

Alaska Early Intervention • Infant Learning Program

2018 FAMILY OUTCOMES SURVEY

Families of children enrolled between January 1 and December 31, 2017

A Report for the

Alaska Early Intervention • Infant Learning Program
Senior & Disabilities Services
Department of Health & Social Services
State of Alaska

June 2018

Prepared by

Roxann Lamar
Center for Human Development
College of Health
University of Alaska Anchorage



UAA Center for
Human Development
UNIVERSITY of ALASKA ANCHORAGE

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2018 FAMILY OUTCOMES SURVEY

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, 16 ILP grantees delivered services through 17 community agencies across the state.

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. The 2018 Family Outcomes Survey asked about family experiences based on five 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.

Nineteen survey items used in 2018 to measure family outcomes were essentially the same as corresponding items since the 2009 survey. In 2012, the Alaska ILP wanted to have more information about family access to childcare, and five childcare items were added to the protocol. This brought the total number of items on the survey to 24.

Families rated experiences with their children and their ILP on statements 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.

Eligibility for the Family Outcomes Survey included a child enrolled during the previous calendar year, eligible for Part C, and enrolled for at least 6 months, as well as a potentially valid mailing address for the family. The 2018 eligible population was comprised of 758 families with 790 children. The survey utilized a randomly selected 20% target group of families, stratified geographically by Alaska ILP grantee, and by race of children. It was comprised of 152 families with 158 children. Target families were contacted in March and April 2018. 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 83 completed surveys rendering a 55% response rate. The highest regional level response was 62% in the Northern Region. All regional response rates were strong at 50% or more.

Characteristics of children in responding families were fairly similar to those in both the target group (stratified random selection) and the total eligible population. There was no evidence of meaningful differences in the age of children, how they qualified for services, whether or not they were still enrolled in services at the time of the survey, or if they were eligible for Part B services at exit. In responding families, there were slightly higher proportions of exited children *withdrawn by parents/guardians* and placements in *preschool special education*; and there may have been a slightly lower response from families with Native children. However, considering the size of the survey population, small differences are not likely meaningful. They do not warrant statistical correction.

It can be concluded from the results of the 2018 Family Outcomes Survey that the vast majority of families (approximately 93%) were satisfied all ($\cong 73.9\%$) or most ($\cong 19.3\%$) of the time with the ILP services they received. The overall survey mean was 3.48 on a 1-4 scale. Generally, caregivers tended to be confident in their knowledge and abilities, and available resources usually served their needs. Figure 1 illustrates the outcome level pattern of results in the 2018 survey, compared to results in the previous annual survey.

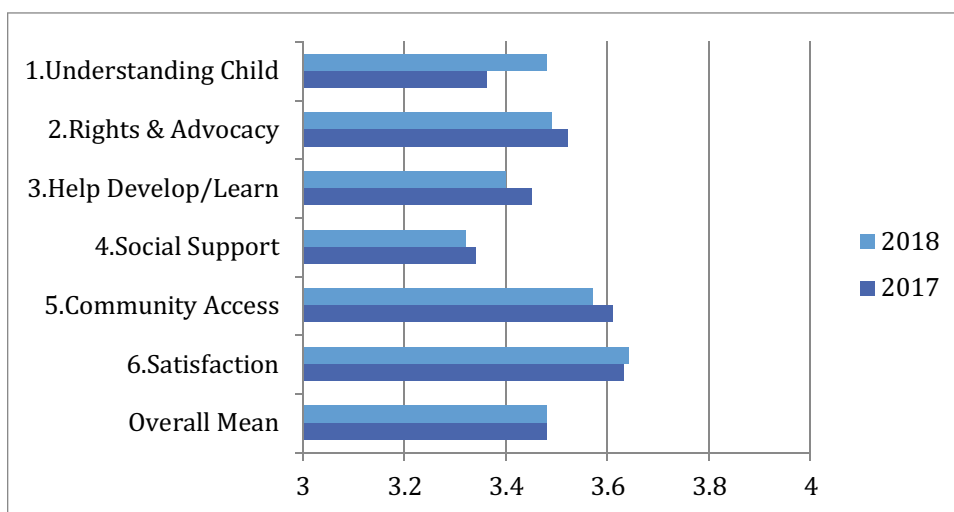


Figure 1: Relative strengths of outcome areas compared with previous year results

The strongest outcome area was Outcome 6 ($M = 3.64$) regarding satisfaction with ILP services, followed by Outcome 5 (community access, $M \cong 3.57$). Both Outcome 2 (rights and advocacy, $M = 3.49$) and Outcome 1 (parental understanding of children, $M = 3.48$) were comparable to the overall mean ($M = 3.48$) of the survey. Outcome 3 (parental ability to help children develop and learn, $M = 3.40$) fell below the overall mean, and the weakest outcome area was Outcome 4 (social support, $M = 3.32$). There were significant differences in responses across ILP *regions* in Outcome 2, and significant differences by *race* in Outcome 5. See the following paragraphs for more information.

Outcome 1: Understanding of Children

The Outcome 1 mean ($M = 3.48$) was equal to the overall mean of the survey. This result appeared to be stronger than the previous year, but the difference was not statistically significant. The greatest strength within Outcome 1 indicated higher caregiver confidence in *ability to perceive children's progress*. The greatest weakness was in *knowing about children's special needs*. Caregivers have always indicated they need more help with the latter on this survey.

Outcome 2: Rights and Advocacy

The Outcome 2 mean ($M = 3.49$) was just above the overall survey mean. This was a fairly typical result compared to recent years. However, the Southeast Region had an exceptionally strong result ($M = 3.89, n = 16$), significantly stronger than all other regions.

The greatest strength for caregivers was *being comfortable in meetings with professionals*. The relative weaknesses were *being informed of available programs and services* and *knowing what to do if not satisfied with services*. The Southeast Region had exceptionally strong results on the latter items (3.87/3.88), significantly stronger than other regions.

Outcome 3: Helping Children Develop and Learn

The Outcome 3 mean ($M = 3.40$) was under the overall survey mean. It was close to the previous year, which had been an improvement from previous years. The greatest strength for caregivers within Outcome 3 was *working with professionals to develop a plan*. The greatest weakness was *knowing how to help children behave*. The latter tends to be among the weakest item responses on the survey. Caregivers as a whole have consistently indicated they needed more help managing children's behavior.

Outcome 4: Social Support

The Outcome 4 mean ($M = 3.32$) was well below the overall survey mean. It tends to be a weak outcome, and it was the weakest outcome in 2018 results. The greatest strength for caregivers within Outcome 4 was having access to *people they could talk with* to deal with problems or celebrate when good things happened. The greatest weakness was access to resources for *occasional childcare*. The latter tends to be among the weakest item responses on the survey, and it was the lowest rated item in 2018.

Outcome 5: Community Access

The Outcome 5 mean was strong ($M \cong 3.57$). Only Outcome 6 (satisfaction) was stronger. One item regarding childcare is not applicable to a high proportion of respondents, which precludes its inclusion in aggregate analyses. The outcome area mean is estimated based on the difference between this item mean and the aggregate mean of other items. In 2018, these two means were identical.

The greatest strength within Outcome 5 was family *access to excellent medical care*. The relative weakness was access to opportunities for children to fully *participate in community activities*. Families with White children reported significantly more access to both of these resources than families with Native children. Access to medical care was still strong for families with Native children ($M = 3.50, n = 26$), but access to opportunities for community inclusion was weak ($M = 3.08, n = 26$).

Outcome 6: Satisfaction with ILP Services

Outcome 6 was the strongest outcome area ($M = 3.64$), well above the overall survey mean, which is a typical result. An overall trend of high statewide satisfaction continued in 2018. A couple of exemplary results are worth mentioning. Exceptionally strong satisfaction in the Southeast Region is a continuing trend, and very strong satisfaction in the Anchorage Region has been maintained for two years.

Childcare in Communities

One item under Outcome 5 covering access to excellent childcare indicated 25 (30%) of the 83 responding families always had this resource, while another 12 (14%) had it most or some of the time. 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. Well over half (58%) of the families who indicated this would be appropriate for their circumstances noted these interactions occurred all or most of the time. This is not as high as the level of interaction reported last year, but still appreciably higher than most previous years.

The survey included five items asking for more detailed information about issues and community resources relevant to childcare. Of the 83 survey respondents:

- 26 (31%) did not want or need regular childcare at that time
- 14 (17%) wanted childcare, but could not find any that worked for them
- 3 (4%) wanted childcare, but had not looked for it yet

Well over half of respondents (48 or 58%) indicated knowledge about *childcare resources for children with special needs* in their communities. Of these, 52% indicated it was more available and 48% indicated it was less available. This fairly even split was similar in 2017, which was slightly more positive than previous years. Still, over a quarter of responders indicated there was *no* childcare where they live for children with special needs.

When caregivers were asked if there was a *childcare provider who could follow their child's plan (IFSP)*, more responded (55 or 66%). Of these, 75% indicated this resource was more available and 25% indicated it was less available. This is a more positive pattern than the previous four years. Still, a quarter of responding families indicated *little or no* access to a childcare provider who could follow their child's IFSP.

Most respondents (66 or 80%) indicated knowledge about the *importance of childcare* in their communities. Of these, 80% indicated childcare was more important, and 20% indicated it was less important. It is typical for a higher proportion of caregivers to respond more positively to this item.

Comments Added to Surveys

Over a third of responding caregivers added comments to surveys (29 or 35%). There were survey items relevant to childcare, so it was not surprising that five caregivers added a comment (4) or a portion of a comment (1) about childcare. Childcare comments are typically not directly relevant to ILP services.

Of the remaining 25 comments that were relevant to caregiver satisfaction with ILP services, the vast majority (80%) were positive, expressing gratitude and satisfaction. The negative aspects of two mixed comments and one negative comment were about a lack of needed resources or services in communities. One negative comment was about delays, lack of consistent service, and lack of follow-up. One was about questionable behavior of a local ILP provider administering a survey.

Issues to Consider

Overall, family satisfaction continued at a high level, but satisfaction results in the Southcentral Region deserve some attention. Though still acceptable, satisfaction has been lower than usual for the region for two years. Weak regional results in Outcome 2 (rights and advocacy) also deserve some attention. There was considerable room for improvement in all but the Southeast Region.

Excluding satisfaction items, a pattern of relative strengths was fairly similar to the previous year with no significant differences between years at the item-level. However, seven outcome items surpassed a benchmark for stronger outcomes (indicated by the dashed line) as compared to five in 2015 and 2016, and six in 2017. It is also true that the weakest results in 2018 were those that have persisted over time. Below are the aspects of family knowledge, resources, and abilities from the strongest to the weakest, as measured in the 2018 survey.

Strongest



Weakest

- Access to resources for excellent medical care ($M = 3.73$)**
- Comfortable in meetings with professionals ($M = 3.72$)
- Able to perceive the child's progress ($M = 3.64$)
- Access to social resources, people to talk with ($M = 3.60$)
- Access to resources for excellent childcare ($M = 3.57, n = 37$)
- Worked with professionals to develop a plan ($M = 3.55$)
- Informed of the right to choose EI services ($M = 3.52$)
- Knows how to help the child develop and learn ($M = 3.49$)
- Understands the child's development ($M = 3.45$)
- Access to opportunities for community inclusion ($M = 3.41$)**
- Knows what to do if not satisfied with services ($M = 3.36$)*
- Informed of available programs and services ($M = 3.35$)*
- Knows about the child's special needs ($M = 3.35$)
- Able to do the activities the family enjoys ($M = 3.28$)
- Knows how to help the child behave ($M = 3.16$)
- Access to resources for occasional childcare ($M = 3.08$)

*Significant difference by region (2) **Significant difference by race (2)

2018 FAMILY OUTCOMES 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, 16 ILP grantees delivered community-level services through 17 agencies across the state. 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

Through a series of stakeholder meetings, the protocol chosen by the Alaska ILP to measure OSEP outcomes in 2006 and 2007 was the Early Childhood Outcomes (ECO) Center's tool, the *ECO Family Outcomes Survey*. The method was a census approach (i.e., sending one survey per each child who received any ILP services in a calendar year). The evaluators of the 2007 survey found a number of potential problems with the quality of information gathered, and recommended greatly simplifying the 8-page instrument, but keeping the focus of each of the 18 items to match the ECO Center tool. 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 concentrating effort and investment into a meaningful response rate. Proposed changes were approved by OSEP and first implemented in the 2008 survey.

Based on experience with the new survey, the Alaska ILP made several revisions to survey items for 2009. Revisions included changes in wording, fixing compound items, and adding items, resulting in 21 outcome items. In 2011, "n/a" (not applicable) was added to response options for an item regarding access to childcare. This helped to distinguish between families who used or wanted childcare and those who did not, improving interpretation of results on this item. Methodology was also improved in 2011 to use a 20% target group rather than a static number, and to stratify the target group by race of children as well as by ILP grantee. These improvements in method were retained in subsequent years.

In 2012 two items that did not contribute meaningful information to results were eliminated, leaving 19 outcome items. The Alaska ILP also wanted to receive more information from families about access to childcare, and 5 childcare items were added, bringing the total number of items to 24. Childcare items covered how much ILP providers worked with childcare providers, availability of childcare for children with special needs, importance of childcare in the community, access to childcare providers who could follow an IFSP, and reasons people did not have regular childcare.

The same 24 items were retained to the present. A high degree of consistency for most items lends a high level of confidence in comparisons of item-level results across time. Some comparisons are inappropriate, such as outcome-level results including items that were later eliminated, or regional level results before and after regions were redefined.

Caregivers were asked to rate their ILP experiences by choosing how often each statement was true for them: 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 had consulted about making survey instruments more culturally appropriate for the state's indigenous cultures.

The same scale was used in four childcare items, along with "n/a" or "don't know" response options. One childcare item was only for families who did not have regular childcare, asking them to indicate a reason why from multiple-choice options. The 2018 instrument is included with this report in Appendix A.

Participants & Selection Procedures

Families eligible for the survey needed to have at least one child eligible for Part C services, enrolled during the previous calendar year, and enrolled for at least 6 months. Data about potentially eligible children and families was pulled from the Alaska ILP statewide database. Families were removed from the population if there was insufficient information to send a survey packet by mail. This included families with no address, families without enough of an address to be recognized by the USPS, and families whose only address was a child protection office. Deliverable mail served as documentation for families (i.e., informed consent), as well as providing an opportunity to respond by mail or online. The eligible population consisted of 790 children in 758 families.

A target group comprised of 152 families was randomly selected from eligible families to receive the 2018 survey by mail. In order to stratify the target group by geography and by race of children, a series of random numbers were assigned to all families in the eligible population. The data was sorted by 16 ILP grantees and again by up to 6 race categories. Within each resulting ILP/race category, the 20% with the highest random numbers were selected for the target group.

When ILP providers entered data in the field, they were allowed to select multiple options for race and an option for ethnicity (Hispanic or Latino). Typically, the largest proportions of children in Alaska ILP services are identified as Alaska Native or American Indian (“Native”) or White/Caucasian (“White”), with relatively little representation on other races or ethnicity.

Children with any Native heritage are defined as Native for stratification purposes. This matches the culture in Alaska where people with partial Native heritage are recognized as members of Tribes or other indigenous groups, along with cultural, social and legal implications. Thus about 37.5% of the children in the eligible population and 36.7% in the selected target group had Native heritage by this definition.

Small differences in demographic proportions between the eligible population and the 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 2018 eligible population, there were six ILP areas where race/ethnic categories had only one or two families in each, failing to meet the minimum threshold to include one family of that race/ethnicity in the target group. As much as possible, these families representing multiple races were combined within each respective ILP service area, and the 20% with the highest random numbers were selected into the target group.

In some cases, race data was missing when Hispanic/Latino was indicated. For selection purposes, families with missing race data were treated as an additional stratification category to avoid systematically excluding them. In the 2018 eligible population, there were 21 cases across four ILP grantee areas where this occurred. However, it *consistently* occurred in only one ILP area for only two children. Thus, it is possible that race data was simply unknown in these 21 cases.

Survey Procedures

A third-party evaluator, the University of Alaska Anchorage Center for Human Development (CHD), was contracted to implement the 2018 survey. Survey packets containing an invitational letter, the survey instrument, and a postage-paid return envelope were mailed to the initially selected target group families on March 19, 2018. If a packet was returned as undeliverable by April 16, the procedure was to replace the selected family using the next highest random number within the same area/race category. This procedure resulted in eight replacement families in the target group. The final target group was comprised of 152 families with 158 children. The given deadline for responding was Friday, May 5. The survey was closed on Monday, May 7.

The introductory letter (in Appendix A) invited families to complete the survey by mail, online, or by using a toll-free phone number, and informed them an evaluator would call them in about two weeks if a survey had not been completed. When an evaluator reached families, caregivers were invited to complete the survey over the phone or online. Requests to call at another time, opt out, or send information in the mail were honored with courtesy.

Having a working phone number was not required for inclusion in the target group. When non-responding families could not be reached by phone, a postcard reminder was sent by mail. It included the toll-free phone number and an online address to access the survey. The postcard was also used as a reminder for families who told a caller they would complete the survey at another time.

Analyses of Data

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.

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

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

Comparisons by race. There are typically only enough children of Native and White heritage to test for differences by race. Independent 2-tailed t-tests are used to test for differences at the outcome level, and sometimes item level. When there is a significant difference by race, an independent 2-tailed t-test is also used to test for differences by rural versus urban residence, which could be a confounding variable.

Qualitative data. Comments fall into general categories of positive, negative, or mixed positive/negative. If there are any themes in mixed/negative comments, they are noted. A discussion of comments is at the end of the Results section. De-identified comments are listed in Appendix B.

Results

Response Rates

Eighty-three ($n = 83$) surveys were completed by families from the target group for an overall response rate of 55%. Following are details relevant to the response rate. “No contact” refers to mail returned after the cutoff date for replacing families (April 16).

Target Families (with 10 replacement families)	152
Made contact (mail and/or phone)	152
Ineligible	0
Opted out or did not respond (O)	69
Eligible completed surveys (S)	83
No contact (N) (undeliverable mail, not replaced)	0
Response Rate = $S / (S + O + N) = 0.5460526...$ or 55%	

Twenty-five ($n = 25$) or 30% of the 83 respondents completed surveys by mail or online, while 70% ($n = 58$) responded by phone. Table 1 shows the number and proportion of response rates sorted by Alaska ILP regions. The highest regional response in 2018 was for the Northern Region at 62%. Response in the Anchorage Region was equal to the overall response rate at 55%. The Southcentral and Southeast Regions came in under the overall response rate at 50% each.

Table 1: Response sorted by ILP regions

Region		Alaska ILP Grantee (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 (TCC)	34	21	62
2	Anchorage	Programs for Infants & Children (PIC) FOCUS - Family Outreach Center for Understanding Special Needs (FOC)	62	34	55
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)	24	12	50
4	Southeast	Center for Community (CFC) Community Connections (CCK) Frontier Community Services (FCS) REACH, Inc. (REA) SeaView Community Services (SVC) Sprout Family Services (SFS)	32	16	50
Total Families			152	83	55

Table 2 shows a further breakdown of response rates by ILP grantees. Not surprisingly, low responses in four grantee areas reduced the regional response rates in both Southcentral and Southeast. However, there were no concerns with response rates at the regional level as all were high, at 50% or above.

Table 2: Response sorted by grantees

	Alaska ILP Grantee (ILP Code)	Service Area	Sent	Rec'd	%
1	Alaska Center for Children & Adults (ACC)	Fairbanks, Copper River, Delta-Greeley, North Slope	27	16	59
2	Bristol Bay Area Health Corporation (BBA)	Bristol Bay area	3	0	---
3	Center for Community (CFC)	Sitka, Kake, Angoon area	4	1	25
4	Community Connections (CCK)	Ketchikan, Prince of Wales Island, Metlakatla area	6	3	50
5	FOCUS (FOC)	Chugiak, Eagle River, JBER, Cordova, Valdez area	13	10	77
6	Frontier Community Services (FCS)	Kenai, Soldotna area	7	5	71
7	Kodiak Area Native Association (KAN)	Kodiak Island	3	2	67
8	Mat-Su Services for Children & Adults (MSU)	Mat-Su Borough	11	7	64
9	Northwest Arctic Borough S.D. (NWA)	Northwest Arctic	3	2	67
10	Norton Sound Health Corporation (NSH)	Norton Sound Region	2	1	50
11	Programs for Infants & Children (PIC)	Anchorage, Girdwood, Whittier	49	24	49
12	REACH, Inc. (REA)	Juneau, Haines, Petersburg	10	4	40
13	SeaView Community Services (SVC)	Seward area	1	1	100
14	Sprout Family Services (SFS)	Aleutian/Pribilof Islands, Homer area	4	2	50
15	Tanana Chiefs Conference (TCC)	Interior, TCC area	2	2	100
16	Yukon Kuskokwim Health Corp. (YKH)	YKH area	7	3	43
		Total Families	152	83	55

Within ILP regions and sometimes within grantee service areas, both urban and rural populations were served. If families with mailing addresses in Anchorage, Eagle River, Fairbanks, and Juneau are defined as the more urban families, 41% of families in the responding sample were more urban, and 59% were more rural. This compares to 43% urban, 57% rural in the target group; and 48% urban, 52% rural in the eligible population. While rural families were slightly more represented in the target group, and then slightly more in the response group, proportions across groups were similar enough to suggest there was not a meaningful difference in response based on rural/urban residence.

Less than a third of this year's responses were completed by mail or online. Phone calls to non-responders beginning April 9 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. In some cases, people who could not be reached by phone eventually responded by mail.

Among the families who did not respond, 12 were reached by phone and declined to participate. There were 5 wrong numbers, 13 out-of-service, 6 that were not connecting or not accepting calls, and 1 number missing from the database. In 24 cases, calls always went to voicemail plus 3 always went to voicemail after someone was reached and asked for a call back. Messages were left the first time a call went to voicemail, which may have

influenced whether or not people answered subsequent calls. In summary, the following represents these characteristics of non-responders as proportions of the target group:

- 16% - nonworking, invalid, or missing phone numbers ($n = 25$)
- 18% - calls routinely sent to voicemail ($n = 27$)
- 8% - reached by phone and declined to participate ($n = 12$)

Combined, these 64 cases represent 42% of target group families. Which of these conditions had the largest negative impact on response rates varied somewhat per region. The lowest regional impact was in the Northern Region (35%). The greatest impact was in the Southcentral (46%) and Southeast (47%) regions.

- In the **Northern Region**, the largest impact was in *nonworking or invalid phone numbers* (5) followed by calls *routinely sent to voicemail* (4). Three families *declined to participate*. In total this represented 35% of target families in the region.
- In the **Anchorage Region**, the largest impact was also in *nonworking or invalid phone numbers* (14) followed by calls *routinely sent to voicemail* (10). Two families *declined to participate*. In total this represented 42% of target families in the region.
- In the **Southcentral Region**, the largest impact was in calls *routinely sent to voicemail* (6), followed by families who *declined to participate* (4). There was 1 *nonworking or invalid phone number*. In total this represented 46% of target families in the region.
- In the **Southeast Region**, the largest impact was in calls *routinely sent to voicemail* (7) followed by *nonworking phone numbers* (5). Three families *declined to participate*. In total this represented 47% of target families in the region.

Of the 64 families who could not be reached by phone or declined to participate, over half were rural families ($n = 35$ or 54.7%). Similarly, rural families comprised 56.6% of the target group. There were 67 children in these 64 families. Native children were slightly over-represented (40.3%), as compared to their proportion in the target group (36.7%). This difference was small and not likely meaningful.

The remaining non-responding families were typically those who were reached by phone and expressed an intent to complete the survey by mail or online and failed to do so. Unsuccessful attempts were made to reach these families again before the survey deadline.

Demographics of Responding Families

Note: A proportion of caregivers in this population are not the biological parents of the children in the family. Typically, they include grandparents, foster parents, and legal guardians. Thus, the “race/ethnicity of families” cannot be entirely assumed based on the race/ethnicity of children.

Among the 83 families who responded to the survey, there were 86 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 26 children (30.2%). White as a

single race accounted for 48 children (55.8%). Together this represented most of the children in the responding sample of families: 74 of 86 children, or 86%.

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. Note that 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 randomly selected target group and the total eligible survey population

Race*/Ethnicity of Children	Responders		Target Group		Eligible	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
AK Native or Am. Indian	26	30.2	58	36.7	296	37.5
Asian	4	4.7	8	5.1	43	5.4
Black/African American	3	3.5	7	4.4	33	4.2
Pacific Islander	4	4.7	9	5.7	26	3.3
White/Caucasian	57	66.3	93	58.9	464	58.7
No race indicated	4		5		21	
Hispanic or Latino	7	8.1	13	8.2	55	7.0
Total Children	86		158		790	

*Single race or mixed race.

Children with Native heritage accounted for 30.2% of children in *responding* families compared to 36.7% in *target* and 37.5% in *eligible* families. Children with *White as a single race* accounted for 55.8% of children in *responding* families compared to 49.4% in *target* and 49.5% in *eligible* families. There seemed to be a proportionately lower response from families with Native children, but the difference was small.

The most typical age of children at the time of the 2018 survey was 27 to 28 months across responders, target families, and the eligible population. All families included in the 2018 survey had one or more children who were enrolled in an ILP and qualified for Part C services. Table 4 shows a comparison of the qualifying categories of children across the responders, target group, and eligible population. For all three, the reason the largest proportion of children qualified (63 to 65 percent) was a documented delay of over 50%. A predominance of eligibility on this criterion has been consistent across survey years.

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

Qualifying Category	Responders		Target Group		Eligible	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Part C Diagnosis	18	20.9	29	18.4	158	20.0
Delays > 50%	55	64.0	103	65.2	499	63.2
Clinical Opinion	13	15.1	26	16.5	133	16.8
Total Children	86		158		790	

Within *responding* families, 40 (46.5%) children were still enrolled in the program at the time of the survey, and 46 (53.5%) had exited the program sometime during the year. This compares to the *target group* with 67 (42.4%) enrolled, 91 (57.6%) exited; and the total *eligible child population* with 375 (47.5%) enrolled, 415 (52.5%) exited. Thus, the response from those who were enrolled and those who had exited was fairly similar.

Table 5 shows reasons families exited the program. Of the exiting children among the responders, as well as those in the target group and in the eligible population, the exit reason given for the largest proportion (46 to 48 percent) was “Part B eligible,” indicating they had aged out of Part C services and were qualified to continue receiving services under Part B of IDEA. A predominance of exiting children eligible for Part B is also consistent across survey years. Responding families had a higher proportion of children withdrawn by parents/guardians – all but one target family in this category responded.

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

Exit Reason	Responders	Target Group	Eligible
Part B eligible	22 (47.8%)	42 (46.2%)	189 (45.5%)
Completion of IFSP prior to age 3	7 (15.2%)	15 (16.5%)	65 (15.7%)
Attempts to contact unsuccessful	6 (13.0%)	14 (15.4%)	40 (9.6%)
Withdrawal by parent/guardian	6 (13.0%)	7 (7.7%)	40 (9.6%)
Moved out of state	0	5	31
Not Part B eligible, exit to other program	2	3	17
Part B eligibility not determined	0	1	22
Not Part B eligible, exit with no referrals	3	4	11
Reason not indicated	0	0	0
Total Children Exited	46	91	415

Table 6 shows placements for children after exiting an ILP. In all three groups, the exit placement was most often either in preschool special education (42 to 48 percent) or in the home (40 to 44 percent). A predominance of these two placements is typical. Responding families included a slightly higher proportion of children in preschool special education.

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

Exit Placement	Respondents	Target Group	Eligible
Preschool Special Education	22 (47.8%)	38 (41.8%)	178 (42.9%)
Home	20 (43.5%)	36 (39.6%)	164 (39.5%)
Child Care/Preschool	3	6	20
Head Start	0	1	15
Other Setting	0	6	20
Outpatient Therapy	1	1	4
Placement Not Indicated	0	3	14
Total Children Exited	46	91	415

Summary of Respondent Characteristics

Characteristics of children in responding families were fairly similar to those in both the target group (stratified random selection) and the total eligible population. There was no evidence of meaningful differences in the age of children, how they qualified for services, whether or not they were still enrolled in services at the time of the survey, or if they were eligible for Part B services at exit. In responding families, there were slightly higher proportions of exited children *withdrawn by parents/guardians* and placements in *preschool special education*; and there may have been a slightly lower response from families with Native children. However, considering the size of the survey population, small differences are not likely meaningful. They do not warrant statistical correction.

Responses to Survey Items

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 because respondents could choose not to answer any item. Moreover, if a respondent circled multiple responses for an item on a paper survey, it had to be treated as missing data.

When there is missing data on items, those cases may be automatically excluded from aggregate statistical tests, noted in the number of cases (n) reported with results.

The overall mean rating on outcome items was 3.48 on a 1-4 scale. Generally, caregivers tended to be confident in their knowledge and abilities, and available resources usually served their needs. The 2018 overall mean was the same as the previous year ($n = 69$).

Statistical tests of differences in responses across the four *regions* at the outcome level showed statistically significant differences in Outcome 2 (rights and advocacy). There were significant differences by *race* in Outcome 5 (community access). See more detail about results in the following examination of findings organized first by outcome area, followed by childcare items, and an expanded look at satisfaction including results by region.

Outcome 1: Understanding of Children

Items 1-3 on the survey asked respondents to indicate how often they understood their children in terms of development, special needs, and progress. The mean response for Outcome 1 ($M = 3.48$) was equal to the overall survey mean. It was higher than the previous survey year ($M = 3.36$), but the difference was not statistically significant.

The greatest strength was in caregivers' *ability to perceive children's progress* ($M = 3.64$). The greatest weakness was in *knowing about children's special needs* ($M = 3.35$). This is a typical pattern for Outcome 1.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.45 Median: 4 Mode: 4 SD: .667
2	Some of the time	8	9.6	
3	Most of the time	30	36.1	
4	All of the time	45	54.2	
Total Responses		83	100	

The response on Item 1 indicated that 90% of responding families felt they understood their child’s development very well all (54%) or most (36%) of the time. The mean was higher than 2017 ($M = 3.29, n = 69$), but the difference was not statistically significant.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.35 Median: 3 Mode: 4 SD: .671
2	Some of the time	9	10.8	
3	Most of the time	36	43.4	
4	All of the time	38	45.8	
Total Responses		83	100	

The response on Item 2 indicated that 89% of responding families felt they knew what they needed to know about their children’s special needs all (46%) or most (43%) of the time. About 11% indicated they knew only some of the time. The mean was higher than the previous year ($M = 3.24, n = 69$), but the difference was not statistically significant. Response on this item has been fairly consistent over time, tending to be the weakest item within Outcome 1 and among relatively weaker items on the survey.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.64 Median: 4 Mode: 4 SD: .575
2	Some of the time	4	4.8	
3	Most of the time	22	26.5	
4	All of the time	57	68.7	
Total Responses		83	100	

A high 95% of respondents indicated on Item 3 that they could tell when their children were making progress all (69%) or most (27%) of the time. Once again, the mean was higher than the previous year ($M = 3.54, n = 69$), but the difference was not statistically significant.

Outcome 2: Rights and 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. The mean response for Outcome 2 ($M = 3.49$) was similar to the overall survey mean ($M = 3.48$). The test for an outcome-level difference across the four *regions* revealed that the Southeast Region ($M = 3.89, n =$

16) had the strongest outcome-level response, significantly stronger than all other regions: $F(3,79) = 5.263, p = .002, equal variances not assumed$ (Northern $M = 3.31, n = 21$; Anchorage $M = 3.49, n = 34$; Southcentral $M = 3.27, n = 12$).

The greatest strength was in whether or not caregivers were *comfortable in meetings with professionals* ($M = 3.72$). Relative weaknesses were in being *informed about programs and services* available to them ($M = 3.35$) and *knowing what to do if not satisfied* with services ($M = 3.36$). This pattern with both of the latter items equally weaker also appeared in 2017, which was a departure from the pattern of previous years.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	2.4	Mean: 3.35 Median: 3 Mode: 4 SD: .740
2	Some of the time	7	8.4	
3	Most of the time	34	41.0	
4	All of the time	40	48.2	
Total Responses		83	100	

About 89% of responding families indicated on Item 4 that they were informed about programs and services all (48%) or most (41%) of the time. There were 11% indicating they were informed some or none of the time. The item mean was below the overall survey mean and it was among the weaker item means on the survey.

However, there was a significant difference in response by region on this item: $F(3,79) = 4.064, p = .010, equal variances not assumed$. The Southeast Region had an exceptionally strong result ($M = 3.87, n = 16$), significantly higher ($p \leq .05$) than the Northern ($M = 3.10, n = 21$) and Anchorage ($M = 3.29, n = 34$) regions. There was also a high mean difference with the Southcentral region ($M = 3.25, n = 12$), but it was not statistically significant.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	3	3.6	Mean: 3.52 Median: 4 Mode: 4 SD: .771
2	Some of the time	5	6.0	
3	Most of the time	21	25.3	
4	All of the time	54	65.1	
Total Responses		83	100	

About 90% of respondents indicated on Item 5 that they were informed of their right to choose services all (65%) or most (25%) of the time. The item mean was above the overall survey mean and it was among the stronger item means on the survey.

The Southeast Region also had an exceptionally strong result on this item ($M = 3.81, n = 16$), but the difference among regions as a whole was not statistically significant. Other regional means ranged from 3.29 (Northern, $n = 21$) to a strong 3.56 (Anchorage, $n = 34$).

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.72 Median: 4 Mode: 4 SD: .570
2	Some of the time	5	6.0	
3	Most of the time	13	15.7	
4	All of the time	65	78.3	
Total Responses		83	100	

On Item 6, a high 94% of respondents indicated they were comfortable participating in meetings all or most of the time, with 78% indicating all of the time. Response on this item has tended to be very high since 2010. It was one of the strongest item means in the 2018 survey, well above the overall survey mean.

The Southeast Region had the highest rating possible on this item ($M = 4.00, n = 16$). The difference among regions as a whole was not statistically significant. Other regional results ranged from a strong 3.58 (Southcentral, $n = 12$) to a very strong 3.71 (Northern, $n = 21$).

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	3	3.6	Mean: 3.36 Median: 4 Mode: 4 SD: .864
2	Some of the time	12	14.5	
3	Most of the time	20	24.1	
4	All of the time	48	57.8	
Total Responses		83	100	

On Item 7, about 82% of families indicated they felt they knew what to do if they were not satisfied all (58%) or most (24%) of the time. A notable 18% knew what to do only some or none of the time. The item mean was below the overall survey mean and it was among the weaker item means in the survey.

Once again, the Southeast Region had an exceptionally strong result on this item ($M = 3.88, n = 16$), and it was significantly higher than all other regional means: $F(3,79) = 4.418, p = .006, equal\ variances\ not\ assumed$. The weakest regional mean was Southcentral ($M = 2.83, n = 12$), followed by Northern ($M = 3.14, n = 21$). The Anchorage mean ($M = 3.44, n = 34$) was higher than the overall item mean, but it was not a strong result.

Outcome 3: Helping Children Develop and 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 ($M = 3.40$) was below the overall survey mean ($M = 3.48$).

The strongest item was *working with professionals to develop a plan* ($M = 3.55, n = 82$). The greatest weakness was in knowing how to *help children learn to behave* ($M = 3.16$). This is consistent item pattern within Outcome 3.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.49 Median: 4 Mode: 4 SD: .614
2	Some of the time	5	6.0	
3	Most of the time	32	38.6	
4	All of the time	45	54.2	
Total Responses		83	100	

A high 93% of respondents indicated on Item 8 they were sure they knew how to help their children develop and learn all (54%) or most (39%) of the time. The item mean was close to the overall survey mean. It was higher than the previous year ($M = 3.38, n = 69$), but the difference was not significant. Response has been fairly consistent on this item across time.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	1.2	Mean: 3.16 Median: 3 Mode: 3 SD: .773
2	Some of the time	16	19.3	
3	Most of the time	35	42.2	
4	All of the time	31	37.3	
Total Responses		83	100	

About 80% of respondents indicated on Item 9 that they knew how to help their children learn to behave all (37%) or most (42%) of the time. A notable 20% indicated this was true none or some of the time. It was the weakest item mean within Outcome 3 and among the weakest item means on the survey, which is typical. The item mean was lower than the previous year ($M = 3.28, n = 69$), but the difference was not statistically significant.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	1.2	Mean: 3.55 Median: 4 Mode: 4 SD: .705
2	Some of the time	7	8.4	
3	Most of the time	20	24.1	
4	All of the time	54	65.1	
Total Responses		82	98.8	(Missing: 1)

About 89% of responding families indicated on Item 10 they worked with professionals to develop a plan all (65%) or most (24%) of the time. This was the strongest item response within Outcome 3, above the overall survey mean and among the stronger item means on the survey. The item mean was lower than the previous year ($M = 3.71, n = 69$), but the difference was not statistically significant.

Outcome 4: Social Support

Items 11-13 on the survey asked respondents to indicate levels of resources for emotional support, assistance from others, and ability to do activities their families enjoyed. The mean response for Outcome 4 ($M = 3.32$) was below the overall survey mean ($M = 3.48$),

and it was the weakest outcome area in the 2018 survey. A lower result for Outcome 4 has been a consistent outcome pattern across survey years since 2009.

The relative strength within Outcome 4 was in having *people to talk with* to deal with problems or celebrate when good things happened ($M = 3.60$). The greatest weakness was in having resources for *occasional childcare* ($M = 3.08$). 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.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.60 Median: 4 Mode: 4 SD: .624
2	Some of the time	6	7.2	
3	Most of the time	21	25.3	
4	All of the time	56	67.5	
Total Responses		83	100	

A high 93% of responding families indicated on Item 11 that there were people they could talk with to deal with problems or celebrate good things all (68%) or most (25%) of the time. This was the strongest item mean within Outcome 4 and one of the stronger item means on the survey, well above the overall survey mean. It was higher than the previous year ($M = 3.52, n = 69$), but the difference was not statistically significant.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	8	9.6	Mean: 3.08 Median: 3 Mode: 4 SD: 1.038
2	Some of the time	17	20.5	
3	Most of the time	18	21.7	
4	All of the time	40	48.2	
Total Responses		83	100	

On Item 12, 70% of families indicated they had people to watch their children for a short time all (48%) or most (22%) of the time. A substantial 30% had this resource only some (21%) or none (10%) of the time. It was the weakest item mean in 2018. It was lower than the previous year ($M = 3.13, n = 69$), but the difference was not statistically significant. It is worth noting that a high standard deviation is common on this item. It reflects greater diversity of resources for occasional childcare across families.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.28 Median: 3 Mode: 4 SD: .786
2	Some of the time	17	20.5	
3	Most of the time	26	31.3	
4	All of the time	40	48.2	
Total Responses		83	100	

About 80% of caregivers indicated on Item 13 that they were able to do activities their families enjoyed all (48%) or most (31%) of the time. A notable 20% could do this only some of the time. The item mean was well below the overall survey mean and it was among the weaker item means on the survey. It was lower than the previous year ($M = 3.38, n = 69$), but the difference was not statistically significant.

Outcome 5: Community Access

Items 14, 15, and 17 asked respondents to indicate levels of access to desired services, programs, and inclusive activities. Item 17 regarding childcare is not applicable to a high proportion of respondents, which precludes its inclusion in aggregate analyses. The mean for Outcome 5 excluding Item 17 ($M = 3.57$) was well above the survey mean ($M = 3.48$). The mean response on Item 17 ($M = 3.57, n = 37$) was the same. Thus, the approximated mean for the whole outcome area can stand at 3.57, a strong result.

There was a significant difference in this outcome area by race. Families with White children ($M = 3.71, n = 45$) had a much stronger result on community access than families with Native children ($M = 3.29, n = 26$): $t(39.440) = 2.994, p = .005, equal variances not assumed$. A potential confounding variable when there is a difference by race is rural versus urban residence. Follow-up tests on this variable at the outcome and item levels were not significant.

The greatest strength within this outcome area was access to *excellent medical care* ($M = 3.73$), and a relative weakness was access to *participate fully in the community* ($M = 3.41$). This has been a consistent pattern since the 2010 survey.

Item 14: We have excellent medical care for our child.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.73 Median: 4 Mode: 4 SD: .586
2	Some of the time	6	7.2	
3	Most of the time	10	12.0	
4	All of the time	67	80.7	
Total Responses		83	100	

A high 93% of caregivers indicated on Item 14 they had excellent medical care all (81%) or most (12%) of the time. About 7% indicated less access. This item tends to be the strongest within Outcome 5 and among the strongest items on the survey. It was the highest rated item in the 2018 survey.

For the first time since this survey was administered, there was a significant difference by race in access to excellent medical care for children: $t(38.236) = 2.213, p = .033, equal variances not assumed$. There was an exceptionally strong result for families with White children ($M = 3.84, n = 45$). The result for families with Native children just reached the threshold to be considered a strong result ($M = 3.50, n = 26$).

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	2.4	Mean: 3.41 Median: 4 Mode: 4 SD: .797
2	Some of the time	10	12.0	
3	Most of the time	23	27.7	
4	All of the time	48	57.8	
Total Responses		83	100	

On Item 15, about 86% of respondents indicated their children had opportunities for community inclusion all (58%) or most (28%) of the time. About 14% indicated less access. The item mean was below the overall survey mean. This item tends to be the weakest within Outcome 5.

There was a significant difference by race in children’s access to activities in the community: $t(39.468) = 2.410, p = .021, equal\ variances\ not\ assumed$. There was a strong result for families with White children ($M = 3.58, n = 45$) and a very weak result for families with Native children ($M = 3.08, n = 26$).

Item 17: We have excellent childcare for our child.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.57 Median: 4 Mode: 4 SD: .689
2	Some of the time	4	10.8	
3	Most of the time	8	21.6	
4	All of the time	25	67.6	
Total Responses		37	100	
Not Applicable: 46 (55.4% of all respondents)				

Note: Starting in 2011 “n/a” (not applicable) was added as a response option to Item 17 to distinguish families that used or wanted childcare from those who did not. This greatly improved interpretation of responses on this item.

A majority (55%) of 2018 respondents indicated Item 17 was not applicable to their circumstances. Of the remaining 37, about 89% indicated they had excellent childcare all (68%) or most (22%) of the time. About 11% indicated less access. The item mean was a strong result, above the overall survey mean.

Families with Native children indicated less access to excellent childcare ($M = 3.38, n = 13$) than families with White children ($M = 3.63, n = 19$). However, in this smaller subset of respondents the difference was not statistically significant.

Outcome 6: Satisfaction with ILP Services

Note: More detail about the regional patterns of response on satisfaction items is covered in a later section of this report, *Expanded Look at Satisfaction with Alaska ILP Services*.

Item 16 on the survey consisted of the statement, “Our ILP provider has done an excellent job...” followed by three sub-items asking respondents to indicate the quality and effectiveness of services they received in three areas: helping us know our rights, helping us effectively communicate our child’s needs, and helping us help our child develop and learn. The mean response for Outcome 6 ($M = 3.64$) was far above the overall survey mean ($M = 3.48$), a typical pattern for this outcome area.

Item 16.1: Our ILP provider has done an excellent job helping us know our rights.

Rating		Frequency	Percent	Central Tendency
1	None of the time	4	4.8	Mean: 3.58 Median: 4 Mode: 4 SD: .783
2	Some of the time	3	3.6	
3	Most of the time	17	20.5	
4	All of the time	59	71.1	
Total Responses		83	100	

A high 92% of responding families indicated the ILP had done an excellent job helping them know their rights all (71%) or most (21%) of the time. About 8% were less satisfied. Though this was a strong result, it was the weakest item within Outcome 6 and seemed to correspond with weak regional results in Outcome 2 (*rights and advocacy*).

Item 16.2: Our ILP provider has done an excellent job helping us effectively communicate our child’s needs.

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	2.4	Mean: 3.64 Median: 4 Mode: 4 SD: .691
2	Some of the time	4	4.8	
3	Most of the time	16	19.3	
4	All of the time	61	73.5	
Total Responses		83	100	

A high 93% of responding families indicated the ILP had done an excellent job helping them effectively communicate their children’s needs all (74%) or most (19%) of the time. About 7% were less satisfied. Overall, this was a very strong result.

Item 16.3: Our ILP provider has done an excellent job helping us help our child develop and learn.

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	2.4	Mean: 3.70 Median: 4 Mode: 4 SD: .639
2	Some of the time	2	2.4	
3	Most of the time	15	18.1	
4	All of the time	64	77.1	
Total Responses		83	100	

A very high 95% of responding families indicated the ILP had done an excellent job helping them help their children develop and learn all (77%) or most (18%) of the time. About 5% were less satisfied. This was the strongest item result within Outcome 6.

Additional Items About Childcare

Item 17 on the survey addresses childcare under Outcome 5 (*community access*). In 2012, the Alaska ILP added five items about childcare because they wanted more information from responding families about community childcare resources. All six items addressing childcare are presented sequentially in the survey. Items 17-19 address personal experiences with childcare, while items 20-22 address caregiver perceptions of childcare resources in communities where they live.

Note: See results for item 17 under the findings for Outcome 5.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	8	22.2	Mean: 2.75 Median: 3 Mode: 4 SD: 1.204
2	Some of the time	7	19.4	
3	Most of the time	7	19.4	
4	All of the time	14	38.9	
Total Responses		36	100	
Not Applicable: 47 (56.6% of all survey respondents)				

Item 18 is the only added childcare item with direct relevance to ILP services. Guiding childcare providers contributes to the quality of childcare for young children with special needs. About 43% of responding families ($n = 36$) indicated Item 18 was applicable to them, and well over half of these families (58%) indicated interaction occurred all or most of the time. This is not as high as the level of interaction reported in the previous year (74%, $n = 23$), but it is higher than most prior survey years.

Item 19 was addressed to those families who did not have regular childcare at the time of the survey, and 43 caregivers responded (52% of all respondents). They were asked to indicate a reason they did not have regular childcare from three choices. Responses distinguished families with voluntary stay-at-home caregivers from those who needed or wanted childcare. It further distinguished those who hadn't started looking for childcare from those who had looked and couldn't find any that worked for them.

Of the 43 who responded to Item 19:

- 26 (60%) indicated they did not want regular childcare at that time.
- 3 (7%) indicated they wanted childcare but had not looked for it yet.
- 14 (33%) indicated they wanted childcare but could not find any that worked for them.

Figure 2 combines the reasons families didn't have regular childcare (from Item 19) with the response on Item 17 indicating 25 families always had excellent childcare at the time of the survey (responded *all of the time*). While any potential overlap in response should be minimal, it cannot be assumed the following represents an exact distribution in the sample because data comes from two survey items. With that caveat in mind, Figure 2 summarizes status of regular childcare at the time of the survey.

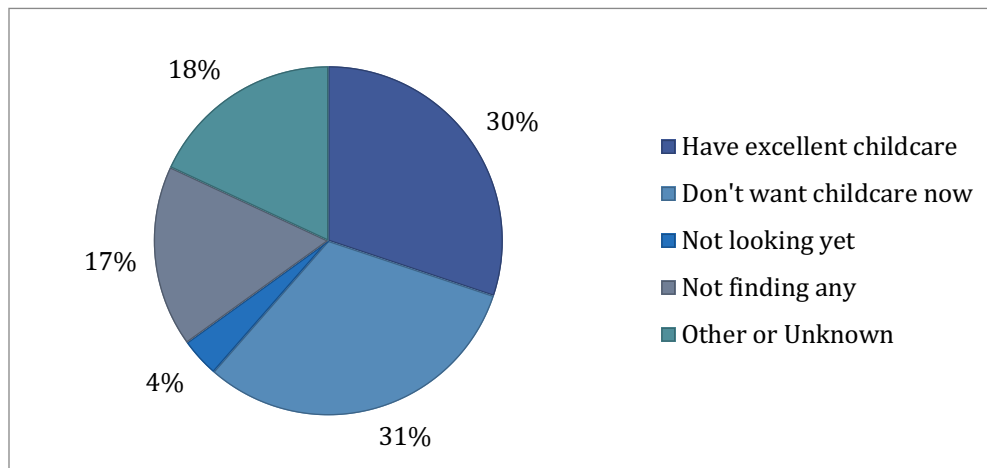


Figure 2: Status of regular childcare (estimates derived from Items 17 & 19)

Using the data represented in Figure 2, the proportion of respondents indicating they always had excellent childcare in the 2018 survey (30%) was between the proportions in the 2017 (26%) and 2016 (33%) surveys. The proportion of voluntary stay-at-home caregivers steadily increased from 28% in 2015 up to 45% in 2017, but the proportion decreased to 31% in the 2018 survey. Only a few families wanted childcare but had not started looking for it. Fourteen (17%) wanted childcare and were having difficulties finding any that worked for them. There were 15 families (18%) remaining (other or unknown). This category included caregivers who indicated they had excellent childcare *most* ($n = 8$) or *some* ($n = 4$) of the time.

Childcare Resources in Communities

Item 20: There is childcare where we live that is able to care for children with special needs.

Rating		Frequency	Percent	Central Tendency
1	None of the time	13	27.1	Mean: 5.60 Median: 3 Mode: 4 SD: 1.233
2	Some of the time	10	20.8	
3	Most of the time	8	16.7	
4	All of the time	17	35.4	
Total Responses		48	100	
I don't know: 35 (42.2% of all survey respondents)				

About 42% of respondents indicated on Item 20 that they did not know if there were local childcare providers able to care for children with special needs. Of the 48 who responded, just over half (52%) indicated this resource was available all (35%) or most (17%) of the

time. Just under half (48%) indicated this resource was sometimes (21%) or never (27%) available. This fairly even split between more positive and more negative responses is similar to the previous year's result, which was a slightly more positive pattern than the two prior survey years.

Item 21: Childcare seems to be important to our whole community.

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	1.5	Mean: 3.30 Median: 4 Mode: 4 SD: .822
2	Some of the time	12	18.2	
3	Most of the time	19	28.8	
4	All of the time	34	51.5	
Total Responses		66	100	
I don't know: 17 (20.5% of all survey respondents)				

Seventeen respondents (21%) indicated on Item 21 that they did not know about the perception of the importance of childcare in their communities. Of the 66 who responded, most (80%) indicated childcare was important all (52%) or most (29%) of the time. About 20% indicated this was sometimes (18%) or never (2%) true. This predominantly more positive pattern is similar to results since 2015.

Item 22: There is a childcare provider we can use who can follow our child's plan (IFSP).

Rating		Frequency	Percent	Central Tendency
1	None of the time	5	9.1	Mean: 3.18 Median: 4 Mode: 4 SD: 1.020
2	Some of the time	9	16.4	
3	Most of the time	12	21.8	
4	All of the time	29	52.7	
Total Responses		55	100	
I don't know: 28 (33.7% of all respondents)				

About 34% of respondents indicated on Item 22 that they did not know if there were local childcare providers who could follow their children's plans. Of the 55 who responded, about 75% indicated this resource was available all (53%) or most (22%) of the time. About 25% indicated this resource was sometimes (16%) or never (9%) available. Results on this item from 2014 to 2016 were less positive patterns. In 2017 the proportion of more positive responses increased to 64% and in 2018 it increased to 75%.

Expanded Look at Satisfaction with ILP Services

The three items measuring satisfaction with ILP services have remained exactly the same since the 2008 survey. Combining responses, mean satisfaction in the 2018 survey was 3.64 on 1-4 scale. The vast majority of families (approximately 93.2%) were satisfied most or all of the time. This is almost identical to results in the previous year.

With the exception of a 2012 downturn in satisfaction that was largely attributed to higher turnover of ILP service providers, the 2018 level of satisfaction continued a trend of high satisfaction results. The pattern since 2008 is illustrated in Figure 3.

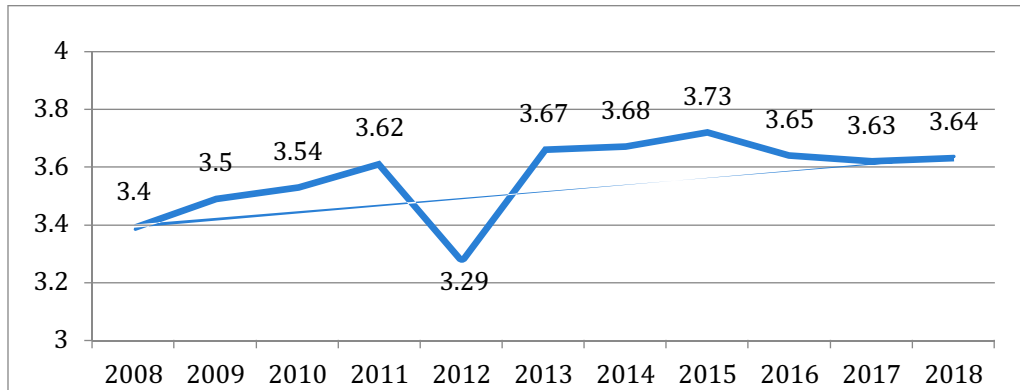


Figure 3: Overall satisfaction pattern since 2008

Regional and ILP Grantee Results on Satisfaction Items

Caveat: When response data is broken down by item and by region, each rating becomes less reliable on its own. When further broken down by grantee, a “sample” could be a single family. Therefore, one should use some caution in making judgments about ILP agencies or regions using these results, as well as how agencies or regions compare with each other.

Table 7 shows mean responses on combined satisfaction items for each Alaska ILP region. Satisfaction was highest in the Southeast Region, followed by the Anchorage Region. There was not a statistically meaningful difference in the overall pattern of satisfaction results across the four regions.

Table 7: Overall satisfaction by ILP region (combined results on 3 satisfaction items)

Region	<i>n</i>	<i>M</i>
Northern Region: ACC, NSH, NWA, TCC	21	3.57
Anchorage Region: PIC, FOC	34	3.62
Southcentral Region: BBA, KAN, MSU, YKH	12	3.50
Southeast Region: CFC, CCK, FCS, REA, SFS, SVC	16	3.88
Statewide	83	3.64

Notes:

The number of responses in the following tables varies by grantee agency and by region because the size of the service populations varies proportionately.

Key words used to refer to the three satisfaction items in subsequent tables are capped and bolded in the following text from Item 16.

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**.

Regional mean ratings on each of the three satisfaction items are shown in Table 8. Most often, means are relatively lower or higher than others, but not dramatically different. However, means above 3.80 across all three items for the Southeast Region represent an exceptionally strong set of regional-level results.

Table 8: Mean satisfaction responses by ILP region (Scale 1-4)

	ILP Region	ILP Grantees	RIGHTS	NEED	LEARN	<i>n</i>
1	Northern	ACC, NWA, NSH, TCC	3.52	3.57	3.62	21
2	Anchorage	PIC, FOC	3.56	3.62	3.68	34
3	Southcentral	BBA, KAN, MSU, YKH	3.42	3.50	3.58	12
4	Southeast	CFC, CCK, FCS, REA, SFS, SVC	3.81	3.88	3.94	16
	Statewide		3.58	3.64	3.70	83

Table 9 shows satisfaction item means by ILP grantees. As noted previously, there were no respondents in one grantee area.

Table 9: Mean satisfaction responses by ILP grantee (Scale 1-4)

	ILP Grantee (Alaska ILP Code)	RIGHTS	NEED	LEARN	<i>n</i>
1	Alaska Center for Children & Adults (ACC)	3.69	3.63	3.63	16
2	Bristol Bay Area Health Corporation (BBA)	---	---	---	---
3	Center for Community (CFC)	4.00	4.00	4.00	1
4	Community Connections (CCK)	3.33	3.67	4.00	3
5	FOCUS (FOC)	3.40	3.40	3.40	10
6	Frontier Community Services (FCS)	4.00	4.00	4.00	5
7	Kodiak Area Native Association (KAN)	4.00	4.00	4.00	2
8	Mat-Su Services for Children & Adults (MSU)	3.43	3.57	3.57	7
9	Northwest Arctic Borough S.D. (NWA)	2.50	3.00	3.50	2
10	Norton Sound Health Corporation (NSH)	4.00	4.00	4.00	1
11	Programs for Infants & Children (PIC)	3.62	3.71	3.79	24
12	REACH, Inc. (REA)	3.75	3.75	3.75	4
13	SeaView Community Services (SVC)	4.00	4.00	4.00	1
14	Sprout Family Services (SFS)	4.00	4.00	4.00	2
15	Tanana Chiefs Conference (TCC)	3.00	3.50	3.50	2
16	Yukon Kuskokwim Health Corp. (YKH)	3.00	3.00	3.33	3
	Statewide	3.58	3.64	3.70	83

Note: The overall mean is figured on the total number of responses and does not necessarily equal an average of the rounded means in the table.

Regional Satisfaction Patterns

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, which was the case in this year’s survey. Figure 4 illustrates relative responses on the three satisfaction items across regions.

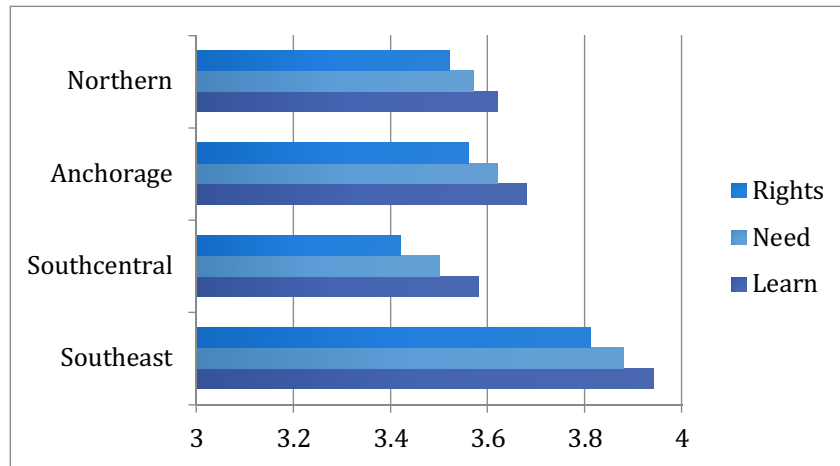


Figure 4: Mean satisfaction results in ILP regions

Table 10 is a summary of the percentages of the total number of respondents in each region who indicated satisfaction on each item most or all of the time. Unlike statistical means of scale ratings, this measure is always figured against all respondents in the sample. If there is missing data on items, it lowers percentages. In 2018 there was no missing data. The Southeast Region stood out again on this measure with 100% across all three items.

Table 10: Summary of satisfaction percentages by ILP region

ILP Region	ILP Grantees	RIGHT%	NEED%	LEARN%	<i>n</i>
1 Northern	ACC, NWA, NSH, TCC	85.7	90.5	95.2	21
2 Anchorage	PIC, FOC	94.1	94.1	94.1	34
3 Southcentral	BBA, KAN, MSU, YKH	83.3	83.3	91.7	12
4 Southeast	CFC, CCK, FCS, REA, SFS, SVC	100	100	100	16
Statewide		91.6	92.8	95.2	83

Northern Region

The Northern Region had the highest response rate at 62% of contacted families in the region. Of the 21 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** (91%), and helping them to help their children develop and **learn** (95%). Strong results are typical on this measure for the region. It is more common to see all proportions at or above 90%.

Mean satisfaction for the Northern Region ($M = 3.57$) was a strong result, but it was below statewide satisfaction ($M = 3.64$). It was almost identical to the region’s mean satisfaction in the previous year ($M = 3.58, n = 12$). Ratings on individual items were all strong from 3.52 to a high 3.62. Though it crossed the threshold for strength, the relatively weaker item was *helping families to know their rights*.

Northern Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	9.5	Mean: 3.52 Median: 4 Mode: 4 SD: .981
2	Some of the time	1	4.8	
3	Most of the time	2	9.5	
4	All of the time	16	76.2	
Total Responses		21	100	

Northern Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	4.8	Mean: 3.57 Median: 4 Mode: 4 SD: .811
2	Some of the time	1	4.8	
3	Most of the time	4	19.0	
4	All of the time	15	71.4	
Total Responses		21	100	

Northern Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	4.8	Mean: 3.62 Median: 4 Mode: 4 SD: .740
2	Some of the time	---	---	
3	Most of the time	5	23.8	
4	All of the time	15	71.4	
Total Responses		21	100	

Anchorage Region

Fifty-five percent (55%) of contacted families in the Anchorage Region responded to the 2018 survey. Of the 34 respondents, most noted an ILP did an excellent job most or all of the time helping them to know their **rights** (94%), helping them to effectively communicate their children’s **needs** (94%), and helping them to help their children develop and **learn** (94%). Results on this measure represented sustained strength after improvement that was evident in the previous year’s survey.

Similarly, mean satisfaction for the Anchorage Region ($M = 3.62$) was very high and close to statewide satisfaction ($M = 3.64$). It was identical to the region’s mean satisfaction in the previous year ($n = 27$). Item means in 2018 ranged from 3.56 to a high 3.68. Though it was a strong result, the relatively weaker item was *helping families to know their rights*.

Anchorage Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	2.9	Mean: 3.56 Median: 4 Mode: 4 SD: .705
2	Some of the time	1	2.9	
3	Most of the time	10	29.4	
4	All of the time	22	64.7	
Total Responses		34	100	

Anchorage Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	2.9	Mean: 3.62 Median: 4 Mode: 4 SD: .697
2	Some of the time	1	2.9	
3	Most of the time	8	23.5	
4	All of the time	24	70.6	
Total Responses		34	100	

Anchorage Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	2.9	Mean: 3.68 Median: 4 Mode: 4 SD: .684
2	Some of the time	1	2.9	
3	Most of the time	6	17.6	
4	All of the time	26	76.5	
Total Responses		34	100	

Southcentral Region

Fifty percent (50%) of contacted families in the Southcentral Region responded to the 2018 survey. Of the 12 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** (83%), and helping them to help their children develop and **learn** (92%). For two years in a row, results on this measure were weaker than what had been typical for the region.

Mean satisfaction for the Southcentral Region ($M = 3.50$) was just at the threshold for strength, well below statewide satisfaction ($M = 3.64$). It was almost identical to the region's satisfaction mean in 2017 ($M = 3.51, n = 13$). Ratings on individual items ranged from 3.42 to a strong 3.58. The weakest item was *helping families to know their rights*.

Southcentral Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	8.3	Mean: 3.42 Median: 4 Mode: 4 SD: .996
2	Some of the time	1	8.3	
3	Most of the time	2	16.7	
4	All of the time	8	66.7	
Total Responses		12	100	

Southcentral Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.50 Median: 4 Mode: 4 SD: .798
2	Some of the time	2	16.7	
3	Most of the time	2	16.7	
4	All of the time	8	66.7	
Total Responses		12	100	

Southcentral Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.58 Median: 4 Mode: 4 SD: .669
2	Some of the time	1	8.3	
3	Most of the time	3	25.0	
4	All of the time	8	66.7	
Total Responses		12	100	

Southeast Region

Fifty percent (50%) of contacted families in the Southeast Region responded to the 2018 survey. All 16 respondents indicated the ILP did an excellent job most or all of the time helping them to know their **rights** (100%), helping them to effectively communicate their children’s **needs** (100%), and helping them to help their children develop and **learn** (100%). While typically strong for the region, this measure was particularly strong in 2018.

Satisfaction in the Southeast region was exceptionally high ($M = 3.88$), well above statewide satisfaction ($M = 3.64$), and higher than the region’s mean satisfaction in the previous year ($M = 3.76, n = 17$). Item means were all exceptionally high, ranging from 3.81 to 3.94.

Southeast Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.81 Median: 4 Mode: 4 SD: .403
2	Some of the time	---	---	
3	Most of the time	3	18.8	
4	All of the time	13	81.3	
Total Responses		16	100	

Southeast Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.88 Median: 4 Mode: 4 SD: .342
2	Some of the time	---	---	
3	Most of the time	2	12.5	
4	All of the time	14	87.5	
Total Responses		16	100	

Southeast Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.94 Median: 4 Mode: 4 SD: .250
2	Some of the time	---	---	
3	Most of the time	1	6.3	
4	All of the time	15	93.8	
Total Responses		16	100	

Discussion of 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 a lot 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 excluded.

The second page of the 2018 Family Outcomes Survey instrument invited caregivers to make comments. Over a third of respondents (29 or 35% of respondents) added a comment. Some are included in the following text as examples. Sometimes only the most relevant portions of comments are included. Full comments are in Appendix B.

Expressions of Gratitude & Satisfaction

Twenty, or 69% of the 29 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:

My son received [service] and it was amazing! They helped with all aspects of my son's development! It was great to get different ideas of things to do. She was a great resource and always found the answers if she didn't know them. A great resource...

Overall we've had a pretty good experience with the ILP - there is more available than I expected in a rural community. Our personal ILP provider in [Community] is excellent. She is very good working with people from different cultures...

[Name] is awesome! She has been really good letting us know what is going on and very accommodating to our needs. She has gone above and beyond.

The program...has helped us learn to teach our son lots of basic skills he needs and has given us valuable tools to ensure his continuing growth is uninterrupted. We...are very grateful for the unwavering assistance.

The ILP person who comes out and visits us is phenomenal. She is very knowledgeable and resourceful and if she doesn't know something she will find out for us.

Mixed Expression of Satisfaction/Dissatisfaction

There were two comments where a caregiver indicated positive experience along with experience that was not so positive. Both indicated a lack of access to needed resources in communities relevant to outcomes measured on this survey.

[ILP] desperately needs OT, PT, ST, therapists full time.... Our son [Name] received OT services for approximately six months. [Name] was the only saving grace for in-

home [ILP] services. There is a tremendous need in the [Name] community for OT, PT, ST services, respite childcare, and developmental services.

#13 We live in [Community] and there is no fun place to go to as a family besides the school for basketball games, small carnival.... #14 In [Community] we don't have the best medical care... If it weren't too expensive we would move.... Thank you all for this service, it is nice to know people are listening and showing the care...

Expressions of Frustration or Other Indications of Dissatisfaction

Three respondents added comments that purely expressed frustration or dissatisfaction. Like the mixed comments above, one negative comment was about the lack of needed resources in a community. One was about delays in service, lack of consistent service, and lack of follow-up. One indicated questionable behavior of a local ILP provider administering a survey.

We are seriously considering leaving this community because it does not have the resources we need for our child and family. It is really hard because we've lived here all our lives and we're leaving our home....

It took forever for [ILP] to complete a referral and then services were spotty at best....The SLP and PT quit coming with no notice or reason. We have an IFSP that is not being fulfilled and was never terminated.... Unfortunately, we now have another [child]who needs [ILP] help. [It has been months] and we are still waiting for the referral to go through.... I hope it goes better this time.

One time the ILP person brought a survey to my home and wanted me to fill it out right then - it was not confidential and I thought that was weird. I couldn't answer it honestly because I was afraid of what she would think or that it might hurt her feelings. I appreciate that this survey is confidential.

Childcare Comments

The survey has a number of items about childcare, so it is not surprising when caregivers address childcare issues in comments. Five respondents added comments about childcare. In one of these cases, a portion of a respondent's comment was about ILP services and a portion was about childcare. The portion relevant to childcare was separated and listed with the other childcare comments in Appendix B. Examples:

About childcare, there are not many who will take a child with special needs, and if they do, they charge a lot more money for it.

I wish there were more options for childcare in [Community]. The place where we go is often full and they have high turnover in staff.

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 11 shows the nature of comments sorted by Alaska ILP regions.

Table 11: Distribution of comments by ILP regions

ILP Region	ILP Grantees	Positive	Mixed	Negative	Childcare*	Totals
Northern	ACC, NWA, NSH, TCC	8	1	0	1(1)	10
Anchorage	PIC, FOC	6	0	1	0	7
Southcentral	BBA, KAN, MSU, YKH	2	0	1	1	4
Southeast	CFC, CCK, FCS, REA, SFS, SVC	4	1	1	2	8
Statewide		20	2	3	4(1)	29

*Numbers in parentheses represent portions of comments placed in the category.

Conclusions

It can be concluded from the results of the 2018 Family Outcomes Survey that the vast majority of families (approximately 93%) were satisfied all ($\cong 73.9\%$) or most ($\cong 19.3\%$) of the time with the ILP services they received. Generally, caregivers tended to be confident in their knowledge and abilities, and available resources usually served their needs.

Satisfaction with ILP services was very high at the statewide level. At the regional level differences in satisfaction across the four regions were not a statistically significant pattern. However, a couple of exemplary results are worth mentioning. Exceptionally strong satisfaction in the Southeast Region is a continuing trend, and very strong satisfaction in the Anchorage Region has been maintained for two years.

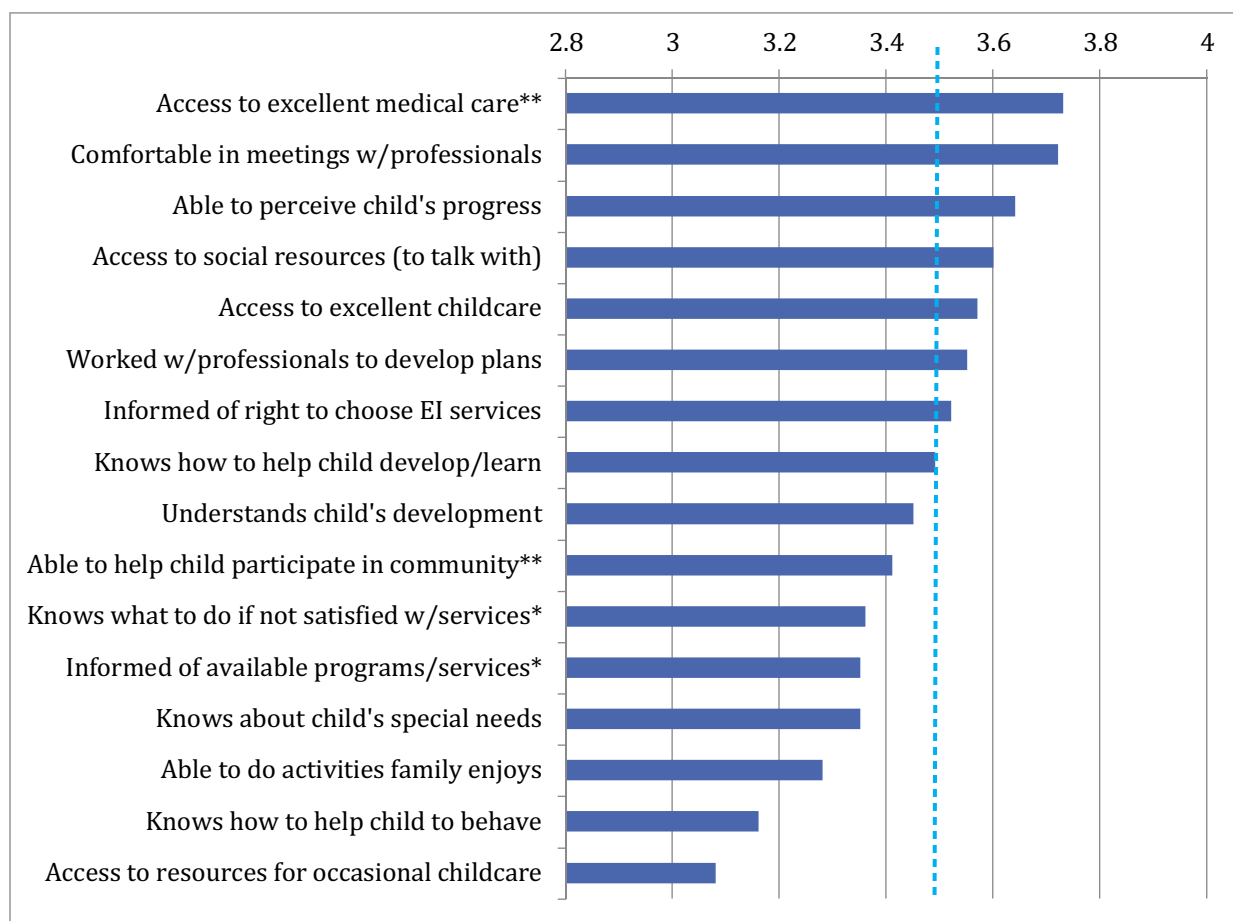
Results in Outcome 2 (*rights and advocacy*) were exceptionally strong for the Southeast Region, significantly stronger at the outcome level than all other regions. In particular, there were significantly stronger results in families indicating they were *informed about programs and services* available to them and they *knew what to do if not satisfied* with programs and services. There was room for improvement in all other regions.

There were some surprising differences by race in Outcome 5 (*community access*). Families with Native children had significantly weaker results overall than families with White children. Families with Native children indicated they had less *access to excellent medical*

care and their children had fewer *opportunities to fully participate in activities* in the community. The latter item was particularly weak for families with Native children.

Regarding childcare results, it is worth mentioning again that 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. Well over half of the families who indicated this would be appropriate for their circumstances said it occurred most or all of the time. This is not as high as the level of interaction reported last year, but still appreciably higher than most previous years.

Excluding satisfaction items, Figure 5 shows the aspects of family knowledge, resources, and abilities from strongest to weakest, as measured in the 2018 survey. Noted in the figure are the two items with significant differences by region and two items with significant differences by race. The dashed line represents a mean of 3.50, which can be considered a benchmark for stronger outcomes. Seven outcome items surpassed the benchmark in 2018 as compared to six last year, and five in the two years before that. It is also true that the weakest results in 2018 were weaknesses that have persisted over time.



*Significant difference by region (2) **Significant difference by race (2)

Figure 5: Relative strengths and weaknesses in family outcomes

Issues for Survey Administration

Methodology. There are advantages for the Alaska ILP to continue using aspects of methodology that have evolved over time for its Family Outcomes Survey. This includes using a randomly selected 20% target group stratified by geography and by race of children, multiple options for responding, and follow-up by phone and reminder postcards. This is an effective balance of good science with reasonable cost.

Race/ethnicity data. Historically, there was one persistent problem where providers did not indicate any race data if they indicated Hispanic/Latino. For two years in a row, this occurrence was minimal and it is plausible that missing race data simply represented unknown information as opposed to data-entry errors. This suggests a sustained improvement in demographic data entry in the field.

Contact information for families. It is difficult for providers to keep contact information up to date, especially for families who have exited. However, missing phone numbers and wrong numbers are likely initial data entry errors which can inhibit ILP contact and follow-up with families as well as the administration of this survey.

Preparing families for the survey. There was a reduction in nonresponding behavior in 2018 as compared to the two previous survey years. It was noted previously that informing families they may be selected for this survey could perhaps have an impact in this regard. It might be worth investigating to see if there was any advance communication with families to prepare them to expect this survey, and if so, what approach or approaches were used.

Extra childcare items. It is worth considering each of the five extra items about childcare and whether or not they continue to provide meaningful information to the Alaska ILP. Some of these results do not change much over time and the issues they address are mostly beyond the scope of the state agency and its grantees.

Sensitivity of the scale. It has previously been recommended to consider replacing the 4-point Likert scale with one that has more points (more sensitive to change) and/or an interval scale where only the end-points are labeled (superior design for statistical analysis). There are a number of advantages to keeping the current scale. It is congruent with Native ways of thinking and it seems to be quickly understood by all respondents, which works well over the phone. It also makes it possible to compare results with previous years, allowing for statistical tests on items using the same scale. However, a 4-point scale is not very sensitive. This is problematic in terms of statistical analyses. It is likely there are meaningful differences in results that cannot be detected or confirmed because of a lack of sensitivity in the scale.

Appendix A: Invitational Letter & Survey Instrument

Note: Materials sent in the mail were on a larger scale (8.5 X 11 inch pages)



March 31, 2018

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 Early Intervention/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: <https://tinyurl.com/ya3u6tgp>. 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.

You can be sure that your responses will be confidential. The staff from the State EI/ILP will not see individual surveys at any time. No individual responses will be identified. Your answers will be grouped together with those from other families. 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 May 5. 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,

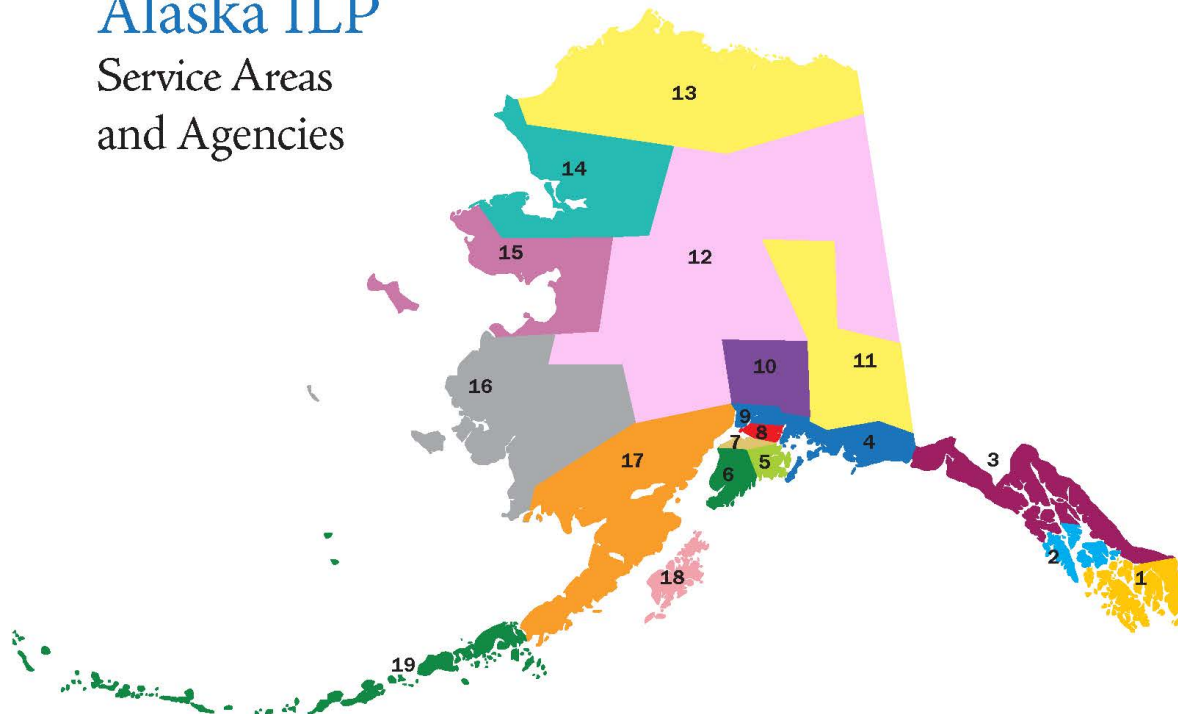
A handwritten signature in blue ink that reads "Maureen F. Harwood".

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** SeaView Community Services
- 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 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 in the program. 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
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
The next few items are about your experience with childcare for your child. If an item is not relevant to your situation, you can say “n/a.”				
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

Please continue on the other side...

19. If you do not have regular childcare, please check which is most true:

- We don't want regular childcare at this time
- We want childcare, but have not looked for it yet
- We want childcare, but can't find any that works for us at this time
- n/a

The next few statements are about childcare resources in your community. If you are not aware of a resource, you can say "don't know."

	None of the Time	Some of the Time	Most of the Time	All of the Time	
20. There is childcare where we live that is able to care for children with special needs.	1	2	3	4	don't know
21. Childcare seems to be important to our whole community.	1	2	3	4	don't know
22. There is a childcare provider we can use who can follow our child's plan (IFSP).	1	2	3	4	don't know

Please note that comments written below go directly to the researcher. Your confidentiality is protected, so names or identifying information will not be included with your comments in any summaries or reports. That means that the State EI/ILP office will not be able to answer personal questions or concerns written here. You are always welcome to communicate with them directly using the contact information in the letter that accompanied this survey.

Comments:

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

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

Appendix B: Comments Added to Surveys

Positive Comments (20 - 69% of all 29 comments, 80% excluding childcare comments)

I liked the lady that came to me. I wish I had found her before I did so that we would have more time with her.

We really enjoy [Name] stopping by to see us.

Things are going well - I know who to call or where to go for help. I am pretty well-informed.

Our child rep said [Child] is progressing excellent and up to normal or above standards for her age. And that services are not needed anymore. Anyway [Child] is learning and functioning very well.

My son received [service] and it was amazing! They helped with all aspects of my son's development! It was great to get different ideas of things to do. She was a great resource and always found the answers if she didn't know them. A great resource that I am so glad our doctor [Name] referred us to!

Overall we've had a pretty good experience with the ILP - there is more available than I expected in a rural community. Our personal ILP provider in [Community] is excellent. She is very good working with people from different cultures. She is just excellent.

ILP was an amazing program helping us for a couple of years to keep our child alive. [Name] was amazing.

We have always enjoyed working with [Name] in the ILP. I feel confident with the care my daughter has been given this whole time. Thanks, [Signed]

[Name] is awesome! She has been really good letting us know what is going on and very accommodating to our needs. She has gone above and beyond.

If it wasn't for the services of ILP, I would not have been able to get IEPs for my two [children] who are now in Pre-K and soaring!!

ILP program has been helpful with all my children. [Name] has been especially helpful with [Child] and we are very appreciative.

They have helped me a lot. They have suggestions in every visit that help a lot.

The program our son has been in for [length of time] has helped us learn to teach our son lots of basic skills he needs and has given us valuable tools to ensure his continuing growth is uninterrupted. We are saddened the program is almost over (he's almost three) but are very grateful for the unwavering assistance.

Our experience with [ILP] is positive. They are helpful and kind and I feel they care about and want to help my family and the other families they serve.

I have been delighted with [ILP]. OT provider in particular is very knowledgeable and passionate. She is able to come to our home and show us everything. Going to a clinic is not the greatest environment for families. Working in the home is ideal. All the [ILP] providers have worked with us in the home and I have been impressed with all of them.

Both of the [ILP] providers who worked with our children were amazing! They helped us with our children in ways we never would have known.

We went through [ILP]. [Name] was amazing the entire 3 years. I don't know if you can do anything about Medicaid, but we lost it and its financially hard to care properly for our son.

We are happy and grateful for the services and programs for our child to get involved with. Case worker helped get the child into school.

Thank you :)

The ILP person who comes out and visits us is phenomenal. She is very knowledgeable and resourceful and if she doesn't know something she will find out for us.

Mixed Positive and Negative Comments (2)

[ILP] desperately needs OT, PT, ST, therapists full time. We arrived in [Community] [Date]. Our son [Name] received OT services for approximately six months. [Name] was the only saving grace for in-home [ILP] services. There is a tremendous need in the [Name] community for OT, PT, ST services, respite childcare, and developmental services.

#13 We live in [Community] and there is no fun place to go to as a family besides the school for basketball games, small carnival. So we try at home with our children at home and [personal situation]. #14 In [Community] we don't have the best medical care, but in [other communities] [Child] is able to get the right help she needs. If it weren't too expensive we would move just for [Child] to have the right treatments. #15 [Child] doesn't really participate in much games, but there are certain ones she can. [Child] is [Age] cannot walk yet and still learning to talk.

Negative Comments (3)

One time the ILP person brought a survey to my home and wanted me to fill it out right then - it was not confidential and I thought that was weird. I couldn't answer it honestly because I was afraid of what she would think or that it might hurt her feelings. I appreciate that this survey is confidential.

It took forever for [ILP] to complete a referral and then services were spotty at best. The [provider] literally sat in my living room and watched my son and openly admitted she did not have much today that would help him with his [condition]. The OT was wonderful with [symptom], but she left for other employment and we never had another OT. The

SLP and PT quit coming with no notice or reason. We have an IFSP that is not being fulfilled and was never terminated. We finally had to find [Type of Therapy] at [Hospital] and they were nice enough to find us a slot because we had been treated so poorly by [ILP]. Unfortunately, we now have another [child] who needs [ILP] help. [It has been months] and we are still waiting for the referral to go through and will have to try again with them. I hope it goes better this time.

We are seriously considering leaving this community because it does not have the resources we need for our child and family. It is really hard because we've lived here all our lives and we're leaving our home. We are very concerned about the school system here for children under five.

Childcare Comments (4 and a portion of another comment)

I know there are lots of childcare resources where we live, but none that can deal with child trauma. They don't know how to deal with the physical, sexual, mental trauma that children have experienced.

I wish there were more options for childcare in [Community]. The place where we go is often full and they have high turnover in staff.

There is no childcare where we live at all.

We need more Licensed Daycares in [Community] that are under \$1000 a month!

About childcare, there are not many who will take a child with special needs, and if they do, they charge a lot more money for it.