

The Ways Birth to Three Providers Determine the Frequency of Services for Children Who are Deaf/Hard of Hearing and Their Families

Cole M. Bosas, MA, CED, LSLs Cert. AVEd
Fontbonne University

Research Question:

If I interview early intervention service providers for children who have hearing loss about frequency of services, in what ways, if any, will the information/data lead to service delivery inequities?

Abstract

This pilot study explored ways early intervention providers determine the frequency of services for the children and families they serve. A qualitative methodology was employed to conduct semi-structured interviews with a purposive sample of providers of children with hearing loss. Three themes were identified: Bias, caregiver control and provider control.

Introduction

What happens when a family has a young child, that has hearing loss? How does a family get help when the child is very young? Imagine in this world also having to navigate services for your child. A young child with hearing loss who is between the ages of birth and three years of age is eligible to receive services such as audiology and listening and spoken language therapy (see Table 1) as well as other services the child may qualify for. The frequency of services could be weekly, bi-weekly or monthly and typically last around an hour. These services are planned out in a document called an IFSP (Individualized Family Service Plan). More specifically, the IFSP includes the child's health information, family routines and activities, family concerns, resources and priorities, the child's present level of development, summary of the child's functional performance (social relationships), functional IFSP outcomes for children and, transition planning.

Caregiver Control:

"Basically it's family driven um we just ask the families based on their present levels, current needs, how they are feeling, what they would like for their services."

Methodology

- This qualitative study used interviews of providers who are early interventionists to collect data to help determine if provider biases may influence service delivery patterns for early intervention services for children who are deaf and hard of hearing and their families.

Bias:

"I mean it's hard when... the answer you get back you feel like you need clarification and you have to like kind of keep going back and forth and it... sometimes I feel like I just drop it. Like I don't know... I didn't really get that and then I'm like well I needed that answer though."

- Conducted at private non-profit school for children with/without hearing loss.
- Qualitative data: interviews with two providers.
- Participants: 30-40 years to 41 years plus.
 - Not diverse in education.
 - Not diverse in ethnicity.
- Interviews: six semi-structured questions.
 - Completed remotely via phone call.
 - Lasted between 20 and 25 minutes.
 - Digitally recorded.
 - Transcribed verbatim.
- Triangulation of data/member checks.

Provider Control:

"I think offering the choice gives a lot of relief. Yeah. I think like saying... like... I can come every other week. I can come every week. I don't usually offer once a month."

Results

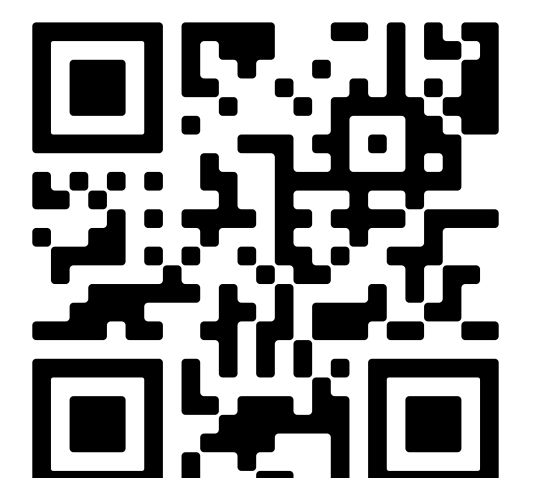
This research was guided by a qualitative phenomenological approach to determine if provider bias influenced service delivery for early intervention services for children who are deaf and hard of hearing and their families. Participants responded to interview items which were coded for emergent themes. Three common themes were shared among the participants: (1) bias, (2) parental control and (3) provider control.

Limitations

- Validity threats: bracketing and experimenter effect.
- Given the researcher worked at this school previously, the participants in this study are well known by the researcher. As a result, the researcher may have undue influence on participants.
- 2 participants.

Contact and References

Cole M. Bosas
nbosas00618@fontbonne.edu
Scan QR Code to visit website for additional information.



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