

Knowledge Translation Strategies to Support Service Providers’ Implementation of the ‘F-words in Childhood Disability’

Alice Kelen Soper^{1,2}, Andrea Cross^{1,3}, Peter Rosenbaum^{1,4} and Jan Willem Gorter^{1,4}

¹CanChild Centre for Childhood Disability Research, ²Faculty of Health Sciences, ³School of Rehabilitation, ⁴Department of Pediatrics, McMaster University

Background

- The ‘F-words in Childhood Disability’ operationalize the World Health Organization’s (2001) International Classification of Functioning, Disability & Health (ICF) framework (Figure 1).
- Service providers (SPs) around the world are interested in the ICF-based ‘F-words’ and are adopting them in clinical practice to support a holistic, strengths-based approach to childhood disability.

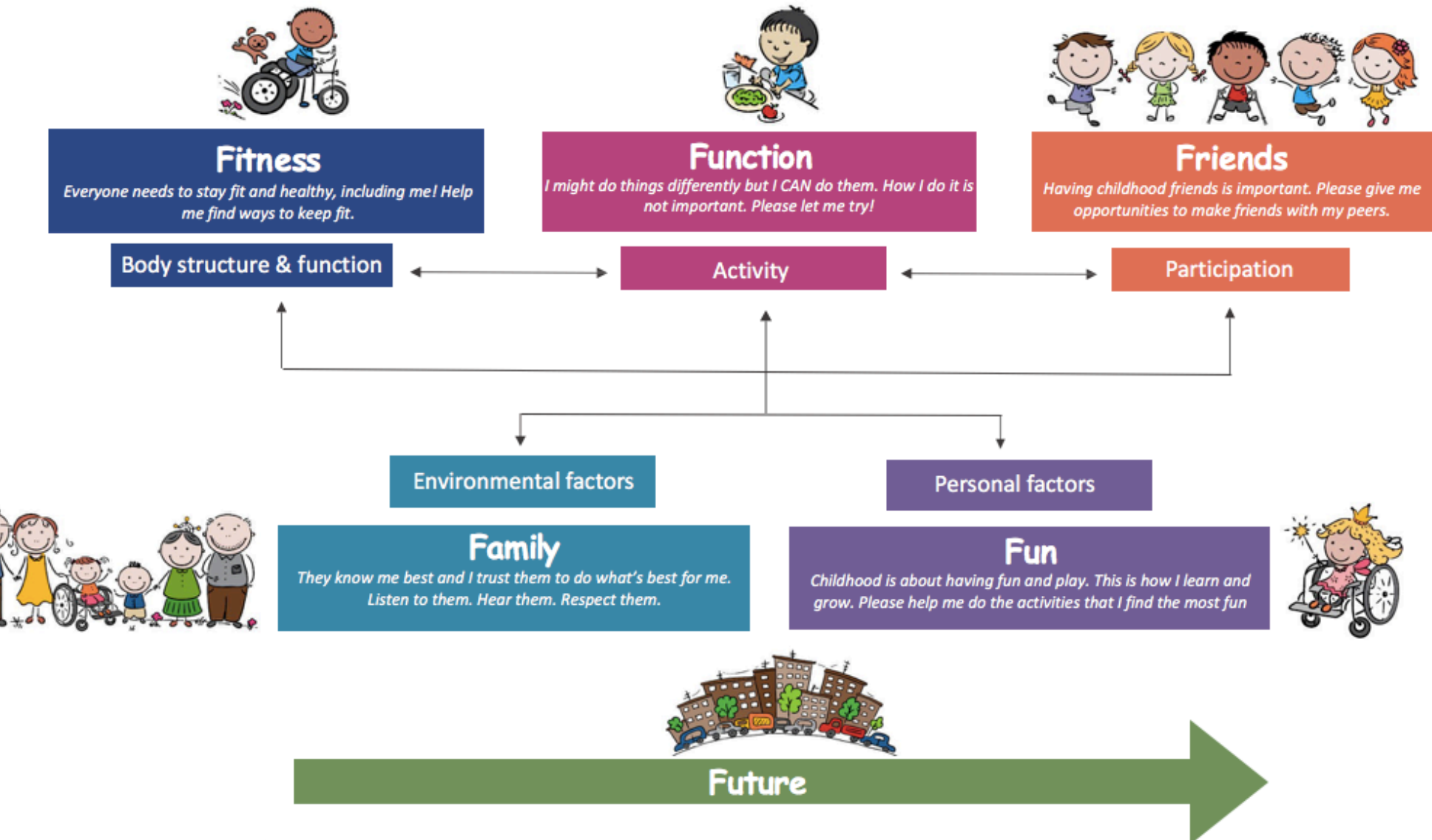


Figure 1: ICF Framework & the ‘F-words’

Research Questions:

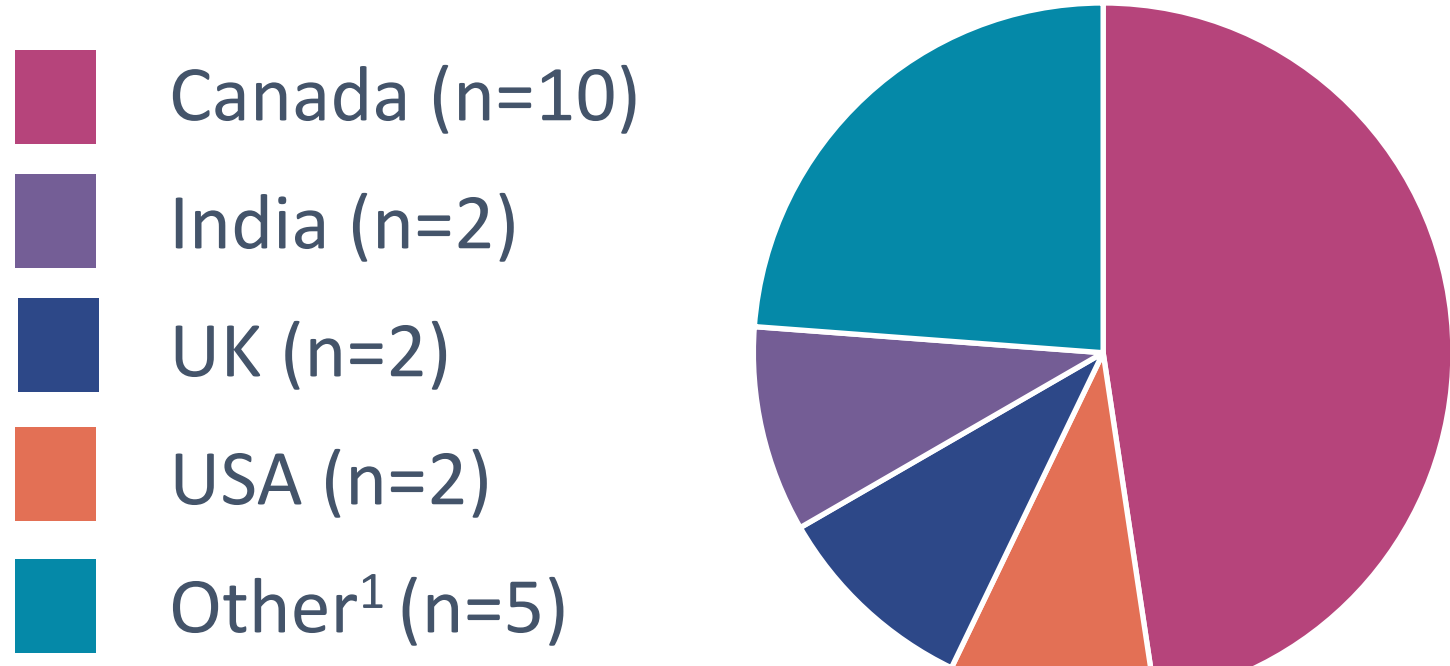
- How are service providers using the ‘F-words’ in practice & what are the perceived barriers?
- What knowledge translation strategies can help service providers overcome perceived barriers?

Methods

- Population:**
 - SPs who:
 - i) work with or have worked with children <18 years with a disability;
 - ii) at least demonstrated interest in the ‘F-words’; &
 - iii) understand and speak English
- Data collection and analysis:**
 - Semi-structured interviews conducted and content analysis used to analyze the data

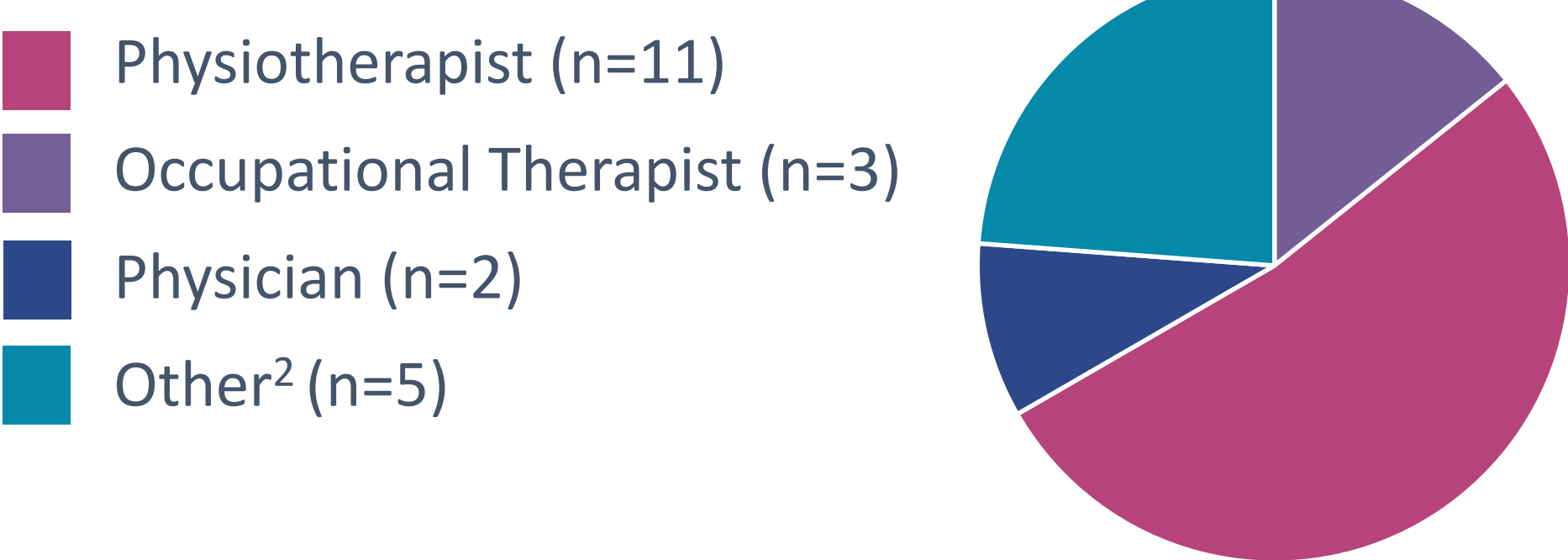
Results

- Twenty-one SPs from nine countries (Figure 2) & nine disciplines (Figure 3) participated in the study.



¹Countries with one participant include: Australia, Brazil, Indonesia, Italy, and Vietnam

Figure 2: Countries of SPs



²Disciplines with one participant include: Developmental consultant, Educator, Early Intervention Services Manager, Service Planning Coordinator, and Social Worker

Figure 3: Disciplines of SPs

Objective 1: Reported Use & Barriers to Implementing the ‘F-words’ in Practice

SPs reported how they are using the ‘F-words’ and perceived barriers to implementation.

	Conceptual Framework (n=7)	Direct Application (n=12)	Teaching & Training (n=9)
Description	Used informally to guide patient interviews, with the purpose to support modern approaches to childhood disability.	Integrated into practice by using videos, goal-setting tools, posters, handouts, & clinical documentation.	Taught in higher education (e.g., PT & medical students) & in parent/professional workshops.
Barriers	Fixing mentality of parents & colleagues who expected ‘cures’ for the child.	Insufficient funding/resources to compensate staff time/program development & lack of translations.	Inherent lack of KT within some education systems & limited professional & parent training.
Locations	Uses & barriers were reported by SPs from:		
	Canada, India, Indonesia, the UK, & Vietnam	Australia, Brazil, Canada, India, Indonesia, Italy, the UK, the USA, & Vietnam	Australia, Brazil, Canada, Indonesia, India, the UK, & the USA
	<p>“We have used them as part of the framework for our therapy model. So they’re kind of the theory behind what we want to do.”</p> <p>– PT, Canada</p>	<p>“I put some of the [F-words] posters up and then I created a big display board at work and have been inviting our parents to add pictures to it.”</p> <p>– PT, UK</p>	<p>“I use it as a teaching tool for students and in workshop for professional education and professional development”</p> <p>–PT, Australia</p>

Objective 2: Knowledge Translation Strategies to Support Implementation of the ‘F-words’

SPs recommended specific KT strategies to support the implementation of the ‘F-words’ in practice.

	Local Opinion Leaders	Linkage & Exchange	Educational Outreach & Meetings	Distribution of educational materials
Description	Professionals deemed ‘educationally influential’ by colleagues.	Fosters collaboration and sharing of information between researchers & knowledge users.	Includes training SPs with the intent of influencing practice.	Includes online or printed tools, resources, & guidelines.
Recommendations	Establish champions & advocates for implementing the ‘F-words’. Empower children and families to be self-advocates for inclusion.	Share tools, resources, & tips to have the “opportunity to see what others have done” on social media platforms, such as the CanChild website.	Provide training through educational workshops & conferences. Include the ‘F-words’ in higher education curriculum.	Develop videos to target clinicians on how to use the ‘F-words’ in practice. Create materials such as assessment tools & informative manuals.

Discussion

- SPs are using the ‘F-words’ in multiple ways, such as a framework to support a strengths-based approach; applying them directly in practice; & teaching them to students in higher education & parents/professionals.
- SPs from a range of disciplines & high, middle, & low-income countries experienced similar barriers to using the ‘F-words’ in practice, including attitudes, funding, language, different priorities, & gaps in training.
- KT strategies were recommended to support diffusion, dissemination, implementation, & sustainability of the ‘F-words’.
- It is important to collaborate with local opinion leaders to develop KT strategies that support the use of the ‘F-words’ in their specific setting.

Future Directions

Formally measure & evaluate the impact of the ‘F-words’ on the lives of families, children, & within organizations.

Work collaboratively with SPs to tailor KT strategies to their local contexts.

References

- Effective Practice and Organisation of Care (EPOC). EPOC Taxonomy. 2015. Available at: epoc.cochrane.org/epoc-taxonomy. Accessed 15 June 2019.
- Rosenbaum, P., Gorter, J. W. (2012). The ‘F-words’ in childhood disability: I swear this is how we should think! *Child Care, Health, and Development*, 38(4):457–463.
- World Health Organization (2001). *International Classification of Functioning, Disability and Health (ICF)*. World Health Organization, Geneva Switzerland.