## Holland Blcorview Kids Rehabilitation Hospital

#### Validation of the Pediatric Family Needs Questionnaire for Pediatric Rehab [FNQ-PR]

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#### **Background**

- Families of children with disabilities experience a large variety of needs over and above those of families with typically developing children.
- Lack of validated tools to assess family needs makes it challenging for clinicians to know what is important to families in the rehabilitation process.
- The Family Needs Questionnaire Pediatric Version (FNQ-P) was developed to enable a family whose child has sustained an ABI to identify their needs and the extent to which each need is currently met.
- In collaboration with 12 family leaders and 9 clinicians, we adapted the wellvalidated FNQ-P to make it suitable for children across a wider range of disabilities (Family Needs Questionnaire – Pediatric Rehabilitation Version [FNQ-PR]).

#### **Objectives**

- 1. To conduct **reliability and validity** testing of the new co-created FNQ-PR
- 2. Prepare for **solution implementation** of this newly validated tool with families and into clinical care.

#### **Family Needs Questionnaire – Pediatric Rehabilitation Version**

How much has each need been met? Please circle the number that shows how much each of the following needs has been met. If it is a need that is <u>not applicable</u> for you <u>at this time</u> , check the ' <u>Not Needed</u> ' box.	Not No.	1 North	2 Mer	3 Some	4 Metal	5 Completely mod
<ol> <li>To receive and have access to information about all changes in my child's health/condition in a timely manner.</li> </ol>		1	2	3	4	5
<ol> <li>To have Information on my child's medical and rehabilitation needs (e.g., daily activities, medications, therapy, equipment, technology, etc.).</li> </ol>		1	2	3	4	5
<ol> <li>To have information on how my child's health/condition will impact his/her abilities in the future and into adulthood, including information on prognosis.</li> </ol>		1	2	3	4	5
<ol> <li>To have information explained in terms and in a language I can understand.</li> </ol>		1	2	3	4	5
<ol> <li>To understand what to expect from rehabilitation, including who is on my child's team, expected length of treatment, goals of treatment, family participation, etc.</li> </ol>		1	2	3	4	5
<ol> <li>To have questions answered thoroughly and respectfully in a timely manner.</li> </ol>		1	2	3	4	5
<ol> <li>To have access to ongoing information about my child's physical challenges (e.g., weakness, headaches, sensory challenges, stiffness/hypertonia, hypotonia, equipment needs, problems with vision or walking, etc.)</li> </ol>		1	2	3	4	5
<ol> <li>To have access to ongoing information about any challenges my child may have with thinking (e.g., confusion, memory, insight, learning, reasoning, concentration, communication, etc.).</li> </ol>		1	2	3	4	5
<ol> <li>To have information on current research regarding my child's health/condition.</li> </ol>		1	2	3	4	5

# How are you doing at addressing the **needs** that are important to **families of children with disabilities?**



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#### **Methods**

- Study sample: ~100 caregivers of children with disabilities , 2-19 years of age inclusive receiving care from one of the five hospital clinical areas:
  - Inpatient Complex Continuing Care and Specialized Orthopedic and Developmental Rehab
  - Outpatient Spina Bifida Transition, Neuromotor, and Autism clinics.
- **Reliability:** Test-retest reliability evaluation of the FNQ-PR.
- **Construct validity:** Evaluation of associations with *Impact on Family Scale-15* (IFS-15) and *Measure of Processes of Care-20* (MPOC-20).
- Data Analysis: Test-retest reliability evaluated via intra-class correlation coefficients (ICCs). Pearson correlations (r) for validity evaluations.

#### **Reliability and Evaluation Methods:**

- The FNQ-PR will be completed at two time points (baseline and retest) – 7-10 days retest interval
- The IFS-15 and MPOC-20 will be completed after the FNQ-PR at the baseline assessment.

#### **Measure Platform:**



#### Anticipated Impact on Clients and Families The project aims to lead and model social change by enabling:

- 1. Caregivers to become more knowledgeable about and **empowered** to identify and advocate for their needs.
- 2. Clinicians to **personalize pathways** for families of children and disabilities through clinical adoption of the FNQ-PR.
- **3. Mobilization of people and clinical teams** around center-wide FNQ-PR implementation using guidelines from the *FNQ-P Implementation Roadmap*
- 4. Long-term monitoring of family needs forprogram planning and quality improvement
- **5. System connection** through multi-center use in pediatric rehabilitation research
- 6. Discovery for action by leveraging existing FNQ-P international links to enhance capacity and supports for families of children with disabilities

#### **Project Collaborators**

 Barb Fishbein-Germon, Pam Green, Dilshad Kassam-Lallani, Jean Hammond, Louise Rudden, Dagmara Urbanowicz, Marie Hooper, Julia Chiba Branson, Irene Simpson

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