

About CanChild's Knowledge Exchange Services

The following quotes, received from individuals around the world, speak to the value and importance of CanChild's knowledge exchange services and website.

"Through *CanChild's* collaborative efforts, mine and other families like mine have [learned] and continue to learn about family-centered care, an important principle in the medical service field which encourages collaboration, communication and meaningful response between the health care provider and the family. In short, I would be lost without the *CanChild* website as would hundreds of families like mine. Where would we turn to?"

Mary Vasilak, Parent of a child with a disability, Hamilton, Ontario



"The wealth of information provided by *CanChild* for families, siblings, clinicians, students and academics alike is practical, relevant and based on robust clinical research. The website information is presented in a highly accessible format and is unique in bringing research directly into practice for both clinicians and families."

Bridget O'Conner, Pediatric Physiotherapist, Associate Lecturer, Charles Sturt University, Australia

"We depend on *CanChild* as a significant and reputable source of information, as well as a catalyst for implementation of best practices in pediatric rehabilitation at a provincial and national level. Without easy and ongoing access to information and discussion forums about these and other research initiatives, our efforts in applying evidence-based practice and in integrating new and innovative approaches into service delivery will certainly be slowed."

Susan Mendelsohn, Program Administrator, Ottawa Children's Treatment Centre

"*CanChild* provides us with a legitimate place to reference because we can count on the information to have received independent reviews and to be grounded in evidence. In a sea of internet in-

formation that includes biased and unfounded practices, having sites that hold high standards on our behalf is invaluable. Families in particular have a challenge before them, to sort out all the possible sources of information when they are just learning about their children's needs themselves. Our ability to point them to sites we know will give them reliable information is critical."

Winnie Dunn, Ph.D. OTR FAOTA, Professor and Chair, University of Kansas

CanChild Centre for Childhood Disability Research

is a research and educational centre founded in 1989 with funding from the Ontario Ministry of Health and Long-Term Care. Over the years, *CanChild* has emerged as an international leader in the field of childhood disability through innovative research and a commitment to making research findings easily accessible to a wide range of audiences. As a research centre, *CanChild* conducts health services and systems research on child health issues in order to make a difference for children and youth with physical, developmental and communication needs, and their families. To ensure *CanChild's* research addresses the real life concerns of children, families, and communities, our team of researchers works in close partnership with:

- Children and youth with disabilities and their families;
- Professionals who provide services for children and youth;
- Organizations including health networks, service providers, Boards of Education;
- Researchers and university educators throughout Canada and around the world; and
- Policy analysts and decision-makers at all levels.



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CanChild today

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Knowledge Exchange Services at CanChild

CanChild investigators are world leaders in generating innovative knowledge in childhood disability. This knowledge, shared through *CanChild's* website, www.canchild.ca, empowers families of children and youth with disabilities, increases the competencies of health care professionals and promotes an evidence-informed health care culture. With over 4,000 views per week from 173 countries, *CanChild's* website gives Ontario a high profile in the childhood disability world.

Government funding for *CanChild's* knowledge exchange services has ended. *CanChild* researchers will continue to do important research that makes a difference to children and youth with disabilities and their families. However, without new sources of funding, *CanChild* will be increasingly challenged in its ability to:

- Develop evidence-based educational materials/resources,
- Respond to individual requests for information and support,
- Post research findings,
- Make *CanChild* measures available free of charge,
- Maintain the service provider communication network, and
- Host and maintain the website.

CanChild's knowledge exchange services are essential to support the effectiveness and efficiency of health services for children and youth with disabilities and their families in Ontario and internationally.

In this "*CanChild* today", testimonies received from around the world demonstrate the impact of *CanChild's* knowledge exchange services on the field of childhood disability. In addition, two innovative *CanChild* projects focusing on knowledge exchange are outlined. The "Partnering for Change" project describes a novel service delivery approach for children with Developmental Coordination Disorder focused on translating knowledge and building teacher capacity in the school setting. The "Knowledge Broker" study examines the effectiveness of pediatric physiotherapist Knowledge Brokers in facilitating the use of evidence-based measures of motor function for children with cerebral palsy within their organizations. ✨

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www.canchild.ca



CanChild today



Partnering for Change: An innovative approach in health services research

The challenges faced by children with Developmental Coordination Disorder (DCD) and their families are an important focus of CanChild's research and knowledge exchange efforts. DCD is a chronic health condition that impacts upon a child's ability to perform everyday self-care and academic tasks. These difficulties are often first recognized at school-age and children are referred to school health support services (SHSS) for occupational therapy (OT). In the past few years, long waitlists for OT services have inspired CanChild to conduct research to explore the many complex system-level factors impacting this service delivery issue.

Armed with evidence identifying these barriers, we recognized that establishing a common ground for change in the way SHSS are delivered and funded across Ontario would necessitate a strong partnership with all stakeholders. This partnership has now been actualized in the Partnering for Change project, a participatory action research initiative funded by the Canadian Institutes of Health Research and the Ontario Rehabilitation Research Advisory Network. In this project, multiple stakeholders including representatives from government ministries, Community Care Access Centres, agencies, school boards, as well as service providers, educators and families are interacting with CanChild researchers to share their perspectives and to work together towards collaborative change.

The early phases of Partnering for Change led to the development of an innovative, evidence-informed service delivery model, designed to build community capacity. In this model, OTs focus on sharing knowledge with families and educators in order to address children's motor difficulties and improve their participation in school.

Evaluation of this service delivery model is currently underway and we are actively exchanging knowledge with our stakeholders. Ongoing interaction with policymakers is critical to the success and impact of this project. For more information on the Partnering for Change study, visit:

<http://canchild.ca/en/ourresearch/partneringforchange.asp>

What **participants** said about the Knowledge Broker Study:

...it [having a Knowledge Broker] promotes an environment that I want here - one that's stimulating, one that's characterized by...ongoing learning all the time... Administrator

With the clinical expectations for our clinical work there just isn't a whole lot of time and I thought it [knowledge brokering] was [a] very, very efficient way to gather information and to bring it together and share it... Knowledge Broker

[Our KB] really breathed life and made it seem exciting to read and to talk about [the measures] and really helped to show the clinical relevance of how it can impact on our day-to-day work with the families that we work with... She made it relevant and I think we all got a bit fired up... Clinician

....when you do ... a course or a workshop it's a lot of information to process all at once and I don't think you retain as well when there's too much coming at you. But when it's sort of split up into chunks that you can sort of ... digest and it's integrated into your practice I think it is a little more effective way of learning... Clinician



Moving Evidence into Clinical Practice: Do Knowledge Brokers (KBs) Make a Difference?

"Knowledge brokering links researchers and decision makers together, facilitating their interaction so that they are able to better understand each other's goals and professional culture, influence each other's work, forge new partnerships, and use research-based evidence. Brokering is ultimately about supporting evidence-based decision-making in the organization, management, and delivery of health services." - Definition of KB from the Canadian Health Services Research Foundation

Have you ever wondered how busy clinicians have time to keep up to date on the latest research? In today's climate of accountability and quality improvement, we know that doing more is not always better. Each year millions of dollars are spent on research studies investigating new interventions or programs to promote better health outcomes. Despite the abundance of research evidence, there are still large gaps between what is known and what is done in practice.

A team of researchers from CanChild, along with researchers from Alberta and British Columbia, engaged 28 child development organizations and 147 clinicians across three provinces to study an innovative way to help organizations make practice changes based on

evidence. Following a six-month multi-faceted intervention using Knowledge Brokers or "local champions", there were significant increases in clinicians' knowledge and use of selected outcome measures. Interviews with the knowledge brokers, clinicians and administrators at the participating organizations showed an enthusiasm for the Knowledge Broker method of peer-to-peer learning. In addition, many participants felt this was an efficient, cost-effective strategy for providing educational opportunities that enable integration of new ideas into everyday practice. A summary of the research findings can be found in the final KB study report at:

<http://canchild.ca/en/ourresearch/resources/FINAL2009KBStudyReportVersion3.pdf>

Although the content of this study focused on the use of a specific set of validated measures of motor function, the processes developed may be generalized to other evidence-based measures and interventions. Current work is focused on sharing the information from this study with the participating organizations to facilitate ongoing dialogue about ways to implement a Knowledge Broker role more broadly. This study was funded by the Canadian Institutes of Health Research (MOP# 79501) and the British Columbia Ministry of Children and Family Development.

Over 4000 youth, parents, policy-makers, and therapists from over 173 countries visit the CanChild website each week. Documents on the website include past and current research, measures, articles, educational materials, and summaries of research studies.

More information on CanChild's Knowledge Exchange Services can be found at

www.canchild.ca