

Foundational concepts of collaborative practice with parents in occupational therapy for children

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Abstract

Introduction: In occupational therapy for children, collaborative practice with parents is crucial for meaningful family-centred interventions, yet it remains undefined and inconsistently addressed. This study aimed to establish foundational concepts for collaborative practice with parents in occupational therapy for children in progressing the field with a universal description.

Methods: This paper encompasses the second dataset of a larger scoping review and a preliminary validation of findings by an advisory panel. Data were gathered from indexed sources on collaborative practice with parents in occupational therapy for children (ages 0–10) using MedLine, PsychInfo, ERIC, Embase, OTSeeker, Scopus, and ProQuest Central. Data were extracted, charted, and descriptively analysed by paired independent reviewers. The Joanna Briggs Institute Manual and the Preferred Reporting Items for Systematic Reviews and Meta-Analysis—extension for Scoping Reviews were used. A draft definition of collaborative practices, developed based on preliminary review findings and an operational definition, was validated by an advisory panel of 13 experienced Australian occupational therapists, whose input was integrated into a final, comprehensive description of collaborative practice.

Results: The scoping review encompassed 299 sources, revealing three major components of collaborative practice: ‘collaborative practice aims’, ‘parent–therapist partnership’, and ‘strategies for collaboration’. The advisory panel endorsed the draft definition, confirmed its professional relevance, and suggested some modifications.

Conclusion: The major outcome of this study is an evidence-based and discipline-specific preliminary description of collaborative practice with parents in occupational therapy for children. This description provides a common language and foundational concepts for the future development of a collaborative practice framework to guide practice and research. Future studies can explore specific components, exploring their mechanisms and significance. Further expanded validation is required, incorporating the perspectives of a

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wider community of occupational therapists and families to enhance the description's applicability.

PLAIN LANGUAGE SUMMARY

In occupational therapy for children, collaboration between parents and occupational therapists has been long acknowledged as important in the occupational therapy literature. It is an essential shift away from practices led by professionals to a practice that encourages parents to be engaged therapy partners. However, there has been little consistency in terms of a definition or description of collaborative practice and in what parts of therapy collaboration is used. To develop a draft definition of collaborative practice, we extracted relevant information from 299 papers between 1998 and 2022. Then, an advisory panel of 13 experienced Australian occupational therapists validated and enhanced our final description of collaborative practice. The data from the review was grouped into three major components of collaborative practice: 'collaborative practice aims', 'parent-therapist partnership', and 'strategies for collaboration'. The advisory panel confirmed the draft definition and its relevance and suggested some modifications, which were used to refine the description. The major outcome of this study is a preliminary description of collaborative practice with parents in occupational therapy for children that is based on the research evidence. This description provides a common language and foundational concepts for the future development of a collaborative practice framework to guide practice and research. Future studies are needed to explore specific components of collaborative practice, their relevance, and how they operate in practice. Further validation of the collaborative practice description is needed that would incorporate the perspectives of parents, families, and a wider community of occupational therapists to enhance the description's applicability.

KEYWORDS

advisory panel, caregiver, children, collaboration, definition, family, family-centred approach, occupational therapy, paediatrics, parent, parent engagement, professional-family relations, scoping review

1 | BACKGROUND

Occupational therapy for children has gradually evolved from a predominantly child-centred to a more family-centred practice in the past few decades. This holistic perspective is rooted in ecological and help-giving philosophies, emphasising that children are not standalone individuals and thrive when supported by various layers of their ecological system, particularly the adults in their lives (Bronfenbrenner, 1979; Dunst, 2002; Myers et al., 2014; Pereira & Seruya, 2021). Recognising the complex interplay of developmental, mental, physical, psychosocial, and environmental factors affecting the participation in daily routines by children with childhood-onset conditions, this paradigm shift is

Key Points for Occupational Therapy

- Literature shows a gradual shift from expert-led towards collaborative with parents in occupational therapy.
- An evidence-based, preliminary validated description of collaborative practice is provided, supporting family-centred occupational therapy practice.
- Further research is required to refine and integrate the description into a collaborative practice framework.

reinforced by the need for participation-based interventions that extend beyond the individual child, as highlighted in contemporary research (Imms et al., 2017). Therefore, occupational therapists should collaborate with parents (or primary caregivers) to facilitate children's participation in meaningful occupations through intervention, tailoring their approach to align with the family's backgrounds, routines, needs, and priorities (Jaffe & Cospers, 2014).

Working alongside parents involves seeking their expertise, strategising together to support children's participation, and providing opportunities for mutual learning through participation-focussed interventions (Kaelin et al., 2021). In this context, occupational therapists are tasked with understanding and integrating adult learning principles and theories into their practice to address parents' learning needs and preferences (Knowles et al., 2015; Porter et al., 2023). An example of such a theory is the Transformative Learning Theory. It posits the importance of encouraging critical reflection of one's beliefs, values, ways of thinking, and assumptions in order to shift someone's perspective to make sense of new knowledge (Mezirow, 2000). Recognising parents as adult learners and understanding their learning journey enables occupational therapists to tailor their exchanges with families in meaningful ways, providing them with opportunities to develop relevant learning to support their child (Porter et al., 2023).

The collaborative partnership that promotes mutual learning and parental self-efficacy aligns with some key frameworks for occupational therapy. For example, the International Classification of Functioning, Disability and Health: Children and Youth (ICF-CY; World Health Organization [WHO], 2007), the Occupational Therapy Practice Framework: Domain and Process (OTPF; American Occupational Therapy Association [AOTA], 2020) and the Canadian Occupational Therapy Inter-Relational Practice Process (COTIPP; Egan & Restall, 2022), underscoring the significance of considering the interplay between environmental and personal factors that shape a child's health, functioning and participation. Within the context of family-centred practice, environmental factors include 'complex dynamics' between children and their parents, family, and the larger community (AOTA, 2020, p. S11).

Tailored relational and participatory practices between professionals and families are foundational to the family-centred approach (FCA; Dunst, 2002). Relational practices entail practices marked by empathy, warmth, active listening, respect, dignity, and trust. Participatory practices involve facilitating informed decision-making, knowledge and skills exchange, and family capacity building. Practices based on the FCA require

practitioners to acknowledge parents' expertise regarding their child and family needs and priorities (Dunst, 2002; Early Childhood Intervention Australia, 2016). The FCA promotes parent-therapist partnership in which both sides have equal power and are mutually committed to the intervention and goal achievement. In this context, developing FCA services requires the adoption of collaborative practice with parents to address family priorities effectively throughout all stages of the therapeutic intervention (An et al., 2019a; Kokorelias et al., 2019).

Placing the family at the forefront is paramount to achieving outcomes in childhood intervention, as family mental health, support systems, and parenting skills may be key predictors of successful interventions (Wicks et al., 2021). Recent research supports this perspective, indicating that FCA positively influences parents' self-efficacy and parenting beliefs, indirectly enhancing their psychological well-being (Mas et al., 2019). Furthermore, a recent systematic review found emerging evidence of the positive impact of FCA interventions on parents' sense of capability and confidence within occupational therapy for individuals with autism and their families (Watling et al., 2023). Structured procedures, information sharing, and emotional support have also been shown to align occupational therapy interventions with family needs and values (Humbert et al., 2021). Additionally, another systematic review highlighted studies indicating that FCA outcomes, including improved child development and parental welfare, were achieved when early intervention (EI) services considered factors such as service operations, child and family characteristics, and parent engagement (McCarthy & Guerin, 2021).

In the occupational therapy literature, FCA is recommended as a best practice, particularly because it is implemented in natural environments and in collaboration with the child's family (Jaffe & Cospers, 2014; Novak & Honan, 2019; Occupational Therapy Australia [OTA], 2016). A recent addition in the field includes the development of the 'Phased Approach to Incorporating a Relationship-focus' (PAIR; Barfoot et al., 2023). Crafted in response to challenges faced by occupational therapists in translating theory into practice when implementing relationship-focussed methods, the model suggests a phased approach to strengthen the emphasis on interactions between parents and children as a fundamental aspect of therapy. Advances like this emphasise the interconnectedness of the family-child relationship and the importance of an ecological perspective in childhood intervention (Dempsey & Keen, 2008; Wicks et al., 2021).

A collaborative practice between occupational therapists and parents is regarded as a central element of FCA as it offers primary caregivers an opportunity to participate in therapy as equal partners with the ultimate goal

of enabling both the child's and family's occupational performance (AOTA, 2020; OTA, 2016). An illustration of a collaborative practice with parents in occupational therapy for children is coaching. For example, Occupational Performance Coaching is an intervention designed to guide parents through mutual problem-solving towards meaningful participation in occupations for children and parents (Graham et al., 2009). Additional examples of collaborative practice include parent education and training, playgroups, and home programs (Jaffe & Cospers, 2014). These practices have been shown to successfully enhance parents' understanding of their child's condition and therapy implementation, promoting parenting skills and self-efficacy, as well as fostering parent-child co-occupations (Clerke et al., 2017; Morozini, 2015; Novak & Honan, 2019; Olson, 2012). Hence, understanding the significance of parental involvement in intervention decision-making is crucial for fostering parenting skills, confidence, and self-efficacy (Berry et al., 2016). This requires professionals to cultivate essential skills for successful collaborative practice, including knowledge translation, coaching, effective communication, and the ability to recognise families' skills, learning styles, narratives, and values (Elenko, 2019; Hanna & Rodger, 2002; Novak & Honan, 2019).

Occupational therapy's adoption of FCA has been documented since the late 1980s (Bazyk, 1989), yet expert-led practices persist, presenting challenges to the implementation of FCA theory into practice and hindering parent-therapist collaboration (Hanna & Rodger, 2002; Malfitano & Sakellariou, 2019; Riley et al., 2017; Rudman, 2018; Wilding & Whiteford, 2007). Reasons for the lengthy and complex transition in occupational therapy to FCA include inconsistency in the terminology used and unclear guidelines for practice implementation (Darrah et al., 2010; Fingerhut et al., 2013; Hanna & Rodger, 2002). As a result, families and professionals may not be fully clear about their roles and responsibilities when working together (Coyne, 2013; Pereira & Seruya, 2021). According to the FCA philosophy, parents should participate in decision making throughout the intervention process, which includes choosing their level of engagement in therapy (Dunst et al., 2002; Espe-Sherwindt, 2008). Therapists are still entrusted with cultivating parental readiness, understanding, and reflection regarding their role and participation in their child's intervention (Kemp & Turnbull, 2014; Smith & Samuels, 2021). A recent proposal by Foster et al. (2020) to broaden the definition of family-centred practice may also assist with implementation, as they suggest it should encompass personalised service delivery in diverse environments while remaining aligned with core values. Collaborative practice has been

observed to be more prevalent during goal setting than consistently integrated throughout the entire intervention process (An, 2016). Multiple factors could contribute to this, such as the inclination of therapists to feel more comfortable engaging directly with children rather than family members due to their familiarity with the traditional clinical environment and a child-centric approach (An et al., 2019b). Addressing these challenges requires the establishment of clear concepts and a framework that promotes collaborative practice with parents in the field of occupational therapy for children.

A systematic review of interventions in occupational therapy for children found that family-centred interventions are comparably effective to other successful occupational therapy interventions, delivering cost-effective benefits for families and children (Novak & Honan, 2019). Although the literature acknowledges the importance of collaborative practice and highlights significant evidence-based contributions, it remains undefined and inconsistently implemented, with enduring gaps spanning over two decades that underscore ongoing challenges in bridging theory and practice (Elenko, 2019; Pereira & Seruya, 2021). Research on several facets of collaborative practice, particularly foundational concepts, remains limited. Further research is required to consolidate collaborative practice theoretical foundation and establish clear practice guidelines to enhance collaboration with parents and foster professional competence. Therefore, this study aimed to develop foundational concepts for collaborative practice with parents in occupational therapy for children using findings from a scoping review and input from an advisory panel of occupational therapists.

2 | METHODS

This paper stems from a thesis submitted for a Master of Research degree in Health Sciences (Lage, 2022). The thesis encompassed a scoping review that mapped existing literature published between January 1998 and October 2022, aiming to identify, characterise, and describe collaborative practices with parents in occupational therapy for children. The search included sources discussing occupational therapy practices involving parents of children ranging from 0 to 10 years old with any diagnosis, including multidisciplinary practices. Databases such as MedLine, PsychInfo, ERIC, Embase, OTSeeker, Scopus, and ProQuest Central were employed to retrieve peer-reviewed papers, theses, dissertations, and book chapters.

Due to the breadth of the scoping review, we report the findings in two parts. Part 1 paper, published elsewhere (Lage et al., 2024), reports on the first scoping

review dataset that mapped collaborative practices, types, and approaches articulated in global literature. The present, Part 2, paper focuses on crafting a foundational description of collaborative practice. To achieve this goal, we utilised the second half of the original scoping review dataset, mapping collaborative practice definitions and detailing components found in the literature. The development process was further enriched by valuable feedback from an advisory panel comprising Australian occupational therapists.

The authors are all committed to collaborative practice and acknowledge their white privilege. They have worked in a diverse range of family-based clinical and academic settings in a range of countries, including Australia, Brazil, Ireland, and the United States. These authors' perspectives guided the research design and analysis process.

2.1 | Scoping review

The scoping review was conducted following the Joanna Briggs Institute (JBI) manual for evidence synthesis

(Aromataris & Munn, 2020) and the Reporting Items for Systematic Reviews and Meta-Analysis—extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018). In February 2022, a protocol for this scoping review was published (Lage et al., 2022), from which minor deviations were made. Full details of the methods used have been published elsewhere (Lage et al., 2024). The scoping review PCC (Participants/Concept/Context) framework (Peters et al., 2020) is provided in Table 1. The search strategy was developed with the support of an occupational therapy lecturer and a librarian at the University of South Australia (UniSA). An exemplar of this strategy is provided in Supplementary File A.

2.2 | Data extraction, analysis, and synthesis

In the scoping review, we initially compiled a comprehensive dataset in an Excel spreadsheet, encompassing all extracted data, including findings relevant to Part 1 of the paper. Specifically for Part 2, a separate spreadsheet was created, isolating the dataset focussed on

TABLE 1 PCC framework for the scoping review.

PCC component	Selection criteria
Participants	
Parents and occupational therapists in services for children. Parent defined as a person who meets a child's daily needs.	<ul style="list-style-type: none"> • Parent • Primary caregiver • Children with any condition aged from birth to 10 years old • Multi-professional teams with occupational therapists included
Concept	
Based on the literature used in the background of this study, collaborative practice is conceptually defined by the authors as 'a service practice for children that enables the family-centred approach by fostering shared decision-making and mutual engagement between parents and occupational therapists at any stage of the therapeutic process, with parents actively participating in the process with support from therapists, instead of therapists providing one-way input to parents'.	<ul style="list-style-type: none"> • Evidence of active involvement of parents in the intervention, not only in attending or being present • Evidence of a two-way relationship/interaction with a therapist
Context	
Services of occupational therapy for children.	<ul style="list-style-type: none"> • All service contexts from any occupational therapy area • All locations across the world
Other:	<ul style="list-style-type: none"> • English sources only • All research designs • Opinion pieces • Narrative papers • Theses and dissertations • Book chapters • Sources published from 1998 onwards to provide continuity with the Hanna and Rodger (2002) review which included sources dating back to 1998

foundational concepts of collaborative practice and facilitating a more targeted analysis. This Part 2 dataset covered (1) definitions of the collaborative practice discussed in the included sources (e.g., definition or description of a playgroup program) and (2) key components required to implement a collaborative practice (e.g., parent-therapist partnership, mutual engagement and shared decision-making).

Employing a basic descriptive analysis (Peters et al., 2020) in an iterative approach, we grouped extracts from sources into major components and related sub-components of collaborative practice, grounded in common conceptual themes, noting that the resulting categories are not mutually exclusive. Throughout the process of data analysis and synthesis, a certain level of interpretation was necessary to ensure the consistency of the extracted data with our initial operational definition. Independent reviewers agreed on all data extracted and the data synthesis. Further information on the scoping review search strategy, PCC framework, and data extraction can be found elsewhere (Lage, 2022; Lage et al., 2022; Lage et al., 2024).

2.3 | Advisory panel

Towards the development of foundational concepts for collaborative practice with parents in occupational therapy for children, preliminary findings from the scoping review and the original operational definition were used to create a draft definition of collaborative practice. To ensure the credibility of this draft definition, the authors conducted a preliminary validation process involving an advisory panel of Australian occupational therapists. This panel offered additional or alternative insights, enriching the findings through professional expertise, ensuring their relevance to practical applications, and helping bridge the knowledge-to-practice gap (Camden et al., 2014; DePoy & Gitlin, 2016). A short questionnaire was completed to refine the findings and confirm their relevance to practice. Subsequently, the refined definition was integrated with the final findings of the scoping review to develop a comprehensive description of collaborative practice.

2.3.1 | Sampling method and inclusion criteria

Advisory panel members were chosen through a purposive sampling method in the selection of participants capable of offering invaluable insights into the research (Liamputtong, 2013). Although the intention was not to

create representation at the national level, we invited occupational therapists from all Australian states and territories to take part. The selection criteria included occupational therapists who (1) were proficient in the English language, (2) held active registration with the Australian Health Practitioner Regulation Agency and (3) had more than 5 years of experience in childhood intervention involving collaborative practice with parents.

2.3.2 | Participants recruitment

The study employed two avenues to reach potential participants: (1) a Facebook group for Australian occupational therapists working with children and (2) the use of the authors' professional networks. Responding to the study advertisement, potential participants were provided with the participant information sheet and a link to the questionnaire. By completing the questionnaire, participants confirmed their consent. Participants' identities are confidential. Ethical approval was obtained for conducting the advisory panel by the Human Research Ethics Committee of the UniSA (Protocol: 204067).

2.3.3 | Questionnaire

The initial validation process involved a questionnaire designed to (1) seek professional endorsement of the draft definition and (2) gather additional insights from refinement. This questionnaire encompassed obtaining demographic details and opinion-based queries, with the following questions:

1. Do you agree with this definition?
2. In your opinion, is this definition relevant to occupational therapy practice with children and families?
3. Would you add any concept to this definition? If your answer is yes, please tell us which concepts you would add and your reason.
4. Would you remove any concepts from this definition? If your answer is yes, please tell us which concepts you would remove and your reason.

2.4 | Collaborative practice description

Through a reflexive iteration process (Srivastava & Hopwood, 2009), both the frequency counts of answers to the closed-ended questions and recommendations provided in open-ended questions were analysed and integrated into the formulation of the final version of the collaborative practice description. This approach ensured

the inclusion of practitioners' insights, leading to the refinement, contextualisation, and reinforcement of the description's appropriateness for practical application.

3 | RESULTS

3.1 | Scoping review

A total of 299 sources have been included in this study. A complete reference list with the included sources can be found in Supplementary File B. Details on the PRISMA-ScR reporting, sources information (e.g., authors, year, and country of publication), and general characteristics of collaborative practices found in the literature have been published elsewhere (Lage, 2022; Lage et al., 2022; Lage et al., 2024).

This scoping review identified 91 (30.5%) sources that featured a formal definition of a diverse range of collaborative practice programmes and interventions. These encompassed specific intervention programmes, such as Occupational Performance Coaching (Graham et al., 2009), the Promotion of Routines of Exploration and Play during Mealtime (Caldwell et al., 2022), and the Occupation and Participation Approach to Reading Intervention (Grajo & Candler, 2016), as well as more general practices, like 'community-based playgroups' (Fabrizi & Hubbell, 2017), EI coaching (Tomczuk et al., 2021) and 'home programs' (Piggot et al., 2003). Some examples of collaborative practice definitions identified in this review are provided in Supplementary File C. In contrast, the majority of sources (208; 69.5%) did not explicitly provide a formal definition of their collaborative practice; rather, they provided detailed practice descriptions and associated components.

Three major components were identified based on the mapping of extracts of collaborative practice definitions and components found in the literature (Figure 1). The first major component, 'collaborative practice aims', focuses on potential outcomes emerging from parent-therapist collaborative practice, supported by data from 157 (53%) sources. 'Parent-Therapist Partnership', the second major component, discussed in 281 (94%) sources, delves into the elements necessary for the establishment and facilitation of the therapist-parent working relationship, considered a cornerstone of collaboration. This component is subdivided into three subcomponents: (1) shared commitments that require similar input from both parents and therapists, (2) shared commitments that require therapist facilitation and initiation, and (3) partnership facilitators. The third major component, 'Strategies for Collaboration', stemming from 205 (69%)

sources, encompasses activities and strategies devised to facilitate parents' and therapists' collaborative efforts in achieving intervention goals.

When analysing the number of components per source, the dataset revealed that 63 (21%) sources included one component, 125 (42%) sources included two components, and 63 (21%) sources included all three components. In Supplementary File B, Table 1 (p. 1) outlines a comprehensive mapping of the sources reporting on each major component. The table includes numbered sources, corresponding to the reference list of sources included in the scoping review. Additionally, the approach used to map components of collaborative practice is exemplified in Supplementary File D. Detailed information on how each of these components and sub-components are described in the literature can be found in Lage (2022).

3.2 | Advisory panel

3.2.1 | Participants characteristics

From the 20 potential participants from every Australian state and territory who demonstrated interest and were invited to the advisory panel, 13 completed the online questionnaire. Their reported professional experience ranged from 5 to 38 years, with an average of 21 years. Participants from most Australian states and territories participated in the study, except for Western Australia and Tasmania (Figure 2).

All participants practice occupational therapy across multiple settings except for two who practice in a single setting. The settings of practice and professional roles most frequently represented were 'professional supervision' ($n = 8$, 25%), 'clinic-based early intervention' ($n = 6$, 19%), and 'school-based intervention' ($n = 5$, 16%). Conversely, 'home-based early intervention' ($n = 3$, 9%), 'higher education teaching' ($n = 1$, 3%), 'coaching and training' ($n = 1$, 3%), and 'early intervention research' ($n = 1$, 3%) had the lowest representation (Figure 3).

3.2.2 | Questionnaire

All 13 participants endorsed the draft collaborative practice definition, without additional comments. Similarly, all participants affirmed the relevance of the definition to occupational therapy practice concerning children and families. Participant 1 was the sole contributor to this question. They held the view that the definition was pertinent, yet occupational therapists frequently regarded

Collaborative Practice Aims (n=157) *



Overall: To build parental capacity towards optimal parental self-efficacy and children's outcomes

Specific:

- To support parenting skills
- To foster parent-child relationship
- To enable parent-child co-occupation
- To strengthen family relations and functioning
- To promote access to external services, community resources and social support

Parent-Therapist Partnership (n=281) *



Shared commitments that require similar input from both parents and therapists:

- Partnership
- Respect
- Trust
- Effective communication
- Shared responsibility and accountability

Shared commitments that require the therapist's facilitation and initiation:

- Accommodation of needs and priorities
- Facilitation of parents' and family members' engagement
- Definition of roles and expectations
- Adoption of coaching-based interactions

Partnership Facilitators:

- Acknowledgment and emotional support
- Therapists' attributes
- Positive child-therapist relationship

Strategies for Collaboration (n=205) *



- Knowledge exchange and translation
- Collaborative occupational performance analysis
- Collaborative problem solving

* Number of sources reporting each component. See Supplementary File B for comprehensive mapping.

FIGURE 1 Components of collaborative practice with parents in occupational therapy for children based on scoping review findings.

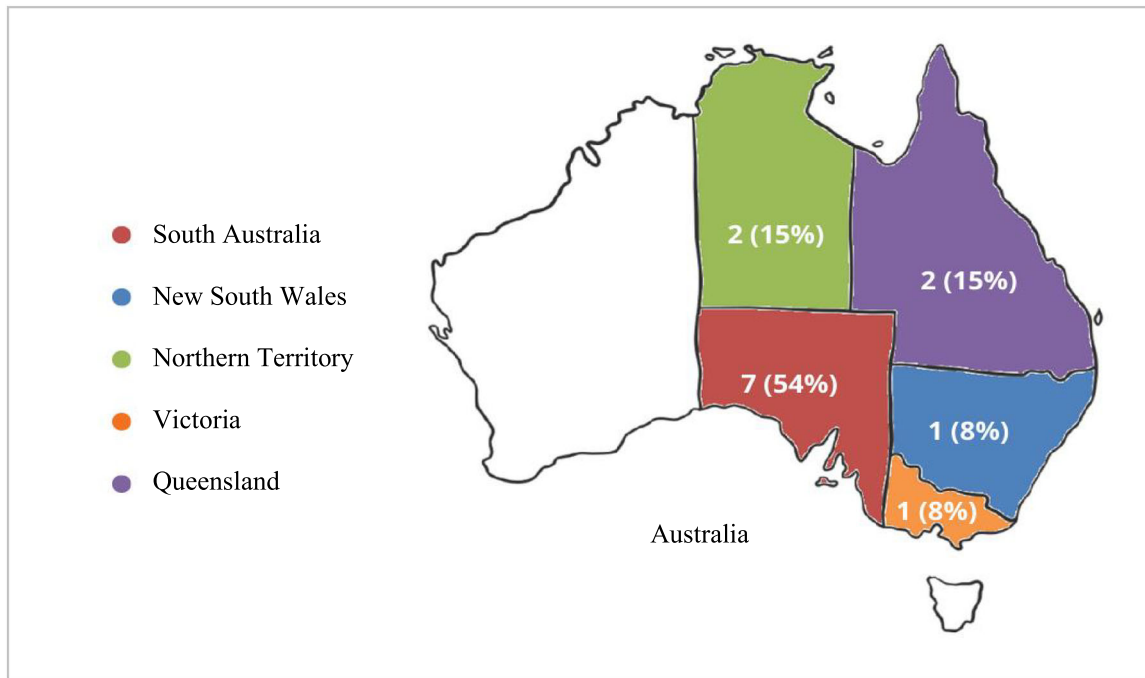


FIGURE 2 States and territories of advisory panel participants ($n = 5$).

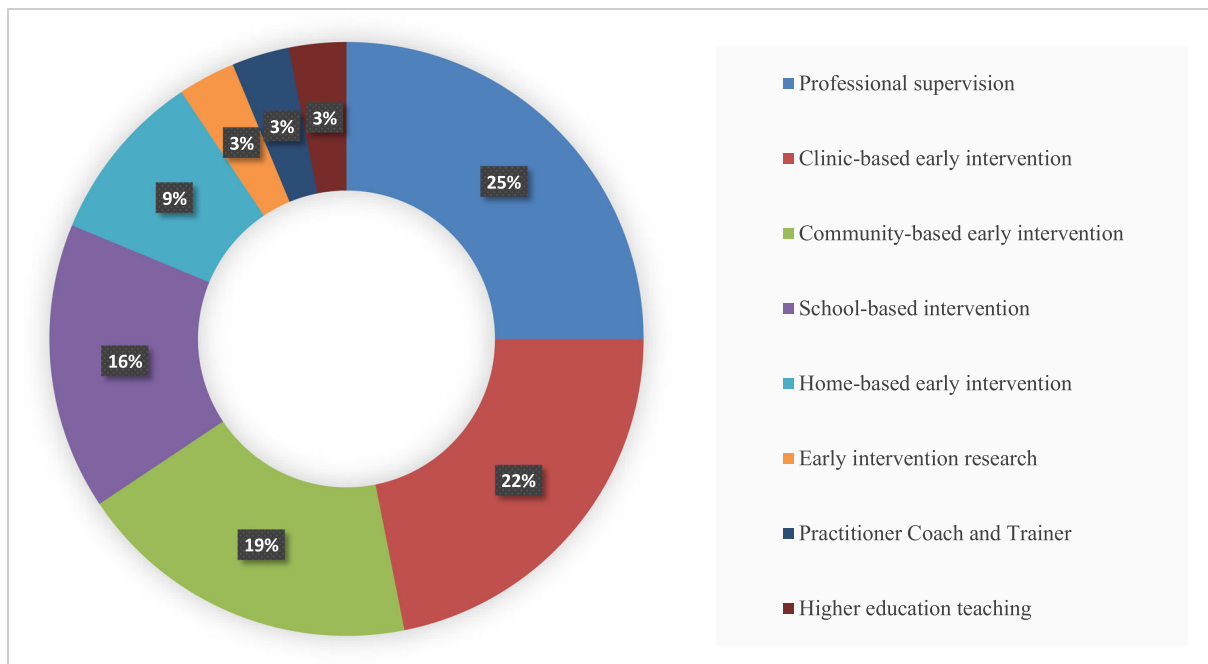


FIGURE 3 Settings of practice and professional roles of participants ($n = 8$).

collaborative practice merely as information sharing, rather than as an approach to foster parent–child relationships and co-regulation. Seven participants suggested new concepts to be added to the definition, whereas 11 proposed some modifications.

The panel input underwent thorough analysis and was then integrated into the final, comprehensive description of collaborative practice. The suggested concepts of ‘parental empowerment’, ‘parental involvement in the evaluation process’, ‘consideration of families’

unique characteristics', and 'respect for families' values and choices' were included in the final description. Recommendations about the inclusion of parent-child co-regulation, coaching of family members (not only parents), and interprofessional collaboration were considered by the authors to fall outside the direct scope of the description, warranting further investigation. Among the suggestions for modification, Participant 1 proposed that information exchange should not be placed first in the collaborative practice strategy list. To address this input, a clarifying note was incorporated, indicating that the strategies were not intended to be ranked. Participant 2 highlighted that the collaborative practice effectiveness is not exclusively reliant on the therapist's aptitude but also on the active role that families play in the therapeutic relationship. In response, the description was enriched with a segment based on insights from the scoping review that emphasised the need for family engagement in collaborative practice while also acknowledging the therapist's skills and qualities.

3.3 | Collaborative practice description

The final version of the description was developed in alignment with (1) the initial operational definition of this study, (2) insights provided by the advisory panel regarding the draft definition of collaborative practice, and (3) components and sub-components distilled from the 299 sources encompassed in the scoping review. The research team systematically assessed the advisory panel's feedback against the scoping review's aims, concepts, criteria, and findings, integrating them into the final, comprehensive description (refer to Box 1 for the final description of parent-therapist collaborative practice in occupational therapy).

4 | DISCUSSION

4.1 | Scoping review

To establish foundational concepts of collaborative practice with parents in occupational therapy for children, the scoping review charted the extracted definitions and components of collaborative practices from the literature. Approximately a third of the included sources provided a formal definition for their collaborative practice, encompassing specific and general intervention programmes. Despite most publications not formally describing their collaborative practice, they offered key practice components. The knowledge from these sources showcased a widespread integration of collaborative practice aspects

within occupational therapy for children, significantly informing the definition of collaborative practice proposed in this study. These findings revealed three major components central to collaborative practice: 'collaborative practice aims,' 'parent-therapist partnership', and 'strategies for collaboration'.

The scoping review findings indicate a gradual shift away from expert-led practice towards true parent-therapist collaboration, aligning with the contemporary trend towards FCA in occupational therapy (Kokorelias et al., 2019; Novak & Honan, 2019; Pereira & Seruya, 2021). Practices led singularly by therapists emphasise an authoritative role that is counterproductive to parental empowerment, thereby preventing parents from learning strategies for solving their own problems, engaging in their child's therapy, and making informed decisions (Adedipe, 2022; Lage & Snider, 2022; Rodger & Keen, 2010). The review data indicate that therapists are increasingly sharing therapeutic responsibility with parents, allowing for expertise exchange and activation of the parental role in therapy, as recommended in the literature (Lage & Snider, 2022; Rodger & Keen, 2010).

Collaboration with parents is not only considered an essential aspect of the occupational therapy practice but also a cornerstone of family-centred services (e.g., Childress, 2017; D'Arrigo et al., 2020; Gibbs et al., 2019), as previously emphasised in FCA research (Raver-Lampman & Childress, 2014; Sawyer & Campbell, 2012; Trivette, 2005). There are significant parallels between occupational therapy and FCA literature, for example, relational practices, participatory practices, and the parent-therapist partnership, as discussed by Dunst (2002). However, it is of note in this review that several studies fall short of encompassing more than one aspect of FCA premises and principles. Only 21% of sources included all three components of collaborative practice, with 'parent-therapist partnership' being the most frequently reported. This suggests inconsistencies in integrating theory into practice, particularly concerning the implementation of specific components such as 'collaborative practice aims' and 'strategies for collaboration', both with occurrences lower than 70%. These findings corroborate and further explain a well-known and persistent gap in occupational therapy for children (Darrah et al., 2010; Hanna & Rodger, 2002; Pereira & Seruya, 2021). Such disparities also indicate a possible favouring of specific components in collaborative practice over others, posing a risk to the consistency of services, equitable treatment, and user satisfaction (Bruder & Dunst, 2015; MacKean et al., 2005). Nevertheless, creating a comprehensive description of collaborative practice could equip occupational therapists with a shared framework that offers a common language and guidance to

BOX 1 Final version of the description of collaborative practice with parents in occupational therapy for children.

Collaborative practice with parents in occupational therapy for children is one of the key elements of the family-centred approach. The practice is based on a sound parent–therapist partnership that emphasises parental empowerment and engagement throughout the therapeutic process, as well as a nurturing therapist–child relationship. In collaborative practice, therapists and parents work together to build parental capacity towards optimal parental self-efficacy and children’s everyday living skills. Specific aims are related to supporting the parent–child relationship and performance in occupations and co-occupations, enhancing parenting skills, strengthening family relations and functioning, and achieving family-based intervention goals. Therapists also assist families in accessing and coordinating external services, community resources, and social support.

In collaborative practice, therapists focus on building rapport to establish a strong foundation for a sustainable partnership from the first contact with the family. From this point forward, it can be cultivated through parental emotional support and shared commitments that require active engagement from both parties, in addition to specific commitments that must be facilitated and initiated by the therapist. These are as follows:

- Parent–therapist shared commitments that require similar input from both parents and therapists:
 - Mutual respect and trust
 - Effective communication
 - Shared responsibility and accountability
- Parent–therapist shared commitments that require the therapist’s initiation and facilitation:
 - Intervention tailoring based on families’ unique characteristics, values, needs, and priorities
 - Facilitation of parents’ and family members’ engagement
 - Definition of roles and expectations
 - Adoption of coaching-based interactions

A successful implementation of collaborative practice requires parents and therapists to incorporate a range of strategies for collaboration, in no particular order, into the entire intervention process. These include the following:

- Knowledge exchange and translation
- Collaborative occupational performance analysis
- Collaborative problem solving

The effectiveness of collaborative practice is directly influenced by the level of parents’ engagement along with the attitudes, skills, and competencies of occupational therapists. These attributes can include but are not limited to advanced communication skills, expert knowledge, attentiveness, responsiveness, flexibility, reflexivity, sensibility, compassion, empathy, approachability, genuineness, and friendliness.

align science and practice. Such breadth can also allow for tailoring based on family preferences, needs, and priorities and is also consistent with Foster et al.’s (2020) proposal to broaden the family-centred practice definition to encompass individualised services in a range of contexts.

4.1.1 | Components of collaborative practice

Collaborative practice aims

The overarching collaborative practice aim of this study involved building parental capacity and a sense of self-efficacy (see Figure 1). Studies have suggested that FCA practices should strive to promote emancipation and autonomy so that families may develop their abilities to learn therapy-related knowledge and make informed decisions (Fairbrother et al., 2015; MacKean et al., 2005). Thus, to respect and promote autonomy, parent education should progress beyond basic knowledge transfer. Therefore, when undertaking collaborative practice with parents, it is important to understand adult learning theories such as transformative learning (Mezirow, 2000), as discussed earlier. For example, if a parent is supported to understand why a particular approach may be important for their child, this may help them to make new meaning of the child’s behaviour, thus resulting in a change in perspective.

To encourage a sense of freedom and creativity in adult learners, they must be allowed to express themselves and encouraged to build their own knowledge (Freire, 1998). Freire argues that this is only possible when learners are involved in the learning process through guided training that allows them to pursue their interests and develop critical thinking skills. Based on Freire’s emancipatory pedagogical logic, a collaborative practice with parents in occupational therapy for children would require practitioners to reflect on how they have

furthered the families' autonomy through each intervention stage. By being intentional and focussed on autonomy, therapists are more likely to be less authoritative and expert-driven with parents and more collaborative and empowering, especially because adults are more inclined to develop new learnings and make life changes when given the opportunity to solve their own problems and be the leader of their own transformative processes (Knowles et al., 2005).

Parent–therapist partnership

Although 281 studies in this review involved parent–therapist partnership, an inconsistent approach to collaborative practice was evident given that very few studies addressed parent–therapist collaboration in every intervention stage, and most did not address all components of collaborative practice. These findings are in line with Lage and Snider's (2022) suggestion that concepts related to collaboration with parents are still in their early stages in occupational therapy practice. According to the FCA literature, the adoption of help-giving, collaborative, and emancipatory practices throughout the intervention process can facilitate parental learning (Campbell & Sawyer, 2007; Dunst et al., 2016). Consequently, this may increase the incidence of daily practice of therapy strategies in the family's natural contexts, promoting parental autonomy and agency.

Collaborative practice strategies

The occupational therapy literature has demonstrated the use of singular and combined strategies of collaboration in exchanging and transferring knowledge, which supports parental learning because they are more likely to retain knowledge when they are engaged in this process (White et al., 2000). A study by Wilkes-Gillan et al. (2014) about a play-based intervention with parental engagement found that parents needed additional intervention strategies to support the consolidation of their learning over time, as well as support materials to assist them in reviewing the information discussed so that they may continue to assist their children.

Overall, the strategies utilised in the literature correspond with the principles of adult learning described by Knowles et al. (2015), who state that adults learn best if (1) they understand the reason why they are learning; (2) the learning is self-directed, allowing adults to take ownership of the knowledge being acquired; (3) learning adds to the adult's prior life experiences and takes into account what they already know; (4) the learning is relevant to their reality and matches their level of learning within their developmental stage; (5) the learning is oriented by the learning adults' lives, tasks, or problems; and (6) learning involves external motivators (such as a

higher income) as well as internal motivators (such as volition, satisfaction and quality of life). Incorporating approachable, amenable, relatable, practical, and tailored strategies to collaborate with parents in occupational therapy interventions may demonstrate the profession's move away from the traditional medical model that only focuses on children-centred services to FCA, which provides parents with more guidance, support, and encouragement through collaborative practices (An, 2014).

4.2 | Advisory panel

In the opinion of the advisory panel, the draft definition was considered relevant to occupational therapy and was unanimously endorsed. Furthermore, they provided some refinements that added further context to the final description. Seeking the advisory panel expertise was essential to creating the description to ensure it translates into practice. The panel consisted of a diverse group of occupational therapists. The occupational therapists' wealth of knowledge and experience has contributed to bringing context to the description under development by bringing over two decades of experience working with children in various settings, facilitating the integration of research and practice (Canadian Institutes for Health Research, 2012). Incorporating advisors' opinions in research findings may enable knowledge translation to therapists and families and encourage the adoption of evidence-based strategies in the implementation of a best practice in occupational therapy (Metzler & Metz, 2010).

The lack of clarity on how to effectively and safely promote parental engagement and partnership poses a challenge for health professionals, families, and health managers, who currently need more guidance about their roles, clinical reasoning, as well as implications of the use of evidence in practice (Coyne, 2013; Uniacke et al., 2018). Thus, the development of a foundational description of collaborative practice is a necessary first step in addressing this issue. However, the developed description does not advocate unrealistic or prescriptive practices but rather provides foundational concepts that promote a best practice. In line with Foster and Shields (2020), this study intends to provide practitioners and families with strategies that promote children's participation and family outcomes through realistic and translational knowledge. Ultimately, instead of being prescriptive, professional frameworks and concepts should be tailored to assist therapists in navigating ethical and clinical decisions, aligning with the profession's standards and principles (Lester, 2014).

4.3 | Implications for occupational therapy

Based on the scoping review findings, there are many components related to collaborative practice between occupational therapists and parents that facilitate the development of a connected and reciprocal partnership. By learning about and implementing these components, parents and therapists can embrace collaborative practice in childhood intervention as a learning process. Occupational therapists are recommended to create a safe therapeutic environment for this learning to allow for practice, reflection, and mistakes (Lage & Snider, 2022). Through building respect and trust, parents and therapists can learn from each other's expertise and become comfortable with uncertainty and exploration. This study recommends practitioners become more familiar with the aspects of collaborative practice with parents shared here so they can effectively use it in their practice.

Establishing a description of collaborative practice with parents in occupational therapy for children may be a foundational step for practice conceptualisation, which is essential for advancing professional proficiency in implementing FCA. Therefore, we propose the future development of a collaborative practice framework specific to occupational therapy. To ensure that such a framework is generalisable, it could incorporate both parent voices as well as a larger international collaboration with experts from a range of different practice areas, for example, using a Delphi study. A future framework will not only contribute to research but also generate resources that assist occupational therapists in their professional practice. The adoption of systematic frameworks with consistent terminology in occupational therapy has been acknowledged as a means to appropriately capture contemporary practices (AOTA, 2020). A common framework with a clear taxonomy of terminology may provide practitioners and researchers with a uniform and clear vocabulary and guidance for the application of an evidence-based best practice.

4.4 | Limitations

This study aimed to provide a preliminary description of collaborative practice that requires further validation. Incorporating parents' insights can enrich and contextualise the description, aligning with FCA principles. This will ensure both sides of the partnership are represented. Although the advisory panel sample size was not designed to be representative or provide generalisable outcomes, a future study can expand the validation of the

description by including more practitioners from diverse international locations.

One of the purposes of this study was to map and describe the major components of collaborative practice with parents in occupational therapy for children. This approach limited the exploration of mechanisms and significance of each major component and their subcomponents, which can be further investigated in forthcoming studies. Moving forward, occupational therapy practice and upcoming research within collaborative practice are also recommended to incorporate the description and components delineated in this study. This approach may encourage the use of consistent terminology and foster the ongoing advancement of research and practice.

5 | CONCLUSION

The major outcome of this study was the development of an evidence-based and discipline-specific, preliminary description of collaborative practice with parents in occupational therapy for children. The common language and data-driven guidance presented in the description may provide foundational concepts that serve as cornerstones for establishing a best practice framework. The scoping review findings confirmed previous evidence that collaborative practice has been inconsistently described and implemented.

This study marks a significant step towards consolidating the understanding of collaborative practice, a fundamental element of the FCA. The literature emphasises that collaborative practice empowers parents as engaged partners in therapy. It also encourages professionals to transition from solving family issues to fostering a collaborative problem-solving environment. This shift acknowledges the family's inherent capacity to support their children effectively. Advancements in this conceptual area may not only bolster research efforts but also equip occupational therapists and parents to create a safe zone for mutual knowledge exchange, learning from mistakes, and achieving therapy goals together.

AUTHOR CONTRIBUTIONS

Carla R. Lage, Kobie Boshoff, and Shelley Wright collaborated on the scoping review conceptualisation and design. Carla R. Lage conducted the data search and collection. All authors contributed to data screening, extraction, analysis, and synthesis. Similarly, the manuscript was written, revised, and refined through the joint efforts of the entire team. Therefore, the five authors of this paper take full responsibility for all elements of the study.

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CONFLICT OF INTEREST STATEMENT

The authors have no conflict of interest to declare.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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REFERENCES

- Adedipe, O. T. (2022). Role of parental attributions in treatment acceptability and engagement in parent-mediated early intervention for autism spectrum disorder. [Doctoral Dissertation, The Ohio State University]. OSU Repository. http://rave.ohiolink.edu/etdc/view?acc_num=osu164139120577295
- American Occupational Therapy Association. (2020). *Occupational therapy practice framework: Domain and process* (4th ed.). American Occupational Therapy Association Press. <https://doi.org/10.5014/ajot.2020.74S2001>
- An, M. (2016). Effects of a collaborative intervention process for children with disabilities on parent-therapist interaction, parent empowerment, and child performance (Ph.D. thesis, Drexel University, Philadelphia). ProQuest Dissertations & Theses Global database. <https://www.proquest.com/docview/1834505941?pq-origsite=primo>
- An, M., Palisano, R. J., Yi, C. H., Chiarello, L. A., Dunst, C. J., & Gracely, E. J. (2019a). Effects of a collaborative intervention process on parent empowerment and child performance: A randomized controlled trial. *Physical & Occupational Therapy in Pediatrics*, 39(1), 1–15. <https://doi.org/10.1080/01942638.2017.1365324>
- An, M., Palisano, R. J., Yi, C. H., Chiarello, L. A., Dunst, C. J., & Gracely, E. J. (2019b). Effects of a collaborative intervention process on parent-therapist interaction: A randomized controlled trial. *Physical & Occupational Therapy in Pediatrics*, 39(3), 259–275. <https://doi.org/10.1080/01942638.2018.1496965>
- An, S.-J. L. (2014). Occupation-based family-centered therapy approach for young children with feeding problems in South Korea; a case study. *Occupational Therapy International*, 21, 33–41. <https://doi.org/10.1002/oti.1358>
- Aromataris, E., & Munn, Z. (Eds.) (2020). *JBI manual for evidence synthesis*. Joanna Briggs Institute (JBI). <https://synthesismanual.jbi.global>
- Barfoot, J., Meredith, P., Whittingham, K., & Kerley, L. (2023). Including a relationship-focus in paediatric occupational therapy interventions: Introducing the PAIR model. *Journal of Occupational Therapy, Schools & Early Intervention*, 1–17. <https://doi.org/10.1080/19411243.2023.2203416>
- Bazyk, S. (1989). Changes in attitudes and beliefs regarding parent participation and home programs: An update. *American Journal of Occupational Therapy*, 43(11), 723–728. <https://doi.org/10.5014/ajot.43.11.723>
- Berry, K., Jeon, Y. H., Foster, K., & Fraser, J. (2016). Extended parenting education in an early parenting Centre: A mixed-methods study. *Journal of Child Health Care: for Professionals Working with Children in the Hospital and Community*, 20(4), 446–455. <https://doi.org/10.1177/1367493515603827>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press eBooks. <http://ci.nii.ac.jp/ncid/BA0129742X>
- Bruder, M. B., & Dunst, C. J. (2015). Parental judgments of early childhood intervention personnel practices: Applying a consumer science perspective. *Topics in Early Childhood Special Education*, 34, 200–210. <https://doi.org/10.1177/0271121414522527>
- Caldwell, A. R., Skidmore, E. R., Terhorst, L., Raina, K. D., Rogers, J. C., Danford, C. A., & Bendixen, R. M. (2022). Promoting routines of exploration and play during mealtime: Estimated effects and identified barriers. *Occupational Therapy in Health Care*, 36(1), 46–62. <https://doi.org/10.1080/07380577.2021.1953205>

- Camden, C., Shikako-Thomas, K., Nguyen, T., Graham, E., Thomas, A., Sprung, J., Morris, C., & Russell, D. (2014). Engaging stakeholders in rehabilitation research: A scoping review of strategies used in partnerships and evaluation of impacts. *Disability and Rehabilitation*, 37(15), 1390–1400. <https://doi.org/10.3109/09638288.2014.963705>
- Campbell, P. H., & Sawyer, L. B. (2007). Supporting learning opportunities in natural settings through participation-based services. *Journal of Early Intervention*, 29(4), 287–305. <https://doi.org/10.1177/105381510702900402>
- Canadian Institutes for Health Research. (2012). *More about knowledge translation at CIHR*. Canadian Institutes of Health Research. <https://cihr-irsc.gc.ca/e/45321.html>
- Childress, D. C. (2017). Enhancing early interventionists' abilities to support caregiver learning through multi-component, technology-mediated inservice professional development. [Doctoral Dissertation, Old Dominion University, Ann Arbor]. ProQuest Dissertations & Theses Global database. <https://www.proquest.com/dissertations-theses/enhancing-early-interventionists-abilities/docview/1917682643/se-2?accountid=14649/>
- Clerke, T., Hopwood, N., Chavasse, F., Fowler, C., Lee, S., & Rogers, J. (2017). Using professional expertise in partnership with families. *Journal of Child Health Care*, 21(1), 74–84. <https://doi.org/10.1177/1367493516686202>
- Coyne, I. (2013). Families and health-care professionals' perspectives and expectations of family-centred care: Hidden expectations and unclear roles. *Health Expectations*, 18(5), 796–808. <https://doi.org/10.1111/hex.12104>
- Darrah, J., Wiart, L., Magill-Evans, J., Ray, L., & Andersen, J. (2010). Are family-centred principles, functional goal setting and transition planning evident in therapy services for children with cerebral palsy? *Child: Care, Health and Development*, 38(1), 41–47. <https://doi.org/10.1111/j.1365-2214.2010.01160.x>
- D'Arrigo, R., Copley, J., Poulsen, A. A., & Ziviani, J. (2020). Parent engagement and disengagement in paediatric settings: An occupational therapy perspective. *Disability and Rehabilitation*, 42(20), 2882–2893. <https://doi.org/10.1080/09638288.2019.1574913>
- Dempsey, I., & Keen, D. (2008). A review of processes and outcomes in family-centered Services for Children with a disability. *Topics in Early Childhood Special Education*, 28(1), 42–52. <https://doi.org/10.1177/0271121408316699>
- DePoy, E., & Gitlin, L. N. (2016). Chapter 18—Gathering information in naturalistic inquiry. In *Introduction to research* (Fifth ed.) (pp. 248–268). Elsevier Inc. <https://doi.org/10.1016/B978-0-323-26171-5.00018-5>
- Dunst, C. J. (2002). Family-centered practices: Birth through high school. *The Journal of Special Education*, 36(3), 141–149. <https://doi.org/10.1177/00224669020360030401>
- Dunst, C. J., Boyd, K., Trivette, C. M., & Hamby, D. W. (2002). Family-oriented program models and professional helping practices*. *Family Relations*, 51(3), 221–229. <https://doi.org/10.1111/j.1741-3729.2002.00221.x>
- Dunst, C. J., Raab, M., & Hamby, D. W. (2016). Interest-based everyday child language learning. *Revista De Logopedia, Foniatria Y Audiologia*, 36(4), 153–161. <https://doi.org/10.1016/j.rlfa.2016.07.003>
- Early Childhood Intervention Australia. (2016). *National guidelines—Best practice in early childhood intervention*. Early Childhood Intervention Australia Victoria. <https://www.eciavic.org.au/documents/item/1419>
- Egan, M., & Restall, G. (Eds.) (2022). *Promoting occupational participation: Collaborative relationship-focused occupational therapy* (1st ed.). CAOT/ACE. <https://caot.ca/client/product2/1160/item.html>
- Elenko, B. K. (2019). Preparing occupational therapists for effective family-centered best practice in early intervention. *Infants and Young Children*, 32(4), 270–279. <https://doi.org/10.1097/iyc.000000000000150>
- Espe-Sherwindt, M. (2008). Family-centred practice: Collaboration, competency and evidence. *Support for Learning*, 23(3), 136–143. <https://doi.org/10.1111/j.1467-9604.2008.00384.x>
- Fabrizi, S., & Hubbell, K. (2017). The role of occupational therapy in promoting playfulness, parent competence, and social participation in early childhood playgroups: A pretest posttest design. *Journal of Occupational Therapy, Schools & Early Intervention*, 10(4), 346–365. <https://doi.org/10.1080/19411243.2017.1359133>
- Fairbrother, G., Cashin, A., Mekki, T. E., Graham, I., & McCormack, B. (2015). Is it possible to bring the emancipatory practice development and evidence-based practice agendas together in nursing and midwifery? *International Practice Development Journal*, 5, 1–11. <https://doi.org/10.19043/ipdj.51.004>
- Fingerhut, P., Piro, J., Sutton, A. L., Campbell, R., Lewis, C., Lawji, D., & Martinez, N. (2013). Family-centered principles implemented in home-based, clinic-based, and school-based pediatric settings. *American Journal of Occupational Therapy*, 67(2), 228–235. <https://doi.org/10.5014/ajot.2013.006957>
- Foster, M., & Shields, L. (2020). Bridging the child and family centered care gap: Therapeutic conversations with children and families. *Comprehensive Child and Adolescent Nursing*, 43(2), 151–158. <https://doi.org/10.1080/24694193.2018.1559257>
- Foster, T. D., Decker, K. B., Vaterlaus, J. M., & Belleville, A. (2020). How early intervention practitioners describe family-centered practice: A collective broadening of the definition. *Child: Care, Health and Development*, 46(3), 268–274. <https://doi.org/10.1111/cch.12749>
- Freire, P. (1998). Pedagogy of Freedom: ethics, democracy, and civic courage. <http://catalogue.cdeacf.ca/Record.htm?record=19278408124910966809>
- Gibbs, D., Harniess, P., & Crossley, S. (2019). “The constant by our side”—Mothers' experiences of early intervention therapy services for infants with emerging signs of complex neurodevelopmental difficulties. *Infants and Young Children*, 32(4), 255–269. <https://doi.org/10.1097/iyc.000000000000149>
- Graham, F., Rodger, S., & Ziviani, J. (2009). Coaching parents to enable children's participation: An approach for working with parents and their children. *Australian Occupational Therapy Journal*, 56(1), 16–23. <https://doi.org/10.1111/j.1440-1630.2008.00736.x>
- Grajo, L. C., & Candler, C. (2016). An Occupation and Participation Approach to Reading Intervention (OPARI) part II: Pilot clinical application. *Journal of Occupational Therapy, Schools & Early Intervention*, 9(1), 86–98. <https://doi.org/10.1080/19411243.2016.1141083>

- Hanna, K., & Rodger, S. (2002). Towards family-centred practice in paediatric occupational therapy: A review of the literature on parent-therapist collaboration. *Australian Occupational Therapy Journal*, 49(1), 14–24. <https://doi.org/10.1046/j.0045-0766.2001.00273.x>
- Humbert, T. K., Cargill, E., Sanders, A., & Wood, C. (2021). Collaboration: Perspectives of occupational therapists on complex family-centered care and family participation. *Annals of International Occupational Therapy*, 4(2), 76–84. <https://doi.org/10.3928/24761222-20200811-01>
- Imms, C., Granlund, M., Wilson, P. H., Steenbergen, B., Rosenbaum, P. L., & Gordon, A. M. (2017). Participation, both a means and an end: A conceptual analysis of processes and outcomes in childhood disability. *Developmental Medicine and Child Neurology*, 59(1), 16–25. <https://doi.org/10.1111/dmcn.13237>
- Jaffe, L., & Cospers, S. (2014). Working with families. In J. Case-Smith & J. C. O'Brien (Eds.), *Occupational therapy for children and adolescents* (7th ed.) (pp. 129–162). Elsevier.
- Kaelin, V., Wallace, E., Werler, M. M., Collett, B. R., Rosenberg, J., & Khetani, M. (2021). Caregiver perspectives on school participation among students with craniofacial microsomia. *American Journal of Occupational Therapy*, 75(2), 1–10. <https://doi.org/10.5014/ajot.2021.041277>
- Kemp, P. M., & Turnbull, A. P. (2014). Coaching with parents in early intervention: An interdisciplinary research synthesis. *Infants & Young Children*, 27(4), 305–324. <https://doi.org/10.1097/IYC.0000000000000018>
- Knowles, M. S., Holton, E. F. III, & Swanson, R. A. (2005). *The adult learner: The definitive classic in adult education and human resource development* (6th ed.). Taylor & Francis Group.
- Knowles, M. S., Holton, E. F. III, & Swanson, R. A. (2015). *The adult learner: The definitive classic in adult education and human resource development* (8th ed.). Routledge.
- Kokorelias, K. M., Gignac, M. A. M., Naglie, G., & Cameron, J. I. (2019). Towards a universal model of family centered care: A scoping review. *BMC Health Services Research*, 19(1), 564. <https://doi.org/10.1186/s12913-019-4394-5>
- Lage, C. R. (2022). Towards the development of foundational concepts for collaborative practice with parents in occupational therapy for children. [Master's thesis, University of South Australia]. UniSA Repository. <https://hdl.handle.net/11541.2/33285>
- Lage, C. R., & Snider, J. (2022). Collaborative practices in early childhood intervention: The case for explicitly striving for maximal participation of families. *The Allied Health Scholar*, 3(2), 1–8. <https://doi.org/10.21913/TAHS.v3i2.1626>
- Lage, C. R., Wright, S. A., De Souza Monteiro, R. G., & Boshoff, K. (2022). Collaborative practices with parents and primary caregivers in pediatric occupational therapy: A scoping review protocol. *JBI Evidence Synthesis*, 20(6), 1593–1600. <https://doi.org/10.11124/jbies-21-00142>
- Lage, C. R., Wright, S., Monteiro, R. G. d. S., Aragao, L., & Boshoff, K. (2024). Collaborative practice with parents in occupational therapy for children: A scoping review. *Australian Occupational Therapy Journal*, 1–18. <https://doi.org/10.1111/1440-1630.12974>
- Lester, S. (2014). Professional competence standards and frameworks in the United Kingdom. *Assessment & Evaluation in Higher Education*, 39(1), 38–52. <https://doi.org/10.1080/02602938.2013.792106>
- Liamputtong, P. (2013). *Qualitative research methods* (fourth ed.). Oxford University Press.
- MacKean, G., Thurston, W. E., & Scott, C. (2005). Bridging the divide between families and health professionals' perspectives on family-centred care. *Health Expectations*, 8(1), 74–85. <https://doi.org/10.1111/j.1369-7625.2005.00319.x>
- Malfitano, A. P. S., & Sakellariou, D. (2019). Care and occupational therapy: What kind of care definition do we have? *Cadernos Brasileiros De Terapia Ocupacional*, 27, 681–685. <https://doi.org/10.4322/2526-8910.ctoarfl886>
- Mas, J. M., Dunst, C. J., Balcells-Balcells, A., García-Ventura, S., Giné, C. G., & Cañadas, M. (2019). Family-centered practices and the parental well-being of young children with disabilities and developmental delay. *Research in Developmental Disabilities*, 94, 103495. <https://doi.org/10.1016/j.ridd.2019.103495>
- McCarthy, E., & Guerin, S. (2021). Family-centred care in early intervention: A systematic review of the processes and outcomes of family-centred care and impacting factors. *Child: Care, Health and Development*, 48(1), 1–32. <https://doi.org/10.1111/cch.12901>
- Metzler, M. J., & Metz, G. A. (2010). Translating knowledge to practice: An occupational therapy perspective. *Australian Occupational Therapy Journal*, 57(6), 373–379. <https://doi.org/10.1111/j.1440-1630.2010.00873.x>
- Mezirow, J. (2000). Learning to think like an adult: Core concepts of transformation theory. In J. Mezirow, et al. (Eds.), *Learning as transformation: Critical perspectives on a theory in process* (pp. 3–33). Jossey-Bass.
- Morozini, M. (2015). Exploring the engagement of parents in the co-occupation of parent-child play: An occupational science's perspective. *International Journal of Prevention and Treatment*, 4, 11–28. <http://article.sapub.org/10.5923.s.ijpt.201501.02.html>
- Myers, C. T., Case-Smith, J., & Cason, J. (2014). Early Intervention. In J. Case-Smith & J. C. O'Brien (Eds.), *Occupational therapy for children and adolescents* (7th ed.) (pp. 636–663). Elsevier.
- Novak, I., & Honan, I. (2019). Effectiveness of paediatric occupational therapy for children with disabilities: A systematic review. *Australian Occupational Therapy Journal*, 66(3), 258–273. <https://doi.org/10.1111/1440-1630.12573>
- Occupational Therapy Australia. (2016). *Occupational therapy guide to good practice: Working with children*. Occupational Therapy Australia. <https://otaus.com.au/publicassets/e089c710-7c35-e911-a2c2-b75c2fd918c5/OTA%20Guide%20to%20Good%20Practice%20for%20Working%20With%20Children%202016.pdf>
- Olson, L. (2012). *Activity groups in family-centered treatment: Psychiatric occupational therapy approaches for parents and children*. Routledge.
- Pereira, I., & Seruya, F. M. (2021). Occupational therapists' perspectives on family-centered practices in early intervention. *The Open Journal of Occupational Therapy*, 9(3), 1–12. <https://doi.org/10.15453/2168-6408.1848>
- Peters, M. D. J., Godfrey, C., McInerney, P., Munn, Z., Trico, A., & Khalil, H. (2020). *Chapter 11: Scoping reviews*. JBI eBooks. <https://doi.org/10.46658/jbies-20-12>
- Piggot, J., Hocking, C., & Paterson, J. (2003). Parental adjustment to having a child with cerebral palsy and participation in home

- therapy programs. *Physical & Occupational Therapy in Pediatrics*, 23(4), 5–29. https://doi.org/10.1080/j006v23n04_02
- Porter, L. M., Lane, S. J., Demchick, B. B., Sweeney, J. K., Mullens, P. A., & Kearney, B. E. (2023). Parents as adult learners in occupational therapy for children with sensory challenges: A scoping review. *The American Journal of Occupational Therapy*, 77(1). <https://doi.org/10.5014/ajot.2023.050078>
- Raver-Lampman, S. A., & Childress, D. C. (2014). Collaboration and teamwork with families and professionals. In *Family-centered early intervention: Supporting infants and toddlers in natural environments*. Brookes Publishing. Retrieved from <https://brookespublishing.com/wp-content/uploads/2021/06/collaboration-and-teamwork-with-families.pdf>
- Riley, B., Hardesty, L., Butler, A., Kimmelman, A., Gardner, K., & Miceli, A. (2017). How do pediatric occupational therapists implement family-centered care? *American Journal of Occupational Therapy*, 71(4_Supplement_1), 7111505155p1. <https://doi.org/10.5014/ajot.2017.71S1-PO7068>
- Rodger, S., & Keen, D. (2010). *Child- and family-centred service provision* (pp. 45–74). Wiley-Blackwell eBooks. <https://doi.org/10.1002/9781444319699.ch3>
- Rudman, D. L. (2018). Occupational therapy and occupational science: Building critical and transformative alliances. *Cadernos Brasileiros De Terapia Ocupacional*, 26(1), 241–249. <https://doi.org/10.4322/2526-8910.ctoen1246>
- Sawyer, B. E., & Campbell, P. H. (2012). Early interventionists' perspectives on teaching caregivers. *Journal of Early Intervention*, 34(2), 104–124. <https://doi.org/10.1177/1053815112455363>
- Smith, K. A., & Samuels, A. (2021). A scoping review of parental roles in rehabilitation interventions for children with developmental delay, disability, or long-term health condition. *Research in Developmental Disabilities*, 111, 103887. <https://doi.org/10.1016/j.ridd.2021.103887>
- Srivastava, P., & Hopwood, N. (2009). A practical iterative framework for qualitative data analysis. *International Journal of Qualitative Methods*, 8(1), 76–84. <https://doi.org/10.1177/160940690900800107>
- Tomczuk, L., Stewart, R. E., Beidas, R. S., Mandell, D. S., & Pellecchia, M. (2021). Who gets coached? A qualitative inquiry into community clinicians' decisions to use caregiver coaching. *Autism*, 26(3), 575–585. <https://doi.org/10.1177/13623613211059499>
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., ... Straus, S. E. (2018). PRISMA Extension for Scoping Reviews (PRISMA-SCR): Checklist and explanation. *Annals of Internal Medicine*, 169(7), 467–473. <https://doi.org/10.7326/m18-0850>
- Trivette, C. M. (2005). DEC recommended practices: Family-based practices. *DEC Recommended Practices: A Comprehensive Guide for Practical Application in Early Intervention/Early Childhood Special Education*, 107–126. <https://works.bepress.com/carol-trivette/139/>
- Uniacke, S., Browne, T. K., & Shields, L. (2018). How should we understand family-centred care? *Journal of Child Health Care*, 22(3), 460–469. <https://doi.org/10.1177/1367493517753083>
- Watling, R., Benevides, T., & Robertson, S. M. (2023). Systematic review brief—Family-centered interventions for children on the autism spectrum (2013–2021). *American Journal of Occupational Therapy*, 77, 7710393210. <https://doi.org/10.5014/ajot.2023.77S10021>
- White, J. C., Smith, M. M., Lowman, D. K., Reidy, T. G., Murphy, S. M., & Lane, S. J. (2000). Parent support of feeding in the neonatal intensive care unit: Perspectives of parents and occupational therapists. *Physical & Occupational Therapy in Pediatrics*, 19(4), 111–126. https://doi.org/10.1080/J006v19n03_09
- Wicks, R., Paynter, J., & Adams, D. (2021). Exploring the predictors of family outcomes of early intervention for children on the autism spectrum: An Australian cohort study. *Journal of Early Intervention*, 43(1), 3–23. <https://doi.org/10.1177/1053815119883413>
- Wilding, C., & Whiteford, G. (2007). Occupation and occupational therapy: Knowledge paradigms and everyday practice. *Australian Occupational Therapy Journal*, 54(3), 185–193. <https://doi.org/10.1111/j.1440-1630.2006.00621.x>
- Wilkes-Gillan, S., Bundy, A., Cordier, R., & Lincoln, M. (2014). Eighteen-month follow-up of a play-based intervention to improve the social play skills of children with attention deficit hyperactivity disorder. *Australian Occupational Therapy Journal*, 61, 299–307. <https://doi.org/10.1111/1440-1630.12124>
- World Health Organization. (2007). *International Classification of Functioning, Disability and Health Children—Youth Version: ICF-CY*. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/43737/9789241547321_eng.pdf

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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