

**Project Title:
Family and Provider Perceptions of Tele-Intervention Services
During the COVID-19 Pandemic**

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B.1 Major Project Goals

This project's main goal was to explore the perceptions of service providers and families participating in Part C First Steps Early Intervention Services regarding the move from in-person to tele-intervention services (e.g., physical or developmental therapy sessions) as a result of the COVID-19 pandemic. For this project, providers included those providing direct services (e.g., physical therapy, occupational therapy, developmental intervention), service coordinators, and evaluators.

B.2 What was accomplished under these goals?

a. Major Activities

During the 6-month project, the following activities were accomplished: 1) construction and dissemination of surveys to families and providers; 2) data collection, cleaning, and analysis; 3) dissemination of participant incentives; and 4) reporting.

b. Specific Objectives

Provider and family perceptions were measured through online surveys, focused on the 1) impact of moving from in-person to tele-intervention services, with an emphasis on the types, frequency, and intensity of services provided; 2) advantages and disadvantages of participation in tele-intervention services; 3) influence of tele-intervention services on child progress; and 4) perceptions of providers who are service coordinators regarding families and providers who opted out of participating in tele-intervention services and why they chose not to participate.

Significant Results

- Survey respondents included 289 providers and 144 families. Only those families (n = 106) and providers (n = 265) who transitioned to services via tele-intervention were included in the analysis.
- For families who continued to receive services after the transition to tele-intervention, a majority (68.7%) continued to receive services from the same providers following the transition.
- Providers reported a mean caseload decrease from 24.4 children (range 0-98) before the transition to tele-intervention to 16.9 children (range 0-82) post transition¹. However, providers reported a mean caseload of 2.0 children (range 1-5) actively receiving services via tele-intervention at the time of the survey.
- A majority of families (61.7%) reported no change in the frequency of services after the transition to tele-intervention. When the frequency changed, 23.0% of families reported a decrease, while 15.3% reported an increase.
- However, half of providers (49.8%) reported no change in the frequency of services, with 42.4% indicating they provided services less frequently after the transition to tele-intervention. Few providers reported an increase in the frequency of service delivery (7.7%).
- A slight majority of providers (51.2%) indicated that children's developmental progress was not affected by the transition to tele-intervention, compared to 38.5% of families. A similar percentage of providers (35.0%) and families (36.3%) reported a decrease in children's developmental progress post-transition to tele-intervention. Fewer families (25.3%) and providers (13.8%) reported increases in the developmental progress of children post transition to tele-intervention.
- A majority of families (55.8%) and providers (67.1%) felt children's needs were being met through tele-intervention services.

¹ Families and children may have continued on a provider's caseload even if they stopped out of services temporarily. More information is needed to better understand caseload data.

- Barriers to participation in tele-intervention services included lack of access to reliable internet or a video device and conflicts with work schedules or other commitments.

Key Outcomes or Other Achievements

We will share the results of this study with the Kentucky Cabinet for Health and Family Services (CHFS) Part C First Steps administrators and make results available through an infographic on the Early Childhood Research and Development Initiative (ECRDI) website (www.ecrdi.info). We are preparing a manuscript for publication in peer-reviewed academic journals. Additionally, we are exploring opportunities to present results at academic conferences.

Future Directions

In this initial phase of our research, we found a majority of families and providers were supportive of tele-intervention and interested in having a tele-intervention option post COVID-19. Future research efforts will focus on matched perceptions of families and providers on the effectiveness and utility of tele-intervention as a primary service delivery model.

This study can also be used as pilot data for a more extensive research agenda on the efficacy of tele-intervention for early intervention services. Data from this study can be linked to child assessment data collected pre-, during, and post-COVID-19 to determine the impacts of tele-intervention services on children's growth and development. Individual child-level assessment data are collected annually by the investigators as part of a state contract with the CHFS First Steps program. This research will help assess the efficacy of tele-intervention versus face-to-face early intervention services. We also see the study as baseline data for a longitudinal dataset through which we can partner with investigators at other universities, such as the University of Louisville. To support additional phases of this research, we plan to apply for funding under National Institutes of Health (NIH) grants related to early intervention, tele-intervention, and COVID-19. This line of research fits the NICHD high-priority research areas within the Child Development and Behavior Branch and the Intellectual and Developmental Disabilities Branch.