



Exploring the implementation of the Stages2Engage model to support collaborative relationships with families: interprofessional views

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Introduction

Internationally, health and social care practice in the disability field are progressing to become more integrated and interdisciplinary with a focus on equal partnership with families. In Ireland, services are guided by Progressing Disability Services, the United Nations Convention on the Rights of the Child (UNCRC) and by the United Nations Sustainable Development Goals (UNSDGs) and by Irish legislation and policies. The National Framework for the Delivery of Early Intervention Disability Services (Health Services Executive [HSE], 2010) published standards to guide services, for example, Standard 8 states that teams provide interventions in a coordinated and planned in collaboration with children and families. The term family-centred is defined by Dunst and Espe-Sherwindt (2016) as help giving practices that acknowledge principles and values of families that include respect and dignity, information sharing, optimisation of family strengths, family participation in early intervention (EI) and the mobilisation of supports and resources in response to family priorities and needs (Dunst, 2002). EI according to Dunst and Espe-Sherwindt, (2016) comprises of family-centred practices used in the home, preschool, healthcare and childcare settings. It also refers to practitioners' responsiveness to family identified priorities. Practices that focus on the family as a primary source of influence on the child's development are considered as beneficial to positive child and family outcomes. Adherence to family-centred practices is considered as the extent to which practitioners interact with and involve families in interventions. It is a way of measuring

if and how practitioners align with family centred practice as well as the fidelity with which they implement these practices and provide services.

Implementation science is complex and challenging. Researchers complete studies with multiple purposes. Some studies create knowledge for knowledge and others create knowledge for practice. Translating research that is created for practice to actual practice is challenging, with 23 different models, frameworks, and taxonomies identified by Lokker et al. (2015) to support implementation. Implementation of evidence-based practices and quality improvement efforts highlights context and complexity as two major challenges (Dryden-Palmer et al., 2020). Professional development needs to be deliberate and time needs to be dedicated to learning. Fixen et al. (2019) state that there are six functional stages of implementation: exploration, installation, initial implementation, full implementation, innovation, and sustainability. They are all very important and required. The exploratory stage is the critical first stage of the implementation journey and it is very important in order to understand the acceptability, feasibility and appropriateness of research findings (Proctor et al., 2011). Acceptability is the extent to which an innovation is perceived as “agreeable, palatable, or satisfactory” (Proctor et al., 2011, p.67). Feasibility is the extent to which an innovation “can be successfully used or carried out within a given agency or setting” (Proctor et al., 2011, p.69). Appropriateness is the “perceived fit, relevance, or compatibility of the innovation [...] for a given practice setting, provider, or consumer; and/or perceived fit of the innovation to address a particular issue or problem” (Proctor, 2011, p. 69). Taking the time for exploration can improve the chances for success (Saldana, Chamberlain, Wang, & Brown, 2011).

To date there is one evidence-informed model to support teams in Ireland to work in an integrated way with children with disabilities (Carroll & Sixsmith, 2016) developed from a qualitative exploration with children, parents and professionals of their experiences of an early intervention disability team in Ireland. The model includes a roadmap for early intervention relationship development explained by an over-lapping five stage developmental trajectory (Carroll & Sixsmith, 2016). The roadmap involved five explicit relationship stages that has the potential to support family-centred practice within teams (Carroll & Sixsmith, 2016). The relationship between all involved in disability practice is recognised as a complex interdependent one which requires a roadmap of explicit stages, which can facilitate all involved in the relationship to work together (Carroll & Sixsmith, 2016). Further exploration of applying this evidence-informed model to support the engagement and relationship building

between professionals and families occurred in 2019 and 2020 with professionals from multiple teams in Ireland. The stages are adapted from Knapp and Vangelisti's (2009) relationship model; 1. Initiating Stage; 2. Experimenting Stage; 3. Integrating Stage; 4. Intensifying Stage; 5. Transitioning Stage. The local context matters and the uniqueness of each context is important and that is why research is needed to understand how this model for EI can be flexible and adapted to support its implementation in other diverse contexts. The purpose of this study was to explore how this evidence-informed model, Stages2Engage, could be used as a road map in practice. The study's objectives were to explore with professionals the concept of participation in interventions and their understanding of the evidence-informed model in supporting the engagement of children with developmental disabilities and their families in practice.

Methods

The study used a qualitative research design to explore the perceptions and perspectives of professionals working in disability teams. The study focused on the participants' meanings and the author used an interpretative lens (Creswell, 2007). The study received ethical approval from three Irish research ethics committees (Enable Ireland, Brothers of Charity, and Health Services Executive) to recruit participants from three different organisations. A gatekeeper invited the 66 participants who took part in a workshop entitled Engaging with Families: Thinking in Stages. All attendees of the interprofessional workshop were health and social care professionals working in the Irish Health Service on childhood disability teams. The goal of the interprofessional workshop was for professionals to gain an understanding of how to support a family's participation and engagement in disability. The workshop itself was face-to-face and used a mixture of presentations and interactive activities. The activities and questions stimulated discussion. The presentation provided specific information on the concept of participation in interventions for children with disabilities and on the Stages2Engage Model. The stages of the model were explained in detail. Subsequently, the participants used the knowledge to discuss with their colleagues and problem-solve how the model could be applied to their practice. The participants began planning their implementation of the model.

The study participants included health and social care professionals and professional support staff shown in Table 1 and Figure 1. Twenty-five percent of the professionals had over 21 year's clinical experience and 21% had over 10 year's clinical experience.

Table 1: Participants by discipline and number.

Professional Discipline	Number of Participants
physiotherapist	12
occupational therapist	11
speech and language therapist	11
psychologist	5
nurse	3
teacher	2
social worker	5
professional support worker	1
assistant psychologist	2

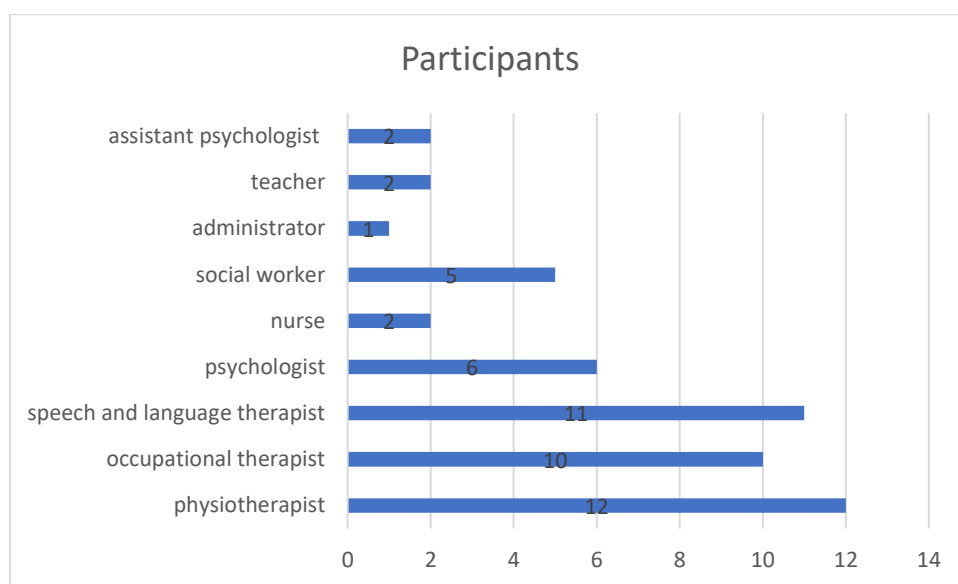


Figure 1: Participants by discipline and number.

The study used a qualitative survey, which included both open-ended and closed questions, for data collection to collect rich data. During the workshop, participants completed a survey. Analysis involved qualitative content analysis [QCA] (Graneheim & Lundman, 2004). QCA aims to describe the phenomenon in categories, which means summarizing the content in codes and categories (McAllister, Wylie, Kenny, Penman & Hill, 2022) The author took an inductive approach where the participant responses to each question were analysed into meaning units. These meaning units were defined as words or sentences based on the guidance of Graneheim

and Lundman (2004) and Penman et al. (2022). Following this, these meaning units were further analysed into condensed units and codes. Finally, categories and sub-categories were created from the final codes. An independent researcher reviewed the coding process and agreed that the process was logical and made sense.

Findings

Responses to open-ended questions were obtained from 51 professionals during the workshop and are outlined below. For 100 % of participants, the participation of children and families in therapy was important. The majority of participants identified that a participation-based focus underpinned their intervention. The professionals were willing to empower and work together with families. Within their team, professionals’ needs included: feeling supported, being understood, and feeling appreciated. Colleagues demonstrated their participation in interventions when they were open, interested, set goals together, and supported team collaboration.

The professionals were asked to answer the open-ended questions:

How do you know if a family is participating?

Responses to this question yielded five subcategories from 141 codes. For the professionals, families demonstrated their participation in intervention when they were interactive, were interested, followed through and were active partners in intervention (Table 2).

Table 2: *Category and Sub-categories From Professional Responses to Survey Question “How Do You Know a Family Is Participating?”*

Category	Families demonstrate participation in intervention (n=141)				
Subcategory	Seeking/requesting/asking/initiating interaction (n=35)	Open & better communication to build a relationship (n=43)	Following advice & applying knowledge (n=17)	Showing up & engaging in intervention (n=30)	Getting involved in goal setting and progress (n=16)
Codes	asks questions (n=23)	communicates & connects	carries out programmes	attends (n=13)	relationship shifts (n=1)

	seeks answers & solutions (n=4) looks for advice on goals for home (n=2) initiates contact (n=3) looks for more (n=2) reflects on sessions (n=1)	with team (n=7) more open communication & shares more (n=12) forms relationship (n=4) trusts therapist (n=7) gives feedback (n=11) knowing them (n=1) are contactable (n=1)	/homework and applies knowledge & skills from clinic to home(n=5) involves other family members (n=1) can see carryover as child familiar with activities (n=3) family progress as a unit (n=1) follows & engages with recommendations, advice and feedback (n=7)	shows up (n=2) leads in session (n=1) shows interest (n=2) actively engages & gets involved in sessions (n=10) has fun (n=1) enjoys child (n=1)	becomes more empowered (n=2) monitors and wants new goals (n=4) sets goals jointly (n=4) negotiates engagement (n=1) understands child's needs more (n=2) child improves (n=2)
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What does the Stages2Engage model mean to you?

Responses to this question yielded four subcategories from 83 codes. For the professionals, families demonstrated their participation in intervention when they were interactive, were interested, followed-through and were active partners in intervention (Table 3).

Table 3: Category and Sub-categories From Professional Responses to Survey Question “What does the Stages2Engage model mean to you?”

Category	X Model (n=83 codes)			
Subcategory	Framework (n=15 codes)	Journey of stages (n= 23)	Use for reflective practice (n=13)	Use for engagement and building and managing collaborative relationships in practice (n=32)

	<p>Pathway (n=1)</p> <p>Approach (n=1)</p> <p>Model (n=2)</p> <p>Process (n=1)</p> <p>A standard model meaning every professionals would be doing the same thing (n=1)</p> <p>New framework to apply to more established clinical practice (n=1)</p> <p>Framework (n=8)</p>	<p>Might not always be a linear process and that is ok, not a failure (n=1)</p> <p>Breaks it down into clear steps/stages (n=4)</p> <p>Understanding family journey (n=1)</p> <p>Awareness of family journey (n=1)</p> <p>Awareness of team journey (n=1)</p> <p>Understanding team journey (n=1)</p> <p>More knitted step by step process or tool (n=1)</p> <p>Process of relationship (n=3)</p> <p>Made me more aware of parents' position on continuum (n=1)</p> <p>Stages within the EI journey (n=1)</p> <p>Identifies journey stages (n=1)</p> <p>Awareness of different stages (n=1)</p> <p>For stages of the therapeutic relationship (n=1)</p> <p>Stages to follow in the process of getting to know clients and their families (n=1)</p> <p>Separation of concepts with each stage (n=1)</p> <p>Create awareness that all parties might be at different stages of engagement (n=1)</p>	<p>Opportunity for reflection (n=3)</p> <p>Reflection on relationships (n=1)</p> <p>To be more reflective with engagement with parents, children, colleagues (n=1)</p> <p>Allows us to reflect on our relationships with clients (n=1)</p> <p>Reflection for our work practices (n=1)</p> <p>New opportunity to plan and a time to reflect and reconsider and reframe (n=1)</p> <p>I can already reflect on this model (n=1)</p> <p>Provides opportunity to identify areas that could be improved to enable a more supportive family experience in the disability service (n=1)</p> <p>Reflect on how different families maybe at different stages (n=1)</p>	<p>For engagement (n=3)</p> <p>To facilitate intervention (n=1)</p> <p>Collaborative working with children and families (n=3)</p> <p>More family-centred approach (n=1)</p> <p>To help practice (n=1)</p> <p>Fostering better relationships with families (n=3)</p> <p>Better insight into relationships from parents perspective (n=1)</p> <p>Understanding more about the families view of services/expectations (n=1)</p> <p>More cohesion/collaboration (n=2)</p> <p>A guide for building and managing relationships (n=3)</p> <p>For enhanced team-working (n=1)</p> <p>Developing better ways to connect (n=2)</p> <p>For re-invigorating discussions (n=1)</p> <p>Should increase clarity, trust, and participation if utilised correctly (n=1)</p> <p>Person-centred care (n=1)</p> <p>Improve communication with families and other professionals (n=1)</p> <p>Triadic relationship (n=1)</p> <p>Transactional relationship (n=1)</p> <p>Multi-layered relationship (n=1)</p> <p>Good reference for us to work with (n=1)</p> <p>To enhance outcomes of contact with services (n=1)</p>

		Identify what stage of the relationship the MDT and family are at (n=1) Pinpoint different stages for different clients on my caseload (n=1)	Reflection on team journey (n=1) Reflection on stages within the team (n=1)	Getting to know the child/parent needs better (n=1)
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What Does the Initiating Stage Mean to You?

Responses to this question yielded five subcategories from 185 codes (Table 4). This stage involves the introductory phase of the relationship building process through sharing and gathering information in the midst of parent feelings and facilitated through connection.

Table 4: *Category and Sub-categories From Professional Responses to Survey Question “What Does the Initiating Stage Mean to You?”*

Category	Initiating Stage Meaning (n=185)				
Subcategory	Foundational Introduction (n=51)	Relationship commencing/forming (n=52)	Information Sharing/gathering (n= 36)	Parent feelings (n=12)	Being Relational (n=34)
Codes	Introduction (n=9) Outline of service/introduction (n=6) 'selling service' (n=1) First time meeting families (n=13) Greeting (n=1) Procedures (n=1) A new experience (n=5) Paperwork accepted to team (n=2)	Getting to know each other (n=11) Beginning therapeutic relationship (n=1) Building relationship (n=9) Building trust (n=7) Establishing connection (n=2) Building rapport (n=9) Connecting/engaging with families (n=13)	Exploring (n=1) Gaining information (n=1) getting their story (n=3) gaining understanding (n=6) identifying family goals (n=3) figuring out (n=6) getting a sense of child (n=2) getting a sense of family concerns (n=7)	Daunting (n=1) Nervous (n=1) Stressful (n=3) Uncomfortable (n=1) Hard for families (n=1) Anxiety (n=1) Tired (n=2) Varied feelings (n=1) Vulnerability (n=1)	Friendly (n=2) Warmth (n=1) Openness (n=3) Sensitive (n=2) Non-judgemental (n=1) Showing respect (n=1) Empathy (n=1) Being reassuring (n=3) Being mindful of families (n=1) Using a relational

	fresh start (n=1) assessment (n=3) first impressions (n=1) involuntary (n=1) foundations/crucial (n=5) not balanced (n=1)		sharing information (n=8) sharing ideas (n=1)		approach (n=1) Asking (n=2) Listening (n=3) Discussing (n=1) Answering questions (n=3) Explaining (n=3) Supporting (n=2)
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What Does the Experimenting Stage Mean to You?

Responses to this question yielded four subcategories from 125 codes (Table 5). This stage encompasses the clarification of roles and boundaries and expectations of all involved in the relationship. It involves problem solving with families and professionals getting to know the family more. In turn family needs are prioritised.

Table 5: *Category and Sub-categories From Professional Responses to Survey Question “What Does the Experimenting Stage Mean to You?”*

Category	Experimenting Stage Meaning (n=125)			
Subcategory	Prioritising family needs (n=29)	Problem solving & figuring next steps (n=24)	Getting to know family more (n=45)	Roles, Boundaries & Expectations n=27
Codes	Deadlines (n=1) goal setting (n=9) family priorities (n=10) understanding needs (n=1) formulating plan (n=5) starting intervention (n=1) assessment	differential diagnosis (n=1) organising (n=1) exploration (n=4) figuring it out (n=3) settling down (n=1) finding a path (n=2) info sharing (n=1) problem solve (n=3) action (n=1) facilitating (n=1)	Relationship (n=1) Connecting (n=2) Collaboration (n=3) sharing tasks (n=1) team working (n=2) relationship building (n=11) interactive (n=1)	Clarifying expectations (n=7) set boundaries (n=6) defining role (n=7) finding common ground (n=1) clarifying assumptions (n=2) realistic (n=1) honesty (n=1) listening to parents (n=1)

	feedback (n=1) identifying strengths (n=1)	setting (n=1) planning (n=1) deciding (n=1) testing the water (n=2) negotiation (n=1)	good relationship (n=3) getting to know more (n=6) doing (n=1) sharing (n=4) listening (n=1) linking (n=1) talking (n=1) successful team working (n=2) involvement (n=1) interpersonal relationship (n=1) interaction (n=1) communication (n=1) honesty (n=1)	setting goals (n=1)
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What Does the Integrating Stage Mean to You?

Responses to this question yielded three subcategories from 119 codes (Table 5). This stage was labelled as the settling down phase and the buy in phase. It is was about parents and professionals developing a greater understanding together, having mutual understanding, mutual sharing, mutual trust, mutual planning, mutual collaboration. Through this mutual understanding there was process of realizing what was happening and what was going to happen. It involves updating and changing ideas, plans, expectations, sharing more detail, sharing confusion, and sharing anxiety. This makes the journey an iterative and dynamic process.

Table 6: *Category and Sub-categories From Professional Responses to Survey Question “What Does the Integrating Stage Mean to You?”*

Category	Integrating Stage Meaning (n=119 codes)
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Subcategory	Strengthening and Maintaining participation for all (n=79 codes)	Beginning to process current and future paths (n=23 codes)	Beginning to incorporate change (n=17 codes)
Codes	Mutual planning (n=6) Shared decisions (n=2) Shared plan (n=2) Mutual understanding (n=4) Shared success (n=2) Keeping interest (n=4) United (n=2) Mutual collaboration (n=12) Working together (n=6) Shared goals (n=4) Continuous sessions (n=1) Mutual trust (n=5) Strengthening participation for all (n=13) Closeness (n=8) Transparency (n=1) More sharing/discussing (n=6) More detail (n=1)	Acceptance (n=3) Can't cope (n=1) Shifting from concern to hope (n=1) Deeper level (n=1) Vulnerability(n=1) Trust/honesty (n=3) More openness (n=3) More comfortable to share (n=1) Consolidation (n=1) Parents off-loading (n=1) Reality (n=1) Confusion (n=1) Anxiety (n=1) Realisation of future and limitations (n=1) Hypothesising current and future path (n=1)	Beginning to incorporate change (n=1) Change expectations (n=1) Updating (n=2) Evolving and adapting (n=1) Participation (n=3) Buy in phase (n=3) Settling down phase (n=1) Rethinking goals (n=2) Showing how to make ideas work in real life (n=2) Taking on advise more (n=1)

What Does the Intensifying Stage Mean to You?

Responses to this question yielded five subcategories from 101 codes (Table 6). This stage is where the relationship develops through familiarity and routine and ongoing discussion. The relationship intensifies and enables prolonged closeness, a sense of harmony and empowerment of all involved.

Table 7: *Category and Sub-categories From Professional Responses to Survey Question "What Does the Intensifying Stage Mean to You?"*

Category	Intensifying Stage Meaning (n=101 codes)
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Subcategory	Empowerment (n=14)	Routine & familiarity (n=43)	Prolonged Closeness (n=13)	More discussion (n=14)	Sense of harmony (n=17)
Codes	Feeling empowered (n=6) Adapting to family circumstances (n=1) Follow through (n=1) Supportive (n=4) Application of treatment plan to everyday life (n=2) Carry over of goals (n=1) Achievement (n=1) Understanding more (n=1) Relief (n=1) Worthwhile (n=1) Family commitment (n=1) Satisfying (n=1) Stress (n=1) Parents advising each other (n=1)	Increased familiarity (n=8) Anticipating interactions (n=1) More engagement (n=11) More comfortable (n=4) More open and willing (N=4) Awkwardness gone (n=1) Reciprocity (n=1) Consistency (n=3) Strong established relationship (n=8) Knowing what is going on (n=3)	Prolonged closeness (n=2) Togetherness (n=2) Established trust (n=4) Honest (n=1) Feels real (N=1) Connect (n=1) Frequency of interaction (n=2)	More discussion (n=2) Sharing more (n=1) Planning together (n=3) Planning the future (n=4) Negotiating (n=4)	Being in harmony (n=1) Counting on each other (n=3) Attuned to family (n=1) On the same page (n=4) Working together (n=6) Interactive working (n=2)

What Does the Transitioning Stage Mean to You?

Responses to this question yielded five subcategories from 108 codes (Table 7).

Table 8: *Category and Sub-categories From Professional Responses to Survey Question “What Does the Transitioning Stage Mean to You?”*

Category	Transitioning Stage Meaning (n=108 codes)
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Subcategory	Moving forward/moving on (n=14)	Preparation planning for change (n=43)	New beginnings (n=7)	Ending a relationship (n=10)	Emotional Journey (n=34)
	Moving forward (n=5) Next stage (n=1) Big transition (n=2) Transition/transfer/handover (n=7)	Reassuring (n=3) Negotiation (n=1) Discussing next steps (n=2) Recommendations (n=1) Paperwork (n=2) Meetings (n=1) Future needs (n=1) Information sharing (n=1)	Fresh start (n=2) New beginnings (n=3) Starting again (n=2) Planning (n=15) Preparation (n=4) Needing support (n=5) Ensuring not abandoned (n=1) Ensure have knowledge (n=1) Change planning (n=2) Learning to work together (n=1)	Ending a relationship (n=4) Closure (n=1) Saying goodbye (n=2) Completion of a phase (n=1) End of a chapter (n=1) Forced on families (n=1)	Emotional journey (n=3) Vulnerability (n=1) Acknowledging feelings (n=2) Anxiety provoking (n=7) Loss (n=1) Hope (n=1) Range of emotions (n=1) Confusing (n=2) Distress (n=1) Fear (n=1) Relief (n=1) Stressful (n=1) Positive (n=6) Guilt (n=1) Scary (n=2) Uncertainty (n=3)

Discussion

The study set out to understand what the Stages2Engage model meant to the professionals. It also set out to understand what participation of families meant to the participants who were health and social care professionals providing team-based interventions for children with disabilities. King et al. (2017) acknowledge that within paediatric intervention, engagement between children and families and their health and social care professionals is transactional. Bright et al. (2015) agree with this transactional process highlighting that engagement is co-constructed between those involved in the intervention and that it is a process. This process is a gradual one. The findings of this study show that the participants also acknowledge that

there is a process to the development of a relationship. They shared that the first stage is foundational and involves sharing and gathering of information. Feelings are a part of this stage and the relational skills of the professional are important. Sharing information in EI is important and having trust and getting to know someone can lead to more information being shared (Author, 2011). This acknowledges that there is a journey in terms of building trust and building a mutual understanding and building relationships. Imms (2017) urges professionals to spend time on engagement in therapeutic interventions in order to shape the experience of the child and family and professional in the intervention.

The professionals who took part in this study shared their views about expectations in terms of parent engagement. They expect families to show up and when they expect them to ask questions, to get involved and show interest. They expect parents also to follow advice and apply knowledge. Looking at how parents are engaged. D'Arrigo et al. (2019) in a study involving occupational therapists views found that there are three levels of parent engagement that we need as professions to understand; these are low engagement, middle ground engagement (where parents are engaged in the idea of therapy, but not the doing of therapy) and high engagement. The OTs saw engaged parents as those who were enthusiastic and committed to the therapy process and practised strategies at home (D'Arrigo et al., 2019). However, Melvin et al. (2021) in a study involving speech and language therapists recommended professionals should not make assumptions about families who are less actively involved in intervention and are not engaged overall. Meyer et al. (2019) urges professionals to reflect on their own open communication behaviours to foster information sharing.

The professionals in this study acknowledge the relational practices suggested by Dunst (2002) that enable family-centred practice. These practices were clearly represented within the first stage of the model, the initiating stage from showing respect to warmth, openness and empathy. MacKean, Thurston and Scott (2005) also recognise that respect and caring are important for fostering relationships alongside communicating and sharing information. This study found that getting a sense of the parents and the children through the sharing of information was important and began in the first stage of the relationship and progressed to more sharing and more detail through the relationship journey. The progression through the model to the third stage, the integrating stage, also acknowledges how the professionals work together with families to reach 'mutual trust and respect' as depicted by Dunst et al. (2000, p 32). Bright et al. (2015, p.651) state that through ongoing connecting between individuals in a relationship individuals can become 'active, committed and invested

collaborators'. Acknowledging that there are stages in the process can support building of relationships.

King et al. (2015) acknowledge that engagement in services is dynamic and complex that dependent on the characteristics of the client, service provider and the intervention. Families access disability intervention services because of necessity and this in itself impacts the relationship development. Kellar-Guenther et al. (2014) surveyed 92 families involved in early intervention for their children with disabilities. They found that there were many factors that could increase or decrease parental involvement, such as, the parent-provider relationship, parental use of instructional strategies, attendance, caregiver expectations and understanding of early intervention and commitment and investment in EI. Similarly the practitioners in this study expected parents to show up and follow through on advice to demonstrate their participation.

This study also demonstrates that the building of the relationship between families and practitioners is extremely important. In the Initiating and Experimenting Stages of the model the foundations of the relationship are supported by sharing information to build an understanding of roles and boundaries and expectations of all within the team. Relationship building is important and needs to be foregrounded. King et al. (2017) state that practitioners need to promote family and child engagement in the intervention process. They argue that in order to be actively invested and involved parents and children need to be ready (receptive and hopeful), willing (committed) and able to participate in the intervention (confident) (King et al. 2017). The Stages2Engage model can support families to be actively invested and involved through a relationship journey that needs to be embraced. Gvion and Bar (2014) acknowledge this stating that the parent, child and professional are in a triadic relationship and that each person mutually influences each other. Bright et al. (2015) state that engagement is a process of gradually connecting with one another and/or with a therapeutic program which enables the individual to collaborate in healthcare. King et al. (2021) found that engagement is cultivated through relationships and that parents differ in their engagement. They acknowledge that intervention is dynamic and that practitioners need to adjust intervention based on client needs and in-the-moment preferences (King et al., 2021). As the relationship journey progresses to the integrating and intensifying stages there are repeated interactions, continuity of care, harmony and empowerment, thus strengthening and maintaining participation for all.

This study shares an example of Interprofessional Education and Collaborative Practice, whereby healthcare professionals from different disciplines engaged in training to

learn with and from each other (World Health Organization, 2010). The professionals actively engaged in the training, indicating their motivation to improve teamwork and family-centred practice care. The professionals who engaged in the research constructed knowledge through the sharing of their experience. The training emphasised integrated learning, shared goals and collaboration as the health and social care professionals were members of disability teams (D'Amour et al., 2005). This integrated learning has the potential to foster further interprofessional collaborative practice among the participants (Zwaan et al., 2025).

Further qualitative research is needed to understand the local context in interprofessional practice and to explore its readiness for implementation of the model. Follow-up qualitative research is needed to explore the impact of the training on the interprofessional practice and how the professionals used the model to support engagement of children with disabilities and their families in practice. Further exploration to include parent views of the model will enhance our knowledge about how theoretical models can be adapted to support implementation in the diverse practice context. Deeper qualitative understanding would allow for the enhancement of the evidence-informed model for use as a road map in practice. The exploration stage of implementation research is fundamental to understanding the perspectives of the people who will use the model.

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