

# Collaborative practice with parents in occupational therapy for children: A scoping review

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## Abstract

**Introduction:** In childhood intervention, parent–therapist collaboration is central to the family-centred approach. Despite long-standing discussion in occupational therapy literature, the field faces challenges, including inconsistent terminology and difficulties in translating theory into practice. This paper represents the first part of a comprehensive scoping review study aimed at developing foundational concepts for collaborative practices with parents in occupational therapy for children. Therefore, this paper focusses on mapping existing practices, types, and approaches articulated in the literature.

**Methods:** We searched English-language sources published worldwide from 1998 to 2022 discussing collaborative practices with parents in occupational therapy for children aged 0–10 with any diagnosis, including multidisciplinary practices. Seven databases were searched. Data from peer-reviewed indexed literature, theses and dissertations, and book chapters were extracted and analysed through basic numerical and descriptive analyses before being synthesised into similar categories. The Joanna Briggs Institute Manual and the Preferred Reporting Items for Systematic reviews and Meta-Analysis—extension for Scoping Reviews were used.

**Results:** The scoping review yielded 299 papers. Parent–therapist collaboration was prominent in clinics, family homes, schools, and hospitals, particularly during therapy implementation, goal setting, and planning. Most reported practice types included ‘interventions with parent engagement’, ‘parent-directed interventions’, and ‘parent education’. ‘Family-centred’, ‘occupational-focussed’, and ‘client–therapist collaborative’ approaches were frequently mentioned. There were inconsistencies in the terms used to describe collaborative practice characteristics.

**Conclusion:** Over the past 24 years, the collaborative practice literature has expanded and evolved, with parent–therapist collaboration observed across various occupational therapy settings. Inconsistencies in this collaboration across different therapeutic stages were revealed, which could impact

intervention success and sustainability. Further research is needed to explore parent–therapist collaboration mechanisms within and across stages. This scoping review also underscores the need for a common framework to guide practice and research.

**PLAIN LANGUAGE SUMMARY:** This literature review explores how occupational therapists and parents work together in childhood intervention. Collaboration is essential for understanding and meeting children’s needs within their family and community settings. However, occupational therapists and parents face challenges in applying family-centred practices and using a common language to bridge theory with practice. To address these challenges, we examined 299 papers published between 1998 and 2022 to understand how collaborative practices with parents have been described in the literature. Our review revealed that therapists and parents collaborate across various settings, such as clinics, schools, homes, and hospitals, mainly during therapy sessions, goal setting, and planning interventions. Collaborative practices take different forms. For instance, therapists often encourage parents to actively engage and take the lead in therapy, requiring therapists to recognise and respect parents’ priorities and learning preferences. They often develop strategies together to support the child within family routines. While we found several studies on therapist–parent collaboration, the review outlined inconsistencies in how this practice was described and applied, which could affect its success. Therefore, more research is needed to understand the best ways in which collaboration can occur at each stage of therapy. The need for a core guideline for collaborative practice with parents in occupational therapy was also observed. While therapist–parent collaboration is used in occupational therapy for children, there is a clear need to minimise inconsistencies and gaps found in the literature, as well as to ensure a common language to promote intervention quality and success.

#### KEYWORDS

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

## 1 | INTRODUCTION

Occupational therapists provide occupation- and client-centred services consisting of health promotion, habitation, and rehabilitation for clients of all ages and abilities to promote their performance and participation in meaningful occupations (American Occupational Therapy Association [AOTA], 2020a, 2021). The implementation of best practices in occupational therapy requires practitioners to widen the scope of their intervention and meet concerns, needs, and priorities related to the ‘complex dynamics’ between clients and their caregivers, family, and community (AOTA, 2020a, p. S11). In childhood services, this comprehensive perspective aligns with the

### Key Points for Occupational Therapy

- As key to family-centred intervention, parent–therapist collaboration should occur across all therapeutic process stages.
- Occupational therapists from all settings should adopt collaborative practice to facilitate skill transfer to family routines.
- Occupational therapy requires a common collaborative practice framework for successful practice implementation and literature cohesion.

International Classification of Functioning, Disability and Health: Children and Youth version. The framework underscores the importance of enhancing participation and quality of life while considering the influence of environmental support and relationships, factors that play a role in predicting both obstacles and aids to functioning (World Health Organization [WHO], 2007).

A gradual shift from primarily supporting children to also focussing on parents has been observed in the research and practice of occupational therapy for children (Myers et al., 2014; Pereira & Seruya, 2021). In 1994, a perspective article pointed out that occupational therapists have traditionally overlooked the roles, concerns, and values of parents, with parenting not being thoroughly examined in the literature or extensively discussed by practitioners (Llewellyn, 1994). Over 20 years later, Hackett and Cook (2016) found that this pattern has endured, as occupational therapists expressed uncertainty about supporting parents with their occupational roles and goals, even though they recognised the significance of parenting. The authors noted that while these professionals saw their expertise as potentially valuable to families, there was a notable 'absence of discourse, guidelines, or training' (p. 43) to guide this process.

In the field of childhood intervention, many practitioners have traditionally followed the traditional medical model, characterised by biomechanical and reductionist principles that have demonstrated efficacy in treating a variety of illnesses and traumas (Ghaemi, 2015). Expert-driven practices frequently involve the assumption that patients are passive individuals who require ameliorating or curing through the expertise of an authoritative professional (Kielhofner, 2009; Otero et al., 2020). While occupational therapy does incorporate medical knowledge in specific practice areas, its philosophy and framework diverge notably from the traditional medical model, which encourages practitioners to gain awareness of the model's strengths and limitations when applying it into practice (Kielhofner, 2009).

The implementation of the family-centred approach (FCA) in occupational therapy services has been taking place in many countries around the world, for example, in Canada (Public Health Agency of Canada, 2023), the United States (AOTA, 2020b), the United Kingdom (UK; Millar et al., 2013), and Australia (Marchbank, 2017). The approach involves practices that acknowledge and empower families' capabilities and roles in caring for their children and achieving positive outcomes, enabling them to make informed decisions and collaborate effectively with practitioners (Dunst et al., 2002). Parent-therapist collaboration, a fundamental pillar of FCA in

childhood intervention (An et al., 2019; Dunst, 2002), is defined as the partnership between parents and practitioners in therapy to jointly make decisions, share insights, establish mutual goals, and find solutions to problems (Bagnato & Neisworth, 1999). When this approach is embraced in therapy, collaboration becomes a key element in designing care plans based on FCA principles. Services adopting collaborative practices have demonstrated a decrease in parental stress, depression, and negative co-parenting dynamics, thereby fostering children's development and promoting the psychological wellbeing of family members (Dunst & Trivette, 2009; Feinberg & Jones, 2018). In the context of occupational therapy, examples of such services encompass parent education, coaching, and home programs, which have shown efficacy in aiding parents to better comprehend their child's condition, implement therapy, build family resilience, and attain therapy goals (Clerke et al., 2017; Dunst & Trivette, 2009; Novak & Honan, 2019).

Despite promising evidence, the transition to and consolidation of the FCA in occupational therapy practice has become extensive and complex (Humbert et al., 2021; Stefánsdóttir & Egilson, 2016). Some authors attribute such barriers to the lack of consistency in definitions, language, and practical application of collaborative practice in accordance with the family-centred literature (Fingerhut et al., 2013; Kokorelias et al., 2019). Consequently, roles and responsibilities within childhood intervention services can remain ambiguous for both families and professionals (Coyne, 2013; Pereira & Seruya, 2021). Factors like preferences, experiences, expertise, and expectations of practitioners and parents, as well as disparate practices across disciplines, can also impede FCA implementation (Barrios-Fernandez, 2022; Restall & Egan, 2021). Developing clear principles and guidelines for integrating collaborative practices to enhance family engagement in interventions may help address implementation barriers. Incorporating family-centred 'principles and values of philosophical concepts' into childhood services has the potential to enhance the visibility and measurability of both services and family participation (Darrah et al., 2010, p. 45).

Although FCA has been discussed in the literature for decades, research on various dimensions of collaborative practice, such as characteristics and core concepts, remains sparse. Further research is essential for establishing clear occupational therapy guidelines to enhance parent-therapist collaboration and professional competence in childhood services. Therefore, this study aims to map existing literature to identify and characterise collaborative practices with parents in occupational therapy for children.

## 2 | METHODS

### 2.1 | Study design

A scoping review method was used in this study to map and inform existing evidence on clinical practices, setting the groundwork for future studies (Peters, Marnie, et al., 2020). The exploration of the landscape of evidence, understanding the diversity of concepts, and providing an overview of the field—referred to as ‘mapping’—aligns with the broader objectives of a scoping review, as outlined in the Joanna Briggs Institute (JBI) manual for evidence synthesis (Aromataris & Munn, 2020), which guided the process of this study to ensure the precision and rigour of the scoping review. A protocol for this scoping review was published (Lage et al., 2022), from which minor deviations were made. The guideline Preferred Reporting Items for Systematic reviews and Meta-Analysis—extension for Scoping Reviews (PRISMA-ScR; Tricco et al., 2018) was used to guide this scoping review reporting.

This paper originates from a master’s thesis (Lage, 2022), drawing upon the first half dataset of a broader scoping review. Accordingly, we designate this paper as the Part 1 paper, from which findings have been instrumental in establishing the foundation for describing collaborative practice with parents in occupational therapy with children. A detailed description of collaborative practice is presented in the Part 2 paper, which has been published elsewhere (Lage et al., 2024). This approach enables a more in-depth investigation of specific aspects within the broader scoping review, ensuring a comprehensive examination of the entire research conducted in the thesis.

### 2.2 | Positionality statement

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 author perspectives guided the research design and analysis process.

### 2.3 | Inclusion criteria

This research included studies published between January 1998 and October 2022. This date range was defined based on a literature review conducted by Hanna and Rodger (2002) on parent–therapist collaboration in

occupational therapy for children, which included sources dated prior to 1998. Thus, the idea was to provide continuity to this original review in a scoping review format. Quantitative, qualitative, and mixed-methods study designs, as well as opinion and narrative papers, were included. Systematic and scoping reviews considered relevant to this study were used as a source for backward citation searching. Subsequently, the title and abstract of all potentially relevant references were screened against the inclusion criteria before full text review. Theses, dissertations, and book chapters were included as grey literature sources, and only papers published in English were accepted as funding was not available for translation services.

This scoping review utilised the PCC (participants/concepts/context) framework (Peters, Godfrey, et al., 2020) to describe concepts relevant to the review questions and inform eligibility criteria. As outlined in the following paragraphs, the framework was used to determine which sources to include or exclude from this study.

#### 2.3.1 | Participants

This review focussed on parents and occupational therapists in services for children with any condition aged from birth to 10 years old. This age was based on the WHO (2021) definition of children, which comprises the age range between birth and 10 years of age. When the age of the studied population was not disclosed, the researchers looked for explicit evidence that the service was provided for children. Sources involving both children and adolescents were accepted. However, considering the possibility that increased independence in adolescence results in parenting style changes and requires a different therapy approach in working with parents, papers focussing only on adolescents were excluded. Furthermore, primary caregivers were considered to be the people who mostly provide the parent role in the child’s life, meeting their daily needs such as everyday routines and health appointments. Considering this, the term parents was employed to encompass both parents and primary caregivers.

#### 2.3.2 | Concept

Based on the literature used in the background of this study, the authors conceptually defined the term ‘collaborative practice’ 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'. Therefore, sources were only accepted if active participation was not limited to attendance at therapy; rather, it had to be evident that parents were engaged in discussions and had a two-way relationship with therapists. For example, to include a parent training study within this collaborative practice definition, the parents had to be given the opportunity to share their inputs and discuss how the learning can be tailored to meet their family's needs. Furthermore, papers in which parents participated in the completion of assessments, consultations, interviews, or surveys were only accepted when the focus was on collaborative practice, following our conceptual definition.

### 2.3.3 | Context

To grant findings suitable for a wide range of practice, service settings were kept purposefully broad, and sources from any area of occupational therapy for children were considered. Additionally, eligible sources were not limited to location. Regarding multidisciplinary sources, the paper was only considered if the occupational therapy role included parental involvement. Nonetheless, if no specific professional roles were defined, the paper needed to demonstrate that the whole team had implemented the collaborative practice. This could include, for example, a neonatal intensive care unit (NICU) practice guideline that contained general recommendations of collaborative practice for all disciplines without addressing the specificities of each discipline.

## 2.4 | Search strategy

The search approach aimed to identify sources published in indexed databases. Initially, a search was conducted in the MEDLINE database using Medical Subject Headings terms and keywords related to the research questions. The support of a librarian and an occupational therapy academic from the University of South Australia facilitated this trial search. Once the most suitable keywords and indexed terms were identified, a comprehensive search strategy was formulated, adapted, and tested across seven databases, including MEDLINE, PsycINFO, ERIC, Embase, OTseeker, Scopus, and ProQuest Central. To identify additional sources, the reference lists of relevant scoping and

systematic reviews were searched using the backward citation tracking method. In October 2022, a search update was conducted to update the scoping review findings. [Data S1](#) contains an exemplar of the search strategy used in this study.

## 2.5 | Data extraction, analysis, and synthesis

Studies found in the selected databases were imported into EndNote Version 20 (Clarivate Analytics, PA, USA), where initial duplicate removal was conducted. Once the search was completed in all databases, potential sources were exported into Covidence™ Systematic Review Software Version 2532 (Veritas Health Innovation, Melbourne, Australia). Then, four researchers independently reviewed the title and abstract of the sources, and duplicate entries were eliminated by the software and manually. Due to the extensive volume of data, full-text analysis required a fifth researcher. Any conflicts regarding study eligibility were resolved through consensus discussions among all reviewers. Details of the review process and search results are presented in the PRISMA-ScR flow diagram in [Figure 1](#), adhering to the PRISMA 2020 statement (Page et al., 2021).

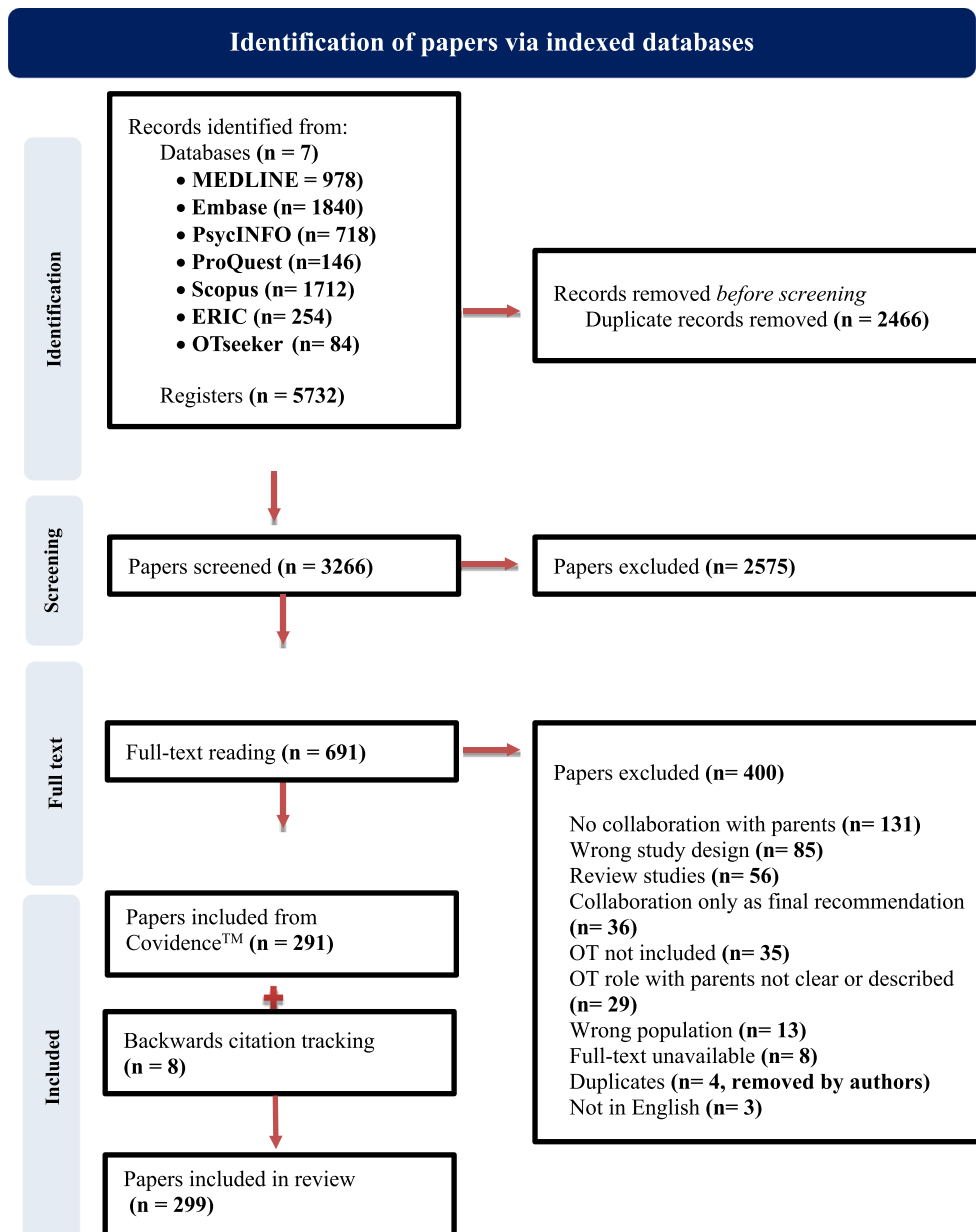
The final dataset was exported from Covidence™ into Microsoft Excel Spreadsheet, Version 16.47.1 (Microsoft Corporation, USA). A pilot charting of 10 sources was conducted by two researchers to assess the viability of the proposed data extraction format. Following refinements, three team members independently extracted and recorded three subsets of the dataset, and two other researchers independently performed a data check to ensure extraction process validity, consistency, and comprehensiveness. Based on the PCC framework and inclusion criteria, the final data extraction table included source details, collaborative practice *participants*, *context*, and *concept* ([Table 1](#)). Other aspects related to the collaborative practice *concept*, such as definition and components, are discussed in the Part 2 paper (reported elsewhere). Data from included sources underwent basic numerical and descriptive analyses before being grouped into similar categories (Peters, Godfrey, et al., 2020).

## 3 | RESULTS

As outlined in the PRISMA-ScR flow diagram ([Figure 1](#)), 5732 sources were initially identified from the selected databases. Following the removal of 2466 duplicates,



**FIGURE 1** Preferred Reporting Items for Systematic reviews and Meta-Analysis—extension for Scoping Reviews flow diagram.



3266 titles and abstracts were screened based on inclusion and exclusion criteria. Six hundred ninety-one sources were read in full to assess their relevance to the questions posed in the scoping review, of which 291 sources were included for data extraction. Using the backward citation tracking method, an additional eight sources were included for data extraction. Sources were excluded during the full text stage for several reasons, such as the absence of collaborative practice as per our conceptual definition or an unclear role for occupational therapists (Figure 1). A complete reference list with the accepted sources can be found in [Data S2](#). Additionally, an exemplar of the data extraction table used in this paper can be found in [Data S3](#).

### 3.1 | Collaborative practice general context

Sources included in this scoping review were published between January 1998 and October 2022, representing 24 years of research (Figure 2). On average, seven sources per year were published in the first half of the searched period, followed by 19 in the next half.

The included sources were published worldwide. Countries with a higher number of publications were the United States (n = 139), Australia (n = 53), Canada (n = 28), and the UK (n = 20). It is important to note that, although 299 sources were included in the scoping review, only 295 are shown in Figure 3, as four of them

were non-research papers written by authors from different countries (Bartlett et al., 2018; Camden & Silva, 2021; Chiarello & Jeffries, 2008; Gibbs et al., 2010).

This review primarily focussed on occupational therapy, but publications involving collaboration with other professionals were accepted. Physical therapists (PTs;  $n = 30$ ), speech and language therapists (SLTs;  $n = 15$ ), and teachers ( $n = 11$ ) were the most frequently mentioned professional partners. Some publications also involved students of occupational therapy ( $n = 4$ ), nursing ( $n = 1$ ), social work ( $n = 1$ ), and physical therapy ( $n = 1$ ). Among family members partnering with occupational therapists, parents or caregivers ( $n = 100$ ), families ( $n = 39$ ), and mothers ( $n = 40$ ) were the most commonly mentioned. Regarding children's health conditions, cerebral palsy (CP;  $n = 32$ ), autism spectrum disorder (ASD;  $n = 31$ ), and prematurity ( $n = 19$ ) were the most

reported. Table 2 shows the number of sources citing each participant group.

## 3.2 | Collaborative practice characteristics

### 3.2.1 | Collaborative practice types

Collaborative practice intervention types were mapped and categorised based on terms provided by authors and observed similarities. The six identified intervention types, illustrated in Figure 4, were found to share characteristics and collaborative methods, indicating that they are not mutually exclusive. While some sources opted for a single intervention type, others combined up to three to meet the specific needs of children and families. The most frequently mentioned intervention types included 'interventions with parent engagement' ( $n = 175$ ), 'parent-directed interventions' ( $n = 44$ ), 'parent-implemented interventions' ( $n = 30$ ), and 'parent education' ( $n = 27$ ). Conversely, there was comparatively less focus on 'parent-child interaction interventions' ( $n = 18$ ) and 'school-based interventions with parent engagement' ( $n = 14$ ). A summarised description of each intervention type is presented in Data S4.

### 3.2.2 | Collaborative practice approaches

In this scoping review, the term 'approach' encompasses theories, frameworks, frames of reference, and models underpinning the collaborative practices presented in the included sources. Data analysis revealed that 43 sources did not discuss any particular approach, compared with 256 sources that described one or more approaches to collaborative practice with parents (Figure 5). From the literature mapping, 17 general approaches were identified, with three being the most commonly mentioned: 'family-

TABLE 1 Scoping review data extraction chart.

Category	Data
Paper details	<ul style="list-style-type: none"> <li>• Authors/year</li> <li>• Title and aim</li> <li>• Design/type of paper</li> </ul>
Participants	<ul style="list-style-type: none"> <li>• Participants</li> </ul>
Context	<ul style="list-style-type: none"> <li>• Country</li> <li>• Occupational therapy setting</li> </ul>
Concept	<ul style="list-style-type: none"> <li>• Collaborative practice type (e.g., parent education and home programs)</li> <li>• Intervention stages: Intervention stages in which collaborative practice was carried out (e.g., goal setting and planning)</li> <li>• Approach: Types of approaches adopted by included papers, with the term 'approach' used as a general term to refer to approaches, frameworks, frames of reference, theories, and models implemented in included papers</li> </ul>

FIGURE 2 Number of published sources by year ( $n = 299$ ).

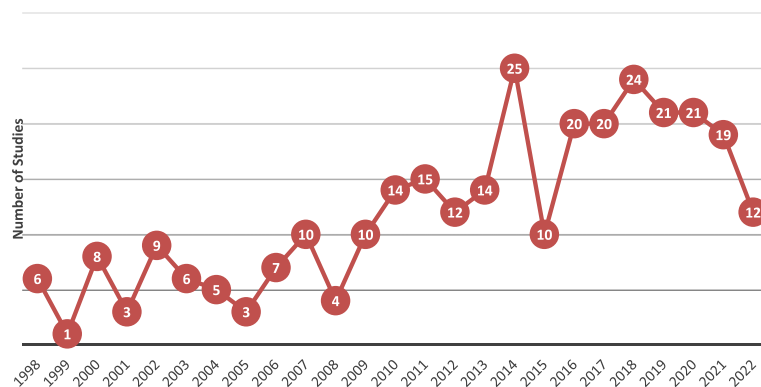






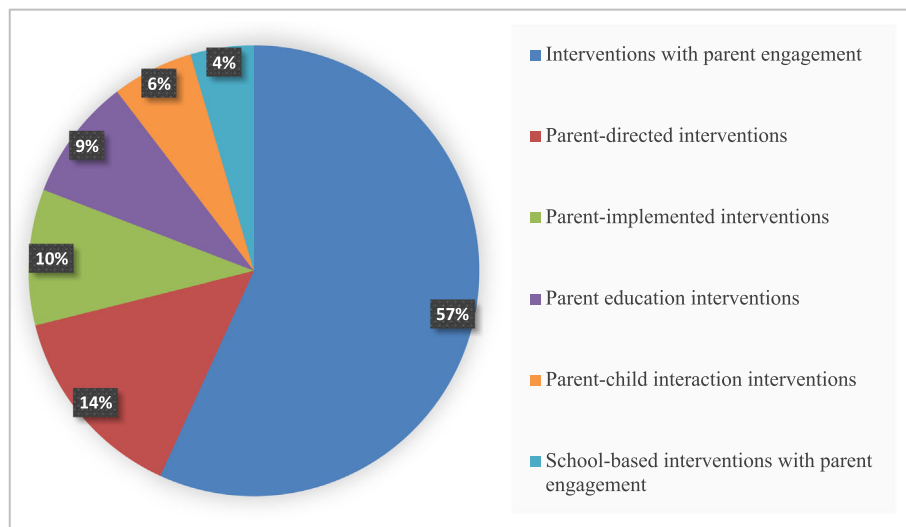
TABLE 2 Summary of participant characteristics by occurrence.

Participants	Characteristics	
Professional partners	Physical therapists (n = 30)	Service managers or coordinators (n = 4)
	Speech and language therapists (n = 16)	School principals (n = 3)
	Teachers (n = 11)	Social workers (n = 3)
	Allied health and early intervention practitioners (n = 11)	Mental health practitioners (n = 2)
	Nurses (n = 10)	Occupational therapy assistants (n = 1)
	Education and special education (n = 8)	Nutritionist (n = 1)
	Psychologists (n = 5)	Audiologist (n = 1)
	Paediatricians (n = 6)	Dietitians (n = 2)
	University students	Occupational therapy students (n = 4)
Nursing students (n = 1)		Physical therapy students (n = 1)
Family partners	Parents or caregivers (n = 100)	Fathers (n = 7)
	Families (n = 39)	Grandparents (n = 3)
	Mothers (n = 40)	
Children's health conditions	CP (n = 32)	Bladder issues (n = 1)
	ASD (n = 31)	Congenital Zika virus syndrome (n = 1)
	Prematurity (n = 19)	Domestic violence (n = 1)
	Developmental delay or at risk (n = 15)	Ehlers-Danlos syndrome (n = 1)
	Disability or special needs (n = 12)	Hearing impairment (n = 1)
	Attention deficit hyperactivity disorder (ADHD; n = 11)	Heart defect (n = 1)
	Developmental coordination disorder (DCD) or motor difficulties (n = 6)	Human immunodeficiency virus (n = 1)
	Sensory processing difficulties or disorders (n = 6)	Infantile spasm (n = 1)
	Constipation issues (n = 3)	Juvenile idiopathic arthritis (n = 1)
	Down syndrome (n = 2)	Mental health needs (n = 1)
	Feeding problems (n = 2)	Obesity (n = 1)
	Neurological condition (n = 2)	Pervasive developmental disorder (n = 1)
	Brain injury (n = 3)	Physical disability (n = 1)
	Trauma (n = 2)	Proteus syndrome (n = 1)
		Sickle cell disease (n = 1)
		Visual impairment (n = 1)
		Immigrant children (n = 1)

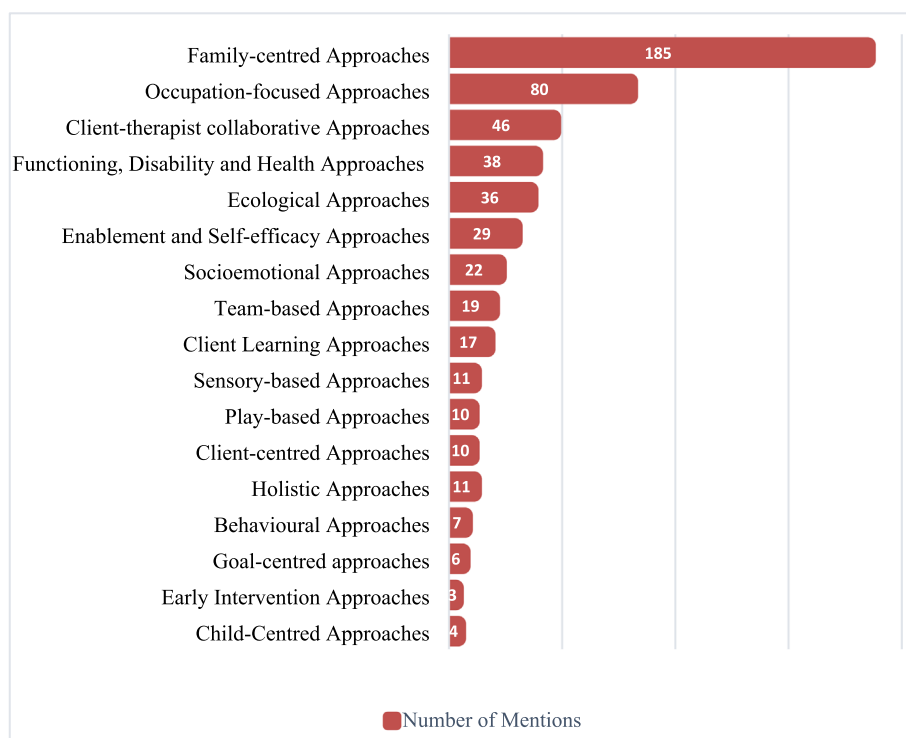
Abbreviations: ASD, autism spectrum disorder; CP, cerebral palsy.

interest in this topic. In the latest systematic review on the effectiveness of occupational therapy interventions for children with disabilities (Novak & Honan, 2019), most papers focussing on parent-implemented/directed interventions were published after 2010, demonstrating a similar trend. This finding supports the literature shift towards collaborating with parents, recognised as best practice (Jaffe & Cosper, 2014).

Several sources discussing parents' perspectives emphasised the significance of therapists assessing and fostering parental readiness for therapy engagement (e.g., Edney & McHugh, 2021; Kennedy et al., 2020). Such engagement is crucial, as parents are more likely to engage affectively, cognitively, and behaviourally when given the chance to contribute to therapy based on their needs and preferences (King et al., 2014, 2019). This



**FIGURE 4** Types of collaborative practices mentioned in the literature (n = 7).



**FIGURE 5** Approaches adopted in collaborative practices (n = 17).

assumption is supported by Phoenix and collaborators (2020), who found that parents expect various roles in therapy sessions, from active participation to observation. In general, parents anticipate learning ways to assist their children in applying therapy-learned skills within their natural environment (Phoenix et al., 2020). When parents exhibit disengagement, it becomes imperative to inform them of these possibilities, highlighting the significance of communication and information sharing between parents and therapists (Popova et al., 2022).

Scoping review findings indeed point towards an increasing trend of family members actively engaging in collaborative practices with occupational therapists, with

parents and grandparents frequently mentioned as family partners. In most sources, the gender of the parents was not specified. However, when gender information was provided, mothers were the most frequently mentioned family partners (e.g., Graham et al., 2015; Liao et al., 2014; Price & Miner, 2009). In some instances, fathers were actively involved (e.g., Casses, 2016; Egilson, 2011; Fabrizi, 2015). A recent literature review suggests that fathers are increasingly recognising the significance of their role in parenting and demonstrating greater involvement in their child's life (Yogman & Eppel, 2022). Nevertheless, recent data from the United States Census Bureau (2022) indicate that, in 2022 alone, 80% of the

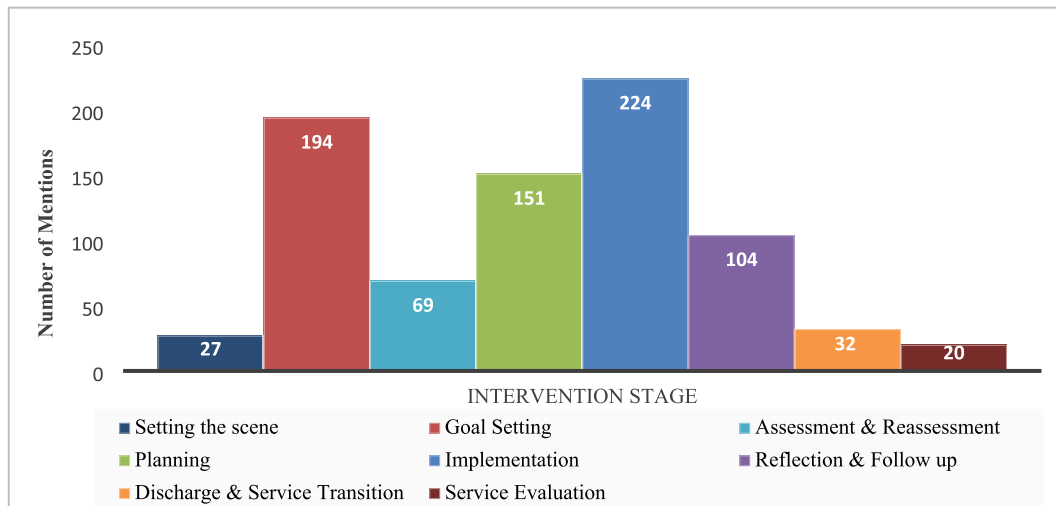


FIGURE 6 Stages of the therapeutic process mentioned in the literature (n = 8).

American homes with single parents were cared for by a mother. Additionally, only 1% of opposite-sex married couples were composed of stay-at-home fathers, indicating the enduring prevalence of mothers in households. In view of the need to recognise the diverse family structures and individual circumstances that influence parental engagement in collaborative practices with occupational therapists, understanding these nuanced differences seems to be vital for informing therapeutic practices and acknowledging the distinct contributions of all parents to children's development.

The mapping of intervention types uncovered a wide breadth of collaborative practice, elucidating both the common features and unique characteristics of interventions employed by occupational therapists to foster collaborative practice with parents. While some sources exclusively focussed on a single collaborative practice type, exemplified by parent education programs like My Social Toolbox, which facilitates group education sessions for parents (Willis, 2016), other sources integrated multiple types. An (2013), for instance, explored a case study addressing the co-occupation of feeding through parent-child interaction, parent education, and parent-implemented interventions. Regardless of the type, interventions seek to promote parent agency, self-efficacy, and parenting skills by encouraging parents to share experiences and deepen their understanding of their child's experiences and conditions (Miyajima et al., 2017). The concept of agency, defined as a 'feeling of control over actions and their consequences', underscores the importance of empowering parents in health services (Moore, 2016). Recognising the growing acknowledgment of parental empowerment and agency in occupational therapy literature, this review highlights the evolving role

of parents in child interventions (Olarte-Sierra et al., 2020; Ortner, 2006).

The majority of the included sources delved into the approaches employed in implementing collaborative practices. Overall, the literature showcased versatility in adopting overarching concepts from coaching, occupation-focussed, and ecological approaches to client-specific concepts like skills-focussed, sensory-based, and play-focussed approaches. Several unique occupational therapy concepts were identified in addition to occupation-focussed approaches, such as the consultation model for school-based occupational therapy (Tomasello, 2007), the Kawa model (Simpson, 2019), the sensory integration frame of reference (Szklut, 2014), Bundy's model of playfulness (Fabrizi, 2015), and others (see Figure 5). Notably, multiple sources acknowledged or adopted a combination of these diverse approaches. As explained by Ashburner et al. (2014), the nature of occupational therapy, centred on enhancing occupational participation, may require practitioners to utilise multiple approaches in supporting their clients. Approaches are influenced by a variety of factors, such as socio-economic status and context. The success of an intervention that emphasises client empowerment and occupational engagement does not rely only on the use of a particular approach but also on the provider's understanding of how this approach contributes to these outcomes (Allen et al., 2021; Taylor, 2008). Reynolds et al. (2017) highlighted that occupational therapists possess the proficiency and evidence to employ diverse perspectives in their clinical reasoning to promote family and child outcomes.

As anticipated, FCA is the most widely used approach in collaborative practice in occupational therapy for

children, followed by occupation-focussed and client-therapist collaborative approaches. Since 2010, a growing body of collaborative practice literature has been published in occupational therapy, which coincides with Rodger's (2010) recommendations for practitioners to adopt more contextual practices emphasising children's and families' occupations and roles. Accordingly, the Occupational Therapy Practice Framework: Domain and Process (AOTA, 2020a) suggests the use of family/client-centred and occupation-based approaches to support client goals in occupational performance and participation. According to the findings of this scoping review, the literature demonstrates progress in meeting family needs through a variety of approaches, reducing the reliance on expert-led interventions. A potential significant drawback uncovered in this review stemming from the multitude of approaches is the resultant divergence in terminology, as each general approach contains numerous terms for comparable theories, frames of reference, frameworks, approaches, and models. The same variability was found across the findings in the terms used to describe collaborative practice and how this practice is implemented. This is consistent with past research indicating that inconsistencies in terminology and literature pose an ongoing challenge for therapists and families in connecting theory and practice in FCA (Bamm & Rosenbaum, 2008; Darrach et al., 2010).

In occupational therapy for children, collaborative practices with parents are often adopted in a variety of settings. Over a third of the sources included interventions in children's natural environments, such as their homes, schools, and communities (e.g., Ashburner et al., 2014; Dent, 2014; Moore, 2016). According to Hanft and Pilkington (2000), collaborative practice with parents in natural environments is the 'key to providing quality family-centred care versus establishing a clinical model within a child's home or childcare setting' (p. 2). Moore et al. (2012) extend this perspective by proposing that natural environments encompass more than just physical spaces but also how parents and therapists collaborate and integrate interventions into practical strategies within the family's routine. Working in and impacting the natural environment is in line with the Australian National Guidelines for EI (Early Childhood Intervention Australia, 2016). Such settings afford children and families opportunities to learn, practise daily living skills, and cultivate a sense of involvement and belonging. This review indicates that occupational therapy for children is progressing in line with recommended best practice.

This review unveils distinct stages of the collaborative practice process, with some specific stages well represented in the literature and others underrepresented.

Some sources discuss parent-therapist collaboration across most stages, including some underrepresented ones such as 'setting the scene', 'assessment and reassessment', 'reflection and follow up', 'discharge', and 'service evaluation' (e.g., Copeland & Simons, 2006; Jansen et al., 2014). A marked emphasis is placed on parent-therapist collaboration during 'goal setting', 'planning', and 'therapy implementation'. The initial stage in the collaborative practice process, often described in the literature as 'setting the scene', plays a crucial role in establishing parent-therapist-child relationships and collaboration, yet literature exploration of this stage is limited. 'Setting the scene' encompasses sharing service principles and purpose with the family as well as mutually exploring intervention expectations, priorities, and needs (e.g., Jansen et al., 2014; Pizur-Barnekow, 2011). The literature showed that fostering informed, meaningful interactions with families cultivates robust partnerships, nurturing an environment conducive to mutual learning and growth (e.g., Copeland & Simons, 2006; Simpson, 2019).

Ballantyne et al. (2020) and Vergara et al. (2006) advocate for family involvement during the therapy stage of 'discharge'. They suggest that planning the child's discharge with the family builds their resilience and confidence in service transitions. Furthermore, the literature emphasises 'service evaluation' as an important therapy stage to continuously gauge parental satisfaction, effectiveness, and collaboration quality (e.g., Moore et al., 2012; Palisano et al., 2004). These findings underscore the need to highlight therapists' distinct responsibility for enhancing clients' occupational performance and participation throughout the whole intervention process as a supported and consistent theme in occupational therapy literature (Rodger & Kennedy-Behr, 2017). Promoting parental engagement via collaborative practice aligns with advocating for clients and holds potential to shape policies and practices that mitigate barriers in local and global communities (Rodger, 2010).

#### 4.1 | Implications for occupational therapy practice

The following recommendations are made for occupational therapists based on the findings of this study:

- The use of collaborative practice with parents in occupational therapy for children is recommended to empower parents and children for optimal daily occupational performance. As suggested in a recent systematic review of best available intervention evidence for children with disabilities, 'parent partnership within

occupational therapist intervention is effective and worthwhile' (Novak & Honan, 2019, p. 265).

- Occupational therapists are encouraged to promote parents' engagement in each stage of the intervention process, including 'setting the scene', 'assessment and reassessment', 'goal setting', 'planning', 'therapy implementation', 'reflection and follow up', 'discharge', and 'service evaluation'.
- Occupational therapists are encouraged to continue developing their collaboration skills through education, ongoing reflection, study groups, and inter-professional discussions.
- Many countries have recognised collaborative practice as best practice and created national frameworks to guide professionals and ensure families receive high-quality care. It is strongly recommended that collaborative practice be incorporated into occupational therapy guidelines and addressed in government policies, research, and continued professional development.

## 4.2 | Limitations

This scoping review confirmed the long-standing issue of terminology inconsistency regarding the characterisation of collaborative practice. Some variation is expected in the literature depending on the context of publication, topic evolution, language, definitions, concepts, and synonyms adopted, and philosophy used (Figueiredo et al., 2020; Mroz et al., 2015). Nevertheless, the persistent variation and lack of clear definitions for important occupational therapy concepts have been recognised as an ongoing challenge as they may affect how occupational therapists adopt the appropriate intervention model and how these models are understood and implemented (Figueiredo et al., 2020; Fisher, 2013; Magalhães, 2013). Given the lack of consolidated terminology for the characteristics of collaborative practice, a continuous refinement of core concepts is advised to move towards more cohesive and relevant evidence and practice in the field (Kyler, 2008; Mroz et al., 2015). It is also recommended that a consistent use of terms in describing collaborative practice between parents and therapists be achieved through the development of a valid description of collaborative practice.

As only English-language publications were considered in this scoping review, practices described in other languages were not considered. As a result, the findings do not adequately represent contributions from several countries across the world and may not capture collaborative practice characteristics that accurately reflect broader occupational therapy norms. Relatedly, findings

were predominantly drawn from literature in Global North countries. Therefore, future research is encouraged to explore potential disparities in the understanding and description of collaborative practice across diverse languages, cultures, and countries. A comparative analysis may shed light on variations influenced by different factors, such as service models and structures, contributing to a more comprehensive understanding of collaborative practice with parents in occupational therapy for children.

While the primary aim of this paper was to identify and characterise collaborative practice using a scoping review design, we did not conduct an analysis of the types of included sources, despite collecting the relevant data. This decision was influenced by feasibility constraints arising from the extensive dataset breadth and the limited time available for project completion. Despite this acknowledged limitation, the dataset's availability presents an opportunity for future studies to delve deeper into the types and designs of the included literature. It is noteworthy that 'scoping reviews do not aim to produce a critically appraised and synthesised result/answer to a particular question, and rather aim to provide an overview or map of the evidence' (Munn et al., 2018, p. 3). Considering this, a further understanding of the evidence base of collaborative practice may not only inform researchers, practitioners, and policymakers but also catalyse a heightened interest in advancing the field.

## 5 | CONCLUSION

To our knowledge, this is the first scoping review mapping and synthesising collaborative practices with parents in occupational therapy for children since the last literature review was published (Hanna & Rodger, 2002). This study offers a foundational contribution to both occupational therapy literature and practice, laying the groundwork for future advancements in the field.

Mapping of the approaches adopted in collaborative practices with parents in occupational therapy for children indicates that the profession is generally in line with FCA literature. In addition, the literature revealed distinct occupational therapy approaches incorporated in collaborative practice to promote the participation and occupational performance of families. Such findings support the profession's progression from expert-led practices to parent-therapist collaborative practices in childhood interventions. The literature elucidates interventions wherein parents and therapists share therapeutic responsibilities, exchange expertise, and mutually engage in interventions. Ultimately, these actions foster increased autonomy for both families and children.



Finally, this scoping review supports previous evidence regarding the significant variability in the terminology used to describe collaborative practice approaches and types, highlighting the need for a common framework to guide practice and research on this topic. Moreover, parent–therapist collaboration is inconsistent across identified stages of the therapeutic process, which may influence intervention effectiveness and sustainability. Future research is needed to explore mechanisms of parent–therapist collaboration within and/or across stages of the intervention process.

### 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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## SUPPORTING INFORMATION

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

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