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Supporting parents with disability and other challenges through occupational therapy: What is needed?

Anne Honey[1] | Fidaa Almomani[2] | Yu-Wei Ryan Chen[1] | Yvonne Codd[3] | Junghun A. J. Kim[4] | Masafumi Kunishige[5] | Rodolfo Morrison[6] | Veronica O. Mara[1] | Jessica Peterson[7] | Evelina Pituch[8] | John V. Rider[9] | Muhammad Hibatullah Romli[10] | Deena Rozen[11] | Rachel Sabbah[11] | Hassan I. Sarsak[12] | Elaine Saunders[13] | So Sin Sim[14] | Hwei Lan Tan[14] | Wing Tung Wong[1] | Farahiyah Wan Yunus[15] | Margaret McGrath[1,16]

Correspondence
Anne Honey, Sydney School of Heatlh Sciences, Faculty of Medicine and Health, University of Sydney, Susan Wakil Health Building, Western Avenue, Camperdown, NSW 2050, Australia.
Email: anne.honey@sydney.edu.au

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Abstract

Introduction: Parenting is a highly valued and challenging occupational role in which many parents experience challenges. Yet the involvement of occupational therapy in supporting parenting for adults with disability and other challenges is relatively low. This paper explores what is needed to increase occupational therapy support for parents with disability and other challenges.

Methods: An international online survey was developed based on previous literature and refined via cognitive interviews. It was reviewed by international occupational therapy academics from 11 countries and translated into eight languages. The survey sought the experiences and views of occupational therapists who work with adult populations about supporting parenting occupations. For this paper, fixed-choice and free-text responses illuminating what is needed to increase the provision of that support were analysed. A mixed methods design was used, combining descriptive statistics and interpretive content analysis. Multivariate multinominal logistic regression analyses were used to assess associations between needs identified and participant and practice characteristics.

Consumer and Community Involvement: This survey and paper were developed with input from occupational therapists and occupational therapy academics from 13 countries.

Results: Participants (n = 1347) identified six types of factors needed to increase occupational therapy support for parenting occupations in adult populations. These were supportive institutional structures; training, resources and assessments; and recognition of occupational therapists' suitability to

For affiliations refer to page 13

support parenting both within and outside the profession. Responses varied somewhat by country, setting, population, previous training and clinical experience.

Conclusion: Increasing occupational therapy support for parents with a variety of disabilities and other challenges requires efforts from individual occupational therapists, professional bodies, organisations and educators.

PLAIN LANGUAGE SUMMARY

Many occupational therapists work with parents but do not support them with parenting. We did a survey and asked them what they needed to support parents better. They said that they needed support from the organisations they worked for. They also needed more training, more resources and assessments to use that focus on parenting. They said that more awareness was needed that helping parents is part of a therapist's job. We checked to see if different groups saw different needs. The differences were not very big. Those who worked in different countries and with different parents sometimes needed different things. How much training and experience they had also sometimes made a difference.

KEYWORDS

adult occupational therapy, child-care occupations, emerging practice, family-centred practice, fathers, mothers, parenting, parents, services

1 | INTRODUCTION

Parenting is a valued occupational role that many people find challenging. Parents with disability and other challenges may experience specific complexities in performing their parenting roles. For example, those with physical disability have reported challenges with lifting, carrying, bathing, dressing, feeding and preparing meals for their children as well as participating with them in family and community activities (Bergeron et al., 2012; Honey et al., 2024; Wint et al., 2016). Parents living with mental health challenges have described experiencing difficulty balancing the demands of parenting with their recovery needs (Awram et al., 2017; Harries et al., 2023; Tjoflat & Ramvi, 2013). Parents with intellectual disabilities may need support with diverse tasks including: concrete childcare tasks like feeding, bathing and washing clothes; 'child raising' activities like playing, setting boundaries and helping with homework; and related tasks like financial management (Koolen et al., 2020). Parents living with and beyond cancer have described needs around managing role change and role loss, explaining their situation to their children and performing practical parenting tasks (Newman et al., 2023).

It is well documented that parents with disability and other challenges often lack support to manage the challenges of mothering and fathering and desire additional assistance. For example, a systematic review of the parenting experiences of people with severe mental illness identified that parents 'largely reported feeling alone without the support of systems around them' (Harries et al., 2023, p. 334). Similarly, in a scoping review of the parenting needs of parents with a physical disability and cognitive impairments, it was noted that many parents wanted, but were unable to access, adaptive baby care equipment and

Key Points for Occupational Therapy

- Occupational therapists believe that supporting parenting is within their scope of practice and should be increased.
- To optimise support for parents with disability and other challenges, occupational therapists need supportive institutional structures; training, resources and assessments; and greater recognition of their suitability to support parenting, both within and outside the profession.
- Occupational therapists can take a unique parent-centric approach by focusing on supporting parents with disability and other challenges with the occupations they need and want to do within their parenting roles.

information about adaptive parenting techniques (Pituch et al., 2022).

Occupational therapy has the potential to provide this needed support. Occupational therapists across the globe work with adults with a wide variety of disabilities and other challenges, many of whom are likely to be parents. For example, in Australia, evidence suggests that more than half of people with disability within the 35- to 44-year age bracket are parenting (Australian Institute of Health and Welfare, 2024) and 15% of children 0–14 live with a parent with disability (Australian Institute of Health and Welfare, 2022). Occupational therapists can facilitate skills development, compensatory strategies and environmental modifications to support parenting (American Occupational Therapy Association, 2020; Canadian Association for Occupational Therapy, 2024) and the holistic, occupational focus and occupational justice values of occupational therapy align well with supporting and advocating for the rights of parents (Lim et al., 2022). Parenting is within occupational therapy's scope of practice (American Occupational Therapy Association, 2020; Canadian Association for Occupational Therapy, 2024) and people with disability themselves have expressed a need for occupational therapy support for parenting (Honey et al., 2024; Pituch et al., 2023).

However, evidence suggests that the potential of occupational therapy to support parenting for adults with disability and other challenges is not being fulfilled. Although there is a great deal of research and expertise in occupational therapy about parenting, it is concentrated in the specialty of paediatrics, where occupational therapists support parents to parent children who have disability or other specific needs (Bourke-Taylor, 2017; Leo et al., 2025). Thus, as the primary service recipient, the child's needs and occupations are the focus, rather than those of the parent. In our recent international survey of 1357 occupational therapists who work primarily with adults, we found that only 34% (n = 465) frequently or very frequently worked with parents on their parenting occupations and 25% (n = 344) did so rarely or never (McGrath et al., 2025). This finding supported previous small-scale studies which found that many occupational therapists did not address parenting for parents with mental health conditions even though they could identify parenting needs (Hackett & Cook, 2016) and that less than half of parents with physical disabilities who saw an occupational therapist received support with parenting (Honey et al., 2024).

If occupational therapists are to fulfil their potential to support parenting, an understanding is required about what needs to change to allow this to happen in adult practice contexts. To our knowledge, only one study to date (Lampe et al., 2019) has included an examination of barriers preventing or limiting occupational therapists from providing services to support parenting for adults with disability and other challenges. This US study examined fixed-choice responses of 51 occupational therapists working in the adult physical disability field. Most respondents reported barriers with lack of equipment, lack of knowledge and reimbursement practices, but a minority also raised issues with institutional, state and professional policies (Lampe et al., 2019). Further, between 48% and 66% of occupational therapists reported an urgent or moderate need for more resources and information relating to adaptive equipment, childcare techniques, intervention plans and evaluation.

Occupational therapists working in different parts of the world may experience different barriers and issues due to systemic factors, varying scope of occupational therapy (Loh et al., 2021), and cultural differences in parenting roles and expectations (Lansford, 2022). Other factors, such as occupational therapists' practice settings, their levels of training or experience and the specific populations they work with may also be influential. In this paper, we build on Lampe et al.'s findings by (a) implementing a large international survey of occupational therapists who work with adults with disability and other challenges; (b) collecting both fixed-choice and free-text data to gain additional detail and breadth of views; and (c) examining a range of factors that may influence occupational therapists' perceptions. We address the following research questions:

1. What do occupational therapists see as being needed to increase occupational therapy involvement in parenting for parents with disabilities and other challenges?
2. What practice characteristics are associated with occupational therapists' perceptions of what is needed?

2 | METHOD

2.1 | Study design

This cross-sectional survey collected both quantitative and qualitative data from a convenience sample of occupational therapists internationally. The study received approval from the Human Research Ethics Committee at The University of Sydney (Protocol #2022_898). While we report the levels and types of occupational therapists' involvement in supporting parenting in detail in another paper (McGrath et al., 2025), this paper uses a mixed methods design to focus on what respondents believed was needed to increase that involvement.

2.2 | Positionality

The authors are occupational therapy academics and clinicians from throughout the world, whose work involves

the practice and research of supporting parenting. The group was brought together by Authors 1 and 21, who initiated the collaboration and this study after working together on a scoping review of how parenting is conceptualised in occupational therapy literature (Lim et al., 2022). Conducting the review had highlighted the gaps in research and practice with regard to supporting parenting as an adult occupation and the need to understand occupational therapists' current involvement and attitudes in this area. The group consists of 6 paediatric and 15 adult occupational therapists from 13 countries in diverse regions including Oceania, North-East and South-East Asia, North and South America, Europe and the Middle East. Members were known to Authors 1 and 21 through previous contact or knowledge of their related work. Authors came to this study with a view to understanding and thence promoting occupational therapy support for parenting for adults with disability or other challenges.

2.3 | Participants and recruitment

Participants were occupational therapists who were working or had worked in the last 5 years with adults aged 16–64 as primary clients (i.e., not as parents of child clients). Participants were recruited through emails, social media and newsletters from occupational therapy organisations, direct social media posts and requests to the research team's professional networks to distribute the survey in the form of an open link. Participants were provided with a participant information sheet detailing all relevant information about the study and acknowledged that they had read this and consented to be part of the study before accessing the survey. Participation in the study was voluntary. Potential participants were offered the opportunity to receive a short summary of the results. No other incentives were offered.

2.4 | Data collection

Data were collected from April to December 2023 using an anonymous online survey hosted by REDCap on the University of Sydney server. The survey included a range of questions relating to occupational therapists' involvement with parenting occupations. It was developed based on previous literature (e.g., Hackett & Cook, 2016; Lampe et al., 2019) and refined via cognitive interviews with six occupational therapists (Collins, 2016; Drennan, 2003) and detailed review by occupational therapy academics from 11 countries. It was then translated from English into eight languages via forward and backward translation (Acquadro et al., 2008). The survey was configured to allow completion with a computer or mobile device. It was completed on a single page with 45–103 items, depending on branching logic. The design, testing and translation of the questionnaire are further detailed in McGrath et al. (2025) and in Data S1. To answer the current research questions, we used data from seven questions. The primary analysis is from one fixed-choice question and three free-text questions.

The fixed-choice question was: Which of the following has prevented or reduced your involvement in addressing or exploring parenting occupations with parents you worked with? (Please mark all that apply). Options were

- It is not part of my position description;
- parenting is not part of the referral;
- I do not see it as part of my role;
- Lack of institutional/management support for addressing parenting;
- I do not have time to address parenting;
- I do not have enough knowledge or training to address parenting adequately;
- I believe that parenting is best addressed by someone else with more specialised training;
- My clients do not have parenting issues; lack of parenting assessments;
- Lack of resources for occupational therapy interventions (e.g., programs, adaptive equipment); other barriers; and
- Not applicable.

Free-text items were

1. Please further describe anything that has prevented or reduced your involvement in parenting assessment and/or support
2. What do you think is needed for occupational therapists to better support parenting for their clients?
3. Is there anything else that you would like to tell us about your involvement with supporting parenting or the overall profile of occupational therapy in supporting parenting?

To provide additional context, we also report data from three other fixed-choice questions, which asked occupational therapists whether they believed that parenting was within the occupational therapy scope of practice, what they thought about the involvement and profile of occupational therapy in supporting parenting and whether they thought that their occupational therapy qualifying degree provided them with sufficient skills to confidently address

parenting. The full list of questions, including those not reported here, are available in Data S2.

2.5 | Data analysis

Frequencies were calculated for the fixed-choice questions. Qualitative data were analysed using interpretive content analysis (ICA, Drisko & Maschi, 2015). Answers to free-text questions were translated into English if required, then coded inductively. The qualitative data analysis software NVivo 12 was used to manage coding.

Step 1: The first stage of ICA is to inductively code the data. This was done by Author 1, who has extensive experience in this method, using constant comparative analysis. While this coding method is usually associated with Grounded Theory (Charmaz, 2014), it is a well-established coding method also suitable for ICA (Yeung et al., 2020). Because free-text question 1 related to personal barriers to addressing parenting, whereas free-text question 2 requested ideas about what was needed to promote support for parenting within the occupational therapy profession more broadly, these responses were coded separately to sets of codes labelled 'personal' and 'broad', respectively. Responses to free-text question 3 were coded to either group if they described personal barriers or wider needs, respectively.

The analyst examined each response and identified all concepts within it that related to personal barriers or broader needs, each of which became an initial code. New data were compared with existing codes and added to those codes if appropriate, or a new code was developed. Codes were then compared to each other for underlying similarities and grouped or merged for a parsimonious coding structure. When all data were coded, the codes relating to personal and broad needs were compared to identify similarities and parallel concepts.

Step 2: The second stage of ICA involved re-examining the data to ensure that all data were coded to all relevant codes, then calculating the number of individuals whose data contributed to each code.

Step 3: The findings from this analysis of the free-text questions were then examined in relation to the findings from the fixed-choice question to synthesise the findings of all four need-related questions into overarching cohesive categories. Six such categories were identified.

Step 4: Each participant was then coded as having identified or not identified one or more needs in each category (through the fixed-choice question or any of the free-text responses) and totals for each category were calculated.

Multivariate multinominal logistic regression analyses were used to assess associations between occupational therapists' characteristics and the likelihood of identifying a need for change in each of the six categories. This method allows us to understand the association between multiple categorical variables (Milan & Militký, 2011). This was conducted using SPSS. Our independent variables of interest were participants' country of practice (>30 participants only), the populations they worked with, working in a rural/remote practice context, working in a hospital, years of working as an occupational therapist, and having previous training in occupational therapy for parenting. Adjusted ORs with 95% CIs were calculated.

3 | FINDINGS

Of 1357 viable questionnaire responses, 10 respondents discontinued the survey prior to the target questions, leaving a sample of 1347 respondents from 42 countries. All 1347 respondents responded to at least one of the four primary questions. Of these, 1201 respondents (89%) responded to the fixed choice question asking them to select factors that had prevented or reduced their involvement in parenting support. A total of 1168 respondents (87%) responded to at least one free-text question: 461 (34%) further described anything that had prevented or reduced their involvement with parenting; 959 (71.2%) listed at least one factor in response to the question about what was needed for occupational therapists more generally to support their clients with parenting; and 171 (12.7%) responded to the question asking if they would like to tell us anything else with a response that indicated either a personal or broader need.

Participants' characteristics are presented in Table 1. A total of 1294 participants (95%) worked with people with disability, including chronic health conditions (United Nations, 2006). The remainder worked with parents with other challenges including in areas such as the transition to parenthood, palliative care, surgical care, or with survivors of violence.

It can be seen in Table 1 that the vast majority of occupational therapists who responded to the survey believed that parenting was within the scope of practice for occupational therapists and that the involvement and profile of occupational therapy in this area should be increased.

A synthesis of the fixed-choice and free-text responses to the primary questions indicated that, to improve occupational therapy support for parenting, improvement was needed in six categories: supportive institutional structures, training, resources, assessments, professional beliefs

TABLE 1 Participant characteristics (N = 1347).

	n	%[a]
Gender (n = 1347)		
Female	1038	77%
Male	290	22%
Non-binary, transgender or uses a different term	11	1%
Does not wish to answer	8	1%
Country of practice (n = 1341)		
Australia	130	10%
Canada	126	9%
Chile	82	6%
Japan	56	4%
Jordan	383	29%
Kingdom of Saudi Arabia	99	7%
Malaysia	36	3%
Republic of Ireland	97	7%
United Kingdom	64	5%
United States of America	75	6%
Other: Israel (n = 25); Singapore (n = 24); United Arab Emirates (n = 20); Kuwait, New Zealand (n = 15); Oman (n = 12); Lebanon (n = 11); South Korea (n = 10); Hong Kong (n = 9); Argentina, Qatar (n = 7); Bahrain (n = 5); France, Venezuela (n = 4); Ecuador, South Africa (n = 3); Austria, Taiwan (n = 2); Algeria, Dominican Republic, Finland, Greece, India, Kenya, Mauritius, Mexico, Pakistan, Palestine, Philippines, Portugal, Spain, Vietnam (n = 1).	193	14%
Years working as an occupational therapist (n = 1343)		
0–2 years	366	27%
2–5 years	255	19%
6–10 years	259	19%
11–20 years	256	19%
>20 years	207	15%
Received specific training in parenting assessment or intervention beyond qualifying occupational therapy program (n = 1347)		
Yes	340	25%
No	845	63%
Unsure/cannot recall	162	12%
Service type (n = 1347)		
Public (government) health service	678	50%
Non-government/charitable service	177	13%
Private (for-profit) health service	369	27%
Independent private practice	422	31%
Other	61	5%
Service context (n = 1347)[b]		
Inpatient	522	39%
Outpatient	560	42%
Community	613	46%
Location of practice (n = 1347)[b]		
Urban	1137	84%
Rural	350	20%
Remote	124	9%

TABLE 1 (Continued)

	n	%[a]
What conditions do/did the people you work with mainly experience? (n = 1347)[b]		
Chronic conditions	562	42%
Physical disability	865	64%
Sensory disability	502	37%
Intellectual disability	510	38%
Developmental disability	434	32%
Mental health challenges	655	49%
Neurological disorders	648	48%
No specific health condition or disability (e.g. social disadvantage)	160	12%
Other	91	7%
Do you believe that parenting is within the occupational therapy scope of practice? (n = 1342)		
Yes	1145	85%
Not sure	140	11%
No	57	4%
In general, what do you think about the involvement and profile of occupational therapy in supporting parenting? (n = 1345)		
It should be increased a lot	749	56%
It should be increased a bit	407	30%
It is about right as it is	94	7%
It should be decreased	12	1%
Not sure	83	6%

[a]Percentages are rounded to the nearest percent and therefore may not add to 100%.
[b]Participants could provide multiple responses.

promoting parent support and wider recognition of the suitability of occupational therapy to support parenting.

Table 2 depicts the number and percentage of participants whose responses indicated needs in each category. This is further broken down into responses from the fixed-choice question, which asked what had prevented or reduced people's own involvement in addressing parenting (fixed-choice), free-text responses indicating that the respondent personally experienced this aspect as barrier to supporting parents (free-text personal), and free-text responses indicating that the aspect was needed for occupational therapists more generally to better support parenting (free-text broad).

Of the 1201 people who responded to the fixed-choice question, 220 respondents (18%) indicated that they did not see any personal barriers to addressing parenting for adults with disability or other challenges (either selected no barriers, selected 'not applicable' or selected only items not indicative of need for change: 'My clients do not have parenting issues'; 'I do not see it as part of my role'; 'I believe that parenting is best addressed by someone else with more specialised training'). However, many of these respondents identified needs for the profession as a whole to better address parenting. Overall, only 72 respondents (5%) identified no personal or broader needs in this area.

The sections below discuss findings in each category, providing example quotes from participants to illustrate their experiences.

3.1 | Supportive institutional structures

Participants indicated a need for changes to the institutions and systems they worked within by reporting in the fixed-choice question that supporting parenting: was not in their position description (n = 292; 22%); was not part of the referral (n = 419; 31%); was not supported by the institution/management (n = 380; 28%); and/or was prevented or reduced by lack of time (n = 197; 15%). People who provided free-text data (n = 252; 19%) added to this total and supplied additional information. Of these, 53 (21%) reported that they and others were unable to or restricted in addressing parenting because of their scope

TABLE 2 Professional needs reported by category (n = 1347).

Professional needs	Fixed choice n[a]	Free-text personal n[b]	Free-text broad n[c]	Total n[d]	Total %[e]
Supportive institutional structures	839	184	96	917	68%
Training	490	129	633	858	64%
Resources	478	27	254	607	45%
Assessments	428	25	132	491	36%
Professional beliefs promoting parent support	n/a	189	25	206	15%
Wider recognition of the suitability of occupational therapy to support parenting	n/a	72	35	95	7%

[a]Number of respondents whose response to the fixed-choice question (asking respondents to select factors that had prevented or reduced their involvement in parenting) indicated a need in each category.
[b]Number of respondents whose response to one of the free-text questions indicated that they had personally experienced a barrier in each category.
[c]Number of respondents whose response to one of the free-text questions indicated a need in this category for occupational therapists in general to better to support adult clients with parenting.
[d]Total number of respondents who identified a need in each category in any of the four questions.
[e]Total percentage of the 1347 respondents included in the analysis who mentioned a need in each category.

of funding or the fact that 'parenting is not something the referral source wants us to focus on'. As one participant noted: 'No matter how much skill you have, it is meaningless in an environment where you are not allowed to use it'.

Other participants (n = 114; 45%) did not feel that they, or other occupational therapists, had the means to address parenting. For example, some reported that the organisation did not offer that service, parenting was the remit of a different team member, or the occupational therapist was not able to see parents for long enough, in the home environment or with their children.

Still others (n = 53; 21%) stated that addressing parenting required management or institutional support and to be part of standard practice and workplace culture. Currently, however, they reported that parenting was often 'not part of the culture of the [country's] health care system' or 'frowned upon from an administrative point of view'.

Finally, occupational therapists (n = 86; 34%) reported simply needing more time to address parenting in their role: 'Parenting is very low on the priority scale and we often do not have enough time to fully address [even] mobility-related issues due to the system'.

The multinominal regression model examining the relationship between identifying a need for change in institutional structures and the independent variables was statistically significant $\chi^2(24) = 49.8$, $p = 0.002$. The model explained a small proportion of the variance (Nagelkerke $R^2 = 0.060$) although goodness-of-fit as determined using the Pearson Chi-square was adequate ($\chi^2(861) = 868.51$, $p = 0.422$). Three predictor variables were statistically significant. Occupational therapists working in hospital settings (=−0.437, $p = 0.004$ 95% CI [0.48, 0.87]), those working with people with physical disability ($\beta = -0.518$, $p = 0.001$, 95% CI [0.44, 0.81]) and those with 2–5 years of clinical experience ($\beta = -0.665$, $p = 0.010$, 95% CI [0.310, 0.855]) were more likely that others to identify needs for changes in institutional structures. For further detail of this and the other multinominal regression models, please see Data S3.

3.2 | Training

While lack of 'knowledge or training' was identified as a personal barrier by many, this was by far the most reported need for occupational therapists more generally (n = 633; 47%). Some simply described a need for greater knowledge: 'Parenting comes up very often with my clients but I don't feel it is an area that I know enough about to really dive into and support the client with'. However, most free-text responses (n = 549; 80%) specifically reported the need for more or better training including both 'increased exposure to parenting at entry level OT education' and 'providing education courses for therapists'. This perceived need for training was also highlighted by responses to another question, 'Do you feel that your OT qualifying degree provided you with sufficient skills to confidently address parenting with clients?', to which 60.2% of all respondents answered that it did not.

Examination of the relationship between participants' beliefs regarding need for training and the independent variables resulted in a statistically significant model $\chi^2(24) = 132.5$, $p \leq 0.001$. The model demonstrated acceptable fit as indicated by the non-significant Pearson chi-square test, $\chi^2(861\_) = 893.52$, $p = 0.215$ and modest

explanatory power (Nagelkerke $R^2 = 0.150$). Prior training in occupational therapy for parenting, years of clinical experience and country of practice were significantly associated. The likelihood of believing training was needed was greater for participants with no previous training in parenting ($\beta = 0.601$, $p < 0.001$, 95% CI [1.35, 2.46]) and those who had between 2 and 5 years ($\beta = -0.84$ $p = 0.002$, 95% CI [0.26, 0.73]) or 6–10 years of clinical experience ($\beta = 0.51$, 95% CI [0.32, 0.82], $p = 0.005$). Participants from Jordan ($\beta = 0.92$, $p = 0.003$ 95% CI [1.4, 4.6]) and the Kingdom of Saudi Arabia ($\beta = 0.99$, $p = 0.005$, 95% CI [1.3, 5.4]) were less likely to report training needs than those from other countries.

3.3 | Resources

Additional resources for occupational therapy interventions were seen as a major need. While most free-text responses mentioned needing tools, resources and materials without further explanation, others were specific, describing, for example, a lack of treatment programs to follow, adaptive equipment to prescribe, and equipment for parent training. One participant reported 'few resources in the community to meet the specific needs of parents with disabilities, such as adapted furniture so everything has to be done, invented/adapted'.

Participants also reported needing resources to guide their practice that either included or were specific to parenting. As one noted: 'I would like to see more guides or frameworks that support clinical reasoning and assessment of parenting occupations/domains'.

Other needed resources included access to research on occupational therapy in parenting (n = 58; 4%) to develop evidence-based practice, validate assessments and 'strengthen the profession' by demonstrating the effectiveness of occupational therapy interventions. Some felt they required ongoing support (n = 40; 3%), such as through communities of practice and mentoring opportunities.

The multinominal logistic regression model exploring the relationship between identifying a need for additional resources and the independent variables was statistically significant $\chi^2(24) = 78.7$ $p < 0.001$. While the model explained a modest amount of the variance (Nagelkerke $R^2 = 0.089$) the fit was considered adequate based on the Pearson chi-square test ($p = 0.296$). Occupational therapists who did not received training in parenting were more likely to report the need for additional resources compared with those who had received training ($\beta = 0.313$, $p = 0.043$, 95% CI [1.01, 1.85]). Occupational therapists with fewer years of clinical experience were less likely to identify a need for additional resources. Participants who had between 2 and 5 ($\beta = -0.566$, $p = 0.020$, 95% CI [0.359, 0.915]) and 6–10 years of clinical experience ($\beta = -0.66$, $p = 0.002$, 95% CI [0.34, 0.79]) and those working with people with neurological disorders ($\beta = -305$, $p = 0.027$, 95% CI [0.563, 0.965]) were less likely to identify a need for additional resources. Country of practice was also a predictor of perceiving a need for additional resources. Compared with therapists practicing in the United States, those in Australia ($\beta = -0.66$, $p = 0.002$, 95% CI [0.34, 0.79]) and the Republic of Ireland ($\beta = -0.621$, $p = 0.047$, 95% CI [0.292, 0.991]) were significantly less likely to report a need for additional resources.

3.4 | Assessments

Many participants expressed that they did not have access to any formal assessment tools for parenting or that these did not exist. Others commented that general assessment tools did not, but should, overtly include 'parenting roles as a component of formal screening'. As one participant commented, the exclusion of parenting from assessments meant 'there is no room to delve into possible issues related to parenthood'.

The relationship between identifying a need for assessments and the independent variables resulted in a statistically significant model $\chi^2(24) = 62$ $p \leq 0.001$. However, while the fit was considered adequate based on Pearson chi-square test ($p = 0.253$), the pseudo R^2 values were modest (Nagelkerke $R^2 = 0.72$). Having prior training in occupational therapy and parenting decreased the likelihood of participants reporting additional needs relating to assessment ($\beta = 0.432$, $p = 0.008$, 95% CI [1.12, 2.11]). Therapists working with clients with mental health conditions were more likely to report additional needs relating to assessment ($\beta = -0.29$, $p = 0.039$, 95% CI [0.573, 0.986]). Compared with occupational therapists working in the United States, therapists in Malaysia ($\beta = -0.847$, $p = 0.048$, 95% CI [0.185, 0.992]) and the Republic of Ireland ($\beta = -0.661$, $p = 0.043$, 95% CI [0.272, 0.979]) were less likely to report needs for assessments. Similarly, therapists with 2–5 years of clinical experience $\beta = -0.482$, $p = 0.048$ 95% CI [0.383, 0.996] were less likely than those with >20 years of experience to express a need for assessment tools.

3.5 | Professional beliefs promoting parent support

While not an option in the fixed-choice question, respondents (n = 206; 15%) indicated in open-ended

responses that facilitating occupational therapy support for parenting required a change in occupational therapists' beliefs and expectations about doing so. Some respondents explained that 'it's just not something I've thought to incorporate into my practice'. Others reported a need for the profession to 'increase awareness and expectation that it is part of practice' or to acknowledge parenting as 'one of the most important roles for the customer'. Some reported the need for a clear articulation of a unique occupational therapy role, for example, clarifying 'what OT can be good at' and 'the unique value and expertise OT will bring to this role' and carving 'out a niche from other practitioners'. A few planned to address parenting more in future: 'Parenting is often on the periphery of my practice and not a direct rehab goal, however this survey has sparked me to re-think that'.

The multinominal regression analysis examining the relationship between reporting a need for changed professional expectations and independent variables resulted in a statistically significant model $\chi^2(24) = 91.6$, $p \leq 0.001$. The model demonstrates reasonable goodness-of-fit using the Pearson chi square test ($p = 0.285$) although explains a modest amongst of variance (Nagelkerke $R^2 = 0.133$). Compared with occupational therapists in the United States, participants practicing in Australia ($\beta = -1.09$, $p = 0.001$, 95% CI [0.14, 0.76]) and Chile ($\beta = -1.3$, $p = 0.004$, 95% CI [0.12, 0.67]) were more likely to say that changes were needed in professional expectations. Furthermore, participants who worked in the field of intellectual disabilities are more likely to report a need for changed processional expectations than those working with clients with other conditions ($\beta = -0.603$, $p = 0.010$, 95% CI [0.347, 0.863]).

A lack of expectation that occupational therapists could and should address parenting was visible in some other responses. In the fixed-choice question, 368 respondents (27%), indicated that they did not see supporting parenting as part of their role and/or that they felt parenting was 'best addressed by someone else with specialised training'. Interestingly, a number of free-text responses (n = 76; 6%) indicated an assumption that supporting parenting equated to advising parents about the best way to parent. For example, respondents felt they would need to be experts on child development or paediatric practice or at least be parents themselves. Others, however, described how they facilitated parenting within the scope of their specific knowledge and expertise and a number (n = 28; 2%) stated that simply taking a truly person-centred approach would necessitate support for parenting occupations. Table 3 provides examples of these opposing views.

TABLE 3 Conceptualizations of parenting support as providing best practice advice versus facilitating occupations.

Advising about the best ways to parent	Facilitating parenting occupations
'Helping parents understand how to parent their child to maximise/enrich development and health and well-being.'	'They do not need to be told how to parent, they need to be accompanied, not to be left alone, not to be judged.'
'It also depends on how comfortable my client feels about me giving them instructions on how to bring up their child.'	'From my practice, I have supported people in their parenting role in other ways. For example, fatigue management to allow time/energy for making lunches, spending time with kids or choosing different play activities that require less energy.'
'Saying the wrong thing when you are not a parenting expert could have significant consequences to the client and their children.'	'[We need] confidence to problem solve the functional aspect of parental roles without the impact of parenting style. A person's style of parenting can be so diverse.'
'The support for parenting goes hand in hand with paediatric therapy support- this would be the appropriate stream to promote a greater involvement of OT's in parenting related work.'	'[I] do address parenting in relation to wheelchair and seating provision. But I do not provide 'parenting' intervention per se.'
'As I do not have children, I feel even less equipped to discuss this aspect with my clients since I have little or no experience on the subject.'	'If it affects the clients and their ability to reach their goals, it needs to be addressed.'
'I do not have children so I do not feel comfortable giving advice to parents.'	'The need to have a holistic view of the patient and clearly identify what is important to them.'
	'We have been taught many things as undergraduate, so we should be able to problem solve if a client has parenting issues.'

3.6 | Wider recognition of the suitability of occupational therapy to support parenting

Free-text responses indicated that it was not only occupational therapists but the community more broadly that needed to better understand the potential of occupational therapy to benefit parents. This need was identified amongst three major groups. First, respondents talked

about needing a greater 'understanding of our role by other professionals' (n = 40; 3%). Respondents identified, for example, that referrers did not realise that occupational therapists could support parenting and therefore did not 'indicate parenting needs upon referral', and that 'even if you try to intervene, you will not be able to get other professionals to understand you'. One even reported being 'intimidated by other professions and warned to stay within my field of expertise, which does not include parenting'. Second, parents themselves were reported to have a 'lack of knowledge about how OT can support them with parenting concerns', thus not requesting or even rejecting this support (n = 11; 1%). Third, the lack of knowledge amongst professionals and parents was linked to a 'lack of awareness about it in the whole ... community' (n = 50; 4%). Some participants asserted that advocacy and publicity were needed 'for the OT role and suitability to address parenting' and that 'this is part of the occupational therapists' field of expertise'.

A multinominal logistic regression analysis was conducted to examine whether professional and demographic characteristics predicted the likelihood of reporting a need for wider recognition of the suitability of occupational therapy to support parenting. The overall model was not statistically significant, $\chi^2(24) = 29.49$, $p = 0.202$.

4 | DISCUSSION

This was, to the authors' knowledge, the first international survey to examine occupational therapists' views and experiences of supporting parenting occupations for adults with disability and other challenges. The findings confirm that, despite relatively low involvement in supporting parenting occupations for these parents (McGrath et al., 2025), most occupational therapists working with adult populations see parenting as within their scope of practice and believe that the involvement and profile of occupational therapy in this area should be increased. Occupational therapists identified a number of needs that, if addressed, would facilitate better occupational therapy support for parents with disability and other parenting challenges. These include supportive institutional structures; additional training and resources; access to relevant assessments; an expectation amongst the profession that parenting should be addressed by occupational therapists working with adult population groups; and wider recognition amongst colleagues and the community that this is the case. While some differences were found across countries and practice characteristics, the barriers reported overall were common across contexts.

This study supports findings from the smaller, US-based study in physical disability practice (Lampe et al., 2019). However, the use of data from both fixed-choice and open-ended questions enabled provision of more detail and illuminated additional factors needed for increased occupational therapy involvement in supporting parenting.

The findings indicate that, across the globe, one of the most frequently experienced sets of barriers to occupational therapists working with adults addressing parenting is the institutional structures in which they work. That is, supporting parenting is often not seen by the institution, funders and referrers as part of either the organisation's role or the occupational therapist's role within the organisation and this restricts occupational therapists' opportunities to provide this support. This may be particularly true in hospital settings and in physical disability services.

The lack of organisational orientation to supporting parenting is inconsistent with widespread societal discourse around the importance of parenting for the development of the next generation (Department of Social Services, 2015; Ulferts, 2020; Walker, 2021). It is also contrary to Article 23 of the Convention on the Rights of Persons with Disabilities (United Nations, 2006), which obliges signatories to 'render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities'. Yet it concurs with parent reports (Honey et al., 2021; Tarasoff et al., 2023) and is congruent with prominent societal assumptions that parenting and disability do not fit well together (Iezzoni et al., 2015; Lappeteläinen et al., 2017; Llewellyn, 2019).

This issue is also likely to be symptomatic of poorly funded public health systems where access to allied health and wellbeing services is extremely limited (Meulenbroeks & Haddock, 2024). This can mean that only the most urgent issues, for example, those that affect discharge from hospital, can be addressed. These are extremely broad cultural and systemic issues that, to remedy, require political will and a true recognition of both the importance of families and the rights of people with disability.

Relatedly, participants observed a lack of understanding of the potential role for occupational therapy in parent support for adults with disability and other challenges amongst colleagues, clients, referrers and funders. This is consistent with research demonstrating: that other professions and the public often have a poor understanding of what occupational therapy can offer more broadly (Rahja & Laver, 2019; Vij, 2023; Wan Yunus et al., 2022); that parents with disability lack knowledge of how occupational therapy can support parenting (Honey et al., 2024); and that the profile of occupational

therapy in parenting is relatively low (Lampe et al., 2019; Lim et al., 2022). Other healthcare professions that view clients through a problem- or impairment-focused lens may not understand an occupational-focused perspective, leading to missed opportunities for functional performance interventions (Turcotte & Holmes, 2023; Wong & Fisher, 2015). Our findings support a need for strong advocacy and promotion of this important role by professional bodies.

Yet this lack of recognition by others is unsurprising given the confusion and lack of confidence in the occupational therapy role in addressing parenting expressed by occupational therapists themselves in this study and others (Hackett & Cook, 2016). Our findings indicate that an important barrier to occupational therapists supporting parenting for adults with disability and other challenges may be their assumption that it is not part of their role, or that they need and lack specialised training in parenting.

This view may indicate a misunderstanding that supporting parenting would mean telling parents how best to parent, something that many understandably feel unqualified to do. Advice for mainstream parents on positive parenting is ubiquitous (e.g., Breiner et al., 2016; Ponzetti, 2016) and parenting 'experts' abound. Occupational therapists seeking to specialise in parent education or who work with parents of children at risk, may require specialised knowledge about culturally acceptable and evidence-based parenting practices. However, as pointed out by some of our participants, many parents with disability are perfectly capable of making parenting decisions so parent-centric practices are appropriate (McGrath et al., 2024). This means, rather than telling parents how to parent, occupational therapists support them to do the parenting tasks they want to do to their satisfaction, whether that is going swimming with a child, helping them with their homework, or preparing a bottle of formula. This is consistent with other occupational therapy practice. For example, an occupational therapist may adapt or find alternate ways of participating in occupations like gardening or playing chess without teaching either activity.

Occupational therapists have the skills in task analysis and the generic skills to assess and facilitate parenting occupations by addressing person, environment and occupation-based barriers. Where parents want information around specialised issues like attachment, positive parenting techniques or child development, the occupational therapist's role may be to find and potentially facilitate access to appropriate human or other resources and/or provide practical support with implementing new information into their unique lives and routines. This also speaks to the concerns expressed about the unique role for occupational therapists.

The research indicates a need for practical and knowledge-based resources around working with parents with disability and other challenges (Honey et al., 2024; Kirshbaum, 2013; Lampe et al., 2019). Additional training and support, however, may also need to focus on professional expectations. While modules on parenting in qualifying degrees would be ideal, including parenting occupations in case studies and discussion across a broad range of topics would help to normalise the idea that occupational therapists can apply their skills to parenting tasks in the same way they do to other tasks that adults with disability and other challenges want and need to do.

Paediatric occupational therapists routinely collaborate with parents (Bourke-Taylor, 2017), and it is likely that these occupational therapists would respond very differently to our questionnaire. Yet supporting the occupations of parenting is notably absent from much occupational therapy discourse outside paediatric practice (Walker et al., 2016). This siloing of skills within clinical specialities is a missed opportunity for skill sharing and mutual learning which could benefit both adult and paediatric occupational therapists.

Occupational therapy professional associations also have an important role. The American Occupational Therapy Association's Occupational Therapy Practice Framework considers parenting and child-rearing to be instrumental activities of daily living and mentions parenting in several places, for example, as a co-occupation and nested occupation (American Occupational Therapy Association, 2020). The Canadian Occupational Therapy Association (2024) has gone further by developing a Practice Role Document on the role of occupational therapy in parenting. Further and more active recognition and support of occupational therapy's role in supporting parenting in adult clinical populations from professional associations throughout the world is critical to legitimise this role, facilitate knowledge sharing between clinical specialty areas, and advocate for insurers to better fund parent support by occupational therapists.

4.1 | Limitations

This study should be interpreted in light of its limitations. The sample did not include occupational therapists from all countries. It also may not be representative of all occupational therapists in the included countries, and likely overrepresented those with an interest in occupations of parenting. Nevertheless, the study identified multiple barriers, even for these relatively engaged occupational therapists, and has suggested large scale strategies needed to increase the provision of parenting support by occupational therapists. Study participants mostly worked with

adults with disability (95%), so the results primarily reflect the contexts and systems around this group. Further research is needed to more deeply understand the experiences of the smaller number of occupational therapists who work with other population groups.

There is a considerable need for further research by occupational therapy practitioners and academics into parenting support for adults with disability and other challenges. This was directly expressed by participants in the stated need for evidence-based treatment programs, validated assessments, and evidence to ascertain and demonstrate the utility of occupational therapy in supporting parenting. Strategies implemented to address the needs identified in this study should also be evaluated to enable successful ones to be replicated across jurisdictions.

5 | CONCLUSION

This study is the first to examine, in detail, what is needed to close the gap between the potential and actual contribution of occupational therapy to supporting parenting. Making this a reality will require work to address the identified barriers, with roles for educators, professional bodies, organisations and individual therapists.

AUTHOR CONTRIBUTIONS

All authors contributed to the development of the survey and/or recruitment of participants for the survey. Data analysis was primarily performed by Authors 1 and 21, with detailed discussion with Authors 10 and 11. All authors critically reviewed drafts of the paper for intellectual content and provided comments, questions and requested changes. All authors approved the final submission.

AFFILIATIONS

[1]Discipline of Occupational Therapy, Faculty of Medicine and Health, University of Sydney, Camperdown, New South Wales, Australia
[2]Faculty of Applied Medical Sciences, Jordan University of Science and Technology, Ar-Ramtha, Jordan
[3]Discipline of Occupational Therapy, School of Medicine, Trinity College Dublin, Dublin, Ireland
[4]Department of Occupational Therapy, College of Health Sciences, Kangwon National University, Samcheok-si, South Korea
[5]Department of Occupational Therapy, Faculty of Health Science Technology, Bunkyo Gakuin University, Saitama, Japan
[6]Departamento de Terapia Ocupacional y Ciencia de la Ocupación, Facultad de Medicina, Universidad de Chile, Santiago, Chile
[7]Matrescence Occupational Therapy, Austin, Texas, USA
[8]Department of Health and Society, University of Toronto Scarborough, Toronto, Canada
[9]School of Occupational Therapy, Touro University Nevada, Henderson, Nevada, USA
[10]Department of Rehabilitation Medicine, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang, Malaysia
[11]Meuhedet Health Services, Jerusalem, Israel
[12]Batterjee Medical College, Kingdom of Saudi Arabia
[13]London School of Occupational Therapy, Brunel University, London, UK
[14]Health and Social Sciences Cluster, Singapore Institute of Technology, Singapore
[15]Faculty of Health Sciences, Center for Rehabilitation and Special Needs Studies, Occupational Therapy Programme, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
[16]Department of Occupational Science and Occupational Therapy, School of Clinical Therapies, College of Medicine and Health, University College Cork, Cork, Ireland

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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 on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ORCID

Anne Honey https://orcid.org/0000-0001-5918-0454
Yvonne Codd https://orcid.org/0000-0003-2824-2880
Muhammad Hibatullah Romli https://orcid.org/0000-0003-4361-8102
Hwei Lan Tan https://orcid.org/0000-0001-5803-8341
Farahiyah Wan Yunus https://orcid.org/0000-0002-2106-6522

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