



# Global Professional Education Programme IAACD Stockholm 2016

Work together, learn together,  
share knowledge and resources  
& help one another

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## **Global Professional Education Programme (GPEP) IAACD Sub-Committee members**



Nominated from the 3 'Founding Academies'

- AACPDM
  - Diane Damiano
  - Mauricio Delgado
  - Peter Rosenbaum
- AusACPDM
  - Sarah Love
  - James Rice
- EACD
  - Jenny Carroll
  - Arnab Seal (Chairperson)

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**Global Professional Education Programme  
(GPEP)****The strategy and groundwork**

- Share the vision
- Agree on the principles/philosophy
- Consensus on resource mapping
- Discuss the implications of local contexts
- Appraise options for processes of delivery of training
- Take note of additional challenges e.g. time, money, ethics, attitudes and more!

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**Global Professional Education Programme  
(GPEP)****The Vision**

- Permissive environment of equal global partners.
- We need to ensure everyone interested has a say
- Need to ensure we reach everyone. How do we do this?
- Needs based approach. Locally driven.

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**Global Professional Education Programme  
(GPEP)**

**Philosophy of care**



- Evidence-informed practice
- ICF: focus on child and family functioning
- Family-centred shared care model
- Life course approach: move away from 'fixing' model of intensive therapy. Focus on what people 'can do'
- Promote trans-disciplinary non-hierarchical care models
- We all need to speak the same language wherever in the world we are!

**Can we all agree and sign up to these principles?**

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**What should we prioritise?  
Where do we start?**

***Unanimously, we agreed to ask you!***

We started with a survey mapping training delivered, available resources and assessment of training needs

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## **CHILDHOOD DISABILITY EDUCATION AND TRAINING**

### **WHAT ARE YOUR NEEDS AND WHAT DO YOU PROVIDE?**

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### **Survey Results: Methods**

- Email to members of EACD, AACPD, AusACPDM with request to forward to other interested groups.
- Contacts with known international partners and academies
- Postings in various international forums
- Responses received from March to May 2016
- 946 responses from all over the world

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Questionnaire in 2 parts

- **Part 1** asked about training being provided.
- **Part 2** about what training professionals would like to receive.

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## Survey Results: Objectives

The objectives of the survey were to:

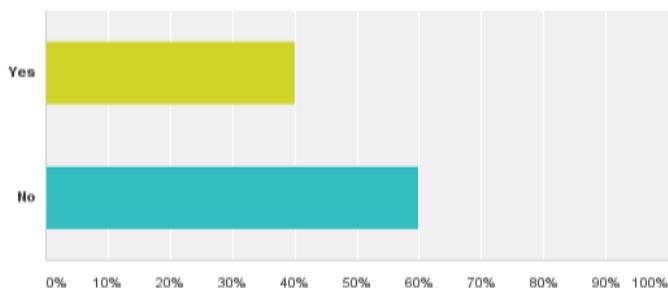
- map current activity
- assess demands/perceived needs and priorities for training
- assess what types of training materials (content and format) are needed
- consider potential partnership working

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## Part 1: CURRENT ACTIVITY



### Q1 Do you deliver training in an international context?



368 respondents answered yes to this question.



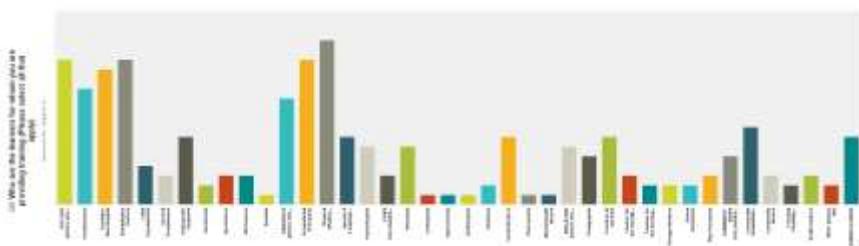
## Q2, Q3, Q4 Training delivered: Who and Where?



- There were 111 distinct organisations
- Delivering training directly in 29 languages!
- These activities are happening in 94 countries! – likely to be many more!

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## Question 6 –Who are the learners?



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## Question 6: Who are the learners? IAACD Summary

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- The data show that training is primarily aimed at therapists, then doctors, and then parents and carers
- There is training provided for 36 professions as well as parents and carers

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## Question 7 Numbers of people currently trained annually?

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ACADEMIES OF CHILDHOOD DISABILITY

- Approximately 14,000 people have received training per year.
- Wide range from 1 to 1500 people receiving training from groups

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**Question 14 Please share any more information/experience (training providers)**

**THEME I: Cultural sensitivity, appropriateness, adapted AND inexpensive**



- Materials need to be culturally appropriate, with training, pitched at the right level, and at a cost that is affordable
- Need for good quality linguistic translation if materials are in English
- Outcome measures are usually validated for Western societies; hence there is a need for 'appropriate' measures addressing relevant local questions/issues

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**Q 14, THEME I: Cultural sensitivity, appropriateness, adapted AND inexpensive**



**(continued)**

- Challenge of cultural contexts – hence *cultural* as well as *linguistic* translations and adaptations
- Challenge of people understanding ideas such as Family Centred Services, Goal setting, Transdisciplinary model
- CBR: Material has to be suitable for both health professionals and non-expert health facilitators who play a big role in many communities

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## **Q 14, THEME II: Challenges for people to attend continuing education**



- Challenge of costs: loss of earning to attend training
- Time constraints to have Continuing Education
- Political will: need to have the 'higher-ups' value this
- The challenge of follow-through/application of new ideas You teach, but no change/uptake in practice
- Need to identify benefits to local population and individuals – otherwise changes are not adopted

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## **Q 14, THEME III: Who should be offered opportunities to learn?**



- Need for inclusive education – to involve all relevant community people
- Train the local providers, train-the-trainer model (often called Knowledge Brokers)
- There are many examples of collaborations and examples of local courses

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## Summary of themes from Current Activity



- Many current ideas are based on western models and thinking
- If we are to be truly 'community-centred' we need to be attuned to the perceived needs of the communities, and provide training and materials that 'fit' their realities – economic, political, human resources, service programs, etc.

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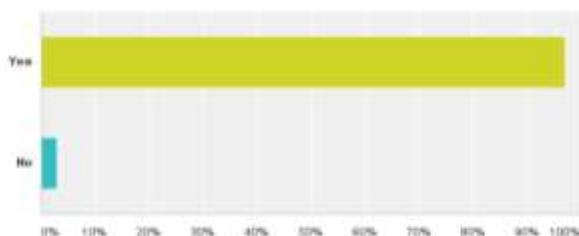
## Part 2: DEMAND FOR TRAINING

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## Question 16

### Would you or your group make use of an education programme?

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Yes 358

No 11

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## Question 17 Which of the professions below are in your group/community and would like to access training?

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- 40 different professions plus parents and carers wanting to access training.
- Similar pattern to the training provided (Part 1), with **therapists** most wanting training, then **doctors** and then **parents**.

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## Question 19 Which languages would need to be available?



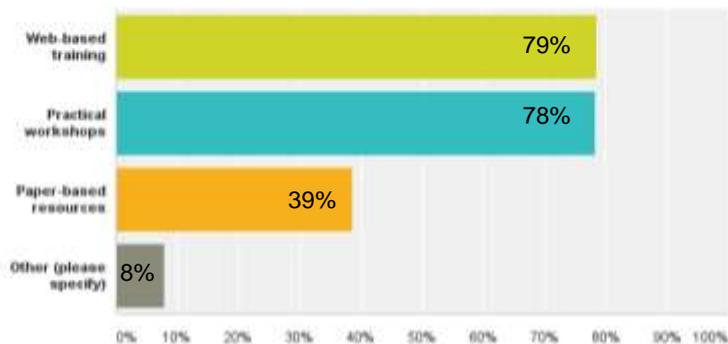
- 40 languages requested! Vast majority was English.
- Hence the need for local 'champions' (Knowledge Brokers) to lead change in their own communities
- Implications for what – and how – IAACD acts.

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## What format of training material would be most useful



Answered: 363 Skipped: 363



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## Q 18 & 20, What are people's perceived training priorities?



Nearly 600 responses outlining training needs and priorities. We have analysed and interpreted the themes under

- Condition specific priorities
- Content priorities
- Process priorities

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## Q 18 & 20, What are people's perceived training priorities?



- **Priority conditions** listed in this order:
  - Cerebral Palsy
  - Autistic Spectrum Disorder
  - Neuromuscular
  - ADHD
  - Sensory Impairments

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## Q 18 & 20, Our interpretations



**CONTENT** issues that require specific materials and resources, which can be broken into (i) material that could be (is) available already, and (ii) content that may be more child-specific

- **HOW TO...**

- **Therapy-related training Needs:** New treatments, CIMT/BIMP, strengthening, fitness, task-specific training, gait training, general movements, sensory integration, technology, splinting, access/adaptations, early interventions, NDT/Bobath, activities of daily living, prevention of secondary complications, communication and dysphagia.

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## Additional **content** themes



- **CHILD ISSUES:**  
Basic concepts, typical and atypical development
- **PARENT and TEACHER COMMUNICATION ISSUES**  
Parent training/coaching, teacher training, parent support, communicating with caregivers
- **ADVOCACY ISSUES:**  
Reducing stigma, inclusion, political will/priority and social awareness, community education, child registries

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## Additional **content** themes



- **Assessment tools and functional Scales:**  
Need for tools that are simple, easy to use, locally adaptable, will be valid for local populations
- **Genetics, new genetics, neurogenetics and genetic counselling**
- **Other topics:** Palliative end-of-life care, dental care, bladder/bowel, IT solutions, leadership training, sleep issues, graduate and post-graduate programmes particularly in SALT and OT

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## Q 18 & 20, Our interpretations



### **PROCESS** issues with which people want help

- **Themes related to improving participation and independence, understanding underlying concepts and tools to deliver this in practice.** Examples: ICF/participation, goal-setting, outcome measures, family-centred service, quality of life, ADLs, Early Intervention, Transdisciplinary working.
- **Critical appraisal, research methods, statistics, how to embed research in to clinical practice**

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## Additional **process** themes



### **PROCESS** issues with which people want help (by frequency)

- Spasticity management, dystonia management, movement disorders
- Orthopaedic and surgical interventions  
Dysphagia/aspiration/oromotor dysfunction and nutrition
- Pain
- Drooling
- Behaviour, mental health, challenging behaviour

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## Additional **process** themes



- **Transition to adult life, independence, supported living, employment, future planning, lifecourse approach to future planning, life skills**
- **Prevention of disability** and Prevention of Secondary disability
- **Community Based Rehabilitation Approaches:** need for materials that can be used by non-health community facilitators who often have minimal education (? IT solutions, podcasts audio/video)

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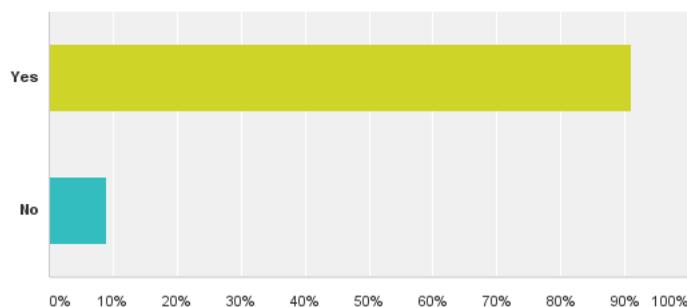
## OUR Interpretation

- **Content:** Many themes and topics could be built into clinical teaching if these ideas were orthogonal and integrated – with a matrix of materials that interwove these ideas rather than seeing them as separate levels of discourse.
- **Process:** Some of these ‘Process’ issues clearly have ‘content’ to them – but ideas like ‘quality of life’ are much more than ‘What tool do I use?’ Many ideas reflect a basic orientation to the field of ‘applied child development’ and require people to grasp the concepts and not simply have the right ‘answer’ or tool.

Where do we go from here?

**Q26 Please indicate if you would be interested in participating in the Global Professional Education Programme Initiative.**

Answered: 358 Skipped: 568



326 people would like to be involved

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## **Global Professional Education Programme (GPEP)**

**IAACD**  
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### ***Educational resources***

- 'Library' of educational resources/material: How do we vet the validity, academic standard and quality control? How do we make sure it will stand up to any scrutiny?
- Do we need a IAACD website for this work – or build IAACD sub-sites into existing sites?
- Need for multiple languages and translations. Need for 'cultural translations' for relevance. Need for resources that can be locally adaptable for any context. How can we achieve this?

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## Global Professional Education Programme (GPEP) *Local Contexts*



- How do we maintain relevance across Low, Medium, High resource settings?
- Trans-disciplinary non-hierarchical models: how do we promote?
- Need local/regional champions (honest 'Knowledge brokers' with no ulterior motives). How do we find them and how do we agree who?
- Need political will and backing. How?
- Ethical standards: how do we agree these?

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## Global Professional Education Programme (GPEP)



### *Other Challenges*

- Funding: some thoughts please!
- Time...everyone's!
- Ulterior motive of gain e.g. financial, political: we must guard against this happening and interfering with what many of us see as part of our leadership responsibility to the 'world' of childhood disability.
- Technology: we need low cost but effective tech
- Imperialistic attitudes: we must protect against the risk of adopting what is believed, preached and even valid in resource rich settings

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We have an incredible opportunity to make a difference to the lives of many children and their families worldwide with this initiative.

We need to seize this momentum, be actively involved and invite our colleagues to join us in making it happen!

**Please sign up and spread the word.**

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## Survey Link



The survey is still open if you or any colleagues haven't had a chance to have your say

Go to

<https://www.surveymonkey.co.uk/r/Z9NL7JP>

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**Thank you!**

