

Alaska Early Intervention • Infant Learning Program

2017 FAMILY OUTCOMES SURVEY

Families of children enrolled between January 1 and December 31, 2016

A Report for the

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

June 2017

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2017 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 19 agencies at the community level 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 2017 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 2017 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 valid mailing address for the family. The 2017 eligible population was comprised of 789 families with 821 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 159 families with 167 children. Target families were contacted in March-April 2017. 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 69 completed surveys rendering a 43.4% response rate. There was a notable range of response rates at the regional level with the lowest in the Northern Region (34%) and the highest in the Southeast Region (55%).

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, or whether or not they were still enrolled in services at the time of the survey. For responding families, there were higher proportions of children who were Part B eligible and enrolled in preschool special education. There may have been a slightly lower response from families with Native children, just as they were slightly overrepresented in families who could not be reached by phone or declined to participate. Any potential differences were small and did not warrant any statistical correction.

It can be concluded from the results of the 2017 Family Outcomes Survey that the vast majority of families (approximately 93%) were satisfied all ($\cong 71.5\%$) or most ($\cong 21.7\%$) of the time with the ILP services they received during the previous calendar year. 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 2017 survey, compared to results in the previous annual survey.

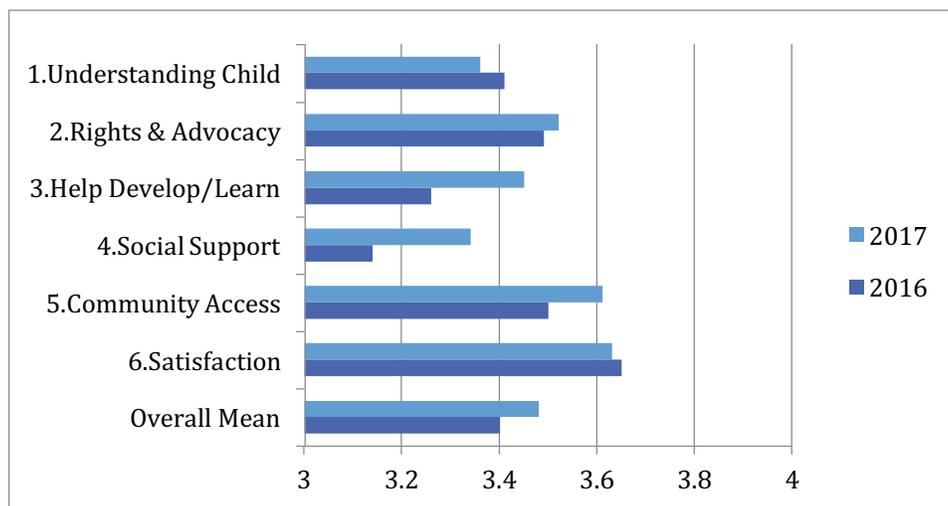


Figure 1: Relative strengths of outcome areas compared with previous year results

The strongest outcome area was Outcome 6 ($M = 3.63$) regarding satisfaction with ILP services, followed closely by Outcome 5 (community access, $M \cong 3.61$), then by Outcome 2 (rights and advocacy, $M = 3.52$). These last three results were above the overall mean ($M = 3.48$). Outcome 3 (parental ability to help children develop and learn, $M = 3.45$) was just below the overall mean, followed by Outcome 1 (parental understanding of children, $M = 3.36$). The weakest was Outcome 4 (social support, $M = 3.34$).

There was no statistically significant outcome-level difference in responses across ILP regions. There was one significant difference by race at the outcome-level and one at the item-level (see paragraph under *Outcome 3: Helping Children Develop and Learn*).

Outcome 1: Understanding of Children

The Outcome 1 mean ($M = 3.36$) was not much lower than the previous year, but it was a departure from the typical pattern in that it fell below the overall mean of the survey. 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 needed more help with the latter on this survey. However, compared to the previous year the item that significantly lost strength in 2017 was caregiver confidence in *understanding children's development*.

Outcome 2: Rights and Advocacy

The Outcome 2 mean ($M = 3.52$) was relatively strong, above the overall survey mean. This was a fairly typical result compared to recent years. While the test for an outcome-level difference across the four ILP regions was not statistically significant overall, there was a notable range of means from 3.21 ($n = 13$) in Southcentral to 3.75 ($n = 17$) in Southeast.

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*. Both of the latter item means were below the overall mean of the survey.

Outcome 3: Helping Children Develop and Learn

The Outcome 3 mean ($M = 3.45$) was just under the overall survey mean. This was a higher result than what is typical, and it was a statistically significant increase from the previous year. There was also a significant difference by race at the outcome level. As a group, families with Native children were more confident in their overall ability to help children develop and learn than families with White children.

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 have consistently indicated they needed more help managing children's behavior. However, there was a highly significant difference by race on this item. As a group, families with Native children were much more confident they knew how to help their children behave.

Outcome 4: Social Support

Outcome 4 was the weakest outcome area ($M = 3.34$), below the overall survey mean. The outcome mean was higher than the previous survey year, but the difference did not reach statistical significance, possibly due to more diversity in social resources by family. 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 2017.

Outcome 5: Community Access

The Outcome 5 mean was very strong ($M \cong 3.61$), well above the overall survey mean. One item regarding childcare is not applicable to a high proportion of respondents, which precludes its inclusion in aggregate analyses. The outcome area mean reported here is estimated based on the difference between this item mean and the aggregate mean of other items. The greatest strength within Outcome 5 was family *access to excellent medical care*, the strongest item result on the 2017 survey. The relative weakness was the *ability to help children participate in activities in the community*.

Outcome 6: Satisfaction with ILP Services

Outcome 6 was the strongest outcome area ($M = 3.63$), well above the overall survey mean, which is a typical result. An overall trend of high statewide satisfaction continued in 2017. There were some notable and encouraging regional-level results: very strong satisfaction continued in the Southeast Region and strong satisfaction in the Anchorage Region was evidence of improvements from the previous year.

Childcare in Communities

One item under Outcome 5 covering access to excellent childcare indicated 18 (26%) of the 69 responding families always had this resource, while another 5 (7%) had it most or some of the time. The one way ILP providers can make a meaningful difference in the quality of local childcare is in working with childcare providers to help them understand and address the special needs of young children they both serve. Almost three quarters of the 23 families who indicated this would be appropriate for their circumstances noted these interactions occurred all or most of the time. This was the highest level of interaction ever reported on this survey, evidence of more success implementing these interactions.

The survey included five items asking for more detailed information about issues and community resources relevant to childcare. Of the 69 survey respondents:

- 31 (45%) did not want or need regular childcare at that time
- 3 (4%) wanted childcare, but had not looked for it yet
- 11 (16%) wanted childcare, but could not find any that worked for them

Over half of respondents (37 or 54%) indicated knowledge about *childcare resources for children with special needs* in their communities. Of these, 51% indicated it was more available and 49% indicated it was less available. This fairly even split was slightly more positive than recent years, but still about half of the caregivers responding to this item reported little or no childcare for children with special needs where they lived.

When caregivers were asked if there was a *childcare provider who could follow their child's plan (IFSP)*, more responded (45 or 65%). Of these, 64% indicated this resource was more available and 36% indicated it was less available. This result was more positive than recent years, but still over a third of the caregivers responding to this item reported little or no access to any childcare provider who could follow a child's IFSP.

A majority of respondents (56 or 81%) indicated knowledge about the *importance of childcare* in their communities. Of these, 79% indicated childcare was more important, and 21% indicated it was less important. It is typical for a higher proportion of caregivers to respond positively to this item.

Comments Added to Surveys

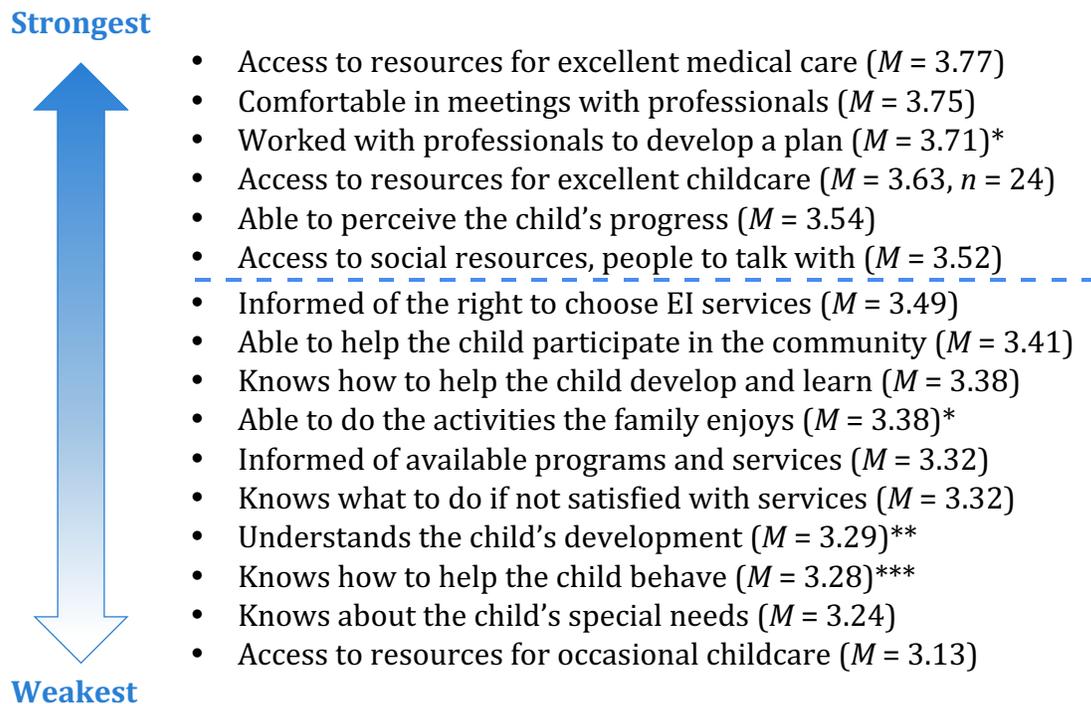
Just over half of responding caregivers added comments to surveys (35 or 51%). There were survey items relevant to childcare, so it was not surprising that four caregivers added a comment (2) or a portion of a comment (2) about childcare. Another three "other" comments were also not directly relevant to ILP services.

Of the remaining 30 comments and portions of comments that were directly relevant to caregiver satisfaction with ILP services, the vast majority (87%) were positive, expressing gratitude and satisfaction. One mixed comment was evenly positive-negative, and three comments were negative. One negative comment indicated a lack of access to a needed level of service. The other mixed/negative comments indicated lack of respect from, lack of access to, or lack of capacity in individual service providers.

Issues to Consider

Overall, family satisfaction continued at a high level, but a decline in satisfaction in the Southcentral Region deserves attention. There were also some allegations in negative comments that warrant attention. One caregiver indicated a provider's strict schedule prevented her child's access to services for months at a time. Another indicated her family was treated badly, and speculated that the provider was racially profiling her family.

Excluding satisfaction items, a pattern of relative strengths was somewhat different than the previous year. Two items were significantly stronger, one significantly weaker. Six outcome items surpassed a benchmark for stronger outcomes (indicated by the dashed line) as compared to five in the previous two years. It is also true that the weakest results in 2017 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 2017 survey.



*Significantly stronger (2) **Significantly weaker (1) ***Significant difference by race (1)

2017 FAMILY OUTCOMES SURVEY

Introduction

Since the previous Family Outcomes Survey, the Alaska Early Intervention • Infant Learning Program (Alaska ILP) was administratively moved within the Department of Health and Social Services. Previously it was under the Office of Children’s Services (OCS). Currently it is under the Division of Senior and Disabilities Services (SDS). 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 19 agencies across the state. Grantees typically include school districts, mental health associations, Native 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 used in 2012 were retained in the 2013 through 2017 surveys. A high degree of consistency for most items lends a high level of confidence in comparisons of item-level results with previous survey years. There is less confidence in comparisons for some results, particularly aggregate results prior to 2012 due to changes within the survey.

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 2017 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 whose only address was a child protection office, and families identified by the USPS as moved with no forwarding address. 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 821 children in 789 families.

A target group comprised of 159 families was randomly selected from eligible families to receive the 2017 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. In two service areas where the population was so small only one family could be selected, two families were selected from each.

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 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 39.6% of the children in the eligible population and 41.3% 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. In the 2017 eligible population, there were five 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 were combined within each respective ILP service area, and the 20% with the highest random numbers were selected into the target group.

Historically in a significant number of cases, race data was missing when Hispanic/Latino was indicated. For selection purposes, these families are treated as an additional stratification category. In the 2017 eligible population, there were 19 cases across six ILP grantees where this occurred. However, in five of the six areas, the incidence of missing race data was less than 5%; in three of those areas it was less than 2%. The highest incidence (12.5%) was only 2 cases in a small population. At this level of occurrence, missing data was more likely unknown information as opposed to errors. This represents a marked improvement in data entry compared to previous survey years.

Survey Procedures

A third-party evaluator, the University of Alaska Anchorage Center for Human Development (CHD), was contracted to implement the 2017 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 16, 2017. If a packet was returned as undeliverable by April 14, the procedure was to replace the selected family using the next highest random number within the same area/race category. This procedure resulted in ten replacement families in the target group. The final target group was comprised of 159 families with 167 children. The given deadline for responding was Friday, May 5. The survey was closed on Monday, May 8.

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 resend the survey 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 the 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

Sixty-nine ($n = 69$) surveys were completed by families from the target group for an overall response rate of 43.4%. Following are details relevant to the response rate. “No contact” refers to mail returned after the cutoff date for replacing families (April 14).

Target Families (with 10 replacement families)	159
Made contact (mail and/or phone)	159
Ineligible	0
Opted out or did not respond (O)	90
Eligible completed surveys (S)	69
No contact (N) (undeliverable mail, not replaced)	0
Response Rate = $S / (S + O + N) = 0.4339622$ or 43.4%	

Twenty-one ($n = 21$) or 30% of the 69 respondents completed surveys by mail or online, while 70% ($n = 48$) responded by phone. Table 1 shows the number and proportion of response rates sorted by Alaska ILP regions. The highest regional response in 2017 was for the Southeast Region at 55%. Response in the Southcentral Region was above the overall response rate at 46%. The Anchorage Region came in just under the overall response rate at 42%, and the lowest response rate was in the Northern Region at 34%.

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)	35	12	34.3
2	Anchorage	Programs for Infants & Children (PIC) FOCUS - Family Outreach Center for Understanding Special Needs (FOC)	65	27	41.5
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)	28	13	46.4
4	Southeast	Center for Community (CFC) Community Connections (CCK) Frontier Community Services (FCS) REACH, Inc. (REA) SeaView Community Services (SVC) Sprout Family Services (SFS)	31	17	54.8
Total Families			159	69	43.4

Table 2 shows a further breakdown of response rates by ILP grantees. The low response rate in the Northern Region was impacted by no or low response across three service areas (ACC, NWA, NSH).

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	10	37.0
2	Bristol Bay Area Health Corporation (BBA)	Bristol Bay area	4	3	75.0
3	Center for Community (CFC)	Sitka, Kake, Angoon area	3	1	33.3
4	Community Connections (CCK)	Ketchikan, Prince of Wales Island, Metlakatla area	6	2	33.3
5	FOCUS (FOC)	Chugiak, Eagle River, JBER, Cordova, Valdez area	13	7	53.8
6	Frontier Community Services (FCS)	Kenai, Soldotna area	6	4	66.7
7	Kodiak Area Native Association (KAN)	Kodiak Island	2	1	50.0
8	Mat-Su Services for Children & Adults (MSU)	Mat-Su Borough	13	5	38.5
9	Northwest Arctic Borough S.D. (NWA)	Northwest Arctic	4	1	25.0
10	Norton Sound Health Corporation (NSH)	Norton Sound Region	2	0	---
11	Programs for Infants & Children (PIC)	Anchorage, Girdwood, Whittier	52	20	38.5
12	REACH, Inc. (REA)	Juneau, Haines, Petersburg	10	6	60.0
13	SeaView Community Services (SVC)	Seward area	2	1	50.0
14	Sprout Family Services (SFS)	Aleutian/Pribilof Islands, Homer area	4	3	75.0
15	Tanana Chiefs Conference (TCC)	Interior, TCC area	2	1	50.0
16	Yukon Kuskokwim Health Corp. (YKH)	YKH area	9	4	44.4
		Total Families	159	69	43.4

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, 47.8% of families in the responding sample were more urban, and 52.2% were more rural. This compares to 49.7% urban, 50.3% rural in the target group; and 48.3 % urban, 51.7 % rural in the eligible population. The proportions across groups were similar, which suggests there was not a 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 3 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, 15 were reached by phone and declined to participate. There were 9 wrong numbers, 13 out-of-service numbers, and 6 that were not connecting or not accepting calls. There were 5 numbers that were active, but no longer valid (e.g., no longer lived or worked there). There were 26 numbers that always went to voicemail. 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 summarizes characteristics of non-responders in proportions of the target group:

- 21% - nonworking or invalid phone numbers ($n = 33$)
- 16% - calls always went to voicemail ($n = 26$)
- 9% - reached by phone and declined to participate ($n = 15$)

Combined, these 74 cases represent 47% of the target group. Which conditions or types of nonresponsive behavior that probably had the largest negative impact on response rates varied somewhat by region. The size of the overall impact in three regions was almost identical. The Northern Region was by far the most severely impacted.

- In the **Northern Region**, the largest impact was in calls that *always went to voicemail* (11), followed by *nonworking or invalid phone numbers* (7). There were 3 families who *declined to participate*. This represented 60% of target families in the region.
- In the **Anchorage Region**, the largest impact was *nonworking or invalid phone numbers* (13) followed by families who *declined to participate* (9). There were 6 calls that *always went to voicemail*. This represented 43% of target families in the region.
- In the **Southcentral Region**, the largest impact was *nonworking or invalid phone numbers* (9). There were 2 calls that *always went to voicemail* and 1 family who *declined to participate*. This represented 43% of target families in the region.
- In the **Southeast Region**, the largest impact was calls that *always went to voicemail* (7) followed by *nonworking phone numbers* (4). There were 2 families who *declined to participate*. This represented 42% of target families in the region.

Of the 74 families who could not be reached by phone or declined to participate, exactly half were rural families ($n = 37$ or 50%). Similarly, rural families comprised about half of the target group (50.3%). Families of children with Native heritage appeared to be slightly overrepresented at 45.9% ($n = 34$) as compared to comprising 41.3% of the target group.

The remaining non-responding families were often those who were reached by phone and expressed a desire to complete the survey by mail, online, or by phone at another time, but failed to do so. Reminder postcards were sent to these families and there were multiple unsuccessful attempts to reach them again by phone 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 69 families who responded to the survey, there were 73 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 (35.6%). White as a single race accounted for 41 children (56.2%). Together this represented most of the children in the responding sample of families: 67 of 73 children, or 92%.

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	35.6	69	41.3	325	39.6
Asian	1	1.4	8	4.8	32	3.9
Black/African American	3	4.1	9	5.4	49	6.0
Pacific Islander	1	1.4	4	2.4	21	2.6
White/Caucasian	50	68.5	97	58.1	471	57.4
No race indicated	1		2		19	
Hispanic or Latino	2	2.7	7	4.2	51	6.2
Total Children	73		167		821	

*Single race or mixed race.

Children with Native heritage accounted for 35.6% of *responding* families compared to 41.3% of *target* and 39.6% of *eligible* families. Children with White as a single race accounted for 56.2% of *responding* families compared to 46.7% of *target* and 47.6% of *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 2017 survey was between 26 and 28 months across responders, target families, and the eligible population. All families included in the 2017 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 (53 to 60 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	15	20.5	38	22.8	160	19.5
Delays > 50%	42	57.5	88	52.7	493	60.0
Clinical Opinion	16	21.9	41	24.6	168	20.5
Total Children	73		167		821	

Within *responding* families, 43 (58.9%) children were still enrolled in the program at the time of the survey, and 30 (41.1%) had exited the program sometime during the year. This compares to the *target group* with 97 (58.1%) enrolled and 70 (41.9%) exited; and the total *eligible child population* with 472 (57.5%) enrolled and 349 (42.5%) exited. Thus the response from those who were enrolled and those who had exited was 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 (44 to 63 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 included a relatively higher proportion of children who were Part B eligible.

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

Exit Reason	Responders	Target Group	Eligible
Part B eligible	19 (63.3%)	31 (44.3%)	155 (44.4%)
Completion of IFSP prior to age 3	4 (13.3%)	14 (20.0%)	54 (15.5%)
Withdrawal by parent/guardian	3 (10.0%)	8 (11.4%)	35 (10.0%)
Attempts to contact unsuccessful	0	6	29
Moved out of state	0	4	20
Not Part B eligible, exit to other program	1	3	19
Part B eligibility not determined	1	2	18
Not Part B eligible, exit with no referrals	2	2	18
Reason not indicated	0	0	1
Total Children Exited	30	70	349

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 (44 to 63 percent) or in the home (33 to 40 percent). A predominance of these two placements is typical. Responding families included a relatively higher proportion of children with placements 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	19 (63.3%)	30 (42.9%)	152 (43.6%)
Home	10 (33.3%)	28 (40.0%)	121 (34.7%)
Child Care/Preschool	0	3	22
Head Start	1	4	22
Other Setting	0	2	14
Outpatient Therapy	0	1	3
Placement Not Indicated	0	2	15
Total Children Exited	30	70	349

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, and whether or not they were still enrolled in services at the time of the survey. For responding families, there were higher proportions of children who were Part B eligible and enrolled in preschool special education. There may have been a slightly lower response from families with Native children, just as they were slightly overrepresented in families

who could not be reached by phone or declined to participate. Any potential differences between the responding sample, target group, and eligible population were small and did not warrant any 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 2017 mean was above the 2016 mean ($M = 3.40$), but the difference was not statistically significant.

Statistical tests of differences in responses across the four regions at the outcome level were not significant. There was one significant difference by race at the outcome level, and one highly significant difference at the item level (see *Outcome 3: Helping Children Develop and Learn*). The following examination of survey results is organized first by outcome area, followed by childcare items, and an expanded look at satisfaction 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 ($M = 3.36$) was under the overall survey mean ($M = 3.48$). It was lower than the previous survey year ($M = 3.41$), but not enough to be statistically significant.

The greatest strength was in caregivers' *ability to perceive children's progress* ($M = 3.54$). The greatest weakness was in *knowing about children's special needs* ($M = 3.24$). 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: 3.29 Median: 3 Mode: 3 SD: .644
2	Some of the time	7	10.1	
3	Most of the time	35	50.7	
4	All of the time	27	39.1	
Total Responses		69	100	

The response on Item 1 indicated that a high 90% of responding families felt they understood their child's development very well all (39%) or most (51%) of the time.

However, the mean response was below the overall mean of the survey and weaker than it was in previous survey years. It was significantly weaker than the 2016 response ($M = 3.55$, $n = 67$): $t(134) = -2.536$, $p = .012$.

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: 3.24 Median: 3 Mode: 3 SD: .694
2	Some of the time	10	14.5	
3	Most of the time	32	46.4	
4	All of the time	26	37.7	
Total Responses		68	98.6	
Missing		1	1.4	

The response on Item 2 indicated that 84% of responding families felt they knew what they needed to know about their children’s special needs all (38%) or most (46%) of the time. About 15% indicated they knew only some of the time. Response on this item has been fairly consistent over time, tending to be the weakest item within Outcome 1 and among relatively weak 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: 3.54 Median: 4 Mode: 4 SD: .632
2	Some of the time	5	7.2	
3	Most of the time	22	31.9	
4	All of the time	42	60.9	
Total Responses		69	100	

A high 93% of respondents indicated on Item 3 that they could tell when their children were making progress all (61%) or most (32%) of the time. The item mean was higher than 2016 mean ($M = 3.40$, $n = 67$), but not enough to be statistically significant. However, in 2017 it crossed the threshold to be among the stronger item responses on the survey.

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 ($M = 3.52$) was above the overall survey mean ($M = 3.48$). While the test for an outcome-level difference across the four regions was not significant overall, there was a notable range in regional means from 3.21 ($n = 13$) in Southcentral to 3.75 ($n = 17$) in Southeast.

The greatest strength was in whether or not caregivers were *comfortable in meetings with professionals* ($M = 3.75$). The relative weaknesses were in being *informed about programs and services* available to them and *knowing what to do if not satisfied with services* ($M = 3.32$ each). It is a slight departure from typical item response pattern for both of these latter items to be equally weaker.

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	2.9	Mean: 3.32 Median: 4 Mode: 4 SD: .849
2	Some of the time	11	15.9	
3	Most of the time	19	27.5	
4	All of the time	37	53.6	
Total Responses		69	100	

About 81% of responding families indicated on Item 4 that they were informed about programs and services all (54%) or most (28%) of the time. There was a noteworthy 19% indicating they were informed some or none of the time. The item mean was below the overall survey mean.

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	2	2.9	Mean: 3.49 Median: 4 Mode: 4 SD: .797
2	Some of the time	7	10.1	
3	Most of the time	15	21.7	
4	All of the time	45	65.2	
Total Responses		69	100	

About 87% of respondents indicated on Item 5 that they were informed of their right to choose services all (65%) or most (22%) of the time. The item mean was comparable to the overall survey mean. A decrease from 2016 ($M = 3.61, n = 67$) was not significant.

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: 3.75 Median: 4 Mode: 4 SD: .553
2	Some of the time	4	5.8	
3	Most of the time	9	13.0	
4	All of the time	56	81.2	
Total Responses		69	100	

On Item 6, a high 94% of respondents indicated they were comfortable participating in meetings all or most of the time, with 81% indicating all of the time. Response on this item has tended to be very high since 2010. It was one of the strongest item results in the 2017 survey, well over the survey mean.

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	4.3	Mean: 3.32 Median: 3 Mode: 4 SD: .813
2	Some of the time	6	8.7	
3	Most of the time	26	37.7	
4	All of the time	34	49.3	
Total Responses		69	100	

On Item 7, about 87% of families indicated they felt they knew what to do if they were not satisfied all (49%) or most (38%) of the time. The remaining 13% knew what to do only some or none of the time. The item mean was below the overall survey mean.

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 ($M = 3.45$) was just below the overall survey mean ($M = 3.48$). Though this is not typically the strongest outcome area, the 2017 result was significantly stronger than the previous year ($M = 3.26, n = 67$): $t(134) = 2.419, p = .017$.

In 2017 there was also a significant difference in outcome-level results by race. Families with Native children ($M = 3.60, n = 24$) had a much stronger result than families with White children ($M = 3.34, n = 40$): $t(62) = 2.144, p = .036$. A potential confounding variable in a result like this is rural versus urban residence, but all tests on Outcome 3 results at the outcome-level and item-level by rural/urban residence were not significant.

The strongest item was *working with professionals to develop a plan* ($M = 3.71$). The greatest weakness was in knowing how to *help children learn to behave* ($M = 3.28$). 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: 3.38 Median: 3 Mode: 3 SD: .621
2	Some of the time	5	7.2	
3	Most of the time	33	47.8	
4	All of the time	31	44.9	
Total Responses		69	100	

A high 93% of respondents indicated on Item 8 they were sure they knew how to help their children develop and learn all (45%) or most (48%) of the time. The item mean was below the overall survey mean. Response on this item has been fairly consistent across time.

The mean response on this item from families with Native children ($M = 3.46, n = 24$) was higher than the mean response from families with White children ($M = 3.30, n = 40$), but the difference was not statistically significant.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.28 Median: 3 Mode: 3 SD: .705
2	Some of the time	10	14.5	
3	Most of the time	30	43.5	
4	All of the time	29	42.0	
Total Responses		69	100	

About 86% of respondents indicated on Item 9 that they knew how to help their children learn to behave all (42%) or most (44%) of the time. About 15% indicated this was true

only some of the time. It was the weakest item response within Outcome 3 and among the relatively weak items on the survey, which is typical. It did appear that the 2017 response was stronger than the 2016 response ($M = 3.04, n = 67$), but the difference did not reach statistical significance.

However, there was a difference by race on this item. The mean response from families with Native children ($M = 3.58, n = 24$) was a strong result, while the mean response from families with White children ($M = 3.08, n = 40$) was a very weak result. The difference was highly significant: $t(62) = 3.005, p = .004$. As a group, families with Native children were much more confident they knew how to help their children behave.

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	---	---	Mean: 3.71 Median: 4 Mode: 4 SD: .545
2	Some of the time	3	4.3	
3	Most of the time	14	20.3	
4	All of the time	52	75.4	
Total Responses		69	100	

A very high 96% of responding families indicated on Item 10 that they worked with professionals to develop a plan all (75%) or most (20%) of the time. Three quarters indicated they did this all of the time. This was one of the strongest item results in the 2017 survey. It was significantly stronger than the 2016 item response ($M = 3.46, n = 67$): $t(115.696) = 2.095, p = .038, equal variances not assumed$.

The mean response on this item from families with Native children ($M = 3.75, n = 24$) was higher than the mean response from families with White children ($M = 3.65, n = 40$), 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 ($M = 3.34$) was below the overall survey mean ($M = 3.48$), and it was the weakest outcome area in the 2017 survey. A lower result for Outcome 4 has been a consistent outcome pattern across survey years since 2009.

The 2017 outcome-level result seemed stronger than it was in 2016 ($M = 3.14, n = 67$), but the difference did not reach statistical significance. An “almost significant” result is likely due to greater diversity among individual responses. Access to social support resources probably varied more by family than by groups of families.

The relative strength within Outcome 4 was in having *people to talk with* to deal with problems or celebrate when good things happened ($M = 3.52$). The greatest weakness was in having resources for *occasional childcare* ($M = 3.13$). 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: 3.52 Median: 4 Mode: 4 SD: .655
2	Some of the time	6	8.7	
3	Most of the time	21	30.4	
4	All of the time	42	60.9	
Total Responses		69	100	

A high 91% of responding families indicated on Item 11 that there were people they could talk with to deal with problems or celebrate good things all (61%) or most (30%) of the time. The item mean was higher than 2016 mean ($M = 3.43, n = 67$), but not enough to be statistically significant. However, in 2017 it crossed the threshold to be among the stronger item responses on the survey, which is a more typical result.

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	4	5.8	Mean: 3.13 Median: 4 Mode: 4 SD: .999
2	Some of the time	18	26.1	
3	Most of the time	12	17.4	
4	All of the time	35	50.7	
Total Responses		69	100	

On Item 12, a low 68% of families indicated they had people to watch their children for a short time all (51%) or most (17%) of the time. A substantial 32% had this resource only some (26%) or none (6%) of the time. It appeared to be stronger than the 2016 result ($M = 2.87, n = 67$), but the difference was not statistically significant.

Response on this item was the weakest outcome response in 2017, as well as the weakest in recent survey years. It is worth noting that a high standard deviation is common. It reflects a greater diversity in 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: 3.38 Median: 4 Mode: 4 SD: .709
2	Some of the time	9	13.0	
3	Most of the time	25	36.2	
4	All of the time	35	50.7	
Total Responses		69	100	

About 87% of caregivers indicated on Item 13 that they were able to do activities their families enjoyed all (51%) or most (36%) of the time. About 13% could do this only some of the time. The item mean was below the overall survey mean. However, there was significant improvement as compared to the 2016 item response ($M = 3.12, n = 67$): $t(134) = 2.003, p = .047$.

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 ($M = 3.59$) was well above the survey mean ($M = 3.48$). Response on Item 17 ($M = 3.63, n = 24$) was higher. Taking this into account, an adjusted mean of 3.61 better represents the outcome as a whole, a very strong result.

The greatest strength within this outcome area was access to *excellent medical care* ($M = 3.77$), 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	1	1.4	Mean: 3.77 Median: 4 Mode: 4 SD: .546
2	Some of the time	1	1.4	
3	Most of the time	11	15.9	
4	All of the time	56	81.2	
Total Responses		69	100	

A very high 97% of caregivers indicated on Item 14 they had excellent medical care all (81%) or most (16%) of the time. About 3% 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 2017 survey.

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	1	1.4	Mean: 3.41 Median: 4 Mode: 4 SD: .734
2	Some of the time	7	10.1	
3	Most of the time	24	34.8	
4	All of the time	37	53.6	
Total Responses		69	100	

On Item 15, about 88% of respondents indicated their children had opportunities for community inclusion all (54%) or most (35%) of the time. About 12% indicated less access. The item mean was below the overall survey mean. This item tends to be the weakest within Outcome 5.

Item 17: We have excellent childcare for our child.

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	4.2	Mean: 3.63 Median: 4 Mode: 4 SD: .770
2	Some of the time	1	4.2	
3	Most of the time	4	16.7	
4	All of the time	18	75.0	
Total Responses		24	100	

Not Applicable: 45 (65.2% 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 (65%) of 2017 respondents indicated Item 17 was not applicable to their circumstances. Of the remaining 24, about 92% indicated they had excellent childcare all (75%) or most (17%) of the time. About 8% indicated less access. The item mean was a very strong result, far above the overall survey mean.

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 ($M = 3.63$) was far above the overall survey mean ($M = 3.48$), which is a typical pattern for this outcome area. As a whole, families indicated they were highly satisfied with the ILP services they received during the past year. Each item result within Outcome 6 was very strong.

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	2	2.9	Mean: 3.62 Median: 4 Mode: 4 SD: .750
2	Some of the time	5	7.2	
3	Most of the time	10	14.5	
4	All of the time	52	75.4	
Total Responses		69	100	

A high 90% of responding families indicated the ILP had done an excellent job helping them know their rights all (75%) or most (15%) of the time. The item mean was far above the overall survey mean. A high response is typical.

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	1	1.4	Mean: 3.62 Median: 4 Mode: 4 SD: .644
2	Some of the time	3	4.3	
3	Most of the time	17	24.6	
4	All of the time	48	69.6	
Total Responses		69	100	

A very high 94% of responding families indicated the ILP had done an excellent job helping them effectively communicate their children’s needs all (70%) or most (25%) of the time. The item mean was far above the survey mean. A high response is typical.

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	1	1.4	Mean: 3.64 Median: 4 Mode: 4 SD: .618
2	Some of the time	2	2.9	
3	Most of the time	18	26.1	
4	All of the time	48	69.6	
Total Responses		69	100	

A very high 96% of responding families indicated the ILP had done an excellent job helping them help their children develop and learn all (70%) or most (26%) of the time. The item mean was far above the overall survey mean. A high response is typical.

Additional Items About Childcare

Prior to 2012, there was only the one item within Outcome 5 that addressed childcare. In 2012, the Alaska ILP added five additional items about childcare because they wanted more information from responding families about community childcare resources. Since the 2015 survey, all six items on the survey relevant to childcare have been presented sequentially. Items 17-19 address personal experiences with childcare, while items 20-22 address caregiver perceptions of childcare resources in communities where they live.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	5	21.7	Mean: 3.09 Median: 4 Mode: 4 SD: 1.240
2	Some of the time	1	4.3	
3	Most of the time	4	17.4	
4	All of the time	13	56.5	
Total Responses		23	100	

Not Applicable: 46 (66.7% of all survey respondents)

Item 18 is the only childcare item with some direct relevance to ILP services. Guiding childcare providers contributes to the quality of childcare for young children with special needs. One third of responding families ($n = 23$, 33%) indicated Item 18 was applicable to them, and almost three-quarters of these families (74%) indicated interaction occurred all or most of the time. This is the highest level of interaction ever reported on this survey.

Item 19 was addressed to those families who did not have regular childcare at the time of the survey, and 45 caregivers responded (65% 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 45 who responded to Item 19:

- 31 (68.9%) indicated they did not want regular childcare at that time.
- 3 (6.7%) indicated they wanted childcare, but had not looked for it yet.
- 11 (24.4%) 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 18 families most likely had ongoing regular 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 the data comes from two survey items. With that caveat in mind, Figure 2 summarizes status of regular childcare at the time of the survey.

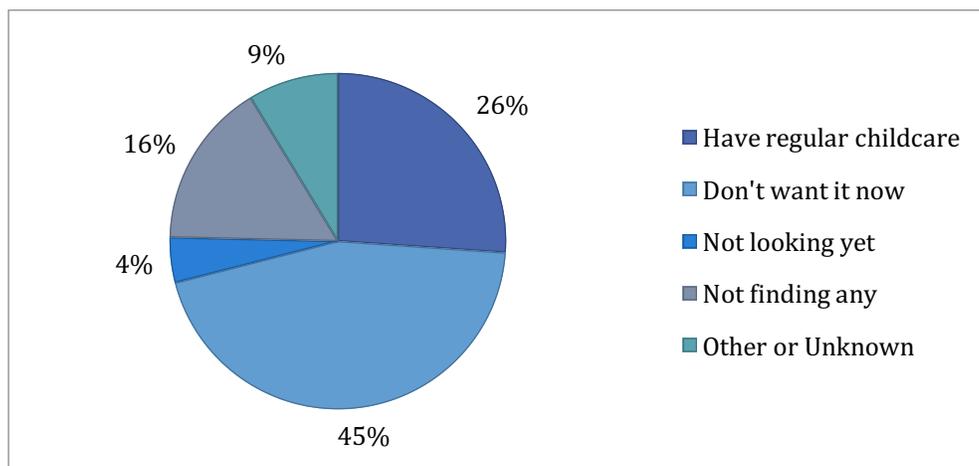


Figure 2: Status of regular childcare (estimates derived from Items 17 & 19)

Using the estimates represented in Figure 2, the proportion of families indicating they had ongoing regular childcare in the 2017 survey ($\cong 26\%$) was lower than it was in the 2016 survey ($\cong 33\%$), and more similar to the 2015 survey ($\cong 28\%$). However, the proportion of voluntary stay-at-home caregivers continued to rise from 28% in 2015 to 39% in 2016 to 45% in 2017. Another 11 (16%) at-home caregivers wanted childcare and were having difficulties finding any that worked for them. Only a few were at the point where they wanted childcare, but had not started looking for it yet.

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 Mean: 2.57 Median: 3 Mode: 4 SD: 1.168
1	None of the time	9	24.3	
2	Some of the time	9	24.3	
3	Most of the time	8	21.6	
4	All of the time	11	29.7	
Total Responses		37	100	

I don't know: 32 (46.4% of all survey respondents)

About 46% 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 37 who responded, just over half (51%) indicated this resource was available all (30%) or most (22%) of the time. Just under half (49%) indicated this resource was sometimes (24%) or never (24%) available. This fairly even split in responses is a slightly more positive pattern than the last two survey years.

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

Rating		Frequency	Percent	Central Tendency
1	None of the time	3	5.4	Mean: 3.14 Median: 3 Mode: 4 SD: .883
2	Some of the time	9	16.1	
3	Most of the time	21	37.5	
4	All of the time	23	41.1	
Total Responses		56	100	
I don't know: 13 (18.8% of all survey respondents)				

Thirteen respondents (19%) indicated on Item 21 that they did not know about the perception of the importance of childcare in their communities. Of the 56 who responded, most (79%) indicated childcare was important all (41%) or most (38%) of the time. About 21% indicated this was sometimes (16%) or never (6%) true. This pattern is similar to results since 2015, a more positive pattern than results prior to 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	8	17.8	Mean: 2.87 Median: 3 Mode: 4 SD: 1.140
2	Some of the time	8	17.8	
3	Most of the time	11	24.4	
4	All of the time	18	40.0	
Total Responses		45	100	
I don't know: 24 (34.8% of all respondents)				

About 35% 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 45 who responded, about 64% indicated this resource was available all (40%) or most (24%) of the time. About 36% indicated this resource was sometimes (18%) or never (18%) available. Results on this item from 2014 to 2016 displayed a fairly even split between more positive and more negative responses. The pattern of results in 2017 is more positive.

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 2017 survey was 3.63 on 1-4 scale. The vast majority of families (approximately 93%) were satisfied most or all of the time. This is very similar to 2016 results. With the exception of a 2012 downturn in satisfaction that was largely attributed to higher turnover of ILP service providers, the 2017 level of satisfaction continues a trend of high satisfaction results. The pattern since 2008 is illustrated in Figure 3.

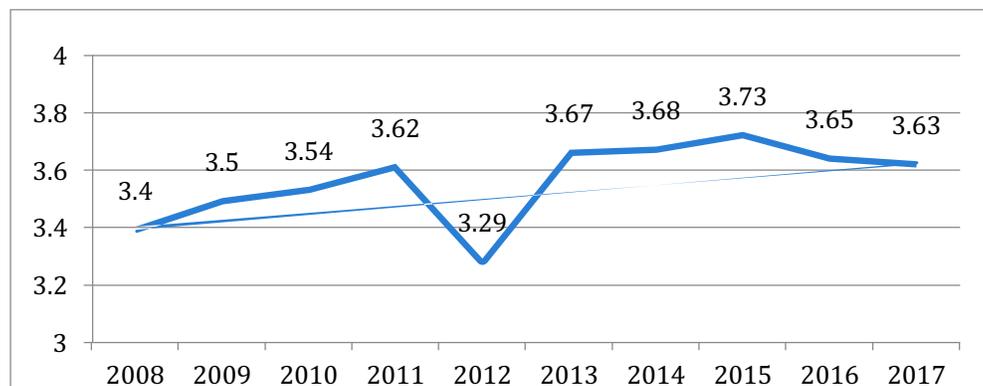


Figure 3: Overall satisfaction pattern since 2008

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	12	3.58
Anchorage Region: PIC, FOC	27	3.62
Southcentral Region: BBA, KAN, MSU, YKH	13	3.51
Southeast Region: CFC, CCK, FCS, REA, SFS, SVC	17	3.76
Statewide	69	3.63

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 3.70 across all three items for the Southeast Region represent an exceptionally strong set of 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	3.58	3.58	3.58	12
2	Anchorage	PIC, FOC	3.56	3.59	3.70	27
3	Southcentral	BBA, KAN, MSU, YKH	3.54	3.54	3.46	13
4	Southeast	CFC, CCK, FCS, REA, SFS, SVC	3.82	3.76	3.71	17
		Statewide	3.62	3.62	3.64	69

Table 9 shows satisfaction item data broken down 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)	3.70	3.60	3.60	10
2	Bristol Bay Area Health Corporation (BBA)	3.67	3.67	3.67	3
3	Center for Community (CFC)	4.00	4.00	4.00	1
4	Community Connections (CCK)	4.00	4.00	4.00	2
5	FOCUS (FOC)	3.86	3.86	3.86	7
6	Frontier Community Services (FCS)	4.00	3.75	3.75	4
7	Kodiak Area Native Association (KAN)	4.00	4.00	4.00	1
8	Mat-Su Services for Children & Adults (MSU)	3.40	3.20	3.20	5
9	Northwest Arctic Borough S.D. (NWA)	4.00	4.00	4.00	1
10	Norton Sound Health Corporation (NSH)	---	---	---	0
11	Programs for Infants & Children (PIC)	3.45	3.50	3.65	20
12	REACH, Inc. (REA)	3.50	3.50	3.33	6
13	SeaView Community Services (SVC)	4.00	4.00	4.00	1
14	Sprout Family Services (SFS)	4.00	4.00	4.00	3
15	Tanana Chiefs Conference (TCC)	2.00	3.00	3.00	1
16	Yukon Kuskokwim Health Corp. (YKH)	3.50	3.75	3.50	4
	Statewide	3.62	3.62	3.64	69

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. The only concern in this regard is the lowest response rate in the Northern Region (34%). Figure 4 illustrates relative responses on the three satisfaction items across regions.

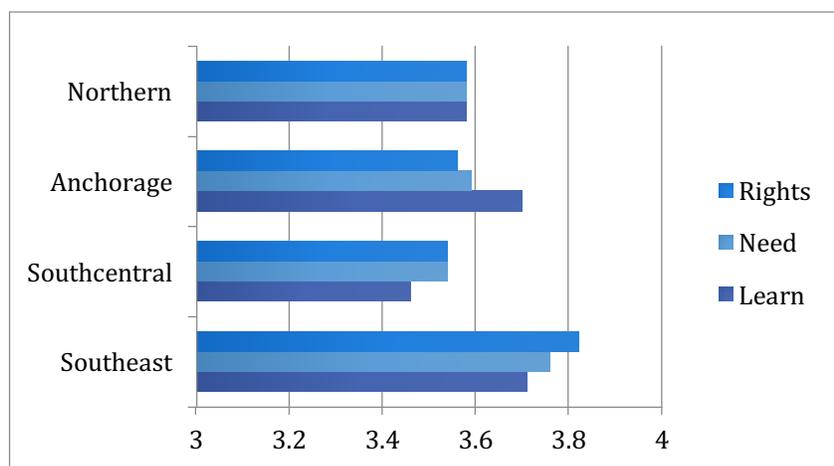


Figure 4: Mean satisfaction results in ILP regions

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. Thus if there is missing data on items, it lowers percentages. In 2017 there was no missing data on the satisfaction 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	91.7	100	100	12
2 Anchorage	PIC, FOC	88.9	92.6	96.3	27
3 Southcentral	BBA, KAN, MSU, YKH	84.6	92.3	92.3	13
4 Southeast	CFC, CCK, FCS, REA, SFS, SVC	94.1	94.1	94.1	17
Statewide		89.9	94.2	95.7	69

Northern Region

The Northern Region had the lowest response rate at 34% of contacted families in the region. Typically, a response rate needs to be at least 35% to be considered acceptable for survey research. Thus results for the Northern Region are somewhat tentative.

Of the 12 respondents, most noted an ILP did an excellent job most or all of the time helping them to know their **rights** (92%), helping them to effectively communicate their children's **needs** (100%), and helping them to help their children develop and **learn** (100%). Strong results are typical on this measure for the region.

Mean satisfaction ($M = 3.58$) was high, above the benchmark for strength. However, it was below the previous year's mean ($M = 3.65, n = 15$), and below statewide satisfaction in 2017 ($M = 3.63$). Ratings on individual items were all strong at 3.58 each.

Northern Region: RIGHTS

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	

Northern Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.58 Median: 4 Mode: 4 SD: .515
2	Some of the time	---	---	
3	Most of the time	5	41.7	
4	All of the time	7	58.3	
Total Responses		12	100	

Northern Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.58 Median: 4 Mode: 4 SD: .515
2	Some of the time	---	---	
3	Most of the time	5	41.7	
4	All of the time	7	58.3	
Total Responses		12	100	

Anchorage Region

Forty-two percent (42%) of contacted families in the Anchorage Region responded to the 2017 survey. Of the 27 respondents, most noted an ILP did an excellent job most or all of the time helping them to know their **rights** (89%), helping them to effectively communicate their children's **needs** (93%), and helping them to help their children develop and **learn** (96%). This represented improvement from the previous year.

Mean satisfaction ($M = 3.62$) was very high and comparable to statewide satisfaction ($M = 3.63$). This also indicated improvement from the previous year ($M = 3.46, n = 22$). Item means in 2017 ranged from a strong 3.56 to an exceptionally high 3.70.

Anchorage Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	3.7	Mean: 3.56 Median: 4 Mode: 4 SD: .801
2	Some of the time	2	7.4	
3	Most of the time	5	18.5	
4	All of the time	19	70.4	
Total Responses		27	100	

Anchorage Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.59 Median: 4 Mode: 4 SD: .636
2	Some of the time	2	7.4	
3	Most of the time	7	25.9	
4	All of the time	18	66.7	
Total Responses		27	100	

Anchorage Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.70 Median: 4 Mode: 4 SD: .542
2	Some of the time	1	3.7	
3	Most of the time	6	22.2	
4	All of the time	20	74.1	
Total Responses		27	100	

Southcentral Region

Forty-six percent (46%) of contacted families in the Southcentral Region responded to the 2017 survey. Of the 13 respondents, most noted an ILP did an excellent job, most or all of the time, helping them to know their **rights** (85%), helping them to effectively communicate their children’s **needs** (92%), and helping them to help their children develop and **learn** (92%). This represented some decline from the previous year.

The satisfaction mean for the Southcentral Region ($M = 3.51$) just crested the threshold for strength. It was far below the previous year’s mean ($M = 3.76, n = 15$) and below statewide satisfaction in 2017 ($M = 3.63$). Ratings on individual items ranged from 3.46 to a strong 3.54. The weakest item was *helping families to help their children develop and learn*.

Southcentral Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.54 Median: 4 Mode: 4 SD: .776
2	Some of the time	2	15.4	
3	Most of the time	2	15.4	
4	All of the time	9	69.2	
Total Responses		13	100	

Southcentral Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.54 Median: 4 Mode: 4 SD: .660
2	Some of the time	1	7.7	
3	Most of the time	4	30.8	
4	All of the time	8	61.5	
Total Responses		13	100	

Southcentral Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.46 Median: 4 Mode: 4 SD: .660
2	Some of the time	1	7.7	
3	Most of the time	5	38.5	
4	All of the time	7	53.8	
Total Responses		13	100	

Southeast Region

Fifty-five percent (55%) of contacted families in the Southeast Region responded to the 2017 survey. Of the 17 who responded, most indicated the 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%). This measure is typically strong for the region.

Satisfaction in the Southeast region was exceptionally high ($M = 3.76$). It was above statewide satisfaction ($M = 3.63$), but somewhat lower than the previous year ($M = 3.82, n = 15$). Item means were all exceptionally high, ranging from 3.71 to 3.82.

Southeast Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	5.9	Mean: 3.82 Median: 4 Mode: 4 SD: .728
2	Some of the time	---	---	
3	Most of the time	---	---	
4	All of the time	16	94.1	
Total Responses		17	100	

Southeast Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	5.9	Mean: 3.76 Median: 4 Mode: 4 SD: .752
2	Some of the time	---	---	
3	Most of the time	1	5.9	
4	All of the time	15	88.2	
Total Responses		17	100	

Southeast Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	5.9	Mean: 3.71 Median: 4 Mode: 4 SD: .772
2	Some of the time	---	---	
3	Most of the time	2	11.8	
4	All of the time	14	82.4	
Total Responses		17	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 2017 Family Outcomes Survey instrument invited caregivers to make comments. Just over half of responding caregivers (35 or 51% of respondents) added comments to their surveys. Some comments are included in the following text as examples. Sometimes only the more relevant portions of comments are included. Full comments are in Appendix B.

Expressions of Gratitude & Satisfaction

Twenty-six, or 74% of the 35 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:

[ILP provider] is amazing. Without her I'm not sure how my family and I would have survived the last year. She has been our biggest support. Knew exactly when to intervene on my little one's development. Very knowledgeable.

[ILP] has been an invaluable resource for us and we are extremely grateful for every therapist we've worked with. They are all full of great ideas, information, and links to resources. Our son's development would be much more delayed had we not had [ILP] to help us from the beginning.

It has been amazing! The ILP provider has been amazing. Our child has made big improvements. The people at [ILP] really helped us - the difference is like day and night. Everyone can see it.

We were so far behind and our pediatrician knew nothing to help us. I happened to hear about [ILP] from a friend. [ILP] did a wonderful job. They bent over backwards to get us all the services we needed. Now we're doing great! I can't say enough about [ILP].

I get great services from [ILP]. I've appreciated the convenience of visits in the home - very important for my family and our situation. It was a huge thing for our family.

Mixed Expression of Satisfaction/Dissatisfaction

There was one comment where a caregiver indicated positive experiences along with negative experiences:

All the service providers are professional, but not all of them know as much about resources. We have great relationships with some and we "butt heads" with others.

Expressions of Frustration or Other Indications of Dissatisfaction

Three respondents added comments that purely expressed frustration or dissatisfaction. Like the negative content of the above mixed comment, most are critical of the people providing services. One comment expressed frustration with a level of service.

I know that the ILP provider has a very rough schedule, but it is very strict. It is difficult to get her to see us when we are available. At one time, we didn't see her for almost four months because of scheduling conflicts. Now I don't know what I am supposed to do since my son entered preschool.

I feel like our ILP provider is pushy. She doesn't give us options. She is critical of us and it seems like she is racially profiling us.

My son needs more than 20 minutes a day 2 times a week. He needs every day for at least an hour...

Childcare Comments

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

Our concerns with childcare are that they are not trained to care for children with autism. In preschool, teachers get frustrated. We need facilities that specialize in toddlers and special education. We would pay twice the money for appropriate care, but it just does not exist in [Community].

Other Comments

There were three "Other" comments that did not fit in above categories. One complimented the items used in the survey. One expressed confusion about "ILP" and which child the survey addressed. One expressed a concern that their experience might skew survey results because their child's needs were not as severe as those who "actually need the services." Both of the latter comments were added to surveys returned in the mail. If they had been completed over the phone, an evaluator would have responded to questions and concerns.

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 an entire region or programs

within regions 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*	Other	Totals
Northern	ACC, NWA, NSH, TCC	5	---	---	(1)	---	5
Anchorage	PIC, FOC	12	1	2	(1)	2	17
Southcentral	BBA, KAN, MSU, YKH	3	---	---	2	1	6
Southeast	CFC, CCK, FCS, REA, SFS, SVC	6	---	1	---	---	7
Statewide		26	1	3	2(2)	3	35

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

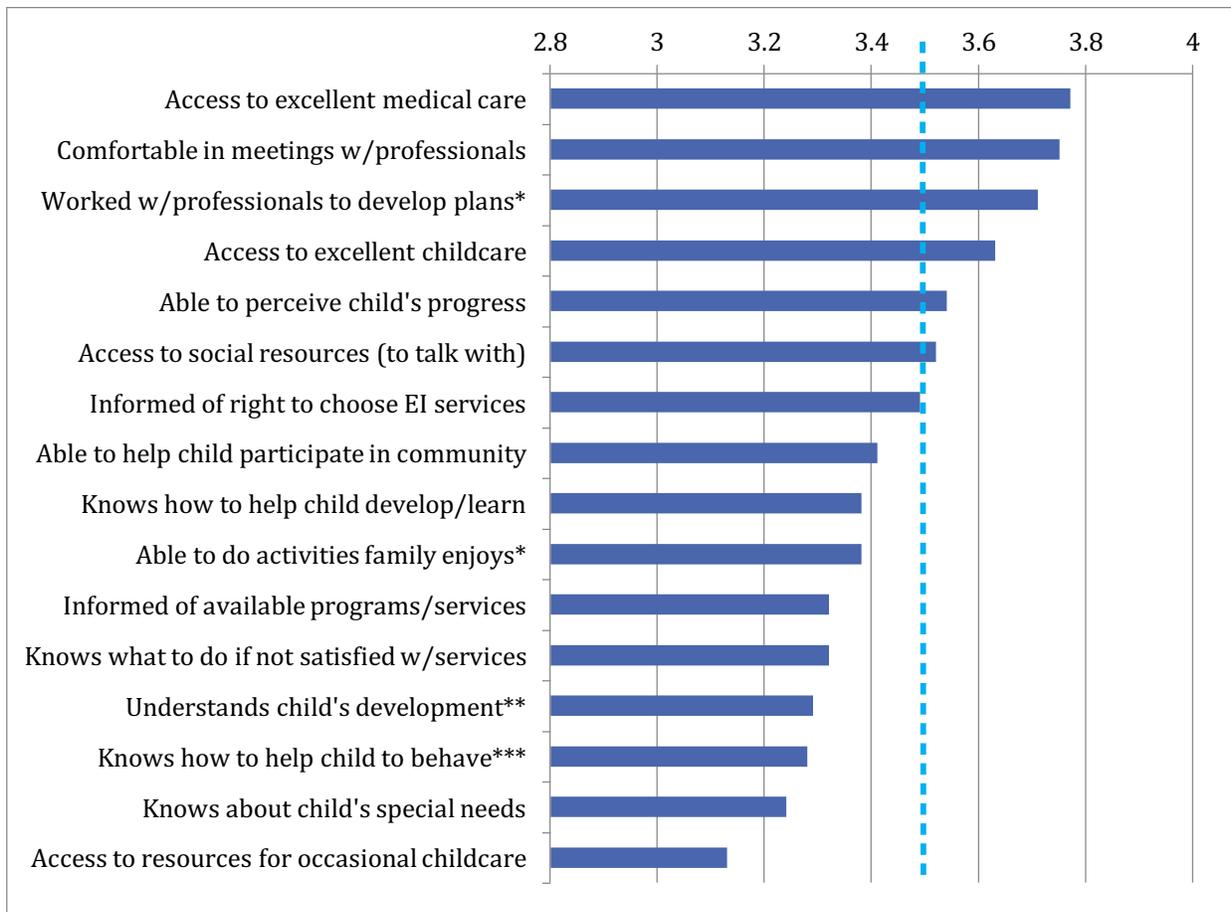
Conclusions

It can be concluded from the results of the 2017 Family Outcomes Survey that the vast majority of families (approximately 93%) were satisfied all ($\cong 71.5\%$) or most ($\cong 21.7\%$) of the time with the ILP services they received during the previous calendar year. Satisfaction continued to be very strong in the Southeast Region. There was evidence of an increase in satisfaction in the Anchorage Region over the past year, and evidence of a decline in satisfaction in the Southcentral Region.

The results in Outcome 3 (*helping children develop and learn*) were particularly interesting. At the outcome level, the mean response was significantly stronger than the previous year. There was also a meaningful difference by race. As a group, the response from families with Native children was significantly stronger than the response from families with White children. One item in particular that is always among the weakest items on the survey, had a strong response from families with Native children, demonstrating much more confidence in *knowing how to help children behave*.

Regarding childcare results, it is worth mentioning again that the one way ILP providers can make a meaningful difference in the quality of local childcare is in working with childcare providers to help them understand and address the special needs of young children they both serve. Almost three quarters of the families who indicated this would be appropriate for their circumstances said it occurred most or all of the time, the highest level of interaction ever reported on this survey. There seemed to be more success implementing these interactions in the past year.

Excluding satisfaction items, Figure 5 shows the aspects of family knowledge, resources, and abilities from strongest to weakest, as measured in the 2017 survey. As indicated in the figure, two items were significantly stronger than the previous year, one was significantly weaker, and one had a significant difference by race. The dashed line represents a mean of 3.50, which can be considered a benchmark for stronger outcomes. Six outcome items surpassed the benchmark in 2017 as compared to five in the previous two years. It is also true that the weakest results in 2017 were weaknesses that have persisted over time.



*Significantly stronger (2) **Significantly weaker (1) ***Significant difference by race (1)

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. In previous years there was one persistent problem where providers did not indicate any race data if they indicated Hispanic/Latino. In the 2017 data, this occurrence was so minimal that it most likely represented cases where that information was unknown as opposed to errors in data entry. This suggests significant improvements 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 most likely initial data entry errors which continue to inhibit administration of this survey.

Preparing families for the survey. In 2017 and 2016, there was a lack of advance communication with families to prepare them to expect this survey. Receiving something in the mail is not always enough to motivate people to respond. It is helpful if local ILPs are asked to inform families that they may be selected, “UAA” will be contacting them, and it is helpful to respond. This might reduce nonresponding behaviors, particularly the increasing number of people who never answer the calls.

Extra childcare items. It is worth considering whether or not the five extra items about childcare continue to provide meaningful information to the Alaska ILP. Most of these results do not change very much over time and the issues most of these items address are beyond the scope of the state agency and its grantees. An exception might be whether or not ILP providers work with childcare providers, as this is the one way that ILPs can make a difference in the quality of local childcare.

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, 2017

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/gro43kh>. 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,

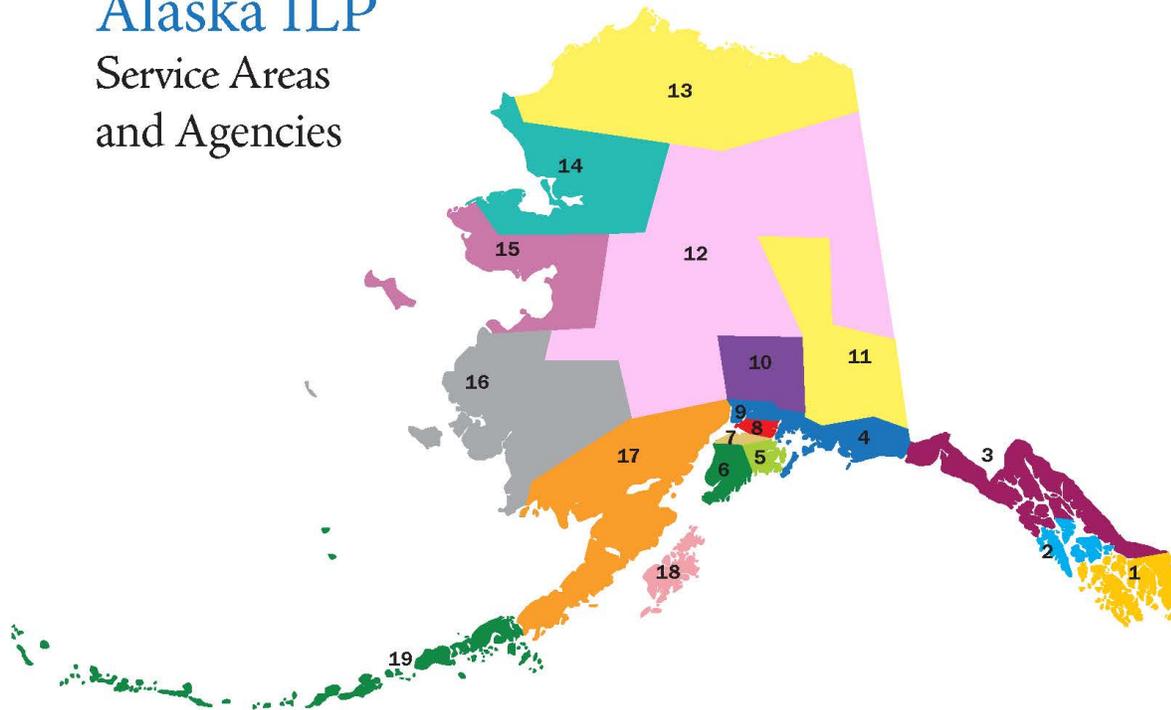
A handwritten signature in blue ink that reads "Maureen F. Harwood".

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 (26 or 74% of of 35 comments)

We felt well-informed. The [Service] we received was very helpful. We really enjoyed our time with [ILP].

[ILP provider] is amazing. Without her I'm not sure how my family and I would have survived the last year. She has been our biggest support. Knew exactly when to intervene on my little one's development. Very knowledgeable.

[ILP] has been a blessing! The support and knowledge has come at the perfect time. They are always there to help, listen, and advise.

Our ILP provider is fantastic. My son wouldn't be where he is now without them.

[ILP] has been an invaluable resource for us and we are extremely grateful for every therapist we've worked with. They are all full of great ideas, information, and links to resources. Our son's development would be much more delayed had we not had [ILP] to help us from the beginning.

The last ILP lady was good.

We are pretty happy with the ILP.

I really do enjoy people coming out to help us with [Child]. It was great. We really enjoyed it.

We are pretty happy with where things are at.

We appreciated and enjoyed the services we received from [ILP]. It was very helpful for us.

My [ILP Provider] is awesome!

We always appreciated services received through [ILP]. We didn't really know anything about our children's disabilities. We learned a lot through [ILP]. They helped us see abilities our children have.

It has been amazing! The ILP provider has been amazing. Our child has made big improvements. The people at [ILP] really helped us - the difference is like day and night. Everyone can see it.

I am extremely satisfied with the help I have received and will receive in the future.

We've been really happy with our services. They have been consistently supportive in a world where there is not much support.

We have loved our interaction with [ILP provider]. She was able to cater to the specific needs of our children and we had a lot of unique needs. She was supportive and encouraging, an asset to the program. She listened to us and supported us.

[ILP Provider] has been fantastic. We really appreciate everything that [ILP] has done for us.

He is a developing child, so things change. We just get something down and then it changes. Everyone at [ILP] has been hugely helpful.

We love [ILP Provider] who is the person who came to our house. She helped us tremendously. We are very grateful.

I get great services from [ILP]. I've appreciated the convenience of visits in the home - very important for my family and our situation. It was a huge thing for our family.

Our son has graduated from ILP thanks to [ILP Provider]. She has been awesome to work with these past 3 years. She was there from day 1 until he turned 3. Very friendly and easy to work with. She worked her way around my insane schedule. I was very at ease working with her and all my kids loved her. Thank you for helping out our family tremendously. [Signed]

We were so far behind and our pediatrician knew nothing to help us. I happened to hear about [ILP] from a friend. [ILP] did a wonderful job. They bent over backwards to get us all the services we needed. Now we're doing great! I can't say enough about [ILP].

Our son is no longer eligible for [ILP] services but we very much appreciated the program while he qualified for [Service]. Thank you

We're really appreciative of the ILP provider. She always responds when we call. She really does care about us. She was a huge support for us - helped me a lot as a foster parent. I don't know what I would have done without her.

[ILP] was wonderful in the initial assessment. I am grateful for [ILP Provider] who came to my home and provided services. I am very thankful.

All my children went through the ILP and it has been a great asset for me.

Mixed Positive and Negative Comment (1 comment)

All the service providers are professional, but not all of them know as much about resources. We have great relationships with some and we "butt heads" with others.

Negative Comments (3 or 9% of comments)

I feel like our ILP provider is pushy. She doesn't give us options. She is critical of us and it seems like she is racially profiling us.

My son needs more than 20 minutes a day 2 times a week. He needs every day for at least an hour. He needs to be in Head Start. He was signed up but haven't heard anything. He also will need a one-on-one aide while at Head Start.

I know that the ILP provider has a very rough schedule, but it is very strict. It is difficult to get her to see us when we are available. At one time, we didn't see her for almost four

months because of scheduling conflicts. Now I don't know what I am supposed to do since my son entered preschool.

Other Comments (3 or 9% of comments)

Not sure what you mean by ILP or what child you are referring to.

I like the questions on this survey. They are very good questions.

Our kids' "special needs" are not severe at all. I'm afraid our response to the survey may skew results for those who actually need the services you're inquiring about.

Childcare Comments (2 comments and 2 portions of comments)

The reason we have not started daycare is because we don't have transportation.

Our concerns with childcare are that they are not trained to care for children with autism. In preschool, teachers get frustrated. We need facilities that specialize in toddlers and special education. We would pay twice the money for appropriate care, but it just does not exist in [Community].

I don't know where to turn for help finding childcare.

We have never asked about childcare because I am a stay-at-home mother.