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# Report within Erasmus+ ICF-CY MedUse

# Evaluation of multiplier events

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**Authors**
Michael Eichinger[1,2], Freia De Bock[1,2]

**Affiliations**
[1] Mannheim Institute of Public Health, Social and Preventive Medicine, Medical Faculty Mannheim, Heidelberg University, Ludolf-Krehl-Strasse 7-11, 68167 Mannheim, Germany
[2] Department of Pediatrics, University Medicine Mannheim, Medical Faculty Mannheim, Heidelberg University, Theodor-Kutzer-Ufer 1-3, 68167 Mannheim, Germany

## Content

# 1. Introduction

The International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY) has the potential to improve the care for children and adolescents with disabilities in several ways. First, participation is increasingly acknowledged as an important outcome in the care for this patient group. Unlike the widely used International Classification of Diseases-10 (ICD-10) which is centered around body structures and functions, the ICF-CY focuses on the participation dimension of health conditions. Using the ICF-CY to guide both the description of disabilities as well as targeted therapeutic interventions would strengthen the participation orientation of care processes. Second, the ICF-CY could facilitate the participation of patients and their parents in the planning of care and treatment. Strengthened participation of patients in care decisions (*shared decision making*) would in turn make care processes much more client-centered and arguably more participation-oriented. Third, the ICF-CY could serve as a common language for all involved in the care for children with disabilities. It could help to bridge disciplinary boundaries in sectors involved in the care of children with disabilities (e.g. social pediatrics, psychology, physiotherapy, occupational therapy, preschool educators) and in the wider institutional and political environment (e.g. health insurance funds, local authorities). However, to date the ICF-CY is not used in a comprehensive way in most European health systems.

The aim of *ICF-CY MedUse* - a multinational educational project financed by the European Commission - was therefore to increase the knowledge about the ICF-CY and its use within social pediatric care and early childhood intervention services. Each consortium partner of *ICF-CY MedUse* organized one or more multiplier events as part of their dissemination activities. These one-day events were aimed at disseminating key ICF-CY-related outputs of the project. Both the content of the multiplier events and the target audiences were highly diverse and tailored to the differing needs in the countries of the respective consortium partner (Austria, Germany, Italy, Macedonia, Turkey, United Kingdom).

The aims of our report were (i) to provide insights into the current and potential future use of the ICF-CY in the participants' institutions (e.g. social pediatric centers, early childhood intervention centers, nurseries), (ii) to assess the usability of the knowledge and skills acquired during the multiplier events in day-to-day work routines and (iii) to evaluate the overall satisfaction of the participants with the multiplier events.

# 2. Methods

## 2.1 Questionnaire development

An English version of the multiplier event questionnaire was developed by our research team and encompassed items on:
(1) the current and potential future use of the ICF-CY in the participants' institutions
(2) the usability of the knowledge and skills acquired during the multiplier events in day-to-day work routines

(3) the overall satisfaction of the participants with the multiplier events.
Key socio-demographic covariates were assessed at the end of the questionnaire (e.g. gender, age, occupation, work setting, work experience). After peer review by social scientists with experience in survey design, small changes mainly in terms of wording were made to the English version of the questionnaire. The final English version was translated to the national languages of the other consortium partners (i.e. German, Italian, Macedonian and Turkish). The appendix contains the English version of the questionnaire. The other versions are available from the authors at the respective partner institutions upon request.

## 2.2 Setting and participants

Participants were recruited at the end of all multiplier events when questionnaires in the national language of the participants were distributed. To maximize the response rate all participants were asked to complete the questionnaire while still at the venue. No specific inclusion and exclusion criteria were applied. Data were collected between October 2016 till July 2017. If a participant completed the questionnaire this was regarded as consent to participate in the study. Formal written consent was not necessary because we did not collect any identifying personal information. Ethical approval was obtained from the Ethics Committee of the Medical Faculty Mannheim, Heidelberg University, Germany (2016-609N-MA).

## 2.3 Statistical analyses and qualitative analyses of free text questions

After running plausibility checks we conducted descriptive univariate analyses. We further assessed bivariate associations with socio-demographic factors (i.e. gender, age, work setting, profession and level of experience) using Chi2 and Fisher exact tests as appropriate. Age quintiles and a binary variable for work experience (cut-off of median split: 12 years of work experience) were used in all bivariate analyses. Work settings were grouped into (i) social pediatrics and early childhood intervention, (ii) the medical sector, i.e. private practice and hospital, (iii) the education sector, i.e. nursery, preschool and school and (iv) a residual category encompassing civil service and individuals working in multiple settings. Professions were stored in a binary variable: (i) individuals in leadership positions, i.e. physicians, scientists, school managers and other managers and (ii) individuals without a leadership position (e.g. occupational therapists, preschool educators). For ease of readability the categories *fully agree* and *agree* were merged and are referred to as *agree* throughout the text. All tables contain information on the original scales as used in the questionnaires (i.e. the categories *fully agree* and *agree* are presented separately). Key results stratified by country are reported in Appendix B. All statistical analyses were conducted in 2017 using Stata 13 (Version 13.1, StataCorp, College Station, USA).
Moreover, using free text questions participants were asked for prerequisites of (i) the sustainable application of the ICF-CY in their respective institutions and (ii) the sustainable integration of the ICF-CY into training and continuing education curricula. Answers to these questions belonging to underlying dimensions were grouped together and are summarized in tables.

# 3. Results

## 3.1 Multiplier events and participants

Three hundred sixty nine participants attended 19 multiplier events in 6 countries (UK 1, Germany 6, Austria 6, Italy 1, Macedonia 1, Turkey 4; mean number of participants: 19.4). The multiplier events covered one or multiple topics related to the ICF-CY (e.g. general introduction, hands-on training, online tools, exchange of implementation experiences, training curricula).

Participants had a mean age of 43.4 (SD 11.32) years and were predominantly female (87.3%). Participants worked in a broad variety of settings ranging from health, education to civil service and research. Early childhood intervention centers were by far the most frequent work setting (36.9%). Reflecting the broad range of work settings participants belonged to a large number of different professions (e.g. physicians, physiotherapists, child development specialists, special needs educators, preschool educators, social workers). Approximately 75% of participants reported 5 or more years of experience in their field of work. A summary of socio-demographic characteristics is presented in Table 1.

**Table 1: Socio-demographic characteristics of multiplier event participants**

| | |
|---|---|
| **Female**[a] | 322 (88.2) |
| **Age (in years)**[b] | 43.4 (11.3) |
| **Work setting**[a] | |
| Social pediatric center | 17 (5.6) |
| Early childhood intervention center | 136 (44.9) |
| Private practice | 28 (9.2) |
| Hospital | 20 (6.6) |
| Nursery/preschool | 10 (3.3) |
| School | 31 (10.2) |
| Civil service | 7 (2.3) |
| Other | 37 (12.2) |
| Multiple | 17 (5.6) |
| **Profession**[a] | |
| Physician | 56 (16.1) |
| Physiotherapist | 24 (6.9) |
| Psychologist | 7 (2.0) |
| Speech therapist | 7 (2.0) |
| Midwife | 7 (2.0) |
| Occupational therapist | 4 (1.2) |
| Psychotherapist | 4 (1.2) |
| Music therapist | 1 (0.3) |
| Nurse | 2 (0.6) |
| Special needs educator | 67 (19.3) |
| Social worker | 13 (3.7) |
| Preschool educator | 10 (2.9) |

| | |
|---|---|
| School manager | 8 (2.3) |
| Streetworker | 1 (0.3) |
| Child development specialist | 48 (13.8) |
| Multiple | 31 (8.9) |
| Other therapists/educators | 29 (8.3) |
| Early interventionist | 18 (5.2) |
| Other managers | 7 (2.0) |
| Scientist/student | 3 (0.9) |
| Other | 1 (0.3) |
| **Experience (in years)[c, d]** | 12 (18) |

Values are [a] n (%), [b] mean (SD) and [c] median (interquartile range). Due to rounding errors percentages do not always add up to 100%.

*the 3 most frequent categories are highlighted in yellow

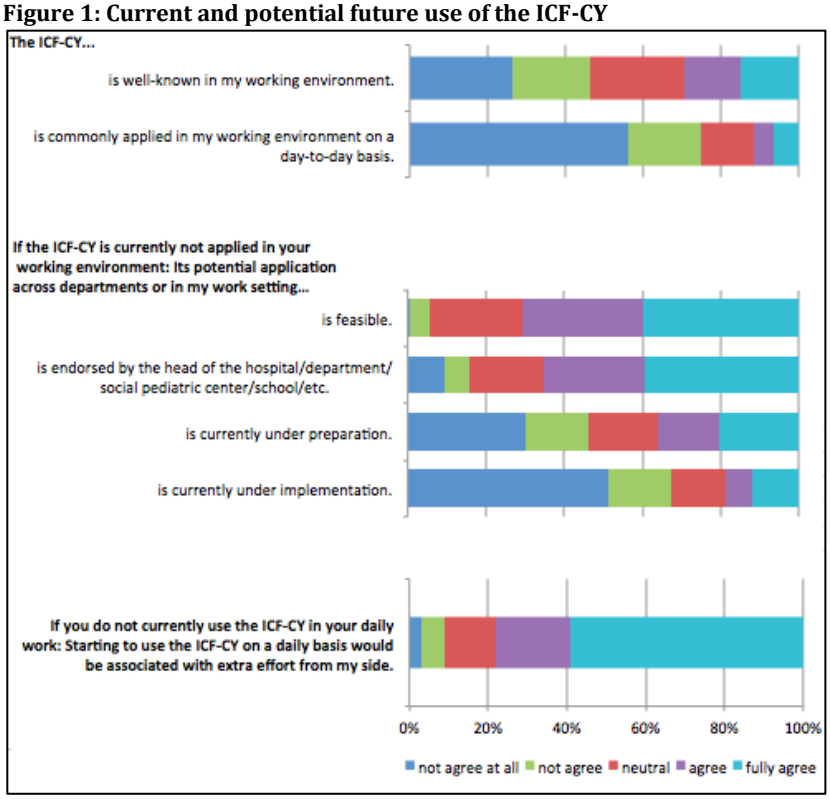
## 3.2 Current and potential future use of the ICF-CY

Approximately 2 out of 3 participants (67.4%) had heard about the ICF-CY before the multiplier event, but only 29.3% and 11.6% agreed that the ICF-CY was well-known and applied on a day-to-day basis in their work settings, respectively (Table A1 in the Appendix). Knowledge about the ICF-CY was associated with work settings ($p<0.001$). While 83.7 % and 36.9 % of respondents working in social pediatric centers and early childhood intervention centers had heard about the ICF-CY and agreed that it was well-known in their respective work settings, knowledge was more limited in the medical (i.e. hospitals and private practices) and education sectors. We observed no differences for the current application of the ICF-CY with respect to the work setting. Moreover, experienced professionals had heard about the ICF-CY to a larger extent than more inexperienced professionals 73.3 vs. 61.3 %, $p=0.02$). Results of the original Likert scales are summarized in Table 2 and Figure 1.

70.7% and 65.1% of all respondents reporting that the ICF-CY was not used in their work settings agreed that the implementation of the ICF-CY in their working environments was feasible and that it was endorsed by the head of the institution (e.g. hospital, department, school), respectively. However, only 36.0% and 18.8% agreed that the implementation of the ICF-CY was under preparation and in the process of being implemented (Table 2 and Figure 1). An association with work settings was observed for the feasibility and endorsement by the head of institution ($p<0.02$). Respondents working in social pediatrics, early childhood intervention and the medical field agreed to a larger degree that the implementation of the ICF-CY was feasible and endorsed (72.1 and 79.0 as well as 67.0 and 70.0 %, respectively) compared to the education sector. We observed no differences for the current preparation and implementation of the ICF-CY. 78.2 % of those not using the ICF-CY on a daily basis agreed that integrating the ICF-CY in their daily work routines would be associated with extra effort (Table 2 and Figure 1). Respondent working in social pediatrics and early childhood intervention agreed to this statement to a larger extent (82.3) than individuals working in the medical and education sectors ($p<0.001$). Gender, age, profession and experience were not associated with any of the current or potential future use of the ICF-CY. Frequency tables of key items stratified by country are reported in Appendix Table B1.

The involvement of the following stakeholders in the implementation process of the ICF-CY was considered important most frequently: staff at institutions implementing the ICF-CY (86.6 %), parents (86.3 %), consultants/committees for the assessment of disabilities (76.8 %), heads of institutions implementing the ICF-CY (74.9 %) and clients/patients (72.1 %). Self-help associations were considered important least frequently (38.0 %). Further details on the importance of involving different stakeholders are reported in Figure 2.

**Figure 1: Current and potential future use of the ICF-CY**



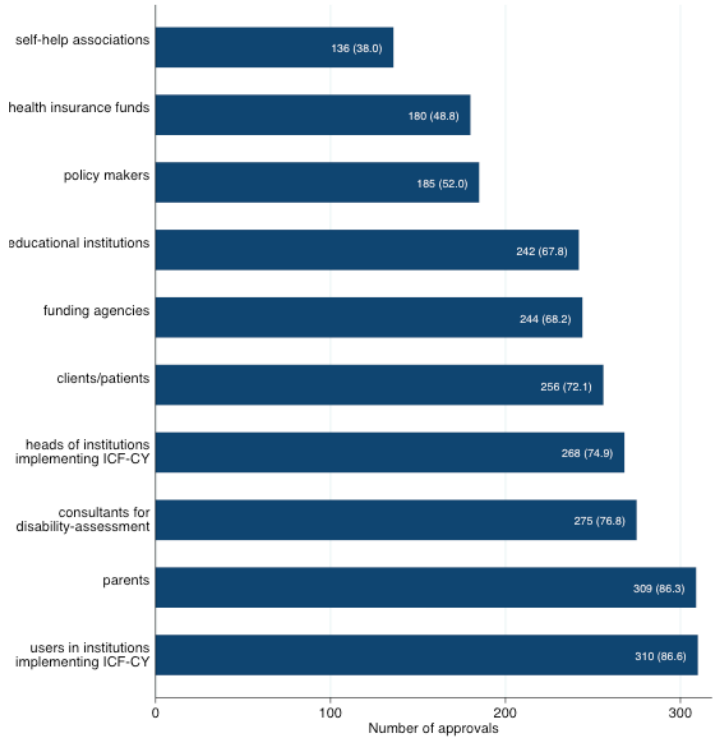

Values are presented as %. ICF-CY, International Classification of Functioning, Disability and Health for Children and Youth.

**Table 2: Current and potential future use of the ICF-CY**

| | n | no | | yes | | not sure |
|---|---|---|---|---|---|---|
| **I had heard about the International Classification of Functioning, Disability and Health – Children & Youth (ICF-CY) before the workshop.** | 356 | 116 (32.6) | | 240 (67.4) | | 0 (0.0) |
| | **n** | **not agree at all** | | | | **fully agree** |
| **The ICF-CY…** | | | | | | |
| is well-known in my working environment. | 341 | 90 (26.4) | 68 (19.9) | 83 (24.3) | 49 (14.4) | 51 (15.0) |
| is commonly applied in my working environment on a day-to-day basis. | 327 | 184 (56.3) | 60 (18.4) | 45 (13.8) | 17 (5.2) | 21 (6.4) |
| **If the ICF-CY is currently not applied in your working environment: Its potential application across departments or in my work setting…** | | | | | | |
| is feasible. | 276 | 2 (0.7) | 14 (5.1) | 65 (23.6) | 85 (30.8) | 110 (39.9) |
| is endorsed by the head of the hospital/department/social pediatric center/school/etc. | 209 | 20 (9.6) | 13 (6.2) | 40 (19.1) | 54 (25.8) | 82 (39.2) |
| is currently under preparation. | 222 | 67 (30.2) | 36 (16.2) | 39 (17.6) | 35 (15.8) | 45 (20.3) |
| is currently under implementation. | 207 | 106 (51.2) | 33 (15.9) | 29 (14.0) | 14 (6.8) | 25 (12.1) |
| **If you do not currently use the ICF-CY in your daily work: Starting to use the ICF-CY on a daily basis would be associated with extra effort from my side.** | 321 | 10 (3.1) | 19 (5.9) | 41 (12.8) | 61 (19.0) | 190 (59.2) |

Values are presented as n (%). Due to rounding errors percentages do not always add up to 100%.

**Figure 2: Importance of involving different stakeholders in the process of implementing the ICF-CY**
*In my opinion it is important that the following stakeholders are involved in the process of implementing the ICF-CY.* (n=358)




Values are presented as n (%). The number of respondents that had selected at least one answer was used as the common denominator to calculate fractions. ICF-CY, International Classification of Functioning, Disability and Health for Children and Youth.

Requirements for the sustainable application of the ICF-CY in institutions named by the participants were grouped into three domains: (1) institutional facilitators, (2) tools and resources as well as (3) facilitators in the wider institutional and policy environment. Key dimensions belonging to the three domains are summarized in Table 3.

**Table 3: Prerequisites of a sustainable application of the ICF-CY in the participants' institutions** (based on data of n=261 respondents)

| |
|---|
| **(1) Institutional facilitators** |
| Training opportunities for different levels of knowledge (i.e. basic and advanced trainings) for all staff members possibly including managers and administrative staff |
| In-house training opportunities |
| Continuous training on the job (e.g. case-based training) |
| Focal points for technical support and to whom open questions can be addressed |
| Facilitators of use and guided implementation |
| Knowledge about the benefits of the ICF-CY and starting the process of implementation |
| Specific ideas for implementation |
| Establishing internal standards/guidelines |
| Restructuring of intervention plans |
| Adequate resources in terms of time, staff, facilities and financial resources, possibly secured through reallocation of resources (e.g. for staff training, implementation, team time, additional time required per patient) |
| Estimation of workload in institutions |
| Environments fostering interdisciplinary cooperation, exchange of experiences and teambuilding |
| Support from and motivation of the institutional leadership |
| Certification and accreditation processes |

| |
|---|
| Cooperation with parents and provision of resources for parents informing about their involvement in the care process (shared decision making) |
| **(2) Tools and resources** |
| User friendly, easy-to-use materials in jargon-free language (e.g. IT solutions, apps, online tools, books) |
| Short version of the ICF-CY |
| Training of trainers |
| Unity in methods |
| **(3) Facilitators in the wider institutional and policy environment** |
| Increasing awareness about the ICF-CY (e.g. in which way ICF-CY might ease day-to-day work) |
| Exchange of experiences across institutions |
| Cooperation between relevant institutions |
| Increasing the number of users of the ICF-CY (e.g. implementation of the ICF-CY at scale - e.g. at state level - potentially mandated by law) |
| Support from and involvement of policy makers, local authorities and ministries |
| Funding for patients linked to the use of the ICF-CY |
| Include funders in the process of the implementation of the ICF-CY |
| Eligibility of ICF-CY to be used in the field, legal authorities acknowledging its application |
| Inclusion of the ICF-CY as part of professional education |
| Research on the ICF-CY and its implementation (including pilot studies, case studies) |

Using a free text question participants were asked for prerequisites of the sustainable application of the ICF-CY in their respective institutions. Answers to these questions belonging to underlying dimensions were grouped together and are summarized above.

Requirements for the sustainable integration of the ICF-CY into training and continuing education curricula identified by participants were grouped into four domains: (1) training opportunities, (2) motivation and change of mindsets, (3) tools and resources as well as (4) structural and institutional facilitators. Key dimensions of the four domains are reported in Table 4.

**Table 4: Prerequisites of a sustainable integration of the ICF-CY into training and continuing education curricula** (based on data of n=189 respondents)

| |
|---|
| **(1) Training opportunities** |
| Experienced and trained staff and trainers |
| Multidisciplinary training for all involved stakeholders (e.g. staff in educational institutions, i.e. schools, universities, institutions in the health system) including trainings on online tools |
| Compulsory courses on ICF-CY in different types of educational programs (e.g. apprenticeship training, early-years education, undergraduate and graduate programs, life-long learning programs) |
| Continued practice in day-to-day work routines |
| Interdisciplinary exchange/cooperation between all stakeholders involved in care for children and adolescents with disabilities |
| **(2) Motivation and change of mindsets** |
| Willingness, motivation, patience |
| Changing of perspectives of stakeholders involved in the care of children with disabilities, not only changing the way disabilities are coded |
| **(3) Tools and resources** |
| Affordable resources (e.g. books, courses) |
| Usability of resources and trainings for staff and families (e.g. simplified manuals) |
| **(4) Structural facilitators** |
| More time (e.g. for trainings, to get familiar with ICF-CY in day-to-day work routines) |
| Additional financial resources (e.g. for trainings, IT resources) |
| Dissemination and public relation activities on the ICF-CY and its benefits (e.g. presentations at conferences, social media activity) |
| Clear goals associated with the use of the ICF-CY |
| Unified instruments for the implementation of the ICF-CY |
| Knowledge about legal frameworks (e.g. Bundesteilhabegesetz) |
| Training, awareness raising and advocacy on the ICF-CY involving politicians, staff at ministries and |

| |
|---|
| local authorities |
| Support from local authorities, governments and politicians |
| Appropriate legal regulations enforcing the use of the ICF-CY |
| More studies to generate evidence on the benefits of using the ICF-CY |

Using a free text question participants were asked for prerequisites of the sustainable integration of the ICF-CY into training and continuing education curricula. Answers to these questions belonging to underlying dimensions were grouped together and are summarized above.

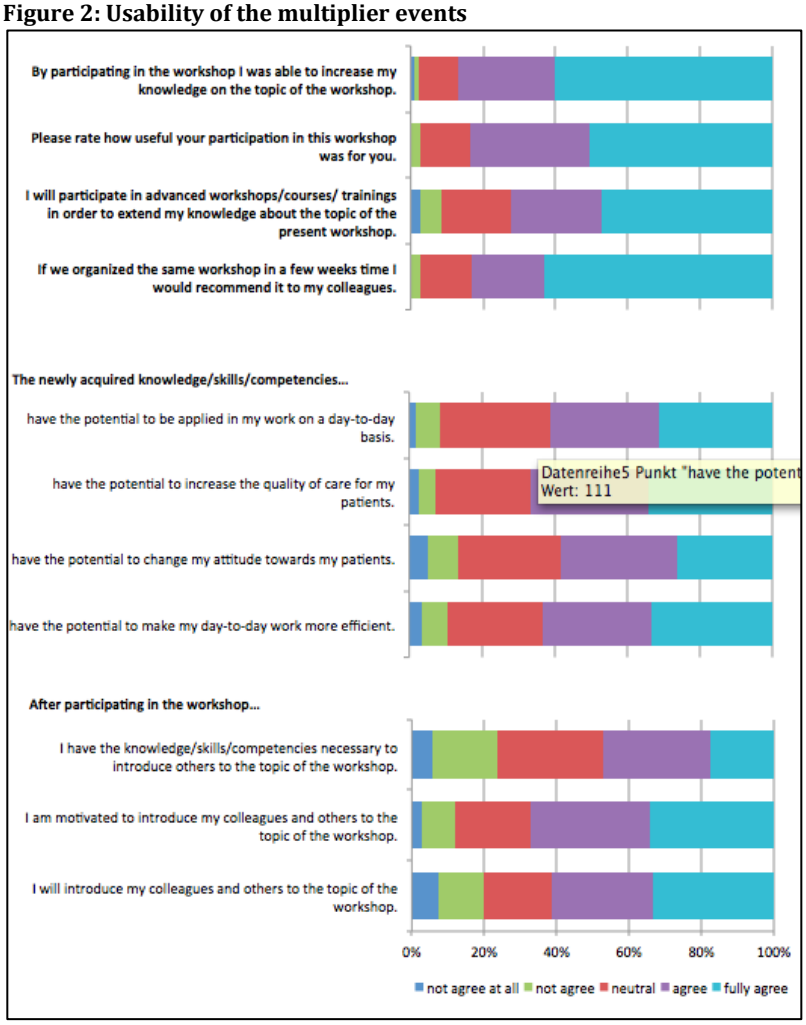
## 3.3. Usability of the knowledge and skills gained during the multiplier events

Approximately 87.1 % of all participants agreed that they had been able to increase their knowledge on the topic of the workshop and 83.5 % rated the participation in the respective workshops as very useful or useful. An association of the gain in knowledge was observed with age: 89.3 % of the professionals in the youngest age group increased their knowledge (vs. 77.3 % in the oldest age group). Between 58.3 and 66.6 % of all participants agreed that the newly acquired knowledge, skills and competencies had the potential to be applied in their work on a daily basis, to increase the quality of patient care, to change the attitude towards their patients and to make their day-to-day work more efficient, respectively. With increasing age the proportion of respondents agreeing that the ICF-CY could be applied in their respective work setting and could have the potential to increase the quality of care decreased (from approximately 80 to 55 %, p=0.02). For changes in the attitude towards patients and potential efficiency gains no association with age was observed. The proportion of respondents from the education sector agreeing that the newly acquired knowledge and competencies had the potential to change their attitude towards patients and to make their work more efficient was higher (85.3 and 80.6 %, respectively) than for other sectors (e.g. social pediatrics/early childhood intervention centers 46.9 and 51.4 %, respectively, p=0.001). Results of the original Likert scales are summarized in Table 5 and Figure 2. Frequency tables of key items stratified by country are reported in Appendix Table B2.

With regards to dissemination of the newly acquired knowledge and skills, 67.2 % and 61.3 % reported that they were motivated to introduce colleagues to the covered topic and had the concrete plan to disseminate the acquired knowledge to colleagues. But only 47.38 % had the competencies necessary to introduce others to the topic of the workshop (Table 5 and Figure 2). With increasing age the proportion of respondents agreeing that they had gained the skills and knowledge to introduce others to the respective topic of the workshop declined (approximately 55 % for the youngest 3 quintiles vs. approximately 30 % for the oldest quintiles, p<0.001). The proportion of respondents from the medical sector (i.e. hospitals and private practices) having acquired the knowledge and skills to introduce others to the topic of the workshop and who will introduce others to the topic was higher (73.9 and 80.9 %, respectively) than for other sectors (p=0.005).

More than two thirds of all participants reported that they planned to participate in advanced courses or trainings to extend their knowledge on the topic of the respective workshop and 4 out of 5 wanted to recommend the multiplier event to colleagues. Gender and profession were not associated with any items on the usability of the knowledge and skills gained during the multiplier events.

**Figure 2: Usability of the multiplier events**




Values are presented as %. ICF-CY, International Classification of Functioning, Disability and Health for Children and Youth.

**Table 5: Usability of the multiplier events**

| | n | not agree at all | | | | fully agree |
|---|---|---|---|---|---|---|
| **By participating in the workshop I was able to increase my knowledge on the topic of the workshop.** | 364 | 3 (0.8) | 5 (1.4) | 39 (10.7) | 98 (26.9) | 219 (60.2) |
| **Please rate how useful your participation in this workshop was for you.** | 364 | 0 (0.0) | 9 (2.5) | 51 (14.0) | 120 (33.0) | 184 (50.6) |
| **I will participate in advanced workshops/courses/ trainings in order to extend my knowledge about the topic of the present workshop.** | 324 | 9 (2.8) | 19 (5.9) | 62 (19.1) | 81 (25.0) | 153 (47.2) |
| **If we organized the same workshop in a few weeks time I would recommend it to my colleagues.** | 354 | 1 (0.3) | 8 (2.3) | 50 (14.1) | 72 (20.3) | 223 (63.0) |
| **The newly acquired knowledge/skills/competencies…** | | | | | | |
| have the potential to be applied in my work on a day-to-day basis. | 355 | 7 (2.0) | 23 (6.5) | 108 (30.4) | 106 (29.9) | 111 (31.3) |
| have the potential to increase the quality of care for my patients. | 335 | 9 (2.7) | 15 (4.5) | 88 (26.3) | 108 (32.2) | 115 (34.3) |
| have the potential to change my attitude towards my patients. | 336 | 17 (5.1) | 28 (8.3) | 95 (28.3) | 108 (32.1) | 88 (26.2) |
| have the potential to make my day-to-day work more efficient. | 333 | 11 (3.3) | 24 (7.2) | 88 (26.4) | 99 (29.7) | 111 (33.3) |
| **After participating in the workshop…** | | | | | | |
| I have the knowledge/skills/competencies necessary to introduce others to the topic of the workshop. | 357 | 21 (5.9) | 64 (17.9) | 103 (28.9) | 107 (30.0) | 62 (17.4) |
| I am motivated to introduce my colleagues and others to the topic of the workshop. | 357 | 10 (2.8) | 33 (9.2) | 74 (20.7) | 117 (32.8) | 123 (34.5) |
| I will introduce my colleagues and others to the topic of the workshop. | 344 | 26 (7.6) | 42 (12.2) | 65 (18.9) | 96 (27.9) | 115 (33.4) |

Values are presented as n (%). Due to rounding errors percentages do not always add up to 100%.

## 4. Discussion

In this report we assessed (i) the current and potential future use of the ICF-CY in the participants' institutions (e.g. social pediatric centers, early childhood intervention centers, nurseries) and (ii) the usability of the knowledge and skills acquired during the multiplier events in day-to-day work routines. Moreover, we investigated (iii) the overall satisfaction of the participants with the multiplier events.

While a majority of respondents had heard about the ICF-CY and agreed that its implementation was feasible and endorsed by the head of the institution, detailed knowledge about the ICF-CY within institutions and its application in daily work routines was confined to a minority. At the same time more than two thirds reported that integrating the ICF-CY in daily work routines would be associated with extra effort. These results highlight that further support (e.g. in terms of trainings) might be necessary in order to start the process of implementing the ICF-CY in an environment where people know about the ICF-CY and many institutions' heads are in principle in favor of the implementation. Future implementation research should therefore try to identify "bottlenecks" that prevent the large-scale adoption of the ICF-CY. Its results should inform educators' efforts to develop tools and resources targeting these bottlenecks. Primary aim of these materials should be to reduce the effort associated with implementing the ICF-CY (e.g. electronic tools simplifying the daily use of the ICF-CY).

Knowledge about the ICF-CY was associated with work settings. In the medical sector, i.e. in hospitals and private practices, and the education field the level of knowledge was lower than in those individuals working in social pediatrics or early childhood intervention. Given that the ICF-CY has great potential to serve as a common language across sector boundaries our results underscore the importance of offering trainings specifically tailored to the needs of the medical and education sector which are lagging behind in terms of ICF-CY knowledge.

Moreover, individuals working in social pediatrics, early childhood intervention and the medical sector agreed to a larger extent that the implementation of the ICF-CY was feasible and endorsed by the head of the institution than persons working in other settings. This might reflect the fact that these institutions have a head start in terms of getting used to the perspective the ICF-CY offers both on the level of employees and leadership. Nevertheless further training and support is needed in these settings as rates of adoption of the ICF-CY do not differ between settings (p=30).

A great variety of stakeholders were considered important for the implementation of the ICF-CY. Besides patients and their parents, staff at institutions implementing the ICF-CY (e.g. health services, educational sector), funding bodies (e.g. health insurance funds) and policy makers should be actively involved in the implementation process. This multi-sector approach is consistent with the factors that were considered prerequisites of a sustainable application of the ICF-CY in the participants' institutions. These covered (1) institutional factors (e.g. training opportunities, establishment of internal standards and guidelines, restructuring of intervention plans), (2) tools and resources (e.g. user-friendly training materials) and (3) facilitators in the wider institutional and policy

environment (e.g. exchange of experiences across institutions, support from politicians and local authorities). To facilitate the implementation of the ICF-CY at scale a comprehensive approach involving all key stakeholders across sectors seems promising. Key leverage to develop a common understanding of the importance of the ICF-CY implementation at scale should be training curricula tailored to the needs of institutions across sectors as different as the workforce in social pediatric centers, hospital administrators or health insurance funds. Comprehensive training programs in all involved sectors would build a common understanding of the importance of the ICF-CY as common language and would hence facilitate its large-scale roll-out.

The multi-sector activities necessary for the implementation of the ICF-CY were mirrored by facilitators on different levels which were considered important for a sustainable integration of the ICF-CY into training and continuing education curricula. These included (1) training opportunities (e.g. multidisciplinary trainings, interdisciplinary exchange across stakeholders), (2) motivation and a change of perspectives towards patients with disabilities, (3) tools and resources (e.g. easy-to-use and affordable resources like books and manuals) and (4) structural facilitators (e.g. financial resources for trainings, legal regulations). In order to sustainably integrate the ICF-CY into curricula again a multi-sector approach will be necessary. Trainers will be needed to develop innovative training curricula and materials that explicitly foster the trainees' motivation to change daily work routines. Simultaneously, a favorable policy environment introducing nurturing policy and legal frameworks will be essential (e.g. additional funding for institutions adopt ICF-CY-based work routines).

Approximately 4 out of 5 participants considered their workshop as useful and were able to increase their knowledge. Four out of five participants wanted to recommend the multiplier event to colleagues. These results prove the overall high quality of the multiplier events. While a majority of participants was motivated to introduce colleagues to the topic of the workshop and had concrete plans to do so, only less than 50% reported to have the necessary competencies. This highlights once more the need for further training using quality assured curricula.

## 5. Conclusion

To implement the ICF-CY as a comprehensive framework that fosters participation orientation and shared decision-making in the care of children with disabilities and serves as a common language across sector boundaries, a multi-sector approach is necessary. Key stakeholders both at the level of the institutions implementing the ICF-CY (e.g. staff, leadership structures) and the wider institutional and policy environment (e.g. politicians, health insurance funds) should be involved besides patients and their families. Targeted trainings and the provision of user-friendly and accessible resources (e.g. books, electronic tools) will play a key role in closing the knowledge gap and in implementing the ICF-CY at scale. While participants were satisfied with the usability of the multiplier events to a large extent, our results highlight the need for systematic medium to long-term further training activities supplementing one-day multiplier events.

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# 7. Appendix A

## English Version of the multiplier event questionnaire

*Mannheim Institute of Public Health, Social and Preventive Medicine*
*Medical Faculty Mannheim, Heidelberg University*
*Director: Prof. Dr. med. Joachim Fischer*
*Project Leader: PD Dr. Freia De Bock*
*Ludolf-Krehl-Str. 7-11*
*68167 Mannheim*
*Germany*
*Phone: 0049 621/383-9910*

UNIVERSITÄT HEIDELBERG
ZUKUNFT SEIT 1386

**ICF-CY MedUse Workshop Evaluation**

Dear participant,

in order to better tailor future trainings, workshops and continuing professional development opportunities to your needs, we would appreciate your help in completing the following questions. Filling in the questionnaire should take about 5-10 minutes. Please bear in mind that there are no "right" or "wrong" answers – we are interested in your personal opinion. Your participation in the present survey is completely anonymous and voluntary. Data provided by you will not be passed on to any third parties.

Thank you very much for your support.

---

**Notes for completing the questionnaire:**
Please answer each question by either filling in the free text field or ticking the option that applies to you. Within the questionnaire, some response options are provided with a scale. In these cases please tick the option that is more likely to represent your views.

For example: from left "do not agree at all" to right "completely agree" the approval of the respective statement is increasing. For instance, if you do not agree at all with the statement you tick the option on the far left.

| | do not agree at all | | | | completely agree |
|---|---|---|---|---|---|
| | 1 X | 2 | 3 | 4 | 5 |

Please make sure that you respond to all questions.

Erasmus+

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

1. I had heard about the International Classification of Functioning, Disability and Health – Children & Youth (ICF-CY) before the workshop. | no ☐ | yes ☐ | not sure ☐

2. The ICF-CY…

| | do not agree at all | | | | completely agree | don't know |
|---|---|---|---|---|---|---|
| a) is well-known in my working environment. | 1 | 2 | 3 | 4 | 5 | ☐ |
| b) is commonly applied in my working environment on a day-to-day basis. | 1 | 2 | 3 | 4 | 5 | ☐ |

3. If the ICF-CY is currently not applied in your working environment: its potential application across departments or in my work setting… *[If the ICF-CY is currently applied in your working environment, please go to question 4]*

| | do not agree at all | | | | completely agree | don't know |
|---|---|---|---|---|---|---|
| a) is feasible. | 1 | 2 | 3 | 4 | 5 | ☐ |
| b) is endorsed by the head of the hospital/department/social pediatric center/school/etc. | 1 | 2 | 3 | 4 | 5 | ☐ |
| c) is currently under preparation. | 1 | 2 | 3 | 4 | 5 | ☐ |
| d) is currently under implementation. | 1 | 2 | 3 | 4 | 5 | ☐ |

4. By participating in the workshop I was able to increase my knowledge on the topic of the workshop.

| | do not agree at all | | | | completely agree |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |

5. Please rate how useful your participation in this workshop was for you.

| | not useful at all | | | | very useful |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |

6. The newly acquired knowledge/skills/competencies…

| | do not agree at all | | | | completely agree | don't know |
|---|---|---|---|---|---|---|
| a) have the potential to be applied in my work on a day-to-day basis. | 1 | 2 | 3 | 4 | 5 | ☐ |
| b) have the potential to increase the quality of care for my patients. | 1 | 2 | 3 | 4 | 5 | ☐ |
| c) have the potential to change my attitude towards my patients. | 1 | 2 | 3 | 4 | 5 | ☐ |
| d) have the potential to make my day-to-day work more efficient. | 1 | 2 | 3 | 4 | 5 | ☐ |

| | | do not agree at all | | | | completely agree | don't know |
|---|---|---|---|---|---|---|---|
| 7. | If you do not currently use the ICF-CY in your daily work: Starting to use the ICF-CY on a daily basis would be associated with extra effort from my side. [*If you currently use the ICF-CY in your daily work, please jump to question 8*] | 1 | 2 | 3 | 4 | 5 | ☐ |
| 8. | I will participate in advanced workshops/courses/ trainings in order to extend my knowledge about the topic of the present workshop. | 1 | 2 | 3 | 4 | 5 | ☐ |
| 9. | If we organized the same workshop in a few weeks time I would recommend it to my colleagues. | 1 | 2 | 3 | 4 | 5 | ☐ |

10. After participating in the workshop...

| | do not agree at all | | | | completely agree | don't know |
|---|---|---|---|---|---|---|
| a) I have the knowledge/skills/competencies necessary to introduce others to the topic of the workshop. | 1 | 2 | 3 | 4 | 5 | ☐ |
| b) I am motivated to introduce my colleagues and others to the topic of the workshop. | 1 | 2 | 3 | 4 | 5 | ☐ |
| c) I will introduce my colleagues and others to the topic of the workshop. | 1 | 2 | 3 | 4 | 5 | ☐ |

11. In my opinion it is important that the following stakeholders are involved in the process of implementing the ICF-CY (check all that apply, multiple answers possible):

- ☐ clients/patients (children and adolescents)
- ☐ parents
- ☐ self-help associations
- ☐ users in institutions that implement the ICF-CY (physicians/nurses/speech therapists/etc.)
- ☐ directors/department heads/etc. of institutions that implement the ICF-CY
- ☐ consultants/committees for the assessment of disabilities
- ☐ health insurance funds
- ☐ funding agencies (social assistance office of cities/counties etc.)
- ☐ educational institutions (universities, universities of applied sciences, academies, etc.)
- ☐ policy makers
- ☐ others: _____

12. From your perspective, what would be needed in your institution for the sustainable application of the ICF-CY?

_____

_____

_____

13. From your perspective, what would be needed in order to sustainably integrate the ICF-CY into training and continuing education curricula?

_____

_____

_____

14. What aspects did you like most in the present workshop?

_____

_____

15. Are there any aspects that we should change in future workshops?

_____

_____

16. Gender:

- ☐ male
- ☐ female

17. Age: _____ years

18. In what kind of setting do you work? (check all that apply, multiple answers are possible)

- ☐ social pediatric center
- ☐ early childhood intervention center
- ☐ private practice
- ☐ hospital
- ☐ other: _____

19. What is your profession? (please tick as appropriate)

- ☐ physician
- ☐ physiotherapist
- ☐ occupational therapist
- ☐ psychologist
- ☐ midwife
- ☐ psychotherapist
- ☐ special needs educator
- ☐ social worker
- ☐ streetworker
- ☐ child development specialist
- ☐ kindergarten teacher
- ☐ music therapist
- ☐ speech therapist
- ☐ scientist
- ☐ other: _____

20. How many years of work experience do you have in your current field of work? _____ years

**Thank you very much for your participation.**

---

**To be filled in by the organizer of the present workshop:**

ID: _____/_____ (ID of multiplier event/ID of participant)

What did the present workshop focus on? (check all that apply, multiple answers possible)

- ☐ theoretical introduction to the ICF-CY
- ☐ training and continuing education curricula on the ICF-CY
- ☐ training on the practical application of the ICF-CY
- ☐ theoretical introduction into online tools for implementing the ICF-CY
- ☐ training on the ICF-CY Online Practice Translator or another online tool
- ☐ ICF-CY trainer certification
- ☐ introduction into the ICF-CY Online Training Passport
- ☐ exchange of experiences concerning the application of the ICF-CY
- ☐ exchange of experiences concerning the implementation of the ICF-CY in specific settings (hospitals, social pediatric centers, etc.)
- ☐ different focus: _____

## 8. Appendix B

**Appendix Table B1: Current and potential future use of the ICF-CY**

| **Germany (n=159)** | **n** | **no** | | **yes** | | **not sure** |
|---|---|---|---|---|---|---|
| **I had heard about the International Classification of Functioning, Disability and Health – Children & Youth (ICF-CY) before the workshop.** | 155 | 15 (9.7) | | 140(90.3) | | 0 (0.0) |
| | **n** | **not agree at all** | | | | **fully agree** |
| **The ICF-CY…** | | | | | | |
| is well-known in my working environment. | 155 | 8 (5.2) | 26 (16.8) | 48 (31.0) | 35 (22.6) | 38 (24.5) |
| is commonly applied in my working environment on a day-to-day basis. | 145 | 76 (52.4) | 30 (20.7) | 22 (15.2) | 6 (4.1) | 11 (7.6) |
| **If the ICF-CY is currently not applied in your working environment: Its potential application across departments or in my work setting…** | | | | | | |
| is feasible. | 117 | 0 (0.0) | 5 (4.3) | 32 (27.4) | 42 (35.9) | 38 (32.5) |
| is endorsed by the head of the hospital/department/social pediatric center/school/etc. | 115 | 9 (7.8) | 7 (6.1) | 24 (20.9) | 30 (26.1) | 45 (39.1) |
| is currently under preparation. | 117 | 19 (16.2) | 18 (15.4) | 26 (22.2) | 24 (20.5) | 30 (25.6) |
| is currently under implementation. | 104 | 45 (43.3) | 24 (23.1) | 16 (15.4) | 8 (7.7) | 11 (10.6) |
| **If you do not currently use the ICF-CY in your daily work: Starting to use the ICF-CY on a daily basis would be associated with extra effort from my side.** | 144 | 3 (2.1) | 4 (2.8) | 4 (2.8) | 20 (13.9) | 113 (78.5) |
| **Austria (n=43)** | **n** | **no** | | **yes** | | **not sure** |
| **I had heard about the International Classification of Functioning, Disability and Health – Children & Youth (ICF-CY) before the workshop.** | 40 | 19 (47.5) | | 21 (52.5) | | 0 (0.0) |
| | **n** | **not agree at all** | | | | **fully agree** |
| **The ICF-CY…** | | | | | | |
| is well-known in my working environment. | 40 | 15 (37.5) | 13 (32.5) | 10 (25.0) | 2 (5.0) | 0 (0.0) |
| is commonly applied in my working environment on a day-to-day basis. | 41 | 33 (80.5) | 6 (14.6) | 1 (2.4) | 0 (0.0) | 1 (2.4) |
| **If the ICF-CY is currently not applied in your working environment: Its potential application across departments or in my work setting…** | | | | | | |
| is feasible. | 37 | 0 (0.0) | 3 (8.1) | 12 (32.4) | 13 (35.1) | 9 (24.3) |
| is endorsed by the head of the hospital/department/social pediatric center/school/etc. | 14 | 0 (0.0) | 0 (0.0) | 5 (35.7) | 6 (42.9) | 3 (21.4) |
| is currently under preparation. | 29 | 15 (51.7) | 9 (31.0) | 4 (13.8) | 0 (0.0) | 1 (3.5) |
| is currently under implementation. | 32 | 25 (78.1) | 3 (9.4) | 3 (9.4) | 1 (3.1) | 0 (0.0) |
| **If you do not currently use the ICF-CY in your daily work: Starting to use the ICF-CY on a daily basis would be associated with extra effort from my side.** | 43 | 0 (0.0) | 0 (0.0) | 3 (7.0) | 9 (20.9) | 31 (72.1) |
| **Macedonia (n=31)** | **n** | **no** | | **yes** | | **not sure** |

| | | | | | | |
|---|---|---|---|---|---|---|
| **I had heard about the International Classification of Functioning, Disability and Health – Children & Youth (ICF-CY) before the workshop.** | 29 | 14 (48.3) | | 15 (51.7) | | 0 (0.0) |
| | **n** | **not agree at all** | | | | **fully agree** |
| **The ICF-CY…** | | | | | | |
| is well-known in my working environment. | 23 | 8 (34.8) | 3 (13.0) | 6 (26.1) | 3 (13.0) | 3 (13.0) |
| is commonly applied in my working environment on a day-to-day basis. | 25 | 14 (56.0) | 2 (8.0) | 4 (16.0) | 3 (12.0) | 2 (8.0) |
| **If the ICF-CY is currently not applied in your working environment: Its potential application across departments or in my work setting…** | | | | | | |
| is feasible. | 19 | 0 (0.0) | 0 (0.0) | 2 (10.5) | 5 (26.3) | 12 (63.2) |
| is endorsed by the head of the hospital/department/social pediatric center/school/etc. | 15 | 0 (0.0) | 0 (0.0) | 4 (26.7) | 3 (20.0) | 8 (53.3) |
| is currently under preparation. | 18 | 7 (38.9) | 2 (11.1) | 3 (16.7) | 2 (11.1) | 4 (22.2) |
| is currently under implementation. | 13 | 9 (69.2) | 1 (7.7) | 1 (7.7) | 0 (0.0) | 2 (15.4) |
| **If you do not currently use the ICF-CY in your daily work: Starting to use the ICF-CY on a daily basis would be associated with extra effort from my side.** | 25 | 1 (4.0) | 1 (4.0) | 7 (28.0) | 1 (4.0) | 15 (60.0) |
| **Italy (n=33)** | **n** | **no** | | **yes** | | **not sure** |
| **I had heard about the International Classification of Functioning, Disability and Health – Children & Youth (ICF-CY) before the workshop.** | 32 | 12 (37.5) | | 20 (62.5) | | 0 (0.0) |
| **Italy (n=33)** | **n** | **not agree at all** | | | | **fully agree** |
| **The ICF-CY…** | | | | | | |
| is well-known in my working environment. | 29 | 9 (31.0) | 8 (27.6) | 4 (13.8) | 4 (13.8) | 4 (13.8) |
| is commonly applied in my working environment on a day-to-day basis. | 27 | 12 (44.4) | 4 (14.8) | 7 (25.9) | 2 (7.4) | 2 (7.4) |
| **If the ICF-CY is currently not applied in your working environment: Its potential application across departments or in my work setting…** | | | | | | |
| is feasible. | 17 | 1 (5.9) | 3 (17.7) | 6 (35.3) | 4 (23.5) | 3 (17.7) |
| is endorsed by the head of the hospital/department/social pediatric center/school/etc. | 10 | 4 (40.0) | 3 (30.0) | 2 (20.0) | 1 (10.0) | 0 (0.0) |
| is currently under preparation. | 8 | 4 (50.0) | 1 (12.5) | 2 (25.0) | 1 (12.5) | 0 (0.0) |
| is currently under implementation. | 8 | 4 (50.0) | 1 (12.5) | 1 (12.5) | 1 (12.5) | 1 (12.5) |
| **If you do not currently use the ICF-CY in your daily work: Starting to use the ICF-CY on a daily basis would be associated with extra effort from my side.** | 19 | 1 (5.3) | 1 (5.3) | 3 (15.8) | 6 (31.6) | 8 (42.1) |
| **Turkey (n=78)** | **n** | **no** | | **yes** | | **not sure** |
| **I had heard about the International Classification of Functioning, Disability and Health – Children & Youth (ICF-CY) before the workshop.** | 75 | 33 (44.0) | | 42 (56.0) | | 0 (0.0) |
| | **n** | **not agree at all** | | | | **fully agree** |
| **The ICF-CY…** | | | | | | |
| is well-known in my working environment. | 69 | 25 (36.2) | 18 (26.1) | 15 (21.7) | 5 (7.3) | 6 (8.7) |
| is commonly applied in my working environment on a day-to-day basis. | 64 | 24 (37.5) | 18 (28.1) | 11 (17.2) | 6 (9.4) | 5 (7.8) |
| **If the ICF-CY is currently not applied in your working environment: Its potential application across departments or in my work setting…** | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| is feasible. | 64 | 0 (0.0) | 3 (4.7) | 9 (14.1) | 19 (29.7) | 33 (51.6) |
| is endorsed by the head of the hospital/department/social pediatric center/school/etc. | 43 | 3 (7.0) | 3 (7.0) | 3 (7.0) | 13 (30.2) | 21 (48.8) |
| is currently under preparation. | 33 | 10 (30.3) | 6 (18.2) | 2 (6.1) | 8 (24.2) | 7 (21.2) |
| is currently under implementation. | 32 | 10 (31.3) | 4 (12.5) | 5 (15.6) | 4 (12.5) | 9 (28.1) |
| **If you do not currently use the ICF-CY in your daily work: Starting to use the ICF-CY on a daily basis would be associated with extra effort from my side.** | 67 | 5 (7.5) | 11 (16.4) | 17 (25.4) | 20 (29.9) | 14 (20.9) |
| **United Kingdom (n=25)** | **n** | **no** | | **yes** | | **not sure** |
| **I had heard about the International Classification of Functioning, Disability and Health – Children & Youth (ICF-CY) before the workshop.** | 25 | 23 (92.0) | | 2 (8.0) | | 0 (0.0) |
| | **n** | **not agree at all** | | | | **fully agree** |
| **The ICF-CY…** | | | | | | |
| is well-known in my working environment. | 25 | 25 (100.0) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 0 (0.0) |
| is commonly applied in my working environment on a day-to-day basis. | 25 | 25 (100.0) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 0 (0.0) |
| **If the ICF-CY is currently not applied in your working environment: Its potential application across departments or in my work setting…** | | | | | | |
| is feasible. | 22 | 1 (4.6) | 0 (0.0) | 4 (18.2) | 2 (9.1) | 15 (68.2) |
| is endorsed by the head of the hospital/department/social pediatric center/school/etc. | 12 | 4 (33.3) | 0 (0.0) | 2 (16.7) | 1 (8.3) | 5 (41.7) |
| is currently under preparation. | 17 | 12 (70.6) | 0 (0.0) | 1 (11.8) | 0 (0.0) | 3 (17.7) |
| is currently under implementation. | 18 | 13 (72.2) | 0 (0.0) | 3 (16.7) | 0 (0.0) | 2 (11.1) |
| **If you do not currently use the ICF-CY in your daily work: Starting to use the ICF-CY on a daily basis would be associated with extra effort from my side.** | 23 | 0 (0.0) | 2 (8.7) | 7 (30.4) | 5 (21.7) | 9 (39.1) |

Values are presented as n (%). Due to rounding errors percentages do not always add up to 100%.

**Appendix Table B2: Usability of the multiplier events**

| **Germany (n=159)** | **n** | **not agree at all** | | | | **fully agree** |
|---|---|---|---|---|---|---|
| **By participating in the workshop I was able to increase my knowledge on the topic of the workshop.** | 157 | 1 (0.6) | 3 (1.9) | 24 (15.3) | 48 (30.6) | 81 (51.6) |
| **Please rate how useful your participation in this workshop was for you.** | 155 | 0 (0.0) | 6 (3.9) | 28 (18.1) | 56 (36.1) | 65 (41.9) |
| **I will participate in advanced workshops/courses/ trainings in order to extend my knowledge about the topic of the present workshop.** | 139 | 6 (4.3) | 9 (6.5) | 24 (17.3) | 41 (29.5) | 59 (42.5) |
| **If we organized the same workshop in a few weeks time I would recommend it to my colleagues.** | 154 | 1 (0.7) | 3 (2.0) | 24 (15.6) | 32 (20.8) | 94 (61.0) |
| **The newly acquired knowledge/skills/competencies…** | | | | | | |
| have the potential to be applied in my work on a day-to-day basis. | 150 | 5 (3.3) | 12 (8.0) | 55 (36.7) | 47 (31.3) | 31 (20.7) |
| have the potential to increase the quality of care for my patients. | 142 | 8 (5.6) | 11 (7.8) | 51 (35.9) | 46 (32.4) | 26 (18.3) |
| have the potential to change my attitude towards my patients. | 146 | 15 (10.3) | 20 (13.7) | 54 (37.0) | 38 (26.0) | 19 (13.0) |
| have the potential to make my day-to-day work more efficient. | 141 | 11 (7.8) | 19 (13.5) | 52 (36.9) | 38 (27.0) | 21 (14.9) |
| **After participating in the workshop…** | | | | | | |
| I have the knowledge/skills/competencies necessary to introduce others to the topic of the workshop. | 156 | 11 (7.1) | 39 (25.0) | 56 (35.9) | 36 (23.1) | 14 (9.0) |
| I am motivated to introduce my colleagues and others to the topic of the workshop. | 155 | 5 (3.2) | 21 (13.6) | 33 (21.3) | 53 (34.2) | 43 (27.7) |
| I will introduce my colleagues and others to the topic of the workshop. | 148 | 15 (10.1) | 27 (18.2) | 35 (23.7) | 43 (29.1) | 28 (18.9) |
| **Austria (n=43)** | **n** | **not agree at all** | | | | **fully agree** |
| **By participating in the workshop I was able to increase my knowledge on the topic of the workshop.** | 43 | 0 (0.0) | 0 (0.0) | 5 (11.6) | 20 (46.5) | 18 (41.9) |
| **Please rate how useful your participation in this workshop was for you.** | 43 | 0 (0.0) | 1 (2.3) | 5 (11.6) | 22 (51.2) | 15 (34.9) |
| **I will participate in advanced workshops/courses/ trainings in order to extend my knowledge about the topic of the present workshop.** | 29 | 1 (3.5) | 0 (0.0) | 9 (31.0) | 13 (44.8) | 6 (20.7) |
| **If we organized the same workshop in a few weeks time I would recommend it to my colleagues.** | 40 | 0 (0.0) | 1 (2.5) | 8 (20.0) | 18 (45.0) | 13 (32.5) |
| **The newly acquired knowledge/skills/competencies…** | | | | | | |
| have the potential to be applied in my work on a day-to-day basis. | 41 | 0 (0.0) | 5 (12.2) | 19 (46.3) | 13 (31.7) | 4 (9.8) |
| have the potential to increase the quality of care for my patients. | 37 | 0 (0.0) | 2 (5.4) | 11 (29.7) | 16 (43.2) | 8 (21.6) |
| have the potential to change my attitude towards my patients. | 41 | 1 (2.4) | 2 (4.9) | 9 (22.0) | 24 (58.5) | 5 (12.2) |
| have the potential to make my day-to-day work more efficient. | 30 | 0 (0.0) | 1 (3.3) | 8 (26.7) | 17 (56.7) | 4 (13.3) |
| **After participating in the workshop…** | | | | | | |
| I have the knowledge/skills/competencies necessary to introduce others to the topic of the workshop. | 42 | 9 (21.4) | 15 (35.7) | 9 (21.4) | 9 (21.4) | 0 (0.0) |
| I am motivated to introduce my colleagues and others to the topic of the workshop. | 41 | 5 (12.2) | 5 (12.2) | 17 (41.5) | 11 (26.8) | 3 (7.3) |

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| I will introduce my colleagues and others to the topic of the workshop. | 36 | 10 (27.8) | 7 (19.4) | 13 (36.1) | 6 (16.7) | 0 (0.0) |
| **Macedonia (n=31)** | **n** | **not agree at all** | | | | **fully agree** |
| **By participating in the workshop I was able to increase my knowledge on the topic of the workshop.** | 30 | 0 (0.0) | 0 (0.0) | 2 (6.7) | 3 (10.0) | 25 (83.3) |
| **Please rate how useful your participation in this workshop was for you.** | 31 | 0 (0.0) | 0 (0.0) | 2 (6.5) | 5 (16.1) | 24 (77.4) |
| **I will participate in advanced workshops/courses/ trainings in order to extend my knowledge about the topic of the present workshop.** | 30 | 0 (0.0) | 0 (0.0) | 1 (3.3) | 5 (16.7) | 24 (80.0) |
| **If we organized the same workshop in a few weeks time I would recommend it to my colleagues.** | 31 | 0 (0.0) | 0 (0.0) | 1 (3.2) | 2 (6.5) | 28 (90.3) |
| **The newly acquired knowledge/skills/competencies…** | | | | | | |
| have the potential to be applied in my work on a day-to-day basis. | 29 | 0 (0.0) | 1 (3.5) | 6 (20.7) | 2 (6.9) | 20 (69.0) |
| have the potential to increase the quality of care for my patients. | 27 | 0 (0.0) | 0 (0.0) | 3 (11.1) | 6 (22.2) | 18 (66.7) |
| have the potential to change my attitude towards my patients. | 25 | 0 (0.0) | 0 (0.0) | 4 (16.0) | 5 (20.0) | 16 (64.0) |
| have the potential to make my day-to-day work more efficient. | 29 | 0 (0.0) | 1 (3.5) | 3 (10.3) | 0 (0.0) | 25 (86.2) |
| **After participating in the workshop…** | | | | | | |
| I have the knowledge/skills/competencies necessary to introduce others to the topic of the workshop. | 27 | 0 (0.0) | 0 (0.0) | 5 (18.5) | 10 (37.0) | 12 (44.4) |
| I am motivated to introduce my colleagues and others to the topic of the workshop. | 28 | 0 (0.0) | 0 (0.0) | 2 (7.1) | 3 (10.7) | 23 (82.1) |
| I will introduce my colleagues and others to the topic of the workshop. | 28 | 0 (0.0) | 0 (0.0) | 4 (14.3) | 4 (14.3) | 20 (71.4) |
| **Italy (n=33)** | **n** | **not agree at all** | | | | **fully agree** |
| **By participating in the workshop I was able to increase my knowledge on the topic of the workshop.** | 31 | 1 (3.2) | 1 (3.2) | 7 (22.6) | 10 (32.3) | 12 (38.7) |
| **Please rate how useful your participation in this workshop was for you.** | 32 | 0 (0.0) | 2 (6.3) | 8 (25.0) | 12 (37.5) | 10 (31.3) |
| **I will participate in advanced workshops/courses/ trainings in order to extend my knowledge about the topic of the present workshop.** | 27 | 2 (7.4) | 3 (11.1) | 11 (40.7) | 8 (29.6) | 3 (11.1) |
| **If we organized the same workshop in a few weeks time I would recommend it to my colleagues.** | 29 | 0 (0.0) | 4 (13.8) | 9 (31.0) | 7 (24.1) | 9 (31.0) |
| **The newly acquired knowledge/skills/competencies…** | | | | | | |
| have the potential to be applied in my work on a day-to-day basis. | 33 | 1 (3.0) | 3 (9.1) | 13 (39.4) | 11 (33.3) | 5 (15.2) |
| have the potential to increase the quality of care for my patients. | 28 | 0 (0.0) | 2 (7.1) | 11 (39.3) | 10 (35.7) | 5 (17.9) |
| have the potential to change my attitude towards my patients. | 27 | 0 (0.0) | 2 (7.4) | 9 (33.3) | 12 (44.4) | 4 (14.8) |
| have the potential to make my day-to-day work more efficient. | 32 | 0 (0.0) | 2 (6.3) | 10 (31.3) | 15 (46.9) | 5 (15.6) |
| **After participating in the workshop…** | | | | | | |
| I have the knowledge/skills/competencies necessary to introduce others to the topic of the workshop. | 30 | 1 (3.3) | 4 (13.3) | 16 (53.3) | 7 (23.3) | 2 (6.7) |
| I am motivated to introduce my colleagues and others to the topic of the workshop. | 31 | 0 (0.0) | 6 (19.4) | 10 (32.3) | 10 (32.3) | 5 (16.1) |

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| I will introduce my colleagues and others to the topic of the workshop. | 31 | 1 (3.2) | 8 (25.8) | 7 (22.6) | 10 (32.3) | 5 (16.1) |
| **Turkey (n=78)** | **n** | **not agree at all** | | | | **fully agree** |
| **By participating in the workshop I was able to increase my knowledge on the topic of the workshop.** | 78 | 0 (0.0) | 0 (0.0) | 1 (1.3) | 13 (16.7) | 64 (82.1) |
| **Please rate how useful your participation in this workshop was for you.** | 78 | 0 (0.0) | 0 (0.0) | 7 (9.0) | 20 (25.6) | 51 (65.4) |
| **I will participate in advanced workshops/courses/ trainings in order to extend my knowledge about the topic of the present workshop.** | 74 | 0 (0.0) | 5 (6.8) | 11 (14.9) | 13 (17.6) | 45 (60.8) |
| **If we organized the same workshop in a few weeks time I would recommend it to my colleagues.** | 77 | 0 (0.0) | 0 (0.0) | 5 (6.5) | 12 (15.6) | 60 (77.9) |
| **The newly acquired knowledge/skills/competencies…** | | | | | | |
| have the potential to be applied in my work on a day-to-day basis. | 77 | 1 (1.3) | 1 (1.3) | 13 (16.9) | 28 (36.4) | 34 (44.2) |
| have the potential to increase the quality of care for my patients. | 76 | 0 (0.0) | 0 (0.0) | 10 (13.2) | 26 (34.2) | 40 (52.6) |
| have the potential to change my attitude towards my patients. | 73 | 0 (0.0) | 4 (5.5) | 16 (21.9) | 22 (30.1) | 31 (42.5) |
| have the potential to make my day-to-day work more efficient. | 76 | 0 (0.0) | 1 (1.3) | 13 (17.1) | 23 (30.3) | 39 (51.3) |
| **After participating in the workshop…** | | | | | | |
| I have the knowledge/skills/competencies necessary to introduce others to the topic of the workshop. | 77 | 0 (0.0) | 4 (5.2) | 13 (16.9) | 36 (46.8) | 24 (31.2) |
| I am motivated to introduce my colleagues and others to the topic of the workshop. | 77 | 0 (0.0) | 1 (1.3) | 10 (13.0) | 33 (42.9) | 33 (42.9) |
| I will introduce my colleagues and others to the topic of the workshop. | 78 | 0 (0.0) | 0 (0.0) | 5 (6.4) | 26 (33.3) | 47 (60.3) |
| **United Kingdom (n=25)** | **n** | **not agree at all** | | | | **fully agree** |
| **By participating in the workshop I was able to increase my knowledge on the topic of the workshop.** | 25 | 1 (4.0) | 1 (4.0) | 0 (0.0) | 4 (16.0) | 19 (76.0) |
| **Please rate how useful your participation in this workshop was for you.** | 25 | 0 (0.0) | 0 (0.0) | 1 (4.0) | 5 (20.0) | 19 (76.0) |
| **I will participate in advanced workshops/courses/ trainings in order to extend my knowledge about the topic of the present workshop.** | 25 | 0 (0.0) | 2 (8.0) | 6 (24.0) | 1 (4.0) | 16 (64.0) |
| **If we organized the same workshop in a few weeks time I would recommend it to my colleagues.** | 23 | 0 (0.0) | 0 (0.0) | 3 (13.0) | 1 (4.4) | 19 (82.6) |
| **The newly acquired knowledge/skills/competencies…** | | | | | | |
| have the potential to be applied in my work on a day-to-day basis. | 25 | 0 (0.0) | 1 (4.0) | 2 (8.0) | 5 (20.0) | 17 (68.0) |
| have the potential to increase the quality of care for my patients. | 25 | 1 (4.0) | 0 (0.0) | 2 (8.0) | 4 (16.0) | 18 (72.0) |
| have the potential to change my attitude towards my patients. | 24 | 1 (4.2) | 0 (0.0) | 3 (12.5) | 7 (29.2) | 13 (54.2) |
| have the potential to make my day-to-day work more efficient. | 25 | 0 (0.0) | 0 (0.0) | 2 (8.0) | 6 (24.0) | 17 (68.0) |
| **After participating in the workshop…** | | | | | | |
| I have the knowledge/skills/competencies necessary to introduce others to the topic of the workshop. | 25 | 0 (0.0) | 2 (8.0) | 4 (16.0) | 9 (36.0) | 10 (40.0) |
| I am motivated to introduce my colleagues and others to the topic of the workshop. | 25 | 0 (0.0) | 0 (0.0) | 2 (8.0) | 7 (28.0) | 16 (64.0) |

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|---|---|---|---|---|---|---|
| I will introduce my colleagues and others to the topic of the workshop. | 23 | 0 (0.0) | 0 (0.0) | 1 (4.4) | 7 (30.4) | 15 (65.2) |

Values are presented as n (%). Due to rounding errors percentages do not always add up to 100%.