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12.

MEĐUNARODNI
NAUČNI SKUP
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EDUKACIJA I
REHABILITACIJA
DANAS”

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“SPECIAL
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MODELS OF KNOWLEDGE TRANSLATION BETWEEN DISABILITY AND REHABILITATION RESEARCH AND PRACTICE – A REVIEW OF TWO STRATEGIES*

Milena Milićević**

Institute of Criminological and Sociological Research, Belgrade, Serbia

Introduction: *Knowledge translation is the process of synthesizing, disseminating, exchanging, and ethically applying research knowledge to enhance healthcare systems and services.*

Aim: *This literature review examines the field of knowledge translation in disability and rehabilitation research and practice, challenges and barriers to effective knowledge translation and highlights emerging trends and best practices to improve the implementation of evidence-based interventions and practices.*

Methods: *Based on the Web of Science citation analysis, two strategies for translating research findings into practice, policy, and education are presented, the “F-words in Childhood Disability” approach and the Participation-focused knowledge translation roadmap.*

Results: *Barriers to effective knowledge translation implementation and emerging trends and best practices to improve the implementation of evidence-based interventions and practices are discussed. Best practices to achieve equitable participation include advocating for rights, promoting policies focused on participation-based services, collaborating between service sectors, supporting families, and building the capacity of young people. To promote the uptake of the “F-words” approach, it is recommended to involve local opinion leaders, share experiences and resources online, integrate the approach into education and workshops, and distribute educational materials.*

Conclusion: *Collaboration between various stakeholders is essential in moving from traditional impairment-based approaches to ecological and biopsychosocial approaches to childhood disability. The future directions are*

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** mileninaadresa@gmail.com

to guide research and practice efforts to bridge the gap between research evidence and practice in disability and rehabilitation and enhance the lives of individuals with disabilities through evidence-based interventions and practices.

Keywords: *childhood disability, knowledge implementation, stakeholder engagement, participation, the International Classification of Functioning, Disability and Health*

INTRODUCTION

Knowledge translation (KT) is the process of applying knowledge gained through research to different practice settings and situations (Jacobson et al., 2003). KT involves synthesizing, disseminating, exchanging, and ethically applying knowledge to enhance healthcare systems and services. KT is dynamic, complex, and varies in intensity and engagement depending on the research nature and user needs (Graham et al., 2006). KT is user- and context-specific, impact-oriented, interdisciplinary, and increasingly used in healthcare, particularly rehabilitation, and aligns with the evidence-based practice approach (Sudsawad, 2007).

World Health Organization (WHO, 2005) defines KT as the synthesis, exchange, and application of knowledge to accelerate the benefits of innovation in strengthening health systems and improving people's health. As a collaborative and systematic review, assessment, identification, aggregation, and practical application of high-quality disability and rehabilitation research, KT improves the lives of individuals with disabilities (NCDDR, 2005).

Various KT strategies are available to support policymakers and researchers in promoting evidence-informed KT (WHO, 2021). The “F-words” approach (Rosenbaum & Gorter, 2012) involves a biopsychosocial approach to the practice of service providers working with children with disabilities and their families and is based on the International Classification of Functioning, Disability, and Health (ICF; WHO, 2001). Participation-focused KT (P-KT) roadmap was created to integrate participation evidence in daily pediatric rehabilitation practice (Anaby et al., 2018, 2022).

This literature review examines KT strategies in the disability and rehabilitation research and practice field, focusing on two themes: the holistic ICF-based approach to disability and the specific theme of participation. Two strategies were identified based on citation analysis. The ultimate objective is to guide future research and practice efforts to improve the lives of individuals with disabilities through evidence-based interventions and practices.

A citation analysis conducted in May 2023 found that the “F-words” paper by Rosenbaum and Gorter, published in July 2012, had been cited 256 times in the Web of Science by researchers from 43 countries. Meanwhile, researchers from eight countries cited the paper on the participation-focused KT roadmap by Anaby et al., which was available online in April 2021, ten times.

“F-WORDS IN CHILDHOOD DISABILITY”

The “F-words in Childhood Disability” approach promotes a family-centered, holistic, biopsychosocial approach to childhood disability (Soper et al., 2019). The target audience includes service providers, researchers, parents, stakeholders, and policymakers. As a strategy, the “F-words” aims to implement the ICF framework into practice and promote a holistic approach to childhood disability (Soper et al., 2019). The approach consists of six “F-words” (*function, family, fitness, fun, friends, and future*), which represent different aspects of a child’s well-being and development and align with the ICF categories. The *function* is related to the ICF category *activity*, while *fitness* is linked to the *body structure & function* category. *Family* is seen as an essential part of children’s *environmental factors*, while *friends* and *fun* are related to *participation* and *personal factors*, respectively. *Future* was included to emphasize the development and how a child’s current condition can affect their future life (Rosenbaum & Gorter, 2012).

The “F-words” emphasizes the importance of family involvement, the role of fun and social engagement in interventions, and the long-term impact on a child’s future (Lauruschkus et al., 2015; Majnemer et al., 2008; Shikako-Thomas et al., 2008; Willis et al., 2017). While being well received by service providers, there are three primary barriers to its implementation: alternative clinical approaches, limited resources, and a lack of translated versions (Soper et al., 2020, 2021).

Service providers also face challenges such as conflicting attitudes of families and colleagues, insufficient funding, language barriers, training gaps, and misalignment with organizational and government priorities. Additionally, the lack of KT within the education system and the absence of the ICF from the curriculum pose further barriers. To overcome these challenges, service providers recommend using KT strategies tailored to the local context. These strategies include involving local opinion leaders, sharing experiences and resources online, integrating the “F-words” into education and workshops, and distributing educational materials such as posters, manuals, and videos (Soper et al., 2021).

Multifaceted dissemination strategies, including the use of educational materials and presentations at educational meetings, have proven successful in promoting the uptake of the “F-words” approach (Cross et al., 2022). Future directions include creating new tools and resources to support their dissemination and implementation, particularly in low-resource settings (Soper et al., 2021).

PARTICIPATION-FOCUSED KNOWLEDGE TRANSLATION

Participation is defined as “involvement in life situations” and is considered a fundamental purpose of work in health and education for individuals with disabilities and their families (Anaby et al., 2022; Imms, 2020; WHO, 2001). Participation-focused practices aim to enhance the involvement of individuals with disabilities and represent a paradigm shift in interventions (Granlund & King, 2022).

The P-KT roadmap is designed to increase the use of participation-focused evidence in pediatric rehabilitation practice. It is based on theoretical foundations such as the Five-factor framework, Cultural Cone framework, and Knowledge to Action (KTA) model. The roadmap involves stakeholders across micro-, meso-, and macro-levels and emphasizes systemic change, partnership approaches, and inter-sectorial collaborations. It aims to shift the focus of current practice towards the participation of children with disability and enhance community-engaged collaborations to improve future research directions (Anaby et al., 2022).

The P-KT roadmap has eight principles that aim to increase the use of participation evidence. These are: making participation attendance and involvement the primary focus of rehabilitation goals and outcomes, embedding the language of participation in professional interactions, building a participation team, understanding the context and perspectives of both the organization and families/clients, leveraging existing resources, evidence-based practice, advocating for vulnerable populations, and ensuring sustainability (Anaby et al., 2022).

Furthermore, this roadmap has seven action stages. By following these stages, the P-KT roadmap aims to facilitate the systematic implementation of participation-focused practices, ensure the use of evidence-based knowledge, and promote positive outcomes for individuals with disabilities and their families. The seven stages are: 1) identify the knowledge gaps at the individual level through a participation-focused needs assessment, 2) select the necessary knowledge to address the identified gaps, 3) adapt the knowledge to the local context by tailoring the information to the different groups of stakeholders, 4) assess barriers and supports to knowledge use, 5) select and implement KT interventions to promote participation, such as educational activities, reminders of best practices, and online resources, followed by 6) monitor knowledge use through chart reviews, and 7) evaluate the outcomes, including child outcomes, client and family satisfaction with care, and build the capacity of youth and families (Anaby et al., 2022).

Good practices to achieve equitable participation include advocating for rights, promoting policies focused on participation-based services, collaborating between service sectors, supporting families, and building capacity in young people (Imms et al., 2022). Factors that promote participation in life situations for school-aged children with disabilities include listening to and encouraging the child, supporting decision-making, establishing child-oriented goal-setting, and supporting the child's friendships (Kinnunen et al., 2021). Barriers to implementing participation-based services include a lack of time, resources, and non-flexible healthcare regulations (Coussens et al., 2022). In one study, occupational therapists reported that completion of a KT program was the primary reason for a change in practice, and enabling factors included self-motivation, interest in the topic, and a supportive working environment. Barriers included time constraints, inflexibility of the school system, unsupportive attitudes, and the COVID-19 pandemic (Waisman-Nitzan et al., 2022). In the second study, service delivery was improved due to supportive relational practices, human-centered co-design, and solution-focused

communication, with relational leadership, a team climate of innovation, autonomy and trust, and organizational support as the key facilitators (King et al., 2022).

CONCLUSION

The goal of KT is to help implement evidence-based research into practice effectively through the interaction and exchange of knowledge between knowledge producers and users. Guidelines are created through systematic reviews, but their implementation requires system support. The gap between research evidence and practice in disability and rehabilitation must be bridged through systematic cooperation between researchers and service providers. Collaboration of various stakeholders, including children, families, practitioners, decision and policy-makers, private industry and the public, is essential for shifting from traditional impairment-based approaches to ecological and biopsychosocial approaches to childhood disability.

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