"Geo-Ethnography – Parents Access to Services"

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We wanted to provide a complete picture of what parents experience as family-centred services when they work with early intervention programs including the Infant Development Program, the Aboriginal Infant Development Program, the Supported Child Development Program and the Supported Child Development Program. We had already learned how families not only organize their lives around home or in-centre consultation visits with one or more of these programs, but that they also require ongoing medical visits, health checks, and therapy sessions, assessments and follow-ups. We confirmed this information throughout our encounters with families who participated in the Linked Disc and Case Studies, as well as the data collected through the first group of responses to the MPOC surveys (presented on Appendix E).

Drawing on the methodology presented in Mathews, Burton & Detwiller (2006)¹ and from critical incident methodology used elsewhere (Zaidman-Zait, 2007) ² we followed up with interviews with the 14 parents who had previously indicated their willingness to be re-contacted for a follow-up study when they completed the MPOC surveys. Out of these 14 parents, 11 of them took part in two activities: one consisted on filling out a calendar covering a one month time period indicating the date, location, length of time, distance and mode of travel for all the programs, services and appointments they participate in for their child. The other one was a telephone interview with a researcher (after their calendar is completed) where they shared examples in responding to questions about "what is helpful" from service providers and services in their community, and what has hindered these activities, or in which situation participants have experienced challenges. This interview technique will allow us to complete data analyses utilizing "critical incident" methods.

To date, we have completed the data collection and transcription of the interviews. An exemplary case that illustrates a combination of data from different parent participants illustrates. below, how this process is being completed. The graphics below include the following:

- Sample calendar (reduced for formatting purposes; actual size was 14.8 X 21")
- Exemplary case information entered in calendar and confirmed through interview
- Exemplary angel chart representing frequencies and distances throughout month (chart does not necessarily matches the information presented on exemplary case chart)
- Examples of "what is helpful" and "what hindered" from telephone interview

Updates on the findings and academic publications are forthcoming.

¹ Matthews, S., Burton, L.M., & Detwiler, J., (2006). Geoethnography: Coupling geographic information analysis techniques with ethnographic methods in urban research, Cartographica, 40(4), pp. 75-90 ² Zaidman-Zait A (2007). Parenting a child with a cochlear implant: a critical incident study. *Journal of Deaf Studies*

and Deaf Education, 12(2):221-41. Epub 2007 Jan 20.

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~ April 2012 (For example)~

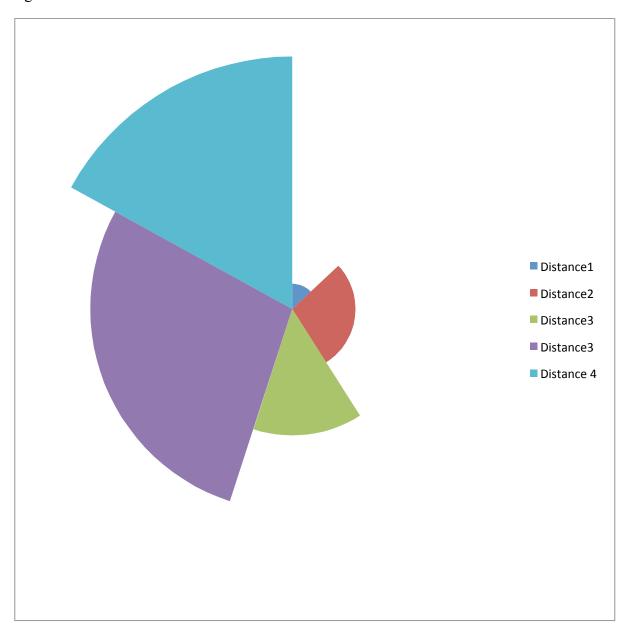
<u>March</u> ▶

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Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	Where: Transportation: Time: Purpose:	Where: Transportation: Time: Purpose:	4 Where: Transportation: Time: Purpose:	5 Where: Transportation: Time: Purpose:	6 Where: Transportation: Time: Purpose:	7 Where: Transportation: Time: Purpose:
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29 Where: Transportation: Time: Purpose:	30 Where: Transportation: Time: Purpose:	Notes				

When calendar was filled, it would look like this (exemplary case, combining information from several participants):

Days in		Location	Transportation	Distance	Time	Purpose	
month	1	Daycare	Walk	10 blocks	9-3	Home-to daycare-to home (five days week, two children, ages 3 (1) and 4 (2)	
	2	Dr's office	Own vehicle	8 km	1 hour	Chid (2) was very ill and parent questioning what was wrong	
	3						
	4						
	5	Local community hospital emerg.	Own vehicle	8 km	24 hours	Child (2) was very, very ill and there were no hospital beds in BC (or outside BC location)	
	6	Local community hospital emerg.	Own vehicle	8 km	24	Child(2) was very, very ill, no hospital beds until they were able to find one <i>in city more over 400Km away from home</i>	
	7	Home-City Hospital	Emergency flight	405 km	45 min	Child (2) had emergency hospitalization.	
	8						
	9						
	10						
	1						
1	12	City Hospital- home	Own vehicle	405 km	5 hour	Father drove to PG to pick up child and mother/ make return trip next day	
1	13	ВССН	Airplane	1191 km		Mother: Fly to Vancouver, travel to stay with parent's in Lower Mainland for appointments at BCCH	
1	14	ВССН	Mother's parent's vehicle	15 km	1:30	screening test	
					2:00 pm	organ test	
1	15	ВССН	Mother's parent's vehicle	15 km	9:30 am	screening test	
					10:00	organ test	
1	16						
1	17						
1	18	Return home	airplane	1191 km		Return trip to home	
1	19						
	20						
	21						
	22						
	23						
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	25	H C'	ci :	407.1	1.00	M. P. A.C.II	
2	26	Home-City Hospital	Shriners' Bus	405 km	1:00	Medical follow up	
2	27	Return home	Bus pm return home with friend's ride, next day early am				
	•	-10111111111111111111111111111111111111	Total Home with Hone of the, next day early this				

The different distances and frequencies are then entered, colour coded, and represented in the figure below:



Examples of "what was helpful" and "what hindered" access to/receiving family- centred services:

Parents shared what they found helped or hindered their access and receiving services from professionals that they encounter on a regular basis. We will analyze and interpret their comments and will provide summaries and follow up with publications accordingly. Two exemplary quotes, combining information from different participants illustrate that type of information we received and how parents labelled these as "helpful" or "not helpful" and why:

<u>Helpful:</u> "... The consultant came home for a visit; before we did activities together, she offered to hold my baby so that I could have a quick shower; I did not have to tidy up the house; she did not question how I looked, how my house was... This was helpful... then we could go and do stuff with my baby"

<u>Not helpful</u>: "The dental specialist showed pity for me because of my child's disability and the many problems she had with her gums and teeth...I did not need pity...I only wanted to understand what did I need to do so that I could take care of my child's gums at home..."