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2023-2024
Birth to Three Early Intervention Family Outcomes Survey

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EXECUTIVE SUMMARY

This report presents the 2023-2024 Birth to Three Family Outcomes Survey results. It also details the review and revision of the survey tool, which occurred before data collection. The Center for Research in Education and Social Policy (CRESP) at the University of Delaware was hired to oversee the review and revision process and conduct the survey.

Context

The Program for Infants and Toddlers with Disabilities (Part C of IDEA) is a federal grant program that funds states to provide early intervention services for infants and toddlers with disabilities or developmental delays, age of birth to age three, and their families. The Birth to Three Early Intervention Program, operating under the Department of Human and Social Services (DHSS), Division of Public Health, is Delaware's lead agency in receiving and administering the grant. As part of B23's annual federal performance plan and report, B23 staff must report on the outcomes of families participating in the program. The B23 Family Outcomes Survey provides a way for the B23 program to assess the extent to which the program is meeting families' needs.

Review and Revision Process

The revision process consisted of conducting two stakeholder meetings with B23 staff members. The first meeting focused on reviewing the previous year's survey tool. Suggested revisions included (a) removing items that were redundant with other items or lacking in value, (a) refining questions to reduce confusion, and (c) adding items where stakeholders believed they were needed. CRESP staff integrated the recommendations into a draft version of the 2023-2024 tool. During the second meeting, B23 staff members reviewed and approved the tool for this year's evaluation.

Research Design and Methods

Sample: Using B23 enrollment data, families (n=1749) had to meet three criteria to be included in the sample: (1) have received services from B23 during the 2023-2024 fiscal year, (2) have an IFSP for at least six months (cases can be active or inactive), and (3) families with inactive cases must not have been closed for more than six months.

Procedure: The research team attempted to contact families by phone, email, and text to invite them to participate.

Analyses: In total, 601 responded to the survey (36.1% response rate). Descriptive and summary statistics from all respondents (n=601) were used to describe the survey data. In addition, non-parametric significance tests (Mann-Whitney U and Kruskal Wallace tests) were conducted to compare how families scored across demographic characteristics (i.e., child's sex, age, race, ethnicity, and county). Open-ended survey responses were qualitatively coded using open coding to identify themes.

Results

Families report high satisfaction with the early intervention services provided by the B23 program, including a positive reception of the admission process. There is strong approval of Family Service Coordinators, though minor concerns about communication and coordination persist. Most families experienced stability with their coordinators, but some faced challenges when changes occurred. Early Intervention Providers are widely praised. Families generally understand social-emotional development well, although families described varied experiences with social and emotional challenges. Satisfaction with the transition process is high, though preferences for transition conference locations vary by county, and there is some variability in transition planning experiences. While families are pleased with the information and resources provided by B23,

requests for additional resources have been noted, including requests for more early intervention and specialized therapies, resources on social and emotional development, program navigation and transition resources, and resources to support their child's cognitive development. Open-ended feedback indicates a mix of positive remarks and constructive suggestions, with many families seeking more diverse and enhanced service options to support their needs better.

Recommendations

We offer the following four recommendations to DHSS, B23 Administration, and B23 leaders:

- **Recommendation 1: Celebrate and Communicate Program Success:** We recommend that B23 celebrate and communicate these successes by publicly acknowledging the program's achievements. Additionally, B23 should consider applying for awards to highlight its effectiveness further. DHSS, B23 Administration, and B23 leaders should recognize staff efforts and share these positive outcomes with families, stakeholders, and the wider community. This will reinforce the program's positive impact, boost morale, and strengthen trust and confidence in B23, solidifying its reputation and building on its strengths.
- **Recommendation 2: Support Families Facing Social and Emotional Development Challenges:** We encourage DHSS, B23 administration, and B23 leaders to enhance support for families dealing with social and emotional challenges. Despite improvements in understanding these concepts, many families report that their children in the program face social and emotional development challenges. To address this, B23 may also consider requesting that PIC curate more resources for parents, offer targeted workshops, and offer to host family support groups.
- **Recommendation 3: Expand Services and Resources for Families:** We encourage DHSS, B23 administration, and B23 leaders to continue enhancing the services and resources available to families. While families appreciate the support from B23, many express concerns about long wait times and the limited availability of providers, issues that stem from broader resource shortages in Delaware. To improve family experiences, we recommend continuing advocacy for increased funding and resources for essential services like speech therapy, establishing a system for regular updates on waiting times and availability, and continued efforts to identify additional service providers, including telehealth options. Additionally, families described needing better access to local resources and information. As such, we suggest leveraging the updated B23 website as a centralized resource hub to house curated materials.
- **Recommendation 4: Improve Communication and Coordination:** We encourage DHSS, B23 administration, and B23 leaders to enhance communication and coordination between Family Service Coordinators, families, and early intervention providers. Survey data reveals that a small subset of families face communication and coordination challenges, leading to frustration. To address these issues, we recommend examining and adjusting existing check-in processes to increase frequency and structure, ensuring families receive timely updates on their child's progress. We also recommend enhancing coordination with providers through regular collaborative meetings and shared digital platforms, which can facilitate better information sharing. Finally, we recommend increasing the frequency and variety of progress updates—including providing metrics, indicators, and options for families to receive photos or videos.

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2023-2024 Birth to Three Early Intervention Family Outcomes Survey

INTRODUCTION

The Birth to Three (B23) Early Intervention Program is a federally funded IDEA Part C early intervention program for Delaware. It provides services designed to enhance the development of infants and toddlers at risk of disabilities or developmental delays, in addition to increasing the capacity of their families to meet the needs of these children. The annual B23 Family Outcomes Survey allows families to share what B23 is doing well, how B23 can improve, and how families' needs may be changing. B23 uses the information provided by families to make improvements to the program. In addition, all states and jurisdictions receiving Part C funding must report data annually to the Office of Special Education Programs (OSEP) in the U.S. Department of Education. As such, the U.S. Office of Special Education Programs looks at this information to see how well B23 meets the needs of children and families.

The Center for Research in Education and Social Policy (CRESP) at the University of Delaware was hired to review and revise the B23 Family Outcomes Survey and conduct the 2023-2024 iteration of a survey on behalf of the B23 program. he This report summarizes the methods used to review and revise the survey tool and an analysis of the responses in the 2023-2024 B23 Family Outcomes Survey with recommendations. The process to review and revise the survey tool began in January 2024. It included meetings with members of the B23 leadership to guide efforts and advise on survey needs and changes. The survey was launched on March 22, 2024, and concluded on June 30, 2024. Initial results were reported on a call with DHSS staff on September 26, 2024.

SURVEY REVIEW AND REVISION

The survey tool underwent significant revision during the 2019-2020 survey iteration. During this revision, the research team conducted exploratory factor analysis, a jurisdictional scan of available Part C Family Outcome Surveys, and a review of previous final reports on the B23 Family Outcomes Surveys. In addition, the research team collaborated with staff members from Delaware's Department of Health and Social Services (DHSS) and staff from the Birth to Three Early Intervention Program to inform the survey's development. Since this significant revision, CRESP and B23 have continued making minor revisions and refinements to the survey each year.

This year (2023-2024), the survey underwent revision and refinement to reflect the opinions of the B23 leadership. The research team met with B23 leadership several times throughout January and February 2024. During these meetings, the survey was reviewed, and B23 leadership discussed potential areas for further refinement. B23 leadership suggested revisions to (a) remove items that were redundant or lacking in value, (a) refine questions to reduce confusion, and (c) add items where stakeholders perceived they were needed. Members of the research team revised the survey based on the feedback and submitted the revised tool to the B23 leadership for review. The proposed changes were discussed and approved by B23 leadership.

The revised survey is organized into four distinct parts. Part 1 collects demographic information using checklist-style questions. Part 2 explores families' experiences with the B23 program, employing a combination of Likert scale questions and open-ended items to gather detailed feedback. Part 3 focuses on questions that support B23's federal reporting requirements, utilizing Likert scale ratings. Finally, Part 4 allows families to share additional feedback or suggestions about the program through open-ended questions. To review the specific items included in the 2023-2024 survey tool, see Appendices A (English) and B (Spanish).

METHOD

RECRUITMENT

Following approval from the University of Delaware's Institutional Review Board (IRB), Delaware's Department of Public Health (DPH) Privacy Board, and the Department of Health and Social Services (DHSS) Human Subjects Review Board (HRSB), CRESP began in March 2024 to reach out to families to invite them to participate in the survey. Families had to meet three criteria to be included in the sample. The criteria used to select the families were:

- must have received services in the past
- must have an IFSP for at least six months (cases can be active or inactive) and
- inactive cases must not have been closed for more than six months.

In total, 1749 were included in the sample. We used a combination of total population and stratified sampling techniques to recruit participants. In phase one of data collection, the research team attempted to contact every family via email and text (more information provided in procedures) to invite them to participate in the survey. We examined the completion rates in phase two based on children's demographic characteristics. To achieve representation of the broader survey population, we sought to sample 30% of families with children from the following sub-groups: child's race (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White), child's ethnicity (Hispanic, non-Hispanic), child's biological sex (boy, girl), age (0-1, 1-2, 2-3), and county of residence (New Castle, Sussex, and Kent). Using this data, the research team made a second round of phone calls and outreach to help fill stratification gaps and ensure that the survey sample was representative of the overall B23 population. For the final sampling statistics for each sub-group, see Tables 1 to 3.

PROCEDURES

After receiving approvals from the requisite research review boards (listed above), the Delaware DHSS provided the research team with the contact information for families (n=1749) receiving services from the program. This contact list included demographic data (i.e., age, race, ethnicity, county, biological sex) of children in the program and contact information (e.g., emails, phone numbers) for each family.
The research team used Qualtrics software to distribute our survey via text message and email among the families on the contact list. Emails and text messages included an individualized link to the survey. In addition, families were invited to visit **http://www.cresp.udel.edu/b23** to learn more about the study. In addition to contacting families by text and email, the research team attempted to contact every family to introduce the survey and invite them to complete it. All survey materials (i.e., CRESP website, text messages, emails, and survey) were written in English and Spanish.

PARTICIPANTS

After completing both recruitment phases, we received 658 responses. After eliminating abandoned surveys and those in which participants declined to participate, we had 601 completed responses. The survey asked families to provide demographic information about their children in the program. Tables 1 to 3 give the survey completion rates for each demographic characteristic. The first column of each table lists the demographic subgroups that were examined. The second column shows the number of families within each subgroup that completed the survey. The third column indicates the number of families within each subgroup as reported in the 2022-2023 Child Count report (N_{total}=1667).[1] The fourth column provides the percentage of families that completed surveys (Number of Survey Responses/Child Count).

[1] The Child Count Report is a key component for Part C programs under the Individuals with Disabilities Education Act (IDEA). It provides data on the number of children served by the program and is used to ensure compliance with federal requirements and to allocate resources appropriately.

Table 1: Survey completion rates by child's age

Age	Number of Survey Responses	Child Count	Percentage of Completed Surveys
Birth to 1 Year	9	113	8.0
1 to 2 Years	112	425	26.4
2+ Years	480	1129	42.5
Total	601	1667	--

The survey results reveal a notably low completion rate of 8.0% among families with children aged Birth to 1 Year. An examination of the state file indicates only 23 families in this age group (compared to the 113 families listed in the Child Count report). This discrepancy between the number of families included in the state file and the Child Count report is because many families with children in this age range have not met the six-month criteria required for inclusion in the sample at the time of the survey.

Table 2: Survey completion rates by child's biological sex

Children's' Biological Sex	Number of Survey Responses	Child Count	Percentage of Completed Surveys
Boy	403	1082	37.2
Girl	197	585	33.7
Total	600	1667	--

As shown in Table 2, families with boy children were slightly more represented within the survey than those with girl children.

Table 3: Survey completion rates by child's race

Race	Number of Survey Responses	Child Count	Percentage of Completed Surveys
Hispanic	112	306	36.6
American Indian or Alaska Native	3	7	42.8
Asian	26	78	33.3
Black or African American	175	457	38.3
Native Hawaiian or Other Pacific Islander	0	1	0.0
White	313	724	43.2
A race not listed here	23	--	n/a
2+ Races	47	94	50.0
Total	587	1667	--

Note: Child count does not include "A race not listed here" in racial demographics.

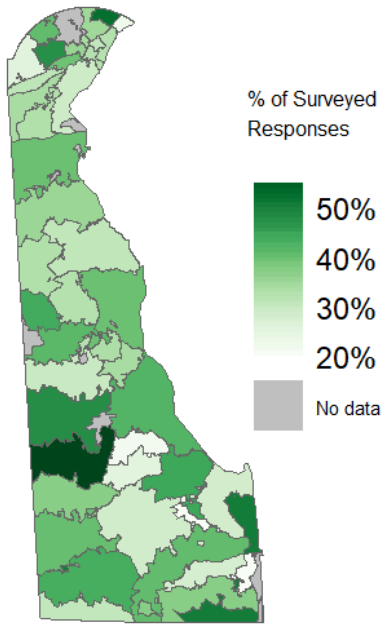
As shown in Table 3, we obtained 33% representation or higher across all racial sub-groups.

The survey requested families provide their county and zip codes; 342 families from New Castle, 127 from

Kent, and 127 from Sussex completed the survey. Five families also completed the survey but did not include their zip codes. Figure 1 illustrates the percentage of families surveyed by the Delaware zip code.

The Child Count Data lacks information on how many children the program serves across Delaware's counties. To evaluate whether the proportions of survey respondents from each county were representative, we compared the survey completions with the state file (n=1,749) obtained from B23. This file revealed that 1,018 families were from New Castle, 375 from Kent, and 356 from Sussex. Consequently, the survey results show that 33.6% of respondents were from New Castle, 33.9% from Kent, and 35.7% from Sussex.

Figure 1: Survey completion rates by Zip Code



DATA ANALYSIS

Statistical analyses of survey data were conducted using R. To treat missing quantitative data, we excluded cases analysis by analysis. We used descriptive (mean, standard deviation) and summary statistics (percentage of responses for 'strongly agree,' 'agree,' 'disagree,' 'strongly disagree') to describe the basic features of the survey data. In addition, to compare how families scored across items, survey data were analyzed using the independent-samples Mann Whitney U tests (for comparing two groups) or Kruskal-Wallis tests (for comparing three or more groups) of significance. P-values were set at .01. Families were compared across demographic characteristics (child's age, child's biological sex, county, child's race, child's ethnicity). The category 'child's race' was collapsed from the original groups to 'White' (1) and 'children of color' (2) due to uneven distribution of families across the original categories. Likewise, the category 'child's age' was collapsed from the original groups to 'Birth to 2' (1) and 'Over 2' (2) due to the uneven distribution of families across the original categories. Tests of significance were run for every group of surveyed items. In addition, post-hoc tests were conducted following the Kruskal-Wallis tests to analyze all pairs of groups. Significance values for post-hoc tests are Bonferroni corrected to control for Type I errors.

In addition to the Likert-style questions, the survey asked several open-ended questions. These data were qualitatively analyzed to identify themes. Responses in Spanish were translated to English by bilingual research staff during the coding process. Where Spanish quotes are provided throughout the report, an English translation is provided in square brackets immediately following the original text. A complete list of

all open-ended responses is provided in Appendix C. All identifying information (e.g., names) has been removed from the comments to ensure confidentiality. All open-ended survey responses are presented exactly as written by the respondents. As a result, there may be spelling or grammatical errors. We use 'sic' to indicate that these quotes are reproduced in their original form.

RESULTS

This section presents the descriptive and summary statistics followed by significance tests (Mann Whitney U tests, Kruskal Wallace tests). We only show the results for the significance tests where significant differences between groups were found.

PART C REQUIRED REPORTING ITEMS

RESULT: THE B23 PROGRAM HAS SUCCESSFULLY ASSISTED FAMILIES IN UNDERSTANDING THEIR RIGHTS, EFFECTIVELY COMMUNICATING THEIR CHILD'S NEEDS, AND SUPPORTING THEIR CHILD'S DEVELOPMENT AND LEARNING.

The family outcomes federal reporting requirement for Part C programs requires that states report on the percentage of families participating in Part C (i.e., B23) who report that early intervention services have helped their family know their rights, effectively communicate their children's needs, and have helped families help their children develop and learn. Table 4 summarizes key survey data for each federally reported item, including the number of survey responses (N), the mean response (M), the standard deviation (SD), and the percentages of respondents in each response category: Strongly Disagree, Disagree, Agree, and Strongly Agree. Additionally, it provides the Proportion of Positive Perceptions (i.e., families who agreed or strongly agreed) for each item. The proportion of positive perceptions on these items was very high, ranging from 95.6% to 96.1%.

Table 4: Summary & descriptive statistics for federal outcome items

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Proportion of Positive Perceptions
Helped me know about my family's rights.	546	3.58	.59	0.5	3.3	33.3	62.8	96.1
Helped me more effectively communicate my child's needs to the people who work with my child and family.	543	3.56	.63	1.5	2.9	33.5	62.1	95.6
Helped me know how to help my child develop and learn.	545	3.57	.61	1.1	2.8	34.1	62.0	96.1

RESULT: FAMILIES IN DIFFERENT COUNTIES SCORE DIFFERENTLY ON ITEM RELATED TO KNOWING THEIR FAMILIES' RIGHTS.

A Kruskal-Wallis test compared whether families living in New Castle, Sussex, and Kent Counties answered one item significantly differently. The tests indicated that families in different counties scored significantly differently on only one item, *"Helped me know about my family's rights*," $H(2)=9.00$, $p=.011$. Pairwise comparisons were conducted; however, the sample size was insufficient to detect an effect across counties. This suggests that while there may be county-specific differences in perceptions of rights awareness, further research with

larger sample sizes is needed to assess these differences and to understand the underlying factors contributing to them.

ADMISSION PROCESS FEEDBACK

RESULT: HIGH FAMILY SATISFACTION WITH THE ADMISSION PROCESS.

Within the survey, families were asked about their experiences during the admission process. Table 5 provides summary and descriptive statistics on these items. The proportion of positive perceptions (i.e., families who agreed or strongly agreed) on these items was very high, ranging from 93.9% to 99.3%.

Table 5: Summary & descriptive statistics for items on the admission process

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Proportion of Positive Perceptions
A family service coordinator met with me and/or my family within 2 weeks after the referral was made.	600	3.46	.65	1.3	4.8	40.7	53.2	93.9
A family service coordinator asked about my child's strengths, needs, and goals in our initial meeting.	588	3.69	.48	0.2	0.5	29.6	69.7	99.3
The results of my child's assessments or evaluations were explained to me in ways I understood.	596	3.66	.50	0.2	0.8	31.5	67.4	98.9
Finding out if my child was eligible for the B23 program was easy.	588	3.58	.58	0.9	1.9	36.1	61.2	97.3

RESULT: ONLY A FEW FAMILIES REPORTED THAT FINDING OUT IF THEIR CHILD WAS ELIGIBLE WAS NOT EASY.

Families who disagreed (n=11) or strongly disagreed (n=5) with the statement *"finding out if my child was eligible for the B23 program was easy"* were invited to provide additional insights through an open-ended question. Specifically, families were asked, *"Please tell us why it was not easy to find out if your child was eligible for the program."* Twelve families responded, revealing four themes in their feedback. We organized the themes based on the number of responses in each category. Open-ended responses could be assigned to more than one theme. For illustrative purposes, we only provide one exemplar quote for each category. See Table A in Appendix C to see the families' open-ended responses.

- **Professionals Unclear of Eligibility Requirements (N=4):** A small number of families (4 of 601) described instances where professionals they engaged (e.g., pediatricians, doctors, Family Service Coordinators) were unclear of the program's eligibility requirements. An example of an open-ended response from this category is, *"The FSC did not understand the birth mandate process and I had to explain it to her in order to have my daughter placed in the correct eligibility"* (sic).

- **Lengthy Delays in Receiving Referrals, Services, or Evaluations (N=4):** A small number of families (4 of 601) described instances where perceived unclear eligibility requirements ultimately led to delays in receiving services. While others described communication and coordination issues which resulted in delays. An example of an open-ended response from this category is, *"It was hard to get a hold of anyone, the process seemed to drag on just to get an appointment for the evaluation"* (sic).

- **Was Personally Unsure of Eligibility Requirements; Speaking with Professionals Helped (N=2)** Two families (of 601) indicated that they were unsure of B23 eligibility requirements, but conversations with professionals led them to seek referrals with the program. An example of an open-ended response from this category is, "*It's only through a pediatrician that I was able to contact the program. I would not have known where to start if I was doing it myself*" (sic).

- **Family Advocacy to Secure Needed Services (N=2):** Two families (of 601) mentioned that they had to advocate for their children to receive B23 services personally. An example of an open-ended response from this category is, *"I had to do a lot of the advocating, searching and requesting for help and speech therapy"* (sic).

FAMILY SERVICE COORDINATOR FEEDBACK

RESULT: STRONG POSITIVE PERCEPTIONS OF FAMILY SERVICE COORDINATORS.

Almost all families reported positive perceptions of their experiences working with their Family Service Coordinator (FSC). Table 6 provides summary and descriptive statistics on these items. The proportion of positive perceptions (i.e., families who agreed or strongly agreed) on these items ranged from 91.3% to 98.9%.

Table 6: Summary & descriptive statistics for items on Family Service Coordinators (FSCs)

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Proportion of Positive Perceptions
Treated me and my family with respect.	592	3.76	.46	0.2	1.0	22.0	76.9	98.9
Included me in decisions about services, resources, and opportunities for my child.	592	3.73	.51	0.7	1.4	22.1	75.8	97.9
Included me in developing of my child's Individualized Family Service Plan (IFSP).	589	3.72	.52	0.7	1.4	22.9	75.0	97.9
Assisted me in obtaining access to services identified in my child's Individualized Family Service Plan.	591	3.65	.60	1.2	2.9	25.7	70.2	95.9
Was available to discuss my concerns in a timely manner.	588	3.66	.56	0.9	2.0	37.8	53.5	91.3
Communicated with me in a way that is sensitive to my family's culture and ethnic group.	582	3.71	.51	0.7	0.7	25.7	73.0	98.7
Offered flexibility with respect to evaluations, scheduling, and appropriate coordination of care that met my family's needs.	581	3.70	.53	0.7	1.2	25.8	72.3	98.1
Helped me understand who to speak with if we feel our family's rights are not being addressed within the program.	574	3.56	.65	1.4	4.5	31.0	63.1	94.1

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Proportion of Positive Perceptions
Helped me to more effectively speak up for, or advocate for, what my child needs.	579	3.60	.65	1.7	4.0	26.8	67.5	94.3

RESULT: ONLY A SMALL NUMBER OF FAMILIES FELT THEY WEREN'T TREATED RESPECTFULLY BY THEIR FSC.

Families who disagreed (n=6) or strongly disagreed (n=1) with the statement *"My family service coordinator treated me and my family with respect"* were invited to provide additional insights through an open-ended question. Specifically, families were asked, *"Please tell us why you feel you were not treated with respect by your coordinator."* Five families responded, revealing two themes in their feedback. We organized the themes based on the number of responses in each category. Open-ended responses could be assigned to one more theme. To see the families' open-ended responses, see Table B in Appendix C.

- **Lack of Communication (N=3):** A small number of families (3 of 601) reported significant communication issues with their coordinators. They described instances where requests for information were ignored or inadequately addressed, leading to frustration and feeling undervalued. Additionally, these families described faced long periods of silence or delays in communication, which exacerbated their difficulties in navigating the system.

- **Inadequate Support and Coordination (N=3):** A small number of families (3 of 601) felt they lacked proper support from their coordinators, who failed to provide the necessary assistance or follow-up. This lack of effective coordination resulted in gaps in service delivery and a general sense of being unsupported throughout their interactions.

RESULT: A SMALL SUBSET OF FAMILIES FELT THEIR COORDINATORS WERE NOT AVAILABLE TO DISCUSS THEIR CONCERNS IN A TIMELY MANNER.

Families who disagreed (n=12) or strongly disagreed (n=5) with the statement, *"My family service coordinator was available to discuss my concerns in a timely manner,"* were invited to provide additional feedback through an open-ended question. Specifically, we asked families, *"Can you share your thoughts on what timeframe feels comfortable or reasonable for you and let us know the specific concerns you were hoping to discuss with your coordinator?"* Ten families responded to the open-ended item. The analysis revealed three themes, and we organized themes based on the number of responses in each category. Open-ended responses could be assigned to one or more themes. To see families' open-ended responses, see Table C in Appendix C.

- **Timeliness of Response (N=4):** A small number (4 of 601) of families described their opinions on an acceptable response time ranging from 1 day to 1 week.

- **Accessibility and Availability of Coordinators (N=4):** A small number (4 of 601) of families expressed issues with the accessibility and availability of their coordinators, including problems with communication, follow-up, and service coordination.

- **Service Delivery Issues (N=3):** A small number (3 of 601) of families voiced frustrations regarding the delivery of services and the effectiveness of follow-through on recommendations and requests.

RESULT: MOST FAMILIES EXPERIENCED NO CHANGE IN FSC, OF THOSE THAT DID, MOST REPORTED HAVING THREE FSCS.

Families were asked to indicate whether their Family Service Coordinator has changed over the past year. Over eighty percent (82.6%) of families stated that they did not experience a change in their FSC over the past year. Of those who indicated that their FSC changed over the past year (17.6%), 91.0% reported having 3 FSCs, while 8.0% reported having four or more different FSCs.

Last year's results revealed that 80% of families did not experience a change in their Family Service Coordinator (FSC). Among the families who did report a change, 88.1% had two different coordinators, 10.2% had three, and 1.7% had four or more. This suggests a slight increase in stability this year, with 82.6% of families experiencing no change. However, for those who did change, there was a notable increase in the percentage of families having three coordinators (from 10.2% last year to 91.0% this year), indicating more frequent transitions for some families.

Table 7: Family Service Coordinator Change

Item	Count	Yes (%)	No (%)
From time to time, there may be a need to change your Family Service Coordinator. Please indicate whether your Family Service Coordinator has changed over the past year	579	17.6	82.6

Table 8: Number of Family Service Coordinators

Item	Count	2 (%)	3 (%)	4+ (%)
You indicated that your Family Service Coordinator has changed over the past year. How many different Family Service Coordinators have you had in the past year?	100	0	91	8

RESULT: OPEN-ENDED RESPONSES SUGGEST THAT CHANGES IN THEIR FSC DID NOT IMPACT MOST FAMILIES; HOWEVER, SOME NOTED ISSUES WITH COMMUNICATION AND COORDINATION.

Families who indicated that their Family Service Coordinator changed over the past year (n=100) were invited to provide additional feedback through an open-ended question. Specifically, we invited families to *"Please let us know if the changes in your Family Service Coordinator have affected your family's experience in the B23 program."* Sixty-two families responded to the open-ended item. The analysis revealed three themes, and we organized themes based on the number of responses in each category. Open-ended responses could be assigned to one or more themes. Due to the many responses, we only provide one exemplar quote for each category. To see all families' open-ended responses, see Table D in Appendix C.

- **No impact, Smooth Transition, or Positive Experience (N=45):** Many families who experienced a transition (45 of 100) indicated no significant impact, reporting smooth transitions or a generally positive experience. An example of an open-ended response from this category is, *"Not at all. It was for maternity leave, and it was seamless!"* (sic).

- **Communication and Coordination Issues (N=8):** A small number of families who experienced a transition (8 of 100) described experiencing communication and coordination issues. These concerns included problems with timely responses, inadequate follow-up, and difficulties managing service

delivery and coordination. An example of an open-ended response from this category is, *"Both coordinators were/are great to work with, but the transition between the two was not smooth. I felt like I had no answers and there wasn't clear communication between the program and my family/the therapists working with my child"* (sic).

- **Poor Professional Conduct (N=2):** A small number of those who experienced a transition (2 of 100) reported concerns regarding the professional conduct of their family service coordinators. Specific issues mentioned included a perceived lack of compassion and inadequate handling of service requests. An example of an open-ended response from this category is *"Lack of compassion for families and children and not thoroughly explaining the process and or services that are available"* (sic).

In addition to the above categories, some families (n=8) provided unclear feedback, making assigning particular themes challenging. These responses were categorized as "unclear" in Table D of Appendix C.

EARLY INTERVENTION PROVIDER FEEDBACK

RESULT: NEARLY UNIVERSAL POSITIVE EXPERIENCES WITH EARLY INTERVENTION PROVIDERS.

Almost all families reported positive experiences with their Early Intervention Provider(s) (EIPs). Table 9 provides summary and descriptive statistics on these items. The proportion of positive perceptions (i.e., families who agreed or strongly agreed) on these items was very high, ranging from 97.4% to 99.5%.

Table 9: Summary & descriptive statistics for items on Early Intervention Providers (EIPs)

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Proportion of Positive Perceptions
Treated me and my family with respect.	573	3.80	.42	0.2	0.3	19.0	80.5	99.5
Kept me up-to-date about my child's progress and needs.	571	3.72	.51	0.4	2.1	22.8	74.8	97.6
Included me in decisions about my child's therapy services.	571	3.74	.48	0.4	1.1	22.6	76.0	98.6
Communicated with me in a way that is sensitive to my family's culture and ethnic group.	570	3.74	.47	0.2	1.1	23.3	75.4	98.7
Offered flexibility in services that met my family's needs (e.g., telehealth, in-person appointments).	572	3.72	.52	0.3	2.3	22.9	74.5	97.4

RESULT: ONLY A FEW FAMILIES DISAGREED THAT THEIR EIP TREATED THEM RESPECTFULLY.

Families who disagreed (n=2) or strongly disagreed (n=1) with the statement *"My early intervention provider(s) treat(s) me and my family with respect"* were invited to provide additional insights through an open-ended question. The purpose was to understand why they felt their providers did not treat them respectfully. In this feedback, the three families reported issues related to poor professional conduct. For example, two families used the term *"rude"* to describe their EIP's conduct toward them or their families. To see the open-ended responses provided by families, see Table E in Appendix C.

SOCIAL AND EMOTIONAL DEVELOPMENT FEEDBACK

RESULT: HIGH UNDERSTANDING OF SOCIAL-EMOTIONAL DEVELOPMENT AMONG FAMILIES

Almost all families agreed or strongly agreed with social and emotional development survey items. Table 10 provides summary and descriptive statistics on these items. The proportion of positive perceptions (i.e., families who agreed or strongly agreed) was very high, ranging from 93.4% to 97.9%. The proportion of positive perceptions has increased since last year (i.e., B23's inaugural year for their social and emotional development initiative), with last year's results ranging from 82.0% (for item 'social-emotional development, and its importance was explained to me') to 95.3% (for item 'I understand what social-emotional development means').

Table 10: Summary & descriptive statistics for items on social and emotional development

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Proportion of Positive Perceptions
Social-emotional development, and its importance, was explained to me.	571	3.55	0.63	0.9	5.1	31.9	62.2	94.1
I understand what social-emotional development means.	572	3.66	0.53	0.3	1.7	29.0	68.9	97.9
I have discussed my child's social-emotional development as part of the B23 program.	566	3.51	0.65	0.9	5.7	35.3	58.1	93.4
I am more aware of how to support the social-emotional development of my child.	570	3.51	0.65	1.4	4.4	36.0	58.2	94.2

RESULT: FAMILIES IN DIFFERENT COUNTIES SCORE DIFFERENTLY ON ITEM ON DISCUSSING SOCIAL-EMOTIONAL DEVELOPMENT WITH B23 STAFF.

A Kruskal-Wallis test examined whether families residing in New Castle, Sussex, and Kent Counties responded significantly differently to survey items. The results revealed a significant difference in responses based on county for one particular item: *"Social-emotional development, and its importance, was explained to me."* Specifically, the Kruskal-Wallis test yielded a chi-square test statistic of 12.54 with 2 degrees of freedom and a p-value of 0.002, indicating a statistically significant difference in how families from different counties perceived the explanation of social-emotional development. Pairwise comparisons revealed significant differences between New Castle County and Sussex County $H(2)=12.54$, $p=.005$. A comparison of group means indicates that families from Sussex County (M= 3.69, SD= .514) rated this item higher than families from New Castle County (M= 3.47, SD= .689). None of the other comparisons for this item were significant.

Similar results were found last year. Results from the 2022-2023 survey suggest significant differences between New Castle County and Sussex County, $H(2) = -38.92$, $p = .046$. A comparison of group means indicated that families from New Castle County (M = 3.42, SD = 0.72) rated this item lower than families from Sussex County (M = 3.61, SD = 0.59).

While our analyses revealed statistically significant differences based on geographic factors, it is important to interpret these results with caution. Statistically significant differences do not always imply that the differences are large or practically meaningful. Both groups generally rated the items positively, within the 3 range of our scale (i.e., on average, families 'Agreed' with the statement). These results highlight some variations in perceptions, but the practical impact of these differences may be minimal.

RESULT: FAMILIES WITH DIFFERENT ETHNIC BACKGROUNDS SCORE DIFFERENTLY ON UNDERSTANDING SOCIAL-EMOTIONAL DEVELOPMENT.

A Mann-Whitney U test was used to compare whether families with Hispanic and non-Hispanic children answered items significantly differently. The tests indicated that families scored significantly differently on only one item, *"I understand what social-emotional development means."* U=20463, p=.002. A comparison of group means indicates that families with non-Hispanic children (M= 3.70, SD= .509) rated this item higher than families with Hispanic children (M=3.52, SD= .590). While our analyses revealed statistically significant differences based on ethnicity, it is important to interpret these results with caution. Statistically significant differences do not always imply that the differences are large or practically meaningful. Both groups generally rated the items positively, within the 3 range of our scale (i.e., on average, families 'Agreed' with the statement).

RESULT: OPEN-ENDED RESPONSES INDICATE THAT SOME FAMILIES CITE CHALLENGES RELATED TO COMMUNICATION, POOR SOCIAL SKILLS, AND BEHAVIORAL AND EMOTIONAL REGULATION ISSUES.

All families were invited to provide additional insights about their child's social-emotional development through an open-ended question. Specifically, the survey asked families, *"Do you have challenges with your child's social-emotional development? How do these challenges impact your family?"* In total, 291 families responded to this open-ended item. The analysis revealed a spectrum of experiences, and we organized the themes based on the number of responses in each category. Open-ended responses could be assigned to one or more themes. Due to the many responses, we only provide one exemplar quote for each category. To see all open-ended responses provided by families, see Table F in Appendix C.

- **No Challenges (N=138)**: Many families (138 of 601) reported no significant issues with their child's social-emotional development, indicating a smooth experience or effective management of any challenges. An example of an open-ended response from this category is *"I have no problems"* (sic).

- **Behavioral and Social Challenges (N=55)**: Issues related to behavior and social interactions were reported by some families (55 of 601). These included difficulties in impulse control, social interactions, and emotional regulation. Examples include tantrums, aggression, and social withdrawal. An example of an open-ended response from this category is, *"My child has a short attention span and does not yet know how to control and manage his emotions effectively. He does act out in tantrums and aggression. This makes it difficult for my family to help manage my child's emotions"* (sic).

- **Communication Challenges (N=54)**: Some families (54 of 601) noted difficulties with their child's communication ability. These included challenges with verbal communication, non-verbal cues, and expressing needs, sometimes impacting their interactions and understanding. An example of an open-ended response from this category is, *"He does not speak yet to communicate his feelings, which sometimes makes It hard to know what he needs"* (sic).

- **Family Impact (N=50)**: Some families (50 of 601) indicated that the challenges with their child's social-emotional development had a notable impact on family dynamics. This included added stress, difficulties in managing behavior, and the need to adjust family routines and social interactions. An example of an open-ended response from this category is, *"It became difficult and stressful for us to work with our daughter and remain calm"* (sic).

- **B23 Has Helped Improve SEL (N=29)**: Some responses (29 of 601) highlighted positive outcomes from specific programs or interventions, showing improved social-emotional development due to targeted support. Families reported better management of social-emotional issues following participation in these programs. An example of an open-ended response from this category is, *"My child has very frequent meltdowns. Since starting the Birth to 3 program they became less severe and less frequent. We*

feel better equipped to help him overcome his frustrations" (sic).

- **Mentioned Challenges, but Vague (N=17)**: Some families (17 of 601) acknowledged challenges without providing specific details, indicating areas that might need further exploration. These responses generally indicated that challenges were present but lacked elaboration on their nature or impact. An example of an open-ended response from this category is, *"At times, yes we do. It hasn't impacted us much, as we realize this is who he is at this time"* (sic).

- **Child is Not Receiving Appropriate Support (N=6)**: A small number of (6 of 601) families reported challenges due to a lack of suitable interventions or resources for their child. This theme includes instances where the provided support, such as therapy or programs, did not fully address their child's needs or where the available resources were insufficient for effective social-emotional development. An example of an open-ended response from this category is, *" Yes, my son is autistic. This program really offered no help. I still had to do everything on my own"* (sic).

- **B23 Not Discuss Social-Emotional Development with Family (N=3):** A small number of (3 of 601) responses indicated that they had not discussed their child's social and emotional development with the B23 program. An example of an open-ended response from this category is, *"I am not I have not learned about the subject I will have to read about this"* (sic).

TRANSITION PROCESS FEEDBACK

RESULT: HIGH SATISFACTION WITH THE TRANSITION PROCESS

Almost all families reported positive experiences during the transition process. Table 11 provides summary and descriptive statistics on these items. The proportion of positive perceptions (i.e., families who agreed or strongly agreed) on these items was very high, ranging from 86.0% to 94.2%.

Table 11: Summary & descriptive statistics for items on the transition process

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Proportion of Positive Perceptions
The process of transitioning my child out of the B23 program was discussed regularly	445	3.32	0.75	1.8	12.1	38.4	47.6	84.0
I understand the next steps for transitioning my child out of B23	442	3.40	0.71	1.4	8.8	38.5	51.4	89.9
A transition conference was arranged before my child exited the program.	435	3.43	0.75	2.8	7.4	34.5	55.4	89.9

RESULT: SOME FAMILIES REPORTED THAT THEY DIDN'T UNDERSTAND THE NEXT STEPS FOR TRANSITIONING THEIR CHILD OUT OF B23 AND DESCRIBED AN ABSENCE OF DISCUSSION ABOUT THE TRANSITION PROCESS.

Families who disagreed (n=39) or strongly disagreed (n=5) with the statement *"I understand the next steps for transitioning my child out of B23"* were invited to provide additional insights through an open-ended question. The purpose was to understand what specific challenges or uncertainties families faced. Thirty-six families responded to the open-ended item. The analysis revealed three themes, and we organized themes based on the number of responses in each category. Open-ended responses could be assigned to one or more themes. Due to the many responses, we only provide one exemplar quote for each category. See Table G in Appendix C for all the open-ended responses families provide.

- **Transition Details Not Discussed or Information Provided (N=20):** Some families (20 of 601) indicated the absence of discussion about the transition process. Sometimes, families noted that a transition conference had not yet occurred, and therefore, they did not understand the next steps for transitioning their child out of B23. An example of an open-ended response from this category is, *"I haven't been given any information on when it will happen and what happens afterward"* (sic).
- **Uncertainty About Next Steps (N=9)**: A small number of families (9 of 601) expressed uncertainty about what actions to take and how the transition would impact their child's ongoing services. This included concerns about maintaining therapy services and understanding how their child's needs would be addressed after leaving the B23 program. An example of an open-ended response from this category is, *"I don't know what my next steps are for keeping my child's services"* (sic).
- **Inadequate or Ineffective Transition Planning (N=6)**: A small number of families (6 of 601) indicated that the transition planning process was either poorly organized or poorly coordinated. Families noted that the lack of a clear plan contributed to service gaps and additional stress. An example of an open-ended response from this category is, *"We were never provided a transition meeting or report. Our son has a major lapse in services because we were never provided any guidance"* (sic).

RESULT: IN GENERAL, FAMILIES PREFER TO HAVE A VIRTUAL TRANSITION CONFERENCE

Families were also asked to indicate their preferred location for their transition conference. Table 12 provides summary statistics on these items. While approximately half of the families preferred a virtual transition conference (e.g., over Zoom web conferencing), many also indicated preferences for school or home-based conferences.

Table 12: Summary statistics for item on transition conference

Item	N	School (%)	Your Home (%)	Virtually	Other (%)
What's the best location for the transition conference?	434	29.0	22.8	44.5	3.7

Families who chose 'Other' (n=16) when asked for the best location for the transition conference were prompted to describe how they would like to participate. Fourteen families provided additional information. These families' preferences included in-person options like libraries, parks, and daycare. One family also indicated they would prefer to have the transition conference over the phone.

RESULT: FAMILIES IN THE NEW CASTLE AND SUSSEX COUNTIES HAVE DIFFERENT PREFERENCES REGARDING TRANSITION CONFERENCE LOCATIONS.

A Kruskal-Wallis test compared whether families living in New Castle, Sussex, and Kent Counties answered items significantly differently. The tests indicated that families living in different counties scored significantly differently on one item, *"What's the best location for the transition conference*," $H(2)=26.57$, $p=.000$. Pairwise comparisons revealed that there were significant differences between New Castle County and Sussex County $H(2)=26.57$, $p=.000$. A comparison of group medians indicates that families from New Castle County (Median= 3) rated this item differently than families from Sussex County (Median = 2). None of the other comparisons were significant. For clarity, the ratings were as follows:

- 1 = School
- 2 = Home
- 3 = Virtual
- 4 = Other

The results from the pairwise comparisons suggest that families in New Castle County preferred virtual options for the transition conference, while families in Sussex County preferred home-based options.

B23 RESOURCES FEEDBACK

RESULT: HIGH SATISFACTION WITH THE INFORMATION AND RESOURCES PROVIDED BY FSCS DURING THE B23 PROGRAM.

Families were asked questions about the resources they received from their Family Service Coordinators during the B23 program. Table 13 provides summary and descriptive statistics on these items. The proportion of positive perceptions (i.e., families who agreed or strongly agreed) on these items was very high, ranging from 84.2% to 97.8%.

Table 13: Summary & descriptive statistics for items on Family Service Coordinator resources

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Proportion of Positive Perceptions
Provided information and resources in my family's primary language.	556	3.70	.53	0.7	1.4	25.0	72.8	97.8
Provides information and resources using my preferred form of communication (text message, email, or telephone).	555	3.69	.52	0.4	2.0	25.8	71.9	97.7
Gave me information and resources on activities and services in the community that help my child and me (e.g., childcare, playgroups, etc.).	553	3.38	.84	4.0	11.8	26.9	57.3	84.2
Gave me information and resources to support my child's social-emotional development	548	3.40	.80	3.3	9.7	30.5	56.6	87.1

RESULT: FAMILIES WITH CHILDREN OF COLOR WERE LESS LIKELY TO REPORT THAT THEY WERE PROVIDED INFORMATION AND RESOURCES IN THEIR FAMILY'S PRIMARY LANGUAGE.

A Mann-Whitney U test was used to compare whether families with children of color and families with white children answered items about resources provided by their Family Service Coordinators significantly differently. The tests indicated that families scored significantly differently on only one item, *"Provided information and resources in my family's primary language"* $U = 32904$, $p=.004$. A comparison of group means indicates that families with white children ($M= 3.77$, $SD= .469$) rated this item higher than families with children of color ($M=3.64$, $SD= .586$).

Looking at last year's survey (2022-2023), similar results emerged, as families with children of color and those with white children also scored significantly differently on the same item ($U = 38601$, $p = .002$). In this instance, families with children of color rated the item lower ($M = 3.59$, $SD = .60$) than families with white children ($M = 3.74$, $SD = .47$).

While these analyses reveal statistically significant differences based on race for both years, it is important to interpret these results cautiously. Statistically significant differences do not necessarily imply that the differences are substantial or practically meaningful. Both groups generally rated the items positively, within the 3 range of our scale, indicating that, on average, families 'Agreed' with the statement. These results

highlight variations in perceptions, but the practical impact of these differences may be minimal.

RESULT: HIGH SATISFACTION WITH THE INFORMATION AND RESOURCES PROVIDED BY EIPS DURING THE B23 PROGRAM.

Families were also asked about the resources they received from their Early Intervention Providers during the B23 program. Table 14 provides summary and descriptive statistics on these items. The proportion of positive perceptions (i.e., families who agreed or strongly agreed) on these items was very high, ranging from 86.2% to 98.3%.

Table 14: Summary & descriptive statistics for items on Early Intervention Provider resources

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Proportion of Positive Perceptions
Gave me information and resources to support my child's social-emotional development.	549	3.48	.69	1.6	6.4	34.6	57.4	92.0
Gave me information and resources on activities and services in the community that help my child and me (e.g., childcare, playgroups, etc.).	551	3.42	.78	2.2	11.6	27.8	58.4	86.2
Provided information and resources using my preferred form of communication (text message, email, or telephone).	553	3.70	.51	0.5	1.1	26.0	72.3	98.3
Provided information and resources in my family's primary language.	553	3.69	.51	0.2	1.6	26.8	71.4	98.2

RESULT: FAMILIES WITH CHILDREN OF COLOR WERE LESS LIKELY TO REPORT THAT THEY WERE PROVIDED INFORMATION AND RESOURCES IN THEIR FAMILY'S PRIMARY LANGUAGE.

A Mann-Whitney U test was used to compare whether families with children of color and families with white children answered items about resources provided by their Early Intervention Providers significantly differently. The tests indicated that families scored significantly differently on only one item, *"Provided information and resources in my family's primary language"* U =30977, p=.000. A comparison of group means indicates that families with white children (M= 3.79, SD= .419) rated this item higher than families with children of color (M=3.60, SD= .573). No other significant differences were found. Importantly, we highlight that families with Hispanic children did not differ in their ratings from families with non-Hispanic children.

While our analyses revealed statistically significant differences based on race, it is important to interpret these results with caution. Statistically significant differences do not always imply that the differences are large or practically meaningful. Both groups generally rated the items positively, within the 3 range of our scale (i.e., on average, families 'Agreed' with the statement). These results highlight some variations in perceptions, but the practical impact of these differences may be minimal. In addition, we draw attention to the fact that families with Hispanic children did not rate this item differently than families with non-Hispanic children. We know that the B23 program does provide information and resources in Spanish and Creole. We suggest that in next year's survey, families who disagree that resources are provided in their language state what their primary language is.

RESULT: HIGH SATISFACTION WITH THE INFORMATION AND RESOURCES ON LEGAL RIGHTS

Families were asked whether they received resources on their legal rights during the B23 program. Table 15 provides summary and descriptive statistics on this item. Almost all families (97.2%) agreed or strongly agreed with this item.

Table 15: Summary & descriptive statistics for item regarding resources on rights

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Proportion of Positive Perceptions
B23 Staff provided me with written information about my family's legal rights (for instance, the Guide to Parent Rights document).	559	3.61	0.54	0	2.9	33.5	63.7	97.2

RESULT: HIGH SATISFACTION WITH THE INFORMATION AND RESOURCES ON THE B23 TRANSITION PROCESS

Finally, families with children two years of age or older were asked whether they received resources on the B23 transition process. Table 16 provides summary and descriptive statistics on these items. Most families (86.3%; 86.9%) agreed or strongly agreed with these items.

Table 16: Summary & descriptive statistics for items on transition process resources

Item	N	M	SD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	Proportion of Positive Perceptions
B23 staff shared resources about the transition process (such as brochures and handouts) with me.	440	3.39	0.77	2.1	11.6	32.0	54.3	86.3
During the transition process, B23 staff shared information about options such as preschools, Head Start, or outpatient therapy services.	427	3.37	0.79	3.0	10.1	34.0	52.9	86.9

RESULT: OPEN-ENDED RESPONSES REVEAL THAT FAMILIES DESIRE VARIOUS RESOURCES TO SUPPORT THEIR CHILDREN'S DEVELOPMENT.

All families were invited to provide insights into additional resources they would like to receive from the B23 program through an open-ended question. In total, 180 families responded to this open-ended item. The analysis revealed that families desired a range of different resources. The analysis revealed 12 themes, and we organized the themes based on the number of responses in each category. Open-ended responses could be assigned to one or more themes. Due to the many responses, we only provide one exemplar quote for each category. See Table H in Appendix C for all the open-ended responses families provide.

- **No Additional Resources Needed (N=43)**: Some respondents (43 of 601) felt they had received sufficient resources or did not need further assistance. An example of an open-ended response from this category is, "*None at the moment*" (sic).

- **Early Intervention and Specialized Therapies (N=43)**: Some respondents (43 of 601) highlighted a need for better early intervention practices and specialized therapies. Many respondents requested more speech therapy, speech development resources, and specific interventions like AAC. An example of an open-ended response from this category is, *"My child continues to need one-to-one speech*

development services prior to entering a public or non-familial educational environment" (sic).

- **Social and Emotional Development (N=32)**: Some respondents (32 of 601) requested playgroups, social interactions, and activities that support emotional and social skills. Some respondents also mentioned needing help with sensory issues and behavioral challenges. An example of an open-ended response from this category is, *"Information on playgroups or other social interaction opportunities for my child"* (sic).

- **Program Navigation and Transition Resources (N=14)**: Some respondents (14 of 601) sought clearer information about transitions, follow-ups, and navigating the program. Issues with communication and accessing appropriate resources were also noted. An example of an open-ended response from this category is, *"I haven't received any information about the transition process"* (sic).

- **B23 Provided Resources (N=13):** Some families (13 of 601) indicated they were pleased with the resources that the B23 program had provided their families. An example of an open-ended response from this category is, *"I'm currently receiving what I need from the program"* (sic).

- **Educational Resources (N=13)**: Some requests (13 of 601) included information on educational programs and activities that aid cognitive development. An example of an open-ended response from this category is, *"Whatever resources that will aid cognitive and intellectual development of my child"* (sic).

- **Any and All Resources (N=11):** Some families (11 of 601) didn't mention specific types of resources they wanted but instead indicated that they would like B23 to provide any available resources. An example of an open-ended response from this category is, *"Whatever is available and will help my son success"* (sic).

- **Family Support (N=10):** Some families (10 of 601) requested parent groups, classes, and resources to help them navigate challenges and support their children's development. An example of an open-ended response from this category is, *"Resources for parent workshops would be helpful and would give a chance for families to meet other families and gain support that way as well"* (sic).

- **Medicaid or Medicare Resources (N=3):** A small number of families (3 of 601) indicated they would like information and support for applying for Medicare or Medicaid. An example of an open-ended response from this category is *"…I would have liked to also have services or someone that could help me enrolling my child in Medicaid"* (sic).

- **Financial Resources (N=2):** A couple of families (2 of 601) indicated they would like information on obtaining access to financial resources. An example of an open-ended response from this category is *"Financial information for future support"* (sic).

- **Web-based Resources (N=2):** Two families (2 of 601) wanted web-based resources (e.g., emails, and online events). An example of an open-ended response from this category is *"Email"* (sic).

- **Family Found Their Own Resources (N=2):** A couple of families (2 of 601) indicated that they found resources to support their child's needs. An example of an open-ended response from this category is, *"I found my own and came up with a plan and told the program"* (sic).

ADDITIONAL OPEN-ENDED FEEDBACK

RESULT: OPEN-ENDED COMMENTS REVEAL A MIX OF POSITIVE AND CONSTRUCTIVE FEEDBACK ABOUT THE B23 PROGRAM

Families were asked an open-ended question to elicit additional information or comments about their experience in the B23 program. The question asked families *to "share any additional information about your experience with the B23 program."* In total, 187 families responded to this item. The analysis revealed 11 themes, and we organized the themes based on the number of responses in each category. Open-ended responses could be assigned to one or more themes. Due to the many responses, we only provide one exemplar quote for each category. See Table I in Appendix C for all the open-ended responses families provide.

Positive Feedback

- **Positive Staff Interactions (N=72):** The comments reveal a strong appreciation for the staff involved in early intervention services, highlighting their exceptional qualities and positive impact on families. Many families praised their Family Service Coordinators and therapists for being kind, responsive, and highly effective. Staff members were often described as going above and beyond, creating supportive, family-like relationships that fostered trust and comfort. The personalized and caring approach of the staff was a recurring theme, with many comments emphasizing how therapists and coordinators made a concerted effort to understand and meet the unique needs of each child and family. An example of an open-ended response from this category is *" [Name] was absolutely wonderful to work with! Kind and understanding, great communication, and efficient coordination of care. Her guidance is family based and what works best for the family as a whole, while also meeting the child's individual needs. Our family greatly appreciates all her help"* (sic).

- **Impact on Development and Family Support (N=59):** The comments reflect a significant positive impact of the program on children's development and family support. Families noted remarkable progress in their children's speech, behavior, and overall development. The program was described as transformative, providing essential tools and support that helped children thrive. Parents observed improvements in communication skills, emotional regulation, and developmental milestones. Families also highlighted the invaluable support from the program's coordinators and therapists. This support helped children make substantial progress and empowered parents with knowledge and confidence in their parenting. Overall, the program was lauded for its positive impact on children and their families, offering vital resources and personalized support that facilitated significant developmental gains and enhanced family well-being. An example of an open-ended response from this category is, "*The B23 program was very helpful and understand to the needs I had for my child"* (sic).

- **Positive Communication and Coordination Experiences (N=28):** The comments highlight a highly positive experience with communication and coordination throughout the early intervention program. Families consistently praised their coordinators and therapists for their exceptional communication skills and proactive support. Coordinators were noted for being highly responsive, accessible, and thorough in addressing concerns, which made the overall process smooth and reassuring. They effectively guided families through evaluations, resource allocation, and the implementation of services, often exceeding expectations with their dedication and personal involvement. Therapists, particularly those in speech and physical therapy, were also lauded for their outstanding communication. They provided detailed updates on progress, shared helpful tips, and kept families well-informed about their child's development. Many therapists went the extra mile by sending videos, photos, and personalized feedback, which helped families feel more connected and involved in their child's care. Overall, the strong communication and coordination facilitated by the staff played a crucial role in making the experience positive for families. An example of an open-

ended response from this category is, *"Everyone is very nice and organized. Meetings are scheduled quickly and are not delayed"* (sic).

- **General Positive Comments (N=20):** The feedback highlights a consistently positive view of the program. Families expressed deep gratitude and satisfaction, emphasizing that their experiences were excellent. Participants felt the services were well-received, with some mentioning they would highly recommend the program to others. Overall, the sentiments conveyed were of appreciation, relief, and happiness with the outcomes and support provided. An example of an open-ended response from this category is, *"I had a great experience with the Birth to Three Program. I am forever grateful"* (sic).

Constructive Feedback

- **Service Availability and Wait Times (N=13):** Some families (13 of 601) experienced significant delays in accessing services, particularly for speech therapy. The wait times were often several months, leading to frustration and concern about the impact on their child's development. The shortage of therapists and limited scheduling options contributed to long wait times. In some cases, finding available providers was difficult, and service availability was constrained by the limited number of therapists in the area. An example of an open-ended response from this category is, *"It was difficult initially to find a speech pathologist for our son. Just wish they weren't in such short supply"* (sic).

- **Negative Communication and Coordination Experiences (N=11):** Some families (11 of 601) felt inadequately informed by their coordinators, noting specific problems such as failing to share updated IFSP documents. Scheduling issues were prevalent, mainly due to poor coordination with daycare providers. Additionally, the slow communication and overall inefficiency often left families needing to take the initiative to arrange services themselves. An example of an open-ended response from this category is, *"I just don't always feel informed by my coordinator. Our speech therapist is the best! Our experience with my son's teacher has been okay fair"* (sic).

- **Negative Staff Interactions (N=6):** A small number of families (6 of 601) experienced staff engagement and follow-through issues. Family coordinators and early intervention facilitators were criticized for being unhelpful, uncommunicative, or disorganized, leaving families feeling like just a number. These coordinators often provided inadequate follow-up and failed to advocate effectively for the families. An example of an open-ended response from this category is, *"I did not have good experiences with the ECE staff. One left without proper notice and the other was always late, cancelling and gave misinformation when she was leaving. Our service coordinator [Name] and speech therapist [Name] however were heaven sent. We are very appreciative of them and their assistance with our child"* (sic).

- **Age Limitations (N=6):** A small number of families (6 of 601) strongly desire the program to extend its age limits. Many families expressed disappointment that the program ends at age three, with several wishing it could continue until age five. They emphasized the critical nature of the early years for a child's development and voiced concerns about the potential negative impact of transitioning out of the program before age five. Respondents highlighted the program's benefits and regretted leaving due to their child's age. An example of an open-ended response from this category is, *"The critical time-period for a child's long-term emotional and mental development is 0-5. While the first 3-year program has undoubtedly been a benefit, I am concerned that the transition from the program prior to age 5, and the possibility of not receiving services through the local school district will have long-term negative impacts on my child's development and future learning"* (sic).

- **Awareness and Referral Issues (N=4):** A small number of families (4 of 601) parents were unaware of available services until they discussed their child's needs with others or encountered issues themselves. Pediatricians and other healthcare providers did not proactively inform them

about early intervention options, leading to delays in diagnosis and service initiation. An example of an open-ended response from this category is, *"We had great therapists assigned to our son. We just wish we had started the process sooner and were able to have the resources to recognize that our son had a developmental delay"* (sic).

- **Assessment and Evaluation Issues (N=2):** Two families (of 601) requested earlier and more accurate assessment and evaluation to ensure timely and appropriate services for children with developmental delays. An example of an open-ended response from this category is, *"In both of our experiences, years apart, we were made to wait until our children were older to see if speech improved on its own. When it did not and they were finally evaluated, they were nearing the age of 3 and we were not provided any services and transferred to the local district, which was a long process. I feel that both of my kids missed out on a lot of valuable time that they could have been receiving services. In addition, our most recent child to go through services was given goals that I did not feel were accurate for her abilities. Once we finally got set up in services, the SLP was in agreement that she did not have the issues that were identified by Birth to 3 and needed to redo her goals"* (sic).

In addition to the themes described above, 19 families indicated they had no additional feedback to provide.

RESULT: OPEN-ENDED COMMENTS REVEAL FAMILIES SEEK ENHANCED AND DIVERSIFIED SERVICE OPTIONS FOR BETTER SUPPORT

Families were asked an open-ended question to elicit specific suggestions families had on how to improve B23 services for families. The question asked families if they had *"any suggestions for B23 to improve in the future."* In addition, families were prompted to speak about *"what types of services [they] would have liked for B23 to offer."* In total, 154 families responded to this item. The analysis revealed 12 themes, and we organized the themes based on the number of responses in each category. Open-ended responses could be assigned to one or more themes. Due to the many responses, we only provide one exemplar quote for each category. See Table J in Appendix C for all the open-ended responses families provide.

- **No Suggestions Provided (N=78):** Several respondents indicated no suggestions for any changes and were content with the current offerings. In addition, many responses included expressions of thanks and appreciation for the program and staff. An example of an open-ended response from this category is, *"I do not have any complaints you guys are doing a great job"* (sic).

- **Improve Communication and Coordination (N=24):** Some families (24 of 601) highlighted areas for improvement in communication and coordination within the B23 program. Respondents emphasized the need for regular check-ins and better communication between therapists and families. There were calls for increased transparency and updates on the child's progress and activities, including more frequent photos or videos. Some noted that communication with contracted providers was inconsistent and lacked integration with the overall team (i.e., Family Service Coordinators and other Early Intervention Providers), sometimes leading to service gaps. Additionally, there were suggestions to ensure service coordinators are more proactive and attentive, providing timely updates and building stronger relationships with families. An example of an open-ended response from this category is, *"More reaching out about updates and providing more resource information to support families"* (sic).

- **Provide Information on Local Resources (N=18):** Some families (18 of 601) emphasized a need for better information on local resources to support families involved in the B23 program. Respondents suggested providing details about nearby events, parks, museums, and activities. Suggestions also include offering resources like books, mobile apps, and community-based support systems focused on autism. Additionally, there is a call for more resources that assists parents in managing their child's development at home. This includes providing access to educational materials,

teaching tools, and information about typical developmental milestones versus signs of potential disorders. Finally, families also expressed interest in receiving resources on Medicaid and financial support opportunities for low-income families. An example of an open-ended response from this category is, *"More information on community things. Also, a newsletter on different/new techniques to teach/care for the young ones, there could be one for each area of need or even just the most common areas"* (sic).

- **Expand and Change Early Intervention Services for Families (N=15):** Some families (15 of 601) suggested expanding and changing the service offerings for families. It was proposed that more evening hours for services should accommodate working parents. Concerns were raised about the need for more flexible scheduling options and the possibility of offering home school services, especially to accommodate families across different districts. There were also calls to bring back developmental pediatricians for the program and to ensure that feedback is regularly gathered from families to assess and improve the early intervention services. An example of an open-ended response from this category is, *"Bringing back the Developmental Pediatrician for kids to be able to see who are in the program"* (sic).

- **Improve Service Availability and Wait Times (N=7):** A small number of respondents (7 of 601) expressed frustration with long wait times for services, particularly speech therapy, which they felt caused delays in their child's development. These families called for improved efficiency in connecting families with necessary services before they age out of the program and ensuring that providers are available promptly. An example of an open-ended response from this category is, *"The wait time for services was very long if there is more access with less wait time. Other than that everything was great"* (sic).

- **Develop a Parent Support Group (N=7):** A small number of respondents (7 of 601) indicated they desired to participate in structured support groups where parents could connect, share experiences, and discuss challenges. They suggested the possibility of in-person and virtual groups, such as regular Zoom meetings or dedicated social media pages. An example of an open-ended response from this category is, *"Play groups and support groups for parents"* (sic).

- **Increase the Age of Service Provision (N=5):** A small number of respondents (5 of 601) suggested extending the program's age range to support older children better and ensure continuity of care. Respondents are advocating for expanding the program to include children up to age five rather than just up to age three. They emphasize the importance of maintaining relationships with current providers, as children and parents build a strong rapport with their case workers. They express concerns that transitioning to new providers or programs at age three could be disruptive. An example of an open-ended response from this category is, *"Extend the program to age 5"* (sic).

- **Improve Monitoring and Evaluation (N=5):** A small number of respondents (5 of 601) indicated a desire for improved monitoring and evaluation within the program. Respondents expressed dissatisfaction with the lack of measurable data and the minimal communication they received from therapists. There were concerns about the lack of regular check-ins and follow-ups to ensure the children were progressing and obtaining the appropriate services. Parents felt they did not receive adequate information about available services or how to seek additional help when needed, which resulted in delays and missed therapies, such as occupational therapy. Additionally, some initial assessments were viewed as inaccurate or inadequate, affecting the timely placement of necessary services. Overall, there is a clear call for more consistent and thorough evaluations, better communication, and a more proactive approach to ensure children receive the support they need. An example of an open-ended response from this category is, *"Evals and intakes to highly consider the needs of the children and the service provider"* (sic).

- **Recommendations Regarding Specific Service Providers (N=3):** A small number of respondents (3 of 601) expressed concerns about the professionalism and effectiveness of certain service providers. Suggestions included avoiding specific service providers and enhancing therapists' training to improve their assessment skills and treatment recommendations. An example of an open-ended response from this category is, *"That some of the ECE therapists get more training. My son started out with just ECE and got speech and then OT. So, he has all there at the moment. Both ECE thought that my son need not speech therapy and that he would just start talking when he was ready. my son has had service from over a year now and his speech didn't start improving until he adds speech therapy to his services"* (sic).

- **Provide Bilingual Service Providers (N=3):** A small number of respondents (3 of 601) few expressed the need for bilingual service providers within the program. An example of an open-ended response from this category is, *"If possible bilingual providers. My child is in a English and Spanish household"* (sic).

- **Improve Transition Process (N=2):** A small number of respondents (2 of 601) suggested improvements for the transition process from the B23 program. They needed clearer information on how the transition works and advocated for more consistent procedures to ensure that all children are evaluated and transitioned between services uniformly. Additionally, they recommended providing detailed information about school district standards and available options for continuing therapy or assistance once a child turns three. An example of an open-ended response from this category is, *"The transition process wasn't very clear in me thinking my child was automatically accepted into a program when there were determination meetings"* (sic).

- **Improve Awareness of the B23 Program (N=1):** One family (of 601) suggested that B23 should enhance efforts to improve awareness of the program in Delaware. Although this was the only such response to this particular question, it reflects concerns raised in previous feedback, where some families mentioned experiencing issues with awareness and referrals. The open-ended response for this theme was *"Knowing about the birth to 3 program earlier would help a lot of families. I did not know it was a resource we could use till our son was over 2 years old"* (sic).

RECOMMENDATIONS

RECOMMENDATION 1: WE ENCOURAGE DHSS, B23 ADMINISTRATION, & B23 LEADERS TO CELEBRATE AND COMMUNICATE PROGRAM SUCCESS

The B23 program has achieved high ratings in several key areas, including admission and transition processes. Families have also reported strong positive perceptions of Family Service Coordinators and Early Intervention Providers. In addition, the program has effectively delivered valuable information and resources to families. Federal reporting requirements for Part C programs also highlight that the B23 program has successfully assisted families in understanding their rights, effectively communicating their child's needs, and supporting their child's development and learning.

As such, we recommend that B23 celebrate and communicate these successes by publicly acknowledging the program's high levels of family satisfaction and achievements across various aspects. B23 may also consider applying for awards to highlight its effectiveness further. In addition, we encourage DHSS, B23 Administration, and B23 leaders to recognize the hard work of the staff and share these positive outcomes with families, stakeholders, and the broader community. This will reinforce the program's positive impact, boost morale, and strengthen trust and confidence in the program. By highlighting these successes, the program can further solidify its reputation and continue to build on its strengths.

RECOMMENDATION 2: WE ENCOURAGE DHSS, B23 ADMINISTRATION, & B23 LEADERS TO EXPLORE HOW THEY MIGHT SUPPORT FAMILIES' CHALLENGES RELATED TO THEIR CHILD'S SOCIAL AND EMOTIONAL DEVELOPMENT

The high level of understanding among families regarding social and emotional development suggests that recent efforts by the B23 program in this area are proving effective. Compared to last year, this increased understanding reflects positively on the program's initiatives and outreach. However, despite these improvements, open-ended responses indicate that families are still facing significant challenges related to their child's social and emotional development, and these challenges are impacting family functioning in various ways. To further enhance the program's effectiveness and address these ongoing issues, we encourage DHSS, B23 Administration, and B23 leadership to consider the following actions:

- **Continuing Outreach Efforts:** Comparisons to last year's survey revealed a marked increase in the percentage of families who (1) understand what social-emotional development means and (2) had the importance of social-emotional development explained to them. These results indicate that B23's social-emotional initiative is making a meaningful impact. To build on this success, we suggest that B23 continue to build on its efforts through consistent messaging. This may look like continuing to communicate the importance of social-emotional development through newsletters, social media, and community events.

- **Enhance Support for Identified Challenges:** The survey data revealed that some families have concerns about their children's behavioral, social, and communication challenges. For example, some families reported issues such as impulse control, emotional regulation, and social interactions. Examples included tantrums, aggression, and social withdrawal. In addition, some families noted difficulties in their child's communication abilities, including verbal expressions and non-verbal cues, which affected their ability to convey needs and interact effectively. To address these challenges, we recommend that B23 consider the following activities:

    - **Ongoing Evaluation and Referrals:** We recognize that the program is already evaluating children for social and emotional challenges and providing appropriate referrals as necessary. Continuing this practice will ensure families receive timely support tailored to their child's needs.

    - **Resource Development:** Develop materials that outline effective strategies for addressing specific behavioral issues, such as impulse control, aggression, and social interactions. These resources should include clear examples and step-by-step guidance for parents on how to respond to various situations. For families with children with communication challenges, provide resources focusing on non-verbal communication techniques, such as visual aids, social stories, and alternative communication methods (e.g., sign language or communication devices). These resources should be readily available through the B23 website and community centers.

    - **Targeted Workshops and Training:** Request the Parent Information Center (PIC) develop specialized workshops focused on behavioral management and communication strategies for parents. These sessions could equip families with practical techniques to handle tantrums, emotional regulation, and communication barriers.

- **Address Family Impact:** The survey data revealed that some parents perceive their child's social and emotional challenges negatively impacting their family's functioning. To help mitigate these challenges to family functioning, we suggest B23 consider the following actions:

    - **Family Support Groups and Workshops:** Request the PIC organize support groups and

workshops that focus on stress management techniques and coping strategies for parents. These sessions can provide practical tools to help families navigate challenging behaviors, reduce stress, and promote positive family interactions.

    - **Family Counseling Services:** Offer access to family counseling that addresses the emotional and relational dynamics affected by a child's challenges. This support can help families communicate better and work together to manage their child's needs.

- **Gather and Act on Feedback:** Continue to collect and analyze informal feedback from families to identify emerging issues and areas for improvement. Use this information to refine and adapt the program's strategies to better meet all families' needs.

By building on its recent successes and addressing families' challenges, the B23 program can further enhance its support for families and improve overall social and emotional development outcomes.

RECOMMENDATION 3: WE ENCOURAGE DHSS, B23 ADMINISTRATION, & B23 LEADERS TO CONTINUE TO EXPAND THE SERVICES AND RESOURCES THEY PROVIDE TO FAMILIES

Some families described concerns regarding the availability of services and waiting times for essential therapies. While many of these families expressed appreciation for the support provided by B23, they also highlighted the challenges posed by long wait times and a limited number of providers. We recognize that B23 may not have direct control over these issues, particularly given Delaware's broader context of resource shortages. Nevertheless, we offer these recommendations as possible actions that B23 could take to enhance the experience for families.

- **Advocate for Increased Resources:** Request that your Interagency Coordinating Committee (ICC) advocate for additional funding and resources for speech therapy and other essential services. Highlighting the need for more providers can help address the shortage and improve service availability.

- **Provide Regular Updates to Families:** Establish a system informing families about waiting times and service availability. Regular communication can help manage expectations and provide reassurance that their needs are being addressed.

- **Continue to Identify Service Providers:** Building on current efforts, continue to identify and engage additional providers, including telehealth options, to ensure families have timely access to necessary therapies.

Some families needed more information about local resources to support their involvement in the B23 program. Respondents highlight the importance of accessible details regarding nearby events, parks, museums, and activities that can enrich their family's experiences. To address these needs, we recommend the following actions:

- **Leverage the New B23 Website as a Resource Hub:** Building on the recent updates to the B23 website, enhance the resource archive by adding more tools and resources. Consider categorizing the information for easier navigation and including a search bar to help families quickly find what they need. This hub can feature local events, recreational opportunities, and family-friendly activities.

- **Curate Educational Resources:** Offer resources such as books, mobile apps, and teaching tools focused on diverse disabilities and child development. This could also include recommendations on supporting understanding and managing social-emotional development at home.

- **Organize Workshops and Information Sessions:** Ask the PIC to host regular workshops or information sessions covering topics such as managing child development at home, accessing educational resources, and effective parenting strategies. These sessions can also include guest speakers, such as experts in child development and autism.

- **Enhance Awareness of Financial Support Options:** Seek, collect, and share informational materials that detail available financial resources, including Medicaid and other support opportunities for low-income families. This could involve organizing outreach efforts to ensure families know their options and how to access them.

By addressing these areas, the B23 program can better meet the needs of all families, enhance their experience, and support their children's development and well-being.

RECOMMENDATION 4: WE ENCOURAGE DHSS, B23 ADMINISTRATION, & B23 LEADERS TO CONSIDER HOW THEY MIGHT IMPROVE COMMUNICATION AND COORDINATION BETWEEN FAMILY SERVICE COORDINATORS, FAMILIES, AND EARLY INTERVENTION PROVIDERS

The survey data indicates that some families have experienced challenges with communication and coordination within the B23 program. Issues such as inadequate updates from coordinators, scheduling conflicts with daycare providers, and slow communication have led to some families expressing frustration and a sense of disconnection. To address these concerns, we recommend the following actions:

- **Examine Processes for Check-Ins with Families:** We recognize that B23 likely already has processes for scheduling check-ins between Family Service Coordinators and families. As such, we recommend that B23 examine how they might leverage or adjust these processes to enhance the frequency and structure of these meetings. Emphasizing proactive outreach will ensure that families receive timely updates on their child's progress and feel more supported throughout the process.

- **Enhance Coordination with Providers:** We recognize that B23 likely already has processes to support coordination between B23 staff and contracted providers. As such, we recommend that B23 examine how they might leverage or adjust these processes to enhance coordination between the B23 program and providers. This could involve regular collaborative meetings that include families or shared digital platforms to facilitate information sharing and scheduling.

- **Increase Frequency and Variety of Progress Updates:** While progress updates may already be provided, consider enhancing the frequency and variety of progress updates. This should include metrics and indicators that track the child's development and options for families to receive photos or videos. This approach can further strengthen their connection to their child's progress and the services being provided.

By building on the strengths of current practices, B23 can continue to improve communication and coordination, fostering a more supportive and connected environment for families and enriching their overall experience within the program.

CONCLUSION

This report presents the results of the 2023-2024 Birth to Three Family Outcomes Survey conducted by the Center for Research in Education and Social Policy (CRESP) at the University of Delaware. The report includes details on reviewing and revising the survey tool, which was updated through stakeholder feedback to enhance its effectiveness. The survey, covering all 1,667 families served during the fiscal year, yielded a response rate of 36.1%, with data analyzed using descriptive statistics and non-parametric tests. Key results

indicate high family satisfaction with early intervention services, the admission process, and Family Service Coordinators, although minor issues with communication and coordination were noted. Families showed strong approval of Early Intervention Providers and a good understanding of social-emotional development despite experiencing varied challenges. Satisfaction with the transition process was high, but preferences and experiences varied by county. The feedback highlighted a need for additional resources and services. Based on these results, the report recommends celebrating and communicating the program's successes, addressing social and emotional development challenges, expanding resources and services, and enhancing communication and coordination among all stakeholders.

APPENDIX A: ENGLISH SURVEY

Birth to Three (B23) Early Intervention Program Family Outcomes Survey

The following is a shortened version of the information found at **http://www.cresp.udel.edu/b23**.

This survey is for families receiving services from Delaware's Birth to Three (B23) Early Intervention Program. The Center for Research in Education and Social Policy (CRESP) at the University of Delaware conducts the Family Outcomes Survey for the B23 Program. **The survey takes approximately 10 to 15 minutes to complete.**

Completing this survey is voluntary. You can choose to skip any questions you do not wish to answer. The information that you provide in this survey will be kept confidential. Your answers will be combined with the information collected from other families to create a summary report, and no single person or family will be named. Any comments you provide will be reported anonymously. Your responses to the survey will not impact the B23 services you receive now or in the future.

You can leave the survey and resume your progress later, so long as you use the same browser where you started the survey.

Individuals who complete this survey can enter a drawing for a $50 Amazon gift card. Ten gift cards will be given away. At the end of the survey, you can provide your email address or phone number to enter the drawing. Participation in the drawing is voluntary.

If you have questions about the survey, please contact Dr. Samantha Shewchuk at 302-831-3486 or shewchuk@udel.edu. The survey has been reviewed and approved by the University of Delaware's Institutional Review Board (UD IRB) and the Delaware Department of Health and Social Services Human Subjects Review Board (DHSS HRSB). If you have any questions or concerns about your rights as a survey participant, you may contact the UD IRB at 302-831-2137 or hsrb-research@udel.edu. In addition, you may contact the DHSS HRSB at Division of Management Services, Herman Holloway Sr. Campus, 1901 N. DuPont Highway, New Castle, DE 19720; (302) 255-9000; **DHSS_HRSB@delaware.gov**.

If you have any questions about the survey at this point, please take this opportunity to have them answered before granting your consent. If you are ready to provide your consent, do so by answering the question below.

Please select whether you agree to take this survey.

- ○ Yes, I would like to take the survey
- ○ No, I would not like to take the survey

Skip To: End of Survey If Please select whether you agree to take this survey. = No, I would not like to take the survey

Part 1: Demographic questions
This section asks to provide basic demographic information about your child.

How old is your child?

- ○ Birth to 1 year

- ○ 1 to 2 years
- ○ 2 to 3 years
- ○ Over 3 years

Is your child a boy or a girl?

- ○ Boy
- ○ Girl

Is your child Hispanic or Latino?

- ○ Yes
- ○ No

How would you describe your child's race?

- ○ American Indian or Alaskan Native
- ○ Asian
- ○ Black or African American
- ○ Native Hawaiian or Other Pacific Islander
- ○ White
- ○ A race not listed here (please describe) _____
- ○ Two or more races (please describe) _____

Which county do you live in?

- ○ New Castle
- ○ Kent
- ○ Sussex

What is your zip code?

_____

Part 2: Program Experiences

The B23 program is interested in learning about your experiences during the admission processes, your

experiences with your family service coordinator, your experiences with your early intervention provider(s), your experiences engaging with B23 about your child's social-emotional development, your experiences during the transition process, and the resources you have received while in the B23 program. This section contains items for each of these topics.

Admissions Process

The following items focus on your experiences during the admission process. Please indicate how much you agree or disagree with the following statements.

At the start of my experience with B23:

A family service coordinator met with me and/or my family within 2 weeks of the referral.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

At the start of my experience with B23:

A family service coordinator asked about my child's strengths, needs, and goals in our initial meeting.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

At the start of my experience with B23:

The results of my child's assessments or evaluations were explained in ways I understood.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

At the start of my experience with B23:

Finding out if my child was eligible for the B23 program was easy.

- ○ Strongly Agree

- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Display This Question:
If At the start of my experience with B23: Finding out if my child was eligible for the B23 program... = Disagree
Or At the start of my experience with B23: Finding out if my child was eligible for the B23 program... = Strongly Disagree

You indicated that you 'disagreed' or 'strongly disagreed' that it was easy to find out if your child was eligible for the B23 program. Please tell us why it was not easy to find out if your child was eligible for the program.

_____
_____
_____
_____
_____

Interactions With Your Family Service Coordinator

The following items focus on your interactions with your family service coordinator over the past year. Your family service coordinator is the person who works with you to develop your child's Individualized Family Service Plan (IFSP). He or she also coordinates services, which may be delivered by multiple early intervention providers. Please indicate how much you agree or disagree with the following statements.

My family service coordinator...

Treated me and my family with respect.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Display This Question:
If My family service coordinator... Treated me and my family with respect. = Disagree
Or My family service coordinator... Treated me and my family with respect. = Strongly Disagree

You indicated that you 'disagreed' or 'strongly disagreed' that your family service coordinator treated you respectfully. Please tell us why you feel you were not treated with respect by your coordinator.

_____
_____
_____
_____
_____

My family service coordinator...

Included me in decisions about services, resources, and opportunities for my child.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

My family service coordinator...

Included me in developing my child's Individualized Family Service Plan (IFSP).

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

My family service coordinator...

Assisted me in obtaining access to services identified in my child's Individualized Family Service Plan.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

My family service coordinator...

Was available to discuss my concerns in a timely manner.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Display This Question:
If My family service coordinator... Was available to discuss my concerns in a timely manner. = Disagree
Or My family service coordinator... Was available to discuss my concerns in a timely manner. = Strongly Disagree

Can you share your thoughts on what timeframe feels comfortable or reasonable for you and let us know the specific concerns you were hoping to discuss with your coordinator?

_____
_____
_____
_____
_____

My family service coordinator...

Communicated with me in a way that is sensitive to my family's culture and ethnic group.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

My family service coordinator...

Offered flexibility with respect to evaluations, scheduling, and appropriate coordination of care that met my family's needs.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

My family service coordinator...

Helped me to more effectively speak up for, or advocate for, what my child needs.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

My family service coordinator...

Helped me understand who to speak with if we feel our family's rights are not being addressed within the program.

- ○ Strongly Agree

- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

From time to time, there may be a need to change your Family Service Coordinator. Please indicate whether your Family Service Coordinator has changed over the past year.

- ○ Yes, my Family Service Coordinator has changed over the past year.
- ○ No, my Family Service Coordinator has not changed over the past year.

Skip To: Interactions with York Early Intervention Provider(s), If From time to time, there may be a need to change your Family Service Coordinator. Please indicate... = No, my Family Service Coordinator has not changed over the past year.

You indicated that your Family Service Coordinator has changed over the past year. How many different Family Service Coordinators have you had in the past year?

- ○ 2
- ○ 3
- ○ 4+

Please let us know if the changes in your Family Service Coordinator have affected your family's experience in the B23 Program.

_____
_____
_____
_____
_____

Interactions with Your Early Intervention Provider(s)

The following items focus on your interactions with your early intervention provider(s) over the past year. These are people such as early child education (ECE) specialists, speech-language therapists, physical therapists, or occupational therapists. Please indicate how much you agree or disagree with the following statements.

My early intervention provider(s)...

Treated me and my family with respect.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Display This Question:
If My early intervention provider(s)... Treated me and my family with respect. = Disagree
Or My early intervention provider(s)... Treated me and my family with respect. = Strongly Disagree

You indicated that you 'disagreed' or 'strongly disagreed' that your early intervention provider(s) treated you and your family respectfully. Please tell us why you feel you weren't treated with respect by your provider(s).

_____
_____
_____
_____
_____

My early intervention provider(s)...

Kept me up-to-date about my child's progress and needs.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

My early intervention provider(s)...

Included me in decisions about my child's therapy services.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

My early intervention provider(s)...

Communicated with me in a way that is sensitive to my family's culture and ethnic group.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

My early intervention provider(s)...

Offered flexibility in services that met my family's needs (e.g., telehealth, in-person appointments).

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Social-Emotional Development

The following items focus on how B23 has engaged with you about your child's social-emotional development. Please indicate how much you agree or disagree with the following statements.

I understand what social-emotional development means.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

In the last question, we asked you what social-emotional development means. Thanks for answering!

To ensure we're on the same page for the rest of the questions in this section, when talking about your child's social-emotional development, we are referring to his or her ability to interact with adults and other children.

Social-emotional development, and its importance, was explained to me.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

I have discussed my child's social-emotional development as part of the B23 program.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

I am more aware of how to support the social-emotional development of my child.

- ○ Strongly Agree

- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Do you have challenges with your child's social-emotional development? How do these challenges impact your family?

_____
_____
_____
_____
_____

Display These Questions:
If How old is your child? = 2 to 3 years
Or How old is your child? = Over 3 years

Transition Process

The following items focus on your experiences during the transition process. Please indicate how much you agree or disagree with the following statements.

The process of transitioning my child out of the B23 program was discussed regularly.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

I understand the next steps for transitioning my child out of B23.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Display This Question:
If I understand the next steps for transitioning my child out of B23. = Disagree
Or I understand the next steps for transitioning my child out of B23. = Strongly Disagree

You indicated that you 'disagreed' or 'strongly disagreed' that you understand the next steps for transitioning your child out of B23. Please tell us more about the specific challenges or uncertainties you are facing.

_____
_____
_____
_____
_____

Display This Text:
If I understand the next steps for transitioning my child out of B23. = Disagree
Or I understand the next steps for transitioning my child out of B23. = Strongly Disagree

Thank you for sharing about your transition-related challenges. Here is a **resource on B23's transition process**.

If you still have questions, please contact your family service coordinator. If you cannot reach your family service coordinator, feel free to contact your county's Early Childhood Transition Coordinator.

NCC Early Childhood Transition Coordinator
Fiona KL Vivar - fiona.vivar@doe.k12.de.us

Kent/Sussex Early Childhood Transition Coordinator
Katie Burris - kathleen.burris@doe.k12.de.us

A transition conference was arranged before my child exited the program.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

What's the best location for the transition conference?

- ○ School
- ○ Your home
- ○ Virtually
- ○ Other (please describe) _____

During the transition process, B23 staff shared information about options such as preschools, Head Start, or outpatient therapy services.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Resources

The following items focus on the types of resources you have received from B23 during your time in the program. Please indicate how much you agree or disagree with the following statements.

B23 staff provided me with written information about my family's legal rights (for instance, the **Guide to Parent Rights** document).

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Display This Question:
If How old is your child? = 2 to 3 years
Or How old is your child? = Over 3 years

B23 staff shared resources about the transition process (such as brochures and handouts) with me.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Please answer the next four items for your family service coordinator.

My family service coordinator...

Provided information and resources in my family's primary language.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

My family service coordinator...

Provided information and resources using my preferred form of communication (text message, email, or telephone).

- ○ Strongly Agree
- ○ Agree

- ○ Disagree
- ○ Strongly Disagree

My family service coordinator...

Gave me information and resources on activities and services in the community that help my child and me (e.g., childcare, playgroups, etc.).

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

My family service coordinator...

Gave me information and resources to support my child's social-emotional development.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Please answer the next four items for your early intervention provider(s).

My early intervention provider(s)...

Provided information and resources in my family's primary language.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

My early intervention provider(s)...

Provided information and resources using my preferred form of communication (text message, email, or telephone).

- ○ Strongly Agree
- ○ Agree

- ○ Disagree
- ○ Strongly Disagree

My early intervention provider(s)...

Gave me information and resources on activities and services in the community that help my child and me (e.g., childcare, playgroups, etc.).

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

My early intervention provider(s)...

Gave me information and resources to support my child's social-emotional development.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Please tell us what resources you would like to receive from the program.

_____
_____
_____
_____
_____

Part 3: Federal Reporting Requirements

The Individuals with Disabilities Act (or IDEA) is a federal law that funds and governs special education and early intervention programs and services. IDEA requires Delaware's Birth to Three (B23) Program to ask families for feedback about how well the program has informed you of your rights, helped you to communicate your child's' needs, and helped your child learn. This next section asks for your feedback about these topics. Please indicate how much you agree or disagree with the following statements.

Over the past year B23:

Helped me know about my family's rights.

- ○ Strongly Agree

- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Over the past year B23:

Helped me more effectively communicate my child's needs to the people who work with my child and family.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Over the past year B23:

Helped me know how to help my child develop and learn.

- ○ Strongly Agree
- ○ Agree
- ○ Disagree
- ○ Strongly Disagree

Part 4: Additional Feedback for the B23 Program

In this last section, we invite you to share any additional feedback about the B23 program.

Please share with us any additional information about your experience with the B23 program.

_____
_____
_____
_____
_____

Do you have any suggestions for B23 to improve in the future? Please let us know what types of services you would have liked for B23 to offer. This may include additional information or assistance that might help you better care for your child, including support for your family.

_____
_____
_____
_____
_____

This concludes the survey. We thank you for answering these questions.

If you are interested in entering the drawing to win one of ten $50 Amazon gift cards, please provide your email address or phone number (whichever is preferred) below. Entering the drawing is voluntary and therefore is not required.

_____

We would like to speak with some parents to learn more about their experiences this past year. If you are interested please provide your email or phone number (whichever is preferred) below. Providing your information is voluntary and therefore not required.

_____

APPENDIX B: SPANISH SURVEY

Programa de intervención temprana "Birth to Three" (B23) La Encuesta de Resultados para Familias

La siguiente es una versión abreviada de la información que se encuentra en **http://www.cresp.udel.edu/b23** .

Esta es una encuesta para familias que reciben servicios del Programa de Intervención Temprana "Birth to Three" (B23) en Delaware. El Centro de Investigación en Educación y Política Social de la Universidad de Delaware realiza la Encuesta de Resultados para Familias en nombre del Programa B23. **Completar la encuesta toma aproximadamente 10 a 15 minutos.**

Completar esta encuesta es voluntario. La información que proporcione en esta encuesta se mantendrá confidencial. Sus respuestas se combinarán con la información juntada de otras familias para crear un informe y los nombres de las personas y familias no se usarán. Cualquier comentario que ofrezca se usaría de forma anónima. Sus respuestas dentro de la encuesta no afectarán los servicios de B23 que recibe ahora ni en el futuro. **Puede dejar y continuar la encuesta en cualquier momento, ya que sus respuestas se guardan automáticamente.**

Las personas que completan esta encuesta pueden participar en un sorteo para la posibilidad de ganar una de diez tarjetas de regalo de Amazon de $50. Al final de la encuesta, puede apuntar su dirección de correo electrónico o número de teléfono si le interesa participar en el sorteo. La participación en el sorteo es voluntaria. Si tiene preguntas sobre la encuesta, comuníquese con la Dra. Samantha Shewchuk al 302-831-3486 o shewchuk@udel.edu. La encuesta fue revisada y aprobada por la Junta de Revisión Institucional (UD IRB) de la Universidad de Delaware y la Junta de Revisión de Sujetos Humanos del Departamento de Salud y Servicios Sociales de Delaware (DHSS HRSB). Si tiene alguna pregunta o inquietud sobre sus derechos como participante en la encuesta, puede comunicarse con el IRB de la UD al 302-831-2137 o hsrb-research@udel.edu. Además, puede comunicarse con el DHSS HRSB con la siguiente información: División de Servicios de Administración, Campus Herman Holloway Sr., 1901 N. DuPont Highway, New Castle, DE 19720; (302) 255-9000; DHSS_HRSB@delaware.gov.

Si tiene alguna pregunta sobre la encuesta en este momento, aproveche esta oportunidad para que se la respondan antes de dar su consentimiento a participar. Si usted está lista/o para dar su consentimiento, lo puede hacer por medio de contestar la siguiente pregunta.

Seleccione si acepta participar en esta encuesta.

- ○ Sí, quiero participar en la encuesta
- ○ No, no quiero participar en la encuesta

Skip To: End of Survey If Please select whether you agree to take this survey. = No, I would not like to take the survey

Parte 1: Preguntas demográficas

Esta parte tiene preguntas sobre información demográfica de su hijo.

¿Cuántos años tiene su niño/a?

- ○ Menos de 1 año
- ○ 1 a 2 años
- ○ 2 a 3 años
- ○ Más de 3 años

¿Su hijo es niño o niña?

- ○ Niño
- ○ Niña

¿Su hijo es hispano o latino?

- ○ Sí
- ○ No

¿Cómo describiría la raza de su hijo?

- ○ Indio Americano o Nativo de Alaska
- ○ Asiático
- ○ Negro o Afroamericano
- ○ Nativo de Hawai u otra Isla del Pacífico
- ○ Blanco
- ○ Una raza o etnia no incluida aquí (favor de describir) _____
- ○ Dos razas o más (favor de describir) _____

¿En qué condado vive usted?

- ○ New Castle
- ○ Kent
- ○ Sussex

¿Cuál es su código postal?

_____

Display This Question:

If How old is your child? = Birth to 1 year

Or How old is your child? = 1 to 2 years

Parte 2: Sus experiencias con el programa

El programa B23 está interesado en conocer sus experiencias durante los procesos de admisión, sus experiencias con su coordinador de servicios familiares, sus experiencias con su(s) proveedor(es) de intervención temprana, sus experiencias al interactuar con B23 sobre el desarrollo socioemocional de su hijo, sus experiencias durante el proceso de transición y los recursos que ha recibido mientras estuvo en el programa B23. Esta sección contiene elementos para cada uno de estos temas.

Haga clic en el botón adelante (>>) para continuar.

Proceso de Admisión

Las siguientes frases tienen que ver con sus experiencias durante el proceso de admisión. Por favor, indique qué tan de acuerdo o en desacuerdo está con las siguientes frases.

Al comienzo de mi experiencia con B23:

Un coordinador de servicios familiares se reunió conmigo y/o con mi familia dentro de 2 semanas después de la referencia al programa.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo

○ Muy en desacuerdo

Al comienzo de mi experiencia con B23:

Un coordinador de servicios familiares preguntó acerca de las fortalezas, necesidades y objetivos de mi hijo/a en nuestra reunión inicial.

○ Muy de acuerdo

○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

Al comienzo de mi experiencia con B23:

Los resultados de las evaluaciones de mi hijo me fueron explicados en manera que entendí.

○ Muy de acuerdo

○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

Al comienzo de mi experiencia con B23:

Fue fácil enterarme si mi hijo era elegible para el programa B23.

○ Muy de acuerdo

○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

Display This Question:

If At the start of my experience with B23: Finding out if my child was eligible for the B23 program... = Disagree

Or At the start of my experience with B23: Finding out if my child was eligible for the B23 program... = Strongly Disagree

Usted indicó que estaba 'En desacuerdo' o 'Muy en desacuerdo' con que fuera fácil saber si su hijo era elegible para el programa B23. Por favor, díganos por qué no fue fácil saber si su hijo era elegible para el programa.

_____

_____

_____

_____

_____

Interacciones con su coordinador de servicios familiares

Las siguientes frases tienen que ver con sus interacciones con su coordinador de servicios familiares durante el último año. Su coordinador de servicios familiares es la persona que trabaja con usted para desarrollar el Plan de Servicios Familiares Individualizados (IFSP) de su hijo. Él o ella también arregla los servicios que pueden ser brindados por otros proveedores de intervención temprana. Por favor, indique qué tan de acuerdo o en desacuerdo está con las siguientes frases.

Mi coordinador de servicios familiares...

Me trata a mí y a mi familia en una manera respetuosa.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Display This Question:

If My family service coordinator... Treated me and my family with respect. = Disagree

Or My family service coordinator... Treated me and my family with respect. = Strongly Disagree

Usted indicó que estaba 'En desacuerdo' o 'Muy en desacuerdo' con que su coordinador de servicios familiares le tratara con respeto. Por favor, díganos por qué cree que su coordinador no lo trató con respeto.

_____

_____

_____

_____

_____

Mi coordinador de servicios familiares...

Me incluye en las decisiones sobre servicios, recursos y oportunidades para mi hijo.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Mi coordinador de servicios familiares...

Me incluye en el desarrollo del Plan de Servicio Familiar Individualizado (IFSP) de mi hijo.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Mi coordinador de servicios familiares...

Me ayuda a obtener acceso a los servicios identificados en el Plan de Servicio Familiar Individualizado de mi hijo.

- ○ Muy de acuerdo
- ○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

Mi coordinador de servicios familiares...

Está disponible para hablar conmigo regularmente.

○ Muy de acuerdo

○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

Display This Question:

If My family service coordinator... Was available to discuss my concerns in a timely manner. = Disagree

Or My family service coordinator... Was available to discuss my concerns in a timely manner. = Strongly Disagree

¿Puede compartir su opinión sobre qué cronograma le resulta cómodo o razonable y dejarnos saber las inquietudes específicas que esperaba discutir con su coordinador?

_____

_____

_____

_____

_____

Mi coordinador de servicios familiares...

Se comunica conmigo en una manera que es sensible a la cultura y grupo étnico de mi familia.

○ Muy de acuerdo

○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

Mi coordinador de servicios familiares...

Ofrece flexibilidad con respecto a las evaluaciones, horario de citas, y coordinación de servicios para satisfacer las necesidades de mi familia.

○ Muy de acuerdo

○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

Mi coordinador de servicios familiares...

Me ayudó a defender o abogar de manera más efectiva lo que mi hijo necesita.

○ Muy de acuerdo

○ De acuerdo

○ En desacuerdo

○ Muy in desacuerdo

Mi coordinador de servicios familiares...

Me ayudó a entender con quién hablar si sentimos que los derechos de nuestra familia no se están abordando en el programa.

○ Muy de acuerdo

○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

De vez en cuando, puede haber una necesidad de cambiar el Coordinador de Servicios Familiares. Por favor indique si su coordinador de servicios familiares ha cambiado durante el último año.

- ○ Sí, mi Coordinador de Servicios Familiares ha cambiado durante el último año.
- ○ No, mi Coordinador de Servicios Familiares no ha cambiado durante el último año.

Skip To: Interacciones con su(s) proveedor(es) de intervención temprana *If From time to time, there may be a need to change your Family Service Coordinator. Please indicate... = No, my Family Service Coordinator has not changed over the past year.*

Usted indicó que su Coordinador de Servicios Familiares ha cambiado durante el último año. ¿Cuántos diferentes coordinadores de servicios familiares ha tenido en el último año?

- ○ 2
- ○ 3
- ○ 4+

Por favor comparta con nosotros si los cambios en su Coordinador de Servicios Familiares han afectado la experiencia de su familia en el Programa B23.

_____

_____

_____

_____

_____

Interacciones con su(s) proveedor(es) de intervención temprana

Las siguientes frases tienen que ver con sus interacciones con su(s) proveedor(es) de intervención temprana durante el último año. Estas son personas como especialistas en educación infantil temprana (ECE), terapeutas del habla y lenguaje, fisioterapeutas o terapeutas ocupacionales. Por favor, indique qué tan de acuerdo o en desacuerdo está con las siguientes frases.

Mi(s) proveedor(es) de intervención temprana...

Me trató a mí y a mi familia en una manera respetuosa.

- ○ Muy de acuerdo

- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Display This Question:

If My early intervention provider(s)... Treated me and my family with respect. = Disagree

Or My early intervention provider(s)... Treated me and my family with respect. = Strongly Disagree

Usted indicó 'En desacuerdo' o 'Muy en desacuerdo' que su(s) proveedor(es) de intervención temprana le(s) trata(n) respetuosamente a usted y a su familia. Por favor, díganos por qué cree que no fue tratado con respeto por su(s) proveedor(es).

_____

_____

_____

_____

_____

Mi(s) proveedor(es) de intervención temprana...

Me brinda información actualizada sobre el progreso y las necesidades de mi hijo.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Mi(s) proveedor(es) de intervención temprana...

Me incluye en las decisiones sobre los servicios de terapia de mi hijo.

- ○ Muy de acuerdo

○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

Mi(s) proveedor(es) de intervención temprana...

Se comunica conmigo en una manera sensible a la cultura y grupo étnico de mi familia.

○ Muy de acuerdo

○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

Mi(s) proveedor(es) de intervención temprana...

Ofrece flexibilidad en los servicios para satisfacer las necesidades de mi familia (por ejemplo, telesalud, citas en persona).

○ Muy de acuerdo

○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

Desarrollo Socio-emocional

Las siguientes frases enfocan en cómo B23 ha involucrado a usted en el desarrollo socio-emocional de su hijo. Cuando hablamos del desarrollo socio-emocional de su hijo, nos referimos a las interacciones de su hijo con adultos y niños. Por favor, indique qué tan de acuerdo o en desacuerdo está con las siguientes frases.

Entiendo lo que significa el desarrollo socio-emocional.

○ Muy de acuerdo

- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

En la última pregunta te preguntamos qué significa el desarrollo socio-emocional. ¡Gracias por responder!

Para asegurarnos de que estamos de acuerdo para el resto de las preguntas de esta sección, cuando hablamos del desarrollo socioemocional de su hijo, nos referimos a su capacidad para interactuar con adultos y otros niños.

El desarrollo socio-emocional y su importancia me fueron explicados

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

He discutido el desarrollo socio-emocional de mi hijo como parte del programa B23.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Soy más consciente de cómo apoyar el desarrollo socioemocional de mi hijo.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo

○ Muy en desacuerdo

¿Tiene desafíos con el desarrollo socio-emocional de su hijo? ¿Cómo afectan estos desafíos a su familia?

_____

_____

_____

_____

_____

Display These Questions:

If How old is your child? = 2 to 3 years

Or How old is your child? = Over 3 years

Proceso de transición:

Las siguientes frases tienen que ver con sus experiencias durante el proceso de transición fuera del programa. Por favor, indique qué tan de acuerdo o en desacuerdo está con las siguientes frases.

El proceso de transición de mi hijo/a fuera del programa B23 se discutió regularmente.

○ Muy de acuerdo

○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

Entiendo el proceso de transición de mi hijo/a fuera de B23

○ Muy de acuerdo

○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

Display This Question:

If I understand the next steps for transitioning my child out of B23. = Disagree

Or I understand the next steps for transitioning my child out of B23. = Strongly Disagree

Usted indicó 'En desacuerdo' o 'Muy en desacuerdo' en cuanto a que comprende los próximos pasos para la transición de su hijo fuera de B23. Cuéntenos más sobre los desafíos o incertidumbres específicos que enfrenta.

_____

_____

_____

_____

_____

Gracias por compartir sobre sus desafíos relacionados con la transición. Aquí hay un **documento sobre el proceso de transición del B23** (el documento está escrito en inglés).

Si aún tiene preguntas, comuníquese con su coordinador de servicios familiares. Si no puede comunicarse con su coordinador de servicios familiares, comuníquese con el Coordinador de Transición a la Primera Infancia de su condado.

Coordinadora de Transición a la Primera Infancia de NCC
Fiona KL Vivar - fiona.vivar@doe.k12.de.us

Coordinador de Transición a la Primera Infancia de Kent/Sussex
Katie Burris - kathleen.burris@doe.k12.de.us

Haga clic en el botón adelante (>>) para continuar.

Se organizó una conferencia de transición antes de que mi hijo saliera del programa.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

¿Cuál es la mejor ubicación para la conferencia de transición?

- ○ La escuela
- ○ Su hogar
- ○ Virtualmente
- ○ Otro (describir porfavor) _____

El personal del programa B23 brindó información sobre otras opciones, como preescolares, Head Start, o servicios de terapia.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Recursos

Los siguientes elementos se centran en los tipos de recursos que recibió de B23 durante su estancia en el programa. Por favor, indique qué tan de acuerdo o en desacuerdo está con las siguientes frases.

Haga clic en el botón adelante (>>) para continuar.

El personal de B23 me proporcionó información escrita sobre los derechos legales de mi familia (por ejemplo, **La Guía de los Derechos de los Padres**).

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Se compartieron conmigo recursos sobre el proceso de transición (por ejemplo, folletos e información).

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Responda las siguientes cuatro preguntas para su coordinador de servicios familiares.

Mi coordinador de servicios familiares...

Proporcioné información y recursos en el idioma principal de mi familia.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Mi coordinador de servicios familiares...

Brindado información y recursos utilizando mi forma preferida de comunicación (mensaje de texto, correo electrónico o teléfono).

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Mi coordinador de servicios familiares...

Me brindó información y recursos sobre actividades y servicios en la comunidad que nos ayudan a mi hijo y a mí (por ejemplo, escuela infantil, grupos de juego, etc.).

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Mi coordinador de servicios familiares...

Me brindó información y recursos para apoyar el desarrollo socioemocional de mi hijo.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Responda las siguientes cuatro preguntas para su(s) proveedor(es) de intervención temprana.

Mi(s) proveedor(es) de intervención temprana... ...

Proporcioné información y recursos en el idioma principal de mi familia.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Mi(s) proveedor(es) de intervención temprana... ...

Brindado información y recursos utilizando mi forma preferida de comunicación (mensaje de texto, correo electrónico o teléfono).

- ○ Muy de acuerdo

- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Mi(s) proveedor(es) de intervención temprana... ...

Me brindó información y recursos sobre actividades y servicios en la comunidad que nos ayudan a mi hijo y a mí (por ejemplo, escuela infantil, grupos de juego, etc.).

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Mi(s) proveedor(es) de intervención temprana... ...

Me brindó información y recursos para apoyar el desarrollo socioemocional de mi hijo.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Por favor díganos qué recursos le gustaría recibir del programa.

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Parte 3: Requisitos de informes federales

La Ley para la Educación de Individuos con Discapacidades (o IDEA) es una ley federal que financia y rige los programas y servicios de educación especial e intervención temprana. IDEA requiere que el Programa Birth to Three (B23) de Delaware pida a las familias sus opiniones sobre qué tan bien el programa le ha informado sobre sus derechos, le ha ayudado a comunicar las necesidades de su hijo y ha ayudado el aprendizaje de su hijo/a. Por favor, comparta qué tan de acuerdo o en desacuerdo está con las siguientes frases.

Durante el año pasado, B23:

Me ayudó a informarme sobre los derechos de mi familia.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Durante el año pasado, B23:

Me ayudó a comunicar mejor sobre las necesidades de mi hijo a las personas que trabajan con mi hijo y mi familia.

- ○ Muy de acuerdo
- ○ De acuerdo
- ○ En desacuerdo
- ○ Muy en desacuerdo

Durante el año pasado, B23:

Me ayudó a saber cómo ayudar a mi hijo a desarrollarse y aprender.

- ○ Muy de acuerdo
- ○ De acuerdo

○ En desacuerdo

○ Muy en desacuerdo

Parte 4: Comentarios adicionales para el programa B23
En esta última parte, le invitamos a compartir cualquier comentario adicional que tenga sobre el programa B23.

Por favor comparta con nosotros cualquier información adicional que tenga usted sobre sus experiencias con el programa B23.

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¿Tiene alguna sugerencia para que podamos mejorar en el futuro? Por favor avísenos cuáles tipos de servicios le hubiera gustado. Esto puede incluir información o asistencia adicional que podría ayudarle a cuidar mejor a su hijo, incluyendo apoyo adicional para su familia.

_____

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_____

La encuesta se terminó.
Le agradecemos por participar.

Si le interesa participar en el sorteo para la posibilidad de ganar una de las diez tarjetas de regalo de Amazon de $50, por favor ponga su dirección de correo electrónico o número de teléfono (lo que prefiera usted) a continuación. La participación en el sorteo es voluntaria y, por lo tanto, no es obligatoria.

_____

Nos gustaría hablar con algunos padres para aprender más sobre sus experiencias en el año pasado. Si está interesado, ponga su correo electrónico o número de teléfono (lo que prefiera) a continuación. Proporcionar su información es voluntario y, por lo tanto, no es obligatorio.

_____