as the proportion of Native children in the target group ($n = 50$ or 34%). No pattern in these non-response factors by urban/rural residence or by race is additional evidence the responding sample was representative.

The remaining non-responding families are typically those who were reached by phone and expressed an intent to complete the survey by mail or online, but ultimately failed to do so. Attempts to reach them again before the survey deadline were unsuccessful.

Demographics of Responding Families

Note: A proportion of caregivers in this population are not the biological parents of the children in the family. Caregivers can be grandparents, foster parents, and legal guardians. Thus, the race/ethnicity of families cannot be entirely assumed from the race/ethnicity of children in data collected by the Alaska ILP.

Among the 79 families who responded to the survey, there were 81 children who met the criteria for their families to be included in this sample. Children with Native heritage (as a single race or one of two or more races) accounted for 28 children (34.6%). White as a single race accounted for 44 children (54.3%). Together this was most of the children in the responding sample of families: 72 of 81 children, or 89%.

The proportion of children with Native heritage in responding families (34.6%) compared to 33.8% of target and 32.9% of eligible families. The proportion of children with White as a single race in responding families (54.3%) compared to 52.7% of target and 53.6% of eligible families. It was clear that families with Native children were not under-represented in the responding sample.

Table 3 shows the data on race/ethnicity of children across the families who responded to the survey, those in the randomly selected target group, and the total population of children eligible for the survey. More than one race could be indicated for one child, and Hispanic/Latino is an ethnicity across multiple races.

Table 3: Race/ethnicity of children in responding families compared to the target group and the eligible population

Race/Ethnicity of Children	Responders	Target Group	Eligible
Alaska Native/American Indian	28 (34.6%)	50 (33.8%)	238 (32.9%)
Asian	3 (3.7%)	7 (4.7%)	36 (5.0%)
Black/African American	5 (6.2%)	11 (7.4%)	39 (5.4%)
Pacific Islander	3 (3.7%)	3 (2.0%)	14 (1.9%)
White/Caucasian	56 (69.1%)	101 (68.2%)	470 (64.9%)
No race indicated	1	3	21
Hispanic/Latino	2 (2.5%)	8 (5.4%)	51 (7.0%)

Table Note: Single race or mixed race.

The most typical age of children at the time of the 2021 survey was 28 to 29 months across responders, target families, and the eligible population. All families included in the 2021 survey had one or more children enrolled in an ILP and qualified for Part C services.

Table 4 shows the qualifying categories of children across the responders, target group, and eligible population. For all three, the reason the largest proportion of children qualified (62 to 72 percent) was a documented delay of over 50%. Predominance on this factor is typical.

Table 4: How children in responding families qualified for services compared to the target group and the eligible population

Qualifying Category	Responders	Target Group	Eligible
Part C Diagnosis	18 (22.2%)	30 (20.3%)	114 (15.7%)
Delays > 50%	50 (61.7%)	98 (66.2%)	520 (71.8%)
Clinical Opinion	13 (16.0%)	20 (13.5%)	90 (12.4%)

Within responding families, 46 (56.8%) children were still enrolled in the program at the time of the survey, and 35 (43.2%) had exited the program sometime during the year. This compares to the target group with 79 (53.4%) enrolled, 69 (46.6%) exited; and the eligible population with 384 (53.0%) enrolled, 340 (47.0%) exited. Proportions were similar enough to indicate no difference in response based on enrollment status.

Table 5 shows reasons families exited the program. Of the exiting children among responders, the target group and the eligible population, the exit reason given for the largest proportion (31 to 39 percent) was “Part B eligible,” indicating they had aged out of Part C services and qualified to continue receiving services under Part B. Predominance on this factor is typical. In this case, the proportion in the responding sample was lower than the target group, but similar to the eligible population.

Table 5: Reasons families exited the program during the service year

Exit Reason	Responders	Target Group	Eligible
Part B eligible	11 (31.4%)	27 (39.1%)	114 (33.5%)
Completion of IFSP prior to age 3	3 (8.6%)	4 (5.8%)	41 (12.1%)
Attempts to contact unsuccessful	3 (8.6%)	9 (13.0%)	40 (11.8%)
Withdrawal by parent/guardian	6 (17.1%)	10 (14.5%)	55 (16.2%)
Part B eligibility not determined	9 (25.7%)	15 (21.7%)	42 (12.4%)
Moved out of state	2	3	24
Not Part B eligible, exit with no referrals	0	0	18
Not Part B eligible, exit to other program	1	1	5
Reason not indicated	0	0	1

Table 6 shows placements for children after exiting an ILP. In all three groups, exit placement was most often in the home (45 to 54 percent) or in preschool special education (23 to 25 percent). A predominance of these two placements is typical. In this case, the proportion in the responding sample with placements in the home was slightly higher than both the target group and eligible population.

Table 6: Exit placements of children who left the program during the service year

Exit Placement	Responders	Target Group	Eligible
Preschool Special Education	8 (22.9%)	17 (24.6%)	86 (25.3%)
Home	19 (54.3%)	33 (47.8%)	152 (44.7%)
Child Care/Preschool	4	7	21
Head Start	0	1	5
Other Setting	2	5	16
Outpatient Therapy	1	1	5
Placement not indicated	1	5	55

Summary of Respondent Characteristics

Based on the data collected by the Alaska ILP, characteristics of children were fairly similar across responding families, the selected target group, and the total eligible population. There were no differences that might be of concern regarding representativeness of the responding sample.

Results

Notes: All reported percentages in results are rounded, thus percentages broken down by subcategories do not necessarily add up to exactly 100%.

The total number of responses can vary by survey item largely because respondents could choose to skip any item. In rare cases, a respondent might circle multiple responses to one item on a paper survey, which is also treated as missing data.

Cases with missing data may be automatically excluded from aggregate statistical tests. If so, this will be indicated in the number of cases (n) reported with results.

The 2021 overall mean rating on outcome items was 3.45 on a 1-4 scale. This result was slightly above last year's result of 3.41 ($n = 80$). The overall mean was lower in 2019 (3.33, $n = 73$), and slightly higher in both 2018 and 2017 (3.48, $n = 83$ and $n = 69$ respectively). As is typical, most responding caregivers were confident in their knowledge and abilities, and available resources usually met their needs.

Within 2021 results, there were no meaningful differences in responses across the four regions. There were also no meaningful differences in responses by race. See more detail in the following examination of findings organized by outcome area with an expanded look at satisfaction, including satisfaction results by region.

Outcome 1: Understanding Children

Items 1-3 on the survey asked respondents to indicate how often they understood their children's development, special needs, and progress. The mean response for Outcome 1 ($M = 3.41$) was just under the overall survey mean ($M = 3.45$), and essentially the same as the previous year (3.40, $n = 80$).

The greatest strength was in caregivers' *ability to perceive children's progress* ($M = 3.52$). The relative weakness was in *knowing about children's special needs* ($M = 3.23$). This is a typical pattern within Outcome 1.

Item 1: Our child is growing and learning, and we understand our child's development very well

The mean response on Item 1 was **3.45**, $n = 78$, $SD = .677$. About 89% of responding families indicated they understood their children's development very well most (34%) or all (54%) of the time. The item mean often hovers around the overall survey mean. In this case they were identical.

Item 1 Response Frequency

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	8	10.1
3-Most of the time	27	34.2
4-All of the time	43	54.4
Missing:	1	1.3

Item 2: We know most of what we need to know about our child's special needs

The mean response on Item 2 was **3.23**, $n = 78$, $SD = .701$. About 84% of responding families indicated they knew what they needed to know about their children's special needs most (46%) or all (38%) of the time. About 15% indicated they knew less often. The item mean was below the overall survey mean. It was higher than the previous year (3.14, $n = 80$), but not significantly. It is typical for response on this item to be among relatively weaker results on the survey.

Item 2 Response Frequency

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	12	15.2
3-Most of the time	36	45.6
4-All of the time	30	38.0
Missing:	1	1.3

Item 3: We can tell if our child is making progress

The mean response on Item 3 was **3.52**, $SD = .658$. A high 94% of respondents indicated they could tell if their children were making progress most (34%) or all (60%) of the time. This item usually has a strong result. It was lower than the previous year (3.63, $n = 80$), but not significantly.

Item 3 Response Frequency

Rating	Frequency	Percent
1-None of the time	1	1.3
2-Some of the time	4	5.1
3-Most of the time	27	34.2
4-All of the time	47	59.5

Outcome 2: Rights & Advocacy

Items 4-7 asked respondents to indicate how much they knew about their rights and their capacity to advocate effectively on behalf of their children. Most often, Outcome 2 is one of the stronger outcome-level mean results. That was the case this year ($M = 3.54$). It was higher than the previous year (3.42, $n = 80$), but not significantly.

The greatest strength was in whether or not caregivers were *comfortable in meetings with professionals* ($M = 3.80$). The relative weakness was in being *informed about*

programs and services available to families ($M = 3.37$). This is a more typical pattern than the previous two years when *knowing what to do if not satisfied* was also weaker.

Item 4: We are fully informed about the programs and services that are available for our child and family

The mean response on Item 4 was **3.37**, $SD = .664$. About 90% of responding families indicated they were informed about programs/services most (43%) or all (47%) of the time. The item mean was below the overall survey mean. It was higher than the previous year (3.14, $n = 80$), but not quite enough to be statistically significant. It is not unusual for response on this item to be among relatively weaker items on the survey, but this year it was somewhat higher than it has been for the past four years.

Item 4 Response Frequency

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	8	10.1
3-Most of the time	34	43.0
4-All of the time	37	46.8

Item 5: We have been informed of our right to choose which Early Intervention services we receive

The mean response on Item 5 was **3.53**, $SD = .798$. About 89% of respondents indicated they were informed of their right to choose services most (20%) or all (68%) of the time. This item usually has a strong result and this year was typical. It was lower than the previous year (3.62, $n = 79$), but not significantly.

Item 5 Response Frequency

Rating	Frequency	Percent
1-None of the time	3	3.8
2-Some of the time	6	7.6
3-Most of the time	16	20.3
4-All of the time	54	68.4

Item 6: We are comfortable participating in meetings with professionals to plan services or activities for our child

The mean response on Item 6 was **3.80**, $SD = .516$. A very high 95% of respondents indicated they were comfortable participating in meetings most (10%) or all (85%) of the time. This item is typically strong and this year it was the strongest item on the survey.

Item 6 Response Frequency

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	4	5.1
3-Most of the time	8	10.1
4-All of the time	67	84.8

Item 7: We know what to do if we are not satisfied with any part of our child's program and services

The mean response on Item 7 was **3.47**, $SD = .814$. About 82% of responding families indicated they knew what to do if not satisfied with programs/services most (17%) or all (66%) of the time. A notable 18% indicated they were less informed. Most years this item has a fairly strong response, but it has varied over time. This year it was significantly stronger than the previous year (3.18, $n = 80$): $t(150.617) = 2.011$, $p = .046$, *equal variances not assumed*.

Item 7 Response Frequency

Rating	Frequency	Percent
1-None of the time	1	1.3
2-Some of the time	13	16.5
3-Most of the time	13	16.5
4-All of the time	52	65.8

Outcome 3: Helping Children Develop & Learn

Items 8-10 on the survey asked respondents to indicate how well they knew how to help their children develop, behave, and learn new skills. The mean response for Outcome 3 ($M = 3.33$) was below the overall survey mean ($M = 3.45$). It was higher than the previous year (3.23, $n = 80$), but not significantly.

The strongest item was *working with professionals to develop a plan* ($M = 3.48$). The greatest weakness was in knowing how to *help children learn to behave* ($M = 3.12$). This is a consistent pattern within Outcome 3.

Item 8: We know how to help our child develop and learn

The mean response on Item 8 was **3.37**, $n = 78$, $SD = .626$. A high 91% of responding families indicated they knew how to help children develop and learn most (47%) or all (44%) of the time. This item is usually among stronger results on the survey, but it started to be significantly weaker in 2019 (3.27, $n = 73$) and continued to be weak in 2020 (3.24, $n = 80$). It was higher in 2021, but not significantly.

Item 8 Response Frequency

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	6	7.6
3-Most of the time	37	46.8
4-All of the time	35	44.3
Missing:	1	1.3

Item 9: We know how to help our child learn to behave

The mean response on Item 9 was **3.12**, $n = 77$, $SD = .743$. About 78% of responding families indicated they knew how to help their children behave most (47%) or all (32%) of the time. A notable 19% indicated they knew less often. Response on this item tends to be among relatively weaker results. It was higher than the previous year (2.96, $n = 79$), but not significantly.

Item 9 Response Frequency

Rating	Frequency	Percent
1-None of the time	1	1.3
2-Some of the time	14	17.7
3-Most of the time	37	46.8
4-All of the time	25	31.6
Missing:	2	2.5

Item 10: Our family has worked with professionals to develop a plan to help our child learn new skills

The mean response on Item 10 was **3.48**, $SD = .814$. About 85% of respondents indicated they had worked with professionals to develop plans for their children most (19%) or all (66%) of the time. Typically, this item has fairly strong results.

Item 10 Response Frequency

Rating	Frequency	Percent
1-None of the time	2	2.5
2-Some of the time	10	12.7
3-Most of the time	15	19.0
4-All of the time	52	65.8

Outcome 4: Social Support

Items 11-13 on the survey asked respondents to indicate access to resources for emotional support, assistance from others, and to do activities their families enjoyed. The mean response for Outcome 4 ($M = 3.36$) was below the overall survey mean ($M = 3.45$). Outcome 4 typically is one of the weaker outcomes. It was higher than the previous year (3.27, $n = 80$), but not significantly.

The greatest strength within Outcome 4 was in having *people to talk with* to deal with problems or celebrate when good things happened ($M = 3.63$). The greatest weakness was in having resources for *occasional childcare* ($M = 3.05$). This represents a typical pattern within Outcome 4.

Item 11: There are people we can talk with any time we want to help us deal with problems or celebrate when good things happen

The mean response on Item 11 was **3.63**, $SD = .701$. About 90% of responding families indicated they had people they could talk with to deal with problems or celebrate good things most (15%) or all (75%) of the time. As is typical, response on this item was among stronger results on the survey.

Item 11 Response Frequency

Rating	Frequency	Percent
1-None of the time	1	1.3
2-Some of the time	7	8.9
3-Most of the time	12	15.2
4-All of the time	59	74.7

Item 12: We have people we can call on for help when we need someone to watch our child for a short time

The mean response on Item 12 was **3.05**, $SD = 1.085$. The higher standard deviation indicates a larger variance among responses. About 67% of responding families indicated they had people to watch their children for a short time most (18%) or all (49%) of the time. A substantial 33% had this resource less often. Typically, this item is among the weakest on the survey. It was the weakest item on the 2021 survey.

Item 12 Response Frequency

Rating	Frequency	Percent
1-None of the time	9	11.4
2-Some of the time	17	21.5
3-Most of the time	14	17.7
4-All of the time	39	49.4

Item 13: We are able to do the activities our family enjoys

The mean response on Item 13 was **3.39**, $SD = .687$. About 89% of responding families indicated they were able to do the activities they enjoyed most (38%) or all (51%) of the time. Typically, response on this item is among relatively weaker results. This year it was higher than the previous year (3.25, $n = 80$), but not significantly.

Item 13 Response Frequency

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	9	11.4
3-Most of the time	30	38.0
4-All of the time	40	50.6

Outcome 5: Community Access

Items 14, 15, and 17 asked respondents to indicate levels of access to desired services, programs, and activities in the community. Item 17 regarding childcare is not applicable to a high proportion of respondents, which excludes it from aggregate analyses. The mean for Outcome 5 without Item 17 ($M = 3.42$) was just below the overall survey mean, while the mean on Item 17 ($M = 3.47$, $n = 32$) was just above it. Thus, approximately **3.45** can be considered an estimated mean for the whole outcome area.

Access to *excellent medical care* ($M = 3.70$) was the greatest strength. The greatest weakness was access to *participate fully in the community* ($M = 3.14$). This represents a typical pattern within Outcome 5.

Item 14: We have excellent medical care for our child

The mean response on Item 14 was **3.70**, $SD = .585$. A high 94% of respondents indicated they had access to excellent medical care for their children most (18%) or all (76%) of the time. Response on this item was among the stronger results on the survey, which is a typical result. This year it was higher than the previous year (3.55, $n = 80$), but not significantly.

Item 14 Response Frequency

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	5	6.3
3-Most of the time	14	17.7
4-All of the time	60	75.9

Item 15: Our child has opportunities to fully participate in activities in the community (e.g., playing with others, social or religious events)

The mean response on Item 15 was **3.14**, $n = 78$, $SD = .977$. About 68% of responding families indicated their children had access to opportunities for community inclusion most (19%) or all (49%) of the time. A notable 30% indicated less access. Most often, response on this item leans toward relatively weaker results. This year was lower than the previous year (3.36, $n = 80$), but not enough to be significant. Most families responding to this item over the phone did so with no hesitation or caveat. Only four noted something about the pandemic relevant to this item. At the time of this survey, they had been dealing with pandemic restrictions for about a year.

Item 15 Response Frequency

Rating	Frequency	Percent
1-None of the time	4	5.1
2-Some of the time	20	25.3
3-Most of the time	15	19.0
4-All of the time	39	49.4
Missing:	1	1.3

Item 17: We have excellent childcare for our child

Note: Items about childcare have a “not applicable” option because it is known that a high proportion of families in this population do not need or want childcare. Response has proven to be more accurate if there is a clear option not to rate these items.

About 41% ($n = 32$) of families indicated Item 17 was applicable to them. The mean response was **3.47**, $SD = .803$. About 88% of those who rated this item indicated they had access to excellent childcare most (25%) or all (63%) of the time. This item often has a strong result. This year it was lower than the previous year (3.61, $n = 31$), but not significantly.

Item 17 Response Frequency

Rating	Frequency	% of Total	% of Applicable
1-None of the time	1	1.3	3.1
2-Some of the time	3	3.8	9.4
3-Most of the time	8	10.1	25.0
4-All of the time	20	25.3	62.5
Not applicable:	47	59.5	

Item 18: Our ILP provider works closely with our childcare provider

Note: This childcare item is not considered in outcome-level results for Outcome 5. It is however relevant to ILP services and related to Item 17. The proportion of most/all responses is the targeted measure on this item. About 50% is a positive result as this collaboration is not always necessary, appropriate, or possible.

About 38% ($n = 30$) of families indicated Item 18 was applicable to them. About **47%** of these responders indicated ILP providers worked closely with childcare providers most or all of the time. While not quite reaching 50%, this seems like an impressive result considering the restricted conditions of the pandemic that applied throughout the 2020 calendar year.

Item 18 Response Frequency

Rating	Frequency	% of Total	% of Applicable
1-None of the time	12	15.2	40.0
2-Some of the time	4	5.1	13.3
3-Most of the time	7	8.9	23.3
4-All of the time	7	8.9	23.3
Not applicable:	49	62.0	

Outcome 6: Satisfaction with ILP Services

Note: Detail about regional patterns of responses on satisfaction items is covered in a later section of this report.

Item 16 on the survey is about what people thought about the quality and effectiveness of the services they received. It started with the statement, “Our ILP provider has done an excellent job...” followed by statements that respondents were asked to rate. Three of these were the traditional satisfaction indicators based on OSEP standards covering how well the ILP helped families know their rights, communicate their children’s needs, and to help their children develop and learn. Only these three are included in collective analyses for Outcome 6, or overall satisfaction. The mean response ($M = 3.62$) was far above the overall survey mean ($M = 3.45$), a typical pattern for Outcome 6.

Item 16-1: Our ILP provider has done an excellent job helping us know our rights

The mean response on Item 16-1 was **3.59**, $SD = .725$. About 91% of responding families indicated the ILP had done an excellent job helping them know their rights most (20%) or all (71%) of the time. About 9% were less satisfied. The mean was lower than the previous year (3.70, $n = 80$), but not significantly.

Item 16-1 Response Frequency

Rating	Frequency	Percent
1-None of the time	2	2.5
2-Some of the time	5	6.3
3-Most of the time	16	20.3
4-All of the time	56	70.9

Item 16-2: Our ILP provider has done an excellent job helping us effectively communicate our child's needs

The mean response on Item 16-2 was **3.62**, *SD* = .666. About 92% of responding families indicated the ILP had done an excellent job helping them communicate their children's needs most (22%) or all (71%) of the time. About 8% were less satisfied. Response on this item is typically a very strong result.

Item 16-2 Response Frequency

Rating	Frequency	Percent
1-None of the time	1	1.3
2-Some of the time	5	6.3
3-Most of the time	17	21.5
4-All of the time	56	70.9

Item 16-3: Our ILP provider has done an excellent job helping us help our child develop and learn

The mean response on Item 16-3 was **3.65**, *SD* = .661. About 92% of responding families indicated the ILP had done an excellent job helping them help their children develop and learn most (19%) or all (73%) of the time. About 8% were less satisfied. Response on this item is typically a very strong result.

Item 16-3 Response Frequency

Rating	Frequency	Percent
1-None of the time	1	1.3
2-Some of the time	5	6.3
3-Most of the time	15	19.0
4-All of the time	58	73.4

Social-Emotional Development

The last statement under Item 16 was added in 2020 to measure success of ILP efforts to improve social-emotional development (SED).

Item 16-4: Our ILP provider has done an excellent job helping us enjoy our relationship with our child

The mean response on Item 16-4 was **3.70**, *SD* = .627. A high 94% of responding families indicated the ILP had done an excellent job helping them enjoy relationships with their children most (17%) or all (77%) of the time. This was an exceptionally strong result, similar to the previous year (*M* = 3.73, *n* = 80).

Item 16-4 Response Frequency

Rating	Frequency	Percent
1-None of the time	1	1.3
2-Some of the time	4	5.1
3-Most of the time	13	16.5
4-All of the time	61	77.2

Table 7 shows results at the regional-level on the SED item were all very strong. The strongest result was in the Anchorage Region.

Table 7: Mean SED Results by Region

Region	<i>M</i>	<i>n</i>
Northern Region: ACC, NSH, NWA, TCC	3.64	14
Anchorage Region: PIC, FOC	3.78	27
Southcentral Region: BBA, KAN, MUS, YKH	3.67	18
Southeast Region: CFC, CCK, FCS, REA, SFS	3.65	20

Services During the Pandemic

ILPs had to adjust during the pandemic to safely continue delivering early intervention services for families. Many adopted “distance” or “telehealth” methods. They reported using more strategies such as mailings, phone calls, and virtual home visits. The survey asked respondents to indicate how well distance strategies worked for them. They were presented with the following options and asked to choose the one that was most true for their family. There were 76 families who considered this item applicable to them, but one checked two responses on a paper survey, which could not be used in analysis. The majority of the remaining 75 (46 or 61%) indicated distance services were helpful, but in-person services worked better. However, about a quarter (24%) hoped distance services would continue to be an option after the pandemic.

- 18 (24%)-It works very well for us and we hope it is still an option after the pandemic
- 46 (61%)-It has been helpful during the pandemic, but in-person works better for us
- 5-It works okay, but we wish the ILP offered more to us or contacted us more often
- 6-It was not offered to us and we had little to no contact with the ILP (1-CFC, 1-MSU, 1-NWA, 1-PIC, 2-YKH)

There were two “not applicable” options:

- 3-Our family made a choice to stop ILP services during the pandemic
- 0-Our family received in-person services through the pandemic

Because this item appeared in the survey just before a space to add comments, a number of respondents used the comment space as an opportunity to continue providing useful information about distance services. Comments are discussed in a later section of this report, and all comments are listed in Appendix B.

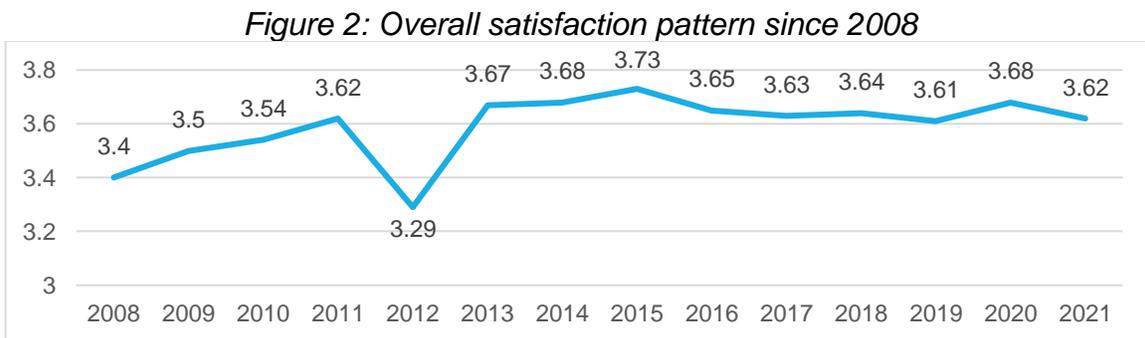
Expanded Look at Satisfaction with ILP Services

Statewide Satisfaction

The three satisfaction items based on OSEP standards and included in Outcome 6 have remained exactly the same since the 2008 survey. Overall satisfaction in 2021 was a mean of **3.62** on a 1-4 scale. The vast majority of families (approximately 92%) were satisfied all ($\cong 72\%$) or most ($\cong 20\%$) of the time with the ILP services they received.

Satisfaction Trend

With the exception of a 2012 downturn in satisfaction attributed to higher turnover of ILP service providers, satisfaction in 2021 continued an overall trend of very strong results. The results since 2008 are illustrated in Figure 2.



Regional Satisfaction

Caveat: When item data is broken down by region and further broken down by grantee, results are increasingly less reliable and should be interpreted with caution.

Overall Satisfaction by Region

Table 8 shows overall satisfaction for each Alaska ILP region. The Southeast Region had the highest satisfaction mean, followed by the Anchorage Region. All results were strong and there was not a statistically meaningful difference across the four regions.

Table 8: Overall satisfaction by ILP region

Region	<i>M</i>	<i>n</i>
Northern Region: ACC, NSH, NWA, TCC	3.57	14
Anchorage Region: PIC, FOC	3.63	27
Southcentral Region: BBA, KAN, MUS, YKH	3.57	18
Southeast Region: CFC, CCK, FCS, REA, SFS	3.68	20

Table Note: Statewide satisfaction mean was 3.62 ($n = 79$)

Satisfaction Items by Region

Note: Capped and bolded text below from the satisfaction items is used to identify these items in following tables and figures: *Our ILP provider has done an excellent job...*

- helping us know our **RIGHTS**.
- helping us effectively communicate our child's **NEEDS**.
- helping us help our child develop and **LEARN**.

Table 9 shows satisfaction results broken down by region. Most often, regional item means are relatively lower or higher than others, but not dramatically different. The highest mean on a satisfaction item this year was in the Southeast Region. Table 10 shows results further broken down by ILP grantee.

Table 9: Mean response on satisfaction items by ILP region

ILP Region (n)	ILP Grantees	RIGHTS	NEEDS	LEARN
Northern (14)	ACC, NWA, NSH, TCC	3.50	3.64	3.57
Anchorage (27)	PIC, FOC	3.63	3.63	3.63
Southcentral (18)	BBA, KAN, MSU, YKH	3.50	3.61	3.61
Southeast (20)	CFC, CCK, FCS, REA, SFS	3.70	3.60	3.75

Table Note: Statewide satisfaction mean was 3.62 (n = 79)

Table 10: Mean response on satisfaction items by ILP grantee

ILP Grantee (ILP Code – n)	RIGHTS	NEEDS	LEARN
Alaska Center for Children & Adults (ACC-13)	3.54	3.69	3.62
Bristol Bay Area Health Corporation (BBA-1)	4.00	4.00	4.00
Center for Community (CFC-2)	2.50	3.00	3.50
Community Connections (CCK-4)	4.00	3.75	3.75
FOCUS (FOC-5)	3.60	3.60	3.60
Frontier Community Services (FCS-4)	3.75	3.50	3.75
Kodiak Area Native Association (KAN-2)	4.00	4.00	4.00
Mat-Su Services for Children & Adults (MSU-11)	3.64	3.64	3.64
Northwest Arctic Borough SD (NWA-1)	3.00	3.00	3.00
Norton Sound Health Corporation (NSH-0)	---	---	---
Programs for Infants & Children (PIC-22)	3.64	3.64	3.64
REACH, Inc. (REA-7)	3.86	3.71	3.86
Sprout Family Services (SFS-3)	3.67	3.67	3.67
Tanana Chiefs Conference (TCC-0)	---	---	---
Yukon-Kuskokwim Health Corporation (YKH-4)	2.75	3.25	3.25

The following narrative takes a closer look at details of responses on the three satisfaction items within each region. It also looks more closely at regional proportions of respondents who indicated they were satisfied all or most of the time on each item. There is more confidence in regional level results if regional response rates were acceptable and the responding sample seems to be representative. There was a lower response rate in the Northern Region, but it was acceptable for a survey method.

Figure 3 illustrates relative responses on the items across regions. Table 11 is a summary of the proportion of respondents in each region who indicated satisfaction on each item most or all of the time. While results are relatively higher or lower, there were no statistically significant differences among regional satisfaction results.

Figure 3: Mean results on satisfaction items by region

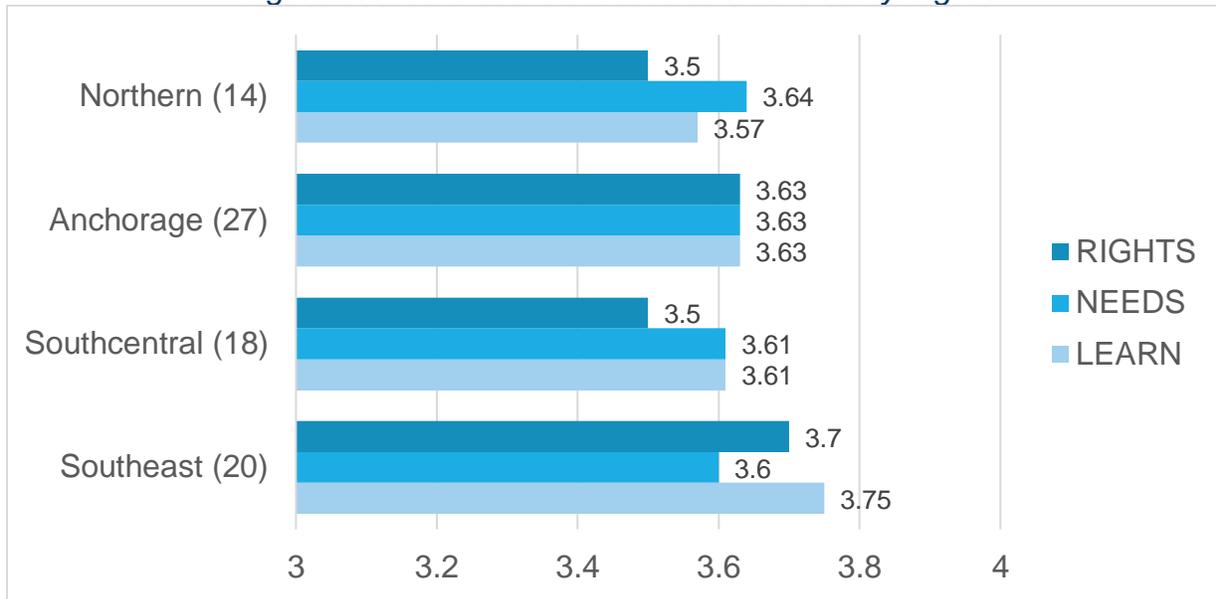


Table 11: Summary of satisfaction percentages by region

ILP Region (n)	ILP Grantees	RIGHTS%	NEEDS%	LEARN%
Northern (14)	ACC, NWA, NSH, TCC	86	93	86
Anchorage (27)	PIC, FOC	96	93	93
Southcentral (18)	BBA, KAN, MSU, YKH	83	89	89
Southeast (20)	CFC, CCK, FCS, REA, SFS	95	95	100

Table Note: Statewide (n = 79) RIGHTS 91%, NEEDS 92%, LEARN 92%

Northern Region

Forty percent (40%) of contacted families in the Northern Region responded to the 2021 survey. Of the 14 respondents, most noted an ILP did an excellent job most or all of the time helping them to know their rights (86%), helping them to effectively communicate their children’s needs (93%), and helping them to help their children develop and learn (86%). Most often, results are 90% or better on this measure for the region.

Mean satisfaction for the Northern Region ($M = 3.57$, $SD = .697$) was strong, but lower than the previous year. Item means were all high, ranging from 3.50 to 3.64.

Northern Region: RIGHTS (n = 14)

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	2	14.3
3-Most of the time	3	21.4
4-All of the time	9	64.3

Northern Region: NEEDS (n = 14)

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	1	7.1

Rating	Frequency	Percent
3-Most of the time	3	21.4
4-All of the time	10	71.4

Northern Region: LEARN (n = 14)

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	2	14.3
3-Most of the time	2	14.3
4-All of the time	10	71.4

Anchorage Region

Fifty-seven percent (57%) of contacted families in the Anchorage Region responded to the 2021 survey. Of the 27 respondents, most noted an ILP did an excellent job most or all of the time helping them to know their rights (96%), helping them to effectively communicate their children's needs (93%), and helping them to help their children develop and learn (93%). This is higher than the previous year.

Mean satisfaction for the Anchorage Region ($M = 3.63$, $SD = .542$) was very strong. Strength has been consistent for six years. Item means were all very high at 3.63 each.

Anchorage Region: RIGHTS (n = 27)

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	1	3.7
3-Most of the time	8	29.6
4-All of the time	18	66.7

Anchorage Region: NEEDS (n = 27)

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	2	7.4
3-Most of the time	6	22.2
4-All of the time	19	70.4

Anchorage Region: LEARN (n = 27)

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	2	7.4
3-Most of the time	6	22.2
4-All of the time	19	70.4

Southcentral Region

A very high 62% of contacted families in the Southcentral Region responded to the 2021 survey. Of the 18 respondents, most noted an ILP did an excellent job most or all of the time helping them to know their rights (83%), helping them to effectively communicate their children's needs (89%), and helping them to help their children develop and learn (89%). This is slightly lower than the previous year.

Mean satisfaction for the Southcentral Region ($M = 3.57$, $SD = .862$) was strong, a consistent result for six years. Item means were all high, ranging from 3.50 to 3.61.

Southcentral Region: RIGHTS (n = 18)

Rating	Frequency	Percent
1-None of the time	1	5.6
2-Some of the time	2	11.1
3-Most of the time	2	11.1
4-All of the time	13	72.2

Southcentral Region: NEEDS (n = 18)

Rating	Frequency	Percent
1-None of the time	1	5.6
2-Some of the time	1	5.6
3-Most of the time	2	11.1
4-All of the time	14	77.8

Southcentral Region: LEARN (n = 18)

Rating	Frequency	Percent
1-None of the time	1	5.6
2-Some of the time	1	5.6
3-Most of the time	2	11.1
4-All of the time	14	77.8

Southeast Region

A very high 63% of contacted families in the Southeast Region responded to the 2021 survey. Of the 20 respondents, most noted an ILP did an excellent job most or all of the time helping them to know their rights (95%), helping them to effectively communicate their children's needs (95%), and helping them to help their children develop and learn (100%). High percentages are typical for the region, often hitting well over 90%.

Mean satisfaction in the Southeast Region ($M = 3.68$, $SD = .546$) was exceptionally strong. Item means were all very high, ranging from 3.60 to 3.75. Strong satisfaction on this measure has been highly consistent for the region over time.

Southeast Region: RIGHTS (n = 20)

Rating	Frequency	Percent
1-None of the time	1	5.0
2-Some of the time	0	---
3-Most of the time	3	15.0
4-All of the time	16	80.0

Southeast Region: NEEDS (n = 20)

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	1	5.0
3-Most of the time	6	30.0
4-All of the time	13	65.0

Southeast Region: LEARN (n = 20)

Rating	Frequency	Percent
1-None of the time	0	---
2-Some of the time	0	---
3-Most of the time	5	25.0
4-All of the time	15	75.0

Comments Added to Surveys

Notes: Because researchers at the Center for Human Development have a responsibility to take reasonable measures to protect identities of survey respondents, identifying information respondents included in comments is excluded or replaced with generic terms in brackets. This type of information includes names of respondents, children, service providers, programs, areas of residence, or any contact information. If a specific disability or the amount of information about a unique medical condition and/or personal circumstances seems to make a respondent more identifiable, all or parts of the information may be excluded. In very rare instances, completely irrelevant comments may be entirely excluded.

At the end of the survey, there is a space to add comments. Forty-five respondents (45 or 57% of all respondents) added a comment. Some are included in whole or in part in the following summary as examples. All comments are listed in Appendix B.

Satisfaction Themes of Comments

Expressions of Gratitude & Satisfaction

Thirty, or 67% of the 45 respondents who added a comment, clearly used it as an opportunity to express gratitude or to further highlight their satisfaction with programs, services, or providers. Examples:

I love that program. I love [Name] and how she followed up with everything. It is a great program and we really appreciate all they did for us.

I have had such an amazing experience. The confidence it has given my entire family is unbelievable.

[Names] are amazing at what they do. They are on it! They are just awesome. I would recommend them to anyone who has kids who need some assistance.

One third of the positive comments (10 or 33%; 22% of all comments) talked specifically about the pandemic or distance services. Two of these positive comments also expressed caregivers were looking forward to in-person services. Examples:

I would like to say thank you to the ILP staff. We began services during the pandemic when everyone was still figuring things out. Everyone at the ILP was very kind and patient. It was nice to have the support when the world was getting kind of crazy.

It was a great service and they did their best during the pandemic. They were willing to drop off things that were sanitized. They had to get creative and think outside the box.

My child joined the program as an infant during lockdown so he has never been able to be seen in person. Zoom meetings have been great and very helpful! It's all we've known, but would love to finally be able to receive in-person care.

Expressions of Mixed Satisfaction and Dissatisfaction

There were eight comments where a caregiver indicated positive experience along with experience that was not so positive. Negative aspects of these comments will be examined with other negative comments, but the example below illustrates the mixed nature of these comments.

I moved and I am looking for services in [another state], but the laws are different here and my child is not receiving services yet. He was doing very well in Alaska, but I am worried he might lose what he gained. I am trying to find out our options.

Expressions of Frustration and Dissatisfaction

Fourteen respondents added comments (6) or portions of comments (8) that expressed frustration or some level of dissatisfaction (total of 14 or 31% of comments). All but two of these were specific to the pandemic or distance services, making it the predominant theme in negative comments. Examples:

...We've seen distance learning work well in other venues, but the model used by EI doesn't transfer well into distance-learning, in our opinion. It's nearly impossible to have child-directed therapy be successful through virtual methods. Virtual methods require a unique type of planning in order for the therapy to be successful....

...Distance services would not have worked if we didn't already have that established relationship. My child's attention span on Zoom is about 1 second.

I feel that due to the pandemic and everything being on Zoom, there was a lot of confusion about how to handle things for our child and how to help him develop. I wish everyone could have been on the same page. It was frustrating.

Because of the pandemic, our daughter didn't advance as much as we hoped. It is much better to do things person to person when a child has special needs.

The pandemic has impacted our child's learning and everything is harder because he can't interact with other children. It has slowed down his learning. We have higher risk factors for infection during the pandemic.

Our ILP experience has been too much of a stress on our time. The amount of meetings, calls, and letters have been numerous.

Other Comments

One comment was more about the survey than ILP services. The respondent questioned the appropriateness of the types of questions the survey asked considering the restrictions imposed on families during a pandemic, especially for families with medically fragile children.

Nature of Comments by Region

Note: If requested, de-identified comments are shared with the Alaska ILP office separate from this report sorted by ILP grantees. This information is treated as confidential for their use only. From a management standpoint, this allows the Alaska ILP to pinpoint specific problems for targeted training/intervention for ILP staff.

The subset of respondents who voluntarily added comments to surveys cannot be considered representative of the population that received services, either statewide or regionally. Therefore, it is not appropriate to broadly judge regions or programs based strictly on comments. With that caveat in mind, Table 12 shows the nature of comments sorted by Alaska ILP regions.

Table 12: Distribution of comments by region

ILP Region	ILP Grantees	Positive	Mixed	Negative	Other
Northern	ACC, NWA, NSH, TCC	5	1	1	1
Anchorage	PIC, FOC	8	5	0	0
Southcentral	BBA, KAN, MSU, YKH	6	1	2	0
Southeast	CFC, CCK, FCS, REA, SFS	11	1	3	0

Conclusions

It can be concluded from the results of the 2021 Family Outcomes Survey that the vast majority of families (approximately 92%) were satisfied all or most of the time with the ILP services they received. Overall, family satisfaction continued at a high level, and there was no statistically significant difference in satisfaction across regions.

In the 2021 survey, the overall pattern of results at the outcome-level was fairly similar to results in 2020. Item-level results were also fairly similar with one notable exception. An item within Outcome 2 (rights and advocacy) showed a statistically significant improvement in families knowing what to do if they are not satisfied with services.

Another notable result is from the item that was added to the survey in the previous year to measure success of ILP efforts to improve social-emotional development. This item continued to have exceptionally strong results, both statewide and across regions.

Probably the most interesting results were in the information respondents provided about distance ILP services they received during the pandemic. For most families, distance services were at least adequate. A majority expressed a preference for in-person services, but about a quarter thrived with distance services and hoped it would continue to be an option after the pandemic. There was also evidence that distance services were particularly inadequate for at least 15% of the families who responded.

Below are the aspects of family knowledge, resources, and abilities from the strongest to the weakest, as measured in the 2021 survey. This does not include the three satisfaction items or the SED item, which are more focused on respondent perceptions of the quality of the services provided by the ILP.

Stronger Outcomes

- Comfortable in meetings with professionals ($M = 3.80$)
- Access to resources for excellent medical care ($M = 3.70$)
- Access to social resources, people to talk with ($M = 3.63$)
- Informed of the right to choose EI services ($M = 3.53$)
- Able to perceive the child's progress ($M = 3.52$)

Moderate to Weaker Outcomes

- Worked with professionals to develop a plan ($M = 3.48$)*
- Access to resources for excellent childcare ($M = 3.47$)*
- Knows what to do if not satisfied with services ($M = 3.47$, sig. stronger)
- Understands the child's development ($M = 3.45$)
- Able to do the activities the family enjoys ($M = 3.39$)
- Knows how to help the child develop and learn ($M = 3.37$)
- Informed of available programs and services ($M = 3.37$)
- Knows about the child's special needs ($M = 3.23$)

Weakest Outcomes

- Access to opportunities for community inclusion ($M = 3.14$)
- Knows how to help the child learn to behave ($M = 3.12$)
- Access to resources for occasional childcare ($M = 3.05$)

*Items that were among the stronger items in the previous year.

Five of these item results surpassed a benchmark for stronger outcomes (greater than or equal to 3.50), compared to seven in the previous year. However, the two items that slipped just below the 3.50 benchmark were not significantly weaker than the previous year. Of more interest is the item about knowing what to do if not satisfied with services, which moved from among the weakest outcomes up into the high moderate outcomes. The lowest three items are typically among the weakest results on the survey.

Appendix A: Invitational Letter & Survey Instrument



March 5, 2021

Dear Parent or Guardian:

Hello! The State of Alaska Early Intervention/Infant Learning Program is looking for ways to improve early services for children. You can help by completing the enclosed brief survey, which has questions about the services your child received during the previous calendar year from one of the community Infant Learning Programs. There is a map and list of those programs on the back of this letter for your reference. Your participation in this survey is completely voluntary and we hope you will take about 5-10 minutes to give your feedback.

The UAA Center for Human Development (CHD) is an independent contractor collecting the surveys and they will be the only ones to see completed surveys. You can use the enclosed paper copy and return it to CHD in the postage-paid envelope, or you can complete it online at this address: tinyurl.com/cin7jdy3. You can also call CHD toll-free at 1-800-243-2199 weekdays between 9am and 4pm and ask to complete the "Family Outcomes Survey" over the phone.

Your responses will be kept confidential from the Alaska ILP. The staff from the Alaska ILP will never see individual surveys at any time. No individual responses will be identified in reports or summaries of results. Your answers will be grouped together with those from other families.

No identifying information will be stored by CHD after this survey ends. Information that can identify you (like your name) will be removed from all data. Data without identifiers will be saved so that future results can be compared to past results.

By returning a completed survey or completing it online or over the phone, you are agreeing to participate. If you choose the online or phone option, please have this letter handy as you will need the "Survey Verification Number" printed at the bottom to begin the survey. CHD will check these numbers off a list so they stop contacting people who have already completed the survey.

If CHD has not heard from you in a couple of weeks, they will give you a call or send a reminder. Please complete the survey no later than **April 23**. If you have any questions about this survey, you are welcome to contact me at 451-5041 in Fairbanks or 1-800-770-1672 toll free.

Thank you very much for your help!

Sincerely,

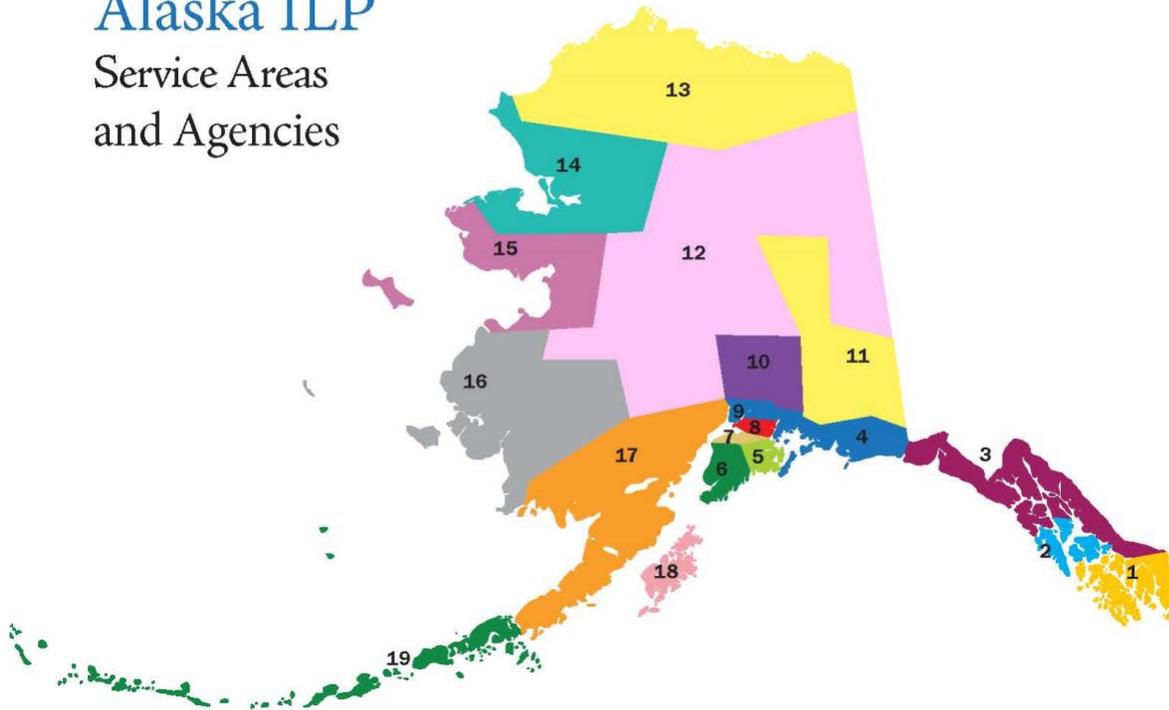
A handwritten signature in blue ink that reads "Maureen F. Harwood".

Maureen F. Harwood
Alaska Part C Coordinator
Alaska Early Intervention • Infant Learning Program

Survey Verification Number:

If you have any questions about your rights as a participant in program evaluation, please contact **Sharilyn Mumaw**, Research Integrity Compliance Officer, UAA Office of Research and Graduate Studies: (907) 786-1099

Alaska ILP Service Areas and Agencies



- 1** Community Connections Ketchikan
- 2** Center for Community Early Learning Program
- 3** REACH, Inc
- 4** Family Outreach Center for Understanding Special Needs - ILP
- 5** Sprout Family Services - Birth to Three ILP
- 6** Sprout Family Services - Birth to Three ILP
- 7** Frontier Community Services Early Intervention Program
- 8** PIC - Programs for Infants and Children (some services from Southcentral Foundation)
- 9** Family Outreach Center for Understanding Special Needs - ILP
- 10** Mat-Su Services for Children & Adults
- 11** ACCA - Alaska Center for Children and Adults
- 12** Tanana Chiefs Conference - ILP
- 13** ACCA - Alaska Center for Children and Adults
- 14** Northwest Arctic Borough School District - ILP
- 15** Norton Sound Health Corporation - ILP
- 16** Yukon Kuskokwim Health Corporation - Family Infant Toddler Program
- 17** Bristol Bay Area Health Corporation - BBAHC - ILP
- 18** Kodiak Area Native Association - ILP
- 19** Sprout Family Services - Birth to Three ILP

Family Outcomes Survey

Please circle the number that best reflects how often each statement below is true for you and your family. Circle **only one number** for each answer. It is okay if you are answering just for yourself (your own opinion or experience) or as a family with shared opinions or experiences.

The statements refer to a “child” but we know some families have more than one child who received services from an Infant Learning Program (ILP). In those cases your answers reflect your general or averaged opinions or experiences.

	None of the Time	Some of the Time	Most of the Time	All of the Time
1. Our child is growing and learning and we understand our child's development very well.	1	2	3	4
2. We know most of what we need to know about our child's special needs.	1	2	3	4
3. We can tell if our child is making progress.	1	2	3	4
4. We are fully informed about the programs and services that are available for our child and family.	1	2	3	4
5. We have been informed of our right to choose which Early Intervention services we receive.	1	2	3	4
6. We are comfortable participating in meetings with professionals to plan services or activities for our child.	1	2	3	4
7. We know what to do if we are not satisfied with any part of our child's program and services.	1	2	3	4
8. We know how to help our child develop and learn.	1	2	3	4
9. We know how to help our child learn to behave.	1	2	3	4
10. Our family has worked with professionals to develop a plan to help our child learn new skills.	1	2	3	4
11. There are people we can talk with any time we want, to help us deal with problems or celebrate when good things happen.	1	2	3	4
12. We have people we can call on for help when we need someone to watch our child for a short time.	1	2	3	4
13. We are able to do the activities our family enjoys.	1	2	3	4
14. We have excellent medical care for our child.	1	2	3	4
15. Our child has opportunities to fully participate in activities in the community (e.g., playing with others, social or religious events).	1	2	3	4

	None of the Time	Some of the Time	Most of the Time	All of the Time
16. Our ILP provider has done an excellent job...				
-- helping us know our rights.	1	2	3	4
-- helping us effectively communicate our child's needs.	1	2	3	4
-- helping us help our child develop and learn.	1	2	3	4
-- helping us enjoy our relationship with our child.	1	2	3	4

The next two items are about your experience with ongoing childcare, like daycare or a babysitter while you go to work. If you don't have ongoing childcare, these two items are probably not applicable to you.

17. We have excellent childcare for our child.	1	2	3	4	n/a
18. Our ILP provider works closely with our childcare provider.	1	2	3	4	n/a

During the pandemic, many ILPs had to adjust to "distance" methods such as mailings, phone calls, telehealth, or virtual home visits. The next question is about how well that works for your family.

19. Which statement is most true about distance ILP services for your family (choose one):

- It works very well for us and we hope it is still an option after the pandemic.
- It has been helpful during the pandemic, but in-person works better for us.
- It works okay, but we wish the ILP offered more to us or contacted us more often.
- It was not offered to us and we had little or no contact with the ILP.
- n/a – Our family made a choice to stop ILP services during the pandemic.
- n/a – Our family received in-person services through the pandemic.

Comments written here go directly to the evaluator. For confidentiality, no names or identifying information will be included in reports. Please contact the State of Alaska ILP directly if you have questions for them.

Thank you very much for taking your time to complete this survey!

Please return the completed survey in the prepaid envelope to:

UAA Center for Human Development
 2702 Gambell St., Suite 103
 Anchorage, AK 99503
 Attn: Roxy, Research/Evaluation

Appendix B: Comments Added to Surveys

Forty-five respondents added comments to surveys. Potentially identifying information has been removed or replaced with generic terms in brackets.

Thirty Positive Comments (67% of comments)

We are very grateful for the services. Our ILP providers are great people and they are excellent with our children.

We really feel like it has helped our child and we love the services that the ILP provides.

I love that program. I love [Name} and how she followed up with everything. It is a great program and we really appreciate all they did for us.

We were extremely happy with the program. We loved it. We felt all our needs were met. Everyone we met with from the team was very helpful. We are very grateful - it is a great program.

The [service provider] we have worked with has been amazing.

All of the people that I have interacted with have been wonderful and completely helpful. I cannot recommend the ILP enough.

I had a really positive experience. It helped my child a lot. It helped me a lot. I am in [another state] right now and I wish I could find a program as good. We are still using the tools we got in Alaska.

I have had such an amazing experience. The confidence it has given my entire family is unbelievable.

[ILP] has done an outstanding job both in communication with us and with services provided to our son. We are very satisfied with the support we've received.

Everything was really great and it helped us learn a lot. I am very grateful.

We've enjoyed our ILP provider for the last couple of years.

We've only had [Name} for a month or so, but so far, we are really enjoying her.

[Name] was absolutely amazing with our child. She showed so much professionalism and caring about our child and the other members of our family. She has been one of the most influential people in our child's life outside of family.

We very much appreciate all the help that [Name] gave us to help our child develop and learn.

My ILP provider was very, very good at understanding me. She respected my experience raising kids. Thank you for understanding and respecting me as a parent.

Our ILP was absolutely amazing and our child has advanced so much. He went way beyond the goals we set for him. He loved our ILP provider, too.

We love our ILP worker.

The support we've had from the ILP has been totally invaluable to our family, especially early on before we had a diagnosis. I can't speak highly enough about them. We are so grateful.

[Names] are amazing at what they do. They are on it! They are just awesome. I would recommend them to anyone who has kids who need some assistance.

They were great!

Positive Comments Mentioning the Pandemic or Distance Methods (10)

All the ILP people we worked with were amazing! Even during the pandemic, they made everything work - they provided a camera and made sure everyone could be seen and showed us all how to do things.

We only received [service] with our [child] during the pandemic and not at any other time. So, we cannot compare the experience of meeting the teacher over Zoom to in-person care. We received services from [ILP] and the once-a-week meetings over Zoom were helpful with teaching us (parents) how to help our son with [treatment].

My child joined the program as an infant during lockdown so he has never been able to be seen in person. Zoom meetings have been great and very helpful! It's all we've known, but would love to finally be able to receive in-person care.

Everyone has been doing great during the pandemic, making sure everyone is served.

If I ever had to work with the ILP again, I would love to have [Name] again. She couldn't be with us in person, but she did an outstanding job and I would highly recommend her to anybody.

I would like to say thank you to the ILP staff. We began services during the pandemic when everyone was still figuring things out. Everyone at the ILP was very kind and patient. It was nice to have the support when the world was getting kind of crazy.

Our ILP provider went above and beyond to make sure our services continued during the pandemic. She dropped things off for us to use, and contacted us every week to see how we were doing, even after my child aged out of services.

It was a great service and they did their best during the pandemic. They were willing to drop off things that were sanitized. They had to get creative and think outside the box.

I am really impressed with how well everything worked during the pandemic. We couldn't be more pleased.

We are happy with services We are really looking forward to some outdoor time for in-person services in the summer.

Eight Mixed Comments (18% of comments)

I moved and I am looking for services in [another state], but the laws are different here and my child is not receiving services yet. He was doing very well in Alaska, but I am worried he might lose what he gained. I am trying to find out our options.

I was really happy with the help I received while my child was in the program. I wish she had not aged out or that the program had been available to us for longer.

Mixed Comments Mentioning the Pandemic or Distance Methods (6)

The people we worked with were lovely, but it was clear that we came to a plateau and we couldn't get past that. We were just kind of lingering the last few months. We were not satisfied and left early. We have much better in-person services now.

It was super helpful when they first started because we didn't know anything. It was so helpful to have someone come to our home. Once we went online, it wasn't as helpful. I requested a follow-up meeting and really just wanted to talk to them one more time, but we never got that.

It was hard to do virtual services with a 2-year-old. He was more engaged during in-person services, but it was still good to have something during the pandemic. The program was very helpful and my child progressed a lot even with just a few sessions. The more they met with us, the more progress my child made. I was happy to get that service. They were able to help us get into another program for more services.

Our ILP Service Coordinator and clinicians are wonderful people who are passionate about helping families and children. We've learned a lot from them and have always felt supported by them. We've seen distance learning work well in other venues, but the model used by EI doesn't transfer well into distance-learning, in our opinion. It's nearly impossible to have child-directed therapy be successful through virtual methods. Virtual methods require a unique type of planning in order for the therapy to be successful. As a family, we have a strong background in special education procedures and practices as well as in child development; this has been helpful to us in our journey.

We were really fortunate to have [Name] work with us in-person before the pandemic and my child already had a relationship with her. Distance services would not have worked if we didn't already have that established relationship. My child's attention span on Zoom is about 1 second.

We had an excellent experience with the ILP, but the types of services we needed were difficult to get done by distance. At first when things shut down in our community, all the kids were all taken out of services. Then they prioritized those who needed services the most. The ILP providers were phenomenal in helping us and communicating with other agencies.

Six Negative Comments (13% of comments – all mentioning the pandemic or distance methods)

I feel that due to the pandemic and everything being on Zoom, there was a lot of confusion about how to handle things for our child and how to help him develop. I wish everyone could have been on the same page. It was frustrating.

Because of the pandemic, our daughter didn't advance as much as we hoped. It is much better to do things person to person when a child has special needs.

The pandemic has impacted our child's learning and everything is harder because he can't interact with other children. It has slowed down his learning. We have higher risk factors for infection during the pandemic.

For distance services, the connectivity was not good for Zoom. Also, just the age of our child made it hard to do services by distance.

Our ILP experience has been too much of a stress on our time. The amount of meetings, calls, and letters have been numerous.

We didn't have much services by distance because by the time they figured it out, we were about to age-out of the program. The meetings we did have were mostly cooperative with the school district for transition, not like the meetings we had before.

One Other Comment

Our child has [a rare condition] that even the medical professionals, researchers, etc. know very little how to address or what the outcome will be. Our ILP team has done the best they could to help her progress. Some of these questions are not appropriate reflection on them if I answer honestly because no one has the answers. It is not a good question to ask during a pandemic if you are smart about social interactions, especially with a medically fragile child.