Scoping review of free evidence summary sources available online, relevant to occupational therapists working with children/youth, and families

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Abstract

Purpose – Evidence-based practice is a professional standard for occupational therapists, but limited time, resources and knowledge challenge its implementation. This study aims to identify what free evidence summary sources (FESS) can be found through a simple online search, related to child/youth interventions surrounding cerebral palsy (CP), autism spectrum disorder (ASD), developmental coordination disorder (DCD), mental health or attention-deficit/hyperactivity disorder (MH/ADHD). Evidence summaries share research in concise, time-efficient manners.

Design/methodology/approach – An internet-based scoping review was conducted between February 2022 and July 2022, using Google, and known evidence summary producers. Evidence summaries meeting the inclusion criteria were located and catalogued. Type of agency, target audiences, purpose and distribution of evidence summaries related to diagnosis were identified for each FESS.

Findings – Ten FESS were found, which produced 113 intervention-focused evidence summaries within the past 10 years. These FESS were aimed at a variety of target audiences: service providers, service users, parents/families, researchers and commissioners, and were produced primarily by non-profit/charity organisations (6 of 10) who were trying to fill a gap in evidence. Forty-eight evidence summaries were related to ASD, 34 to CP, 29 to MH/ADHD and two to DCD.

Originality/value – A catalogue of FESS that exist online was produced, to support evidence-based practice for paediatric occupational therapists with limited resources, and may support improved health promotion and informed decision-making for service users. No consistent framework for FESS evidence summaries exists at this time.

Keywords Universal, Evidence-based, Family-centred, Internet, Resource

Paper type General review

Introduction

Although evidence-based resources for paediatric interventions have grown significantly in recent years (Novak and Honan, 2019), supporting occupational therapists (OTs) to meet the professional standard of evidence-based practice (EBP) royal college of occupational therapists(RCOT, 2021), there remains a significant gap between research and implementation (Hanney *et al.*, 2015). Surveys illustrate that though there is a desire to engage in EBP, many OTs do not have the time, resources or knowledge they need to seek out new research or to evaluate systematic reviews critically, and some continue to use interventions that research has shown to be ineffective and questionable (Milton *et al.*, 2019). It has been estimated that the time it takes for new evidence to be implemented widely

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My wife Carly, who moved overseas with me to support my dreams and supported me throughout this process. For Charlie Marriage, the greatest leader of our cohort, who held us all together through a difficult year of graduate school during a pandemic.

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Statement of contributorship: Original research idea by the research supervisor C.D., to perform a scoping review of ESs relevant to child/youth OTs. P.M. refined the project to focus on open-source ESs that could also be accessible to parents and families of children receiving occupational therapy. All search strategies, literature reviews, data charting and analysis were completed by P.M.

Patient/public involvement: During the development, progress and reporting of the submitted research, patient and public involvement in the research was not included at any stage of the research.

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into practice can go well beyond 17 years (Hanney *et al.*, 2015), meaning that children/youth could go an entire childhood receiving ineffective care.

One way that OTs with limited time and resources can access quick-to-read, up-to-date research is through evidence summaries (ESs). ESs synthesise the research on a single topic into a concise overview, allowing the reader to judge the validity and applicability of the findings to their setting (Khangura *et al.*, 2012). ESs have historically been used to support health care and policy decision-makers when prompt publication and distribution of research is necessary, such as surrounding the release of vital new medications and health system responses to natural disasters (Petkovic *et al.*, 2016), and have proven to increase the implementation of EBP by health-care professionals (Galvao *et al.*, 2018).

The objective of this study is to locate the online ES databases that an OT could find through a quick and simple search for evidence on children/youth-related interventions and to create a catalogue of free evidence summary sources (FESS) that OTs can use as a resource to browse ESs, and to support the professional standard of engaging in EBP. It will institute a scoping review.

The research aimed to answer the questions; What FESS are accessible online, to support the use of evidence-based interventions by OTs working with children/youth aged 6–17, related to cerebral palsy (CP), autism spectrum disorder (ASD), developmental coordination disorder (DCD), attention-deficit hyperactivity disorder (ADHD) or mental health (MH) conditions?

The diagnoses and age range for the review were refined to maintain brevity in the search process while capturing sources of evidence around diagnoses for which paediatric OTs regularly encounter within children, and for which evidence already exists (Novak and Honan, 2019). The age range was selected due to the large degree of developmental variation that occurs in early childhood ages of 0–5, which requires specific guidelines and considerations to support appropriately (Frolek and Kingsley, 2020) (see Supplemental Table 1 for full inclusion/exclusion criteria).

Methodology

The five-stage methodological framework developed by Arksey and O'Malley (2005) for scoping reviews was used to structure this study, and consists of the following:

1. Identifying the research question
2. Identifying relevant studies
3. Study selection
4. Charting the data
5. Collating, summarising and reporting the results

The *JBI Manual for Evidence Synthesis* for scoping reviews (Peters *et al.*, 2020), and JBI preferred reporting Items for systematic reviews and meta-analyses (PRISMA) for scoping reviews (Tricco *et al.*, 2018) were also used to ensure that current standards for the scoping reviews were met.

Step 1: Identifying the research question

The research question was identified to meet the objective of supporting EBP by producing a small catalogue of accessible, FESS that could be used as a signpost for evidence-based resources. Since this was a single-researcher review, limiting the scope of the study to the specific age and diagnoses parameters helped to overcome the challenge of "balancing breadth and comprehensiveness with feasibility and resources", which was noted by Levac *et al.* (2010, p. 4) as a challenge of the scoping review methodology.

Step 2: Identifying relevant studies

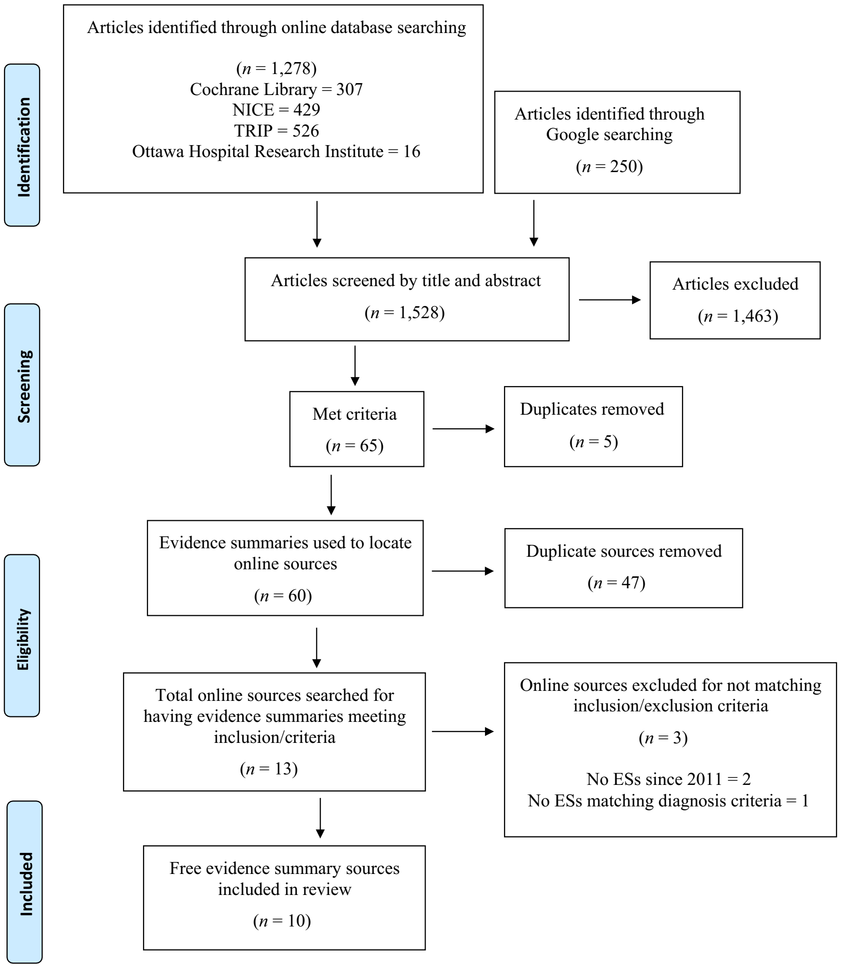
The initial literature search was developed, in collaboration with a research librarian, to include databases Medline, CINAHL Plus, Child and Adolescent Studies and Academic Search Complete, followed by OTSeeker. Once a relevant ES would be located using the inclusion/exclusion criteria listed in the following section, the publishing source would be recorded as a potential FESS for final review in the study. Search terms used the Population, Intervention, Comparison, Outcome framework and were "'evidence summary' OR 'evidence statement' OR 'rapid review' AND interventions OR therapy OR treatment OR strategies AND children OR adolescents OR youth OR child OR teenager". The date range filter was 2012–2022. This search of the academic databases in February 2022 revealed 0 ESs found (see Supplemental Figure 1).

It was then determined that a search strategy would be formulated for the internet search engine Google, as scoping reviews generally incorporate grey literature sources to provide a more complete picture of all available findings (sources of evidence that do not follow the traditional route of peer-reviewed, academic journals) which are often found from online searching (Peters *et al.*, 2020; Higgins *et al.*, 2023). Not only would this method of search allow a broader reach, but it would also simulate what FESS are accessible to OTs and families with limited resources. Each Google search contained a simple set of key terms to capture the widest results for each search. These search terms were "occupational therapy" + "evidence summary" + "intervention" + "children" + (*name of diagnosis*). This search was completed five times, once for each included diagnosis (ASD, CP, DCD, MH and ADHD), while an assortment of common variations were used to describe each diagnosis, such as "cerebral palsy, CP". To prevent a prolonged internet search, and due to the time constraints and person-power of this study, only the first five result pages of each search were examined, making a total of 50 web results to be examined for each search. To reduce gaps in the research and supplement the findings, further searches were completed using known ES producers such as National Institute for Health and Care Excellence, Cochrane Library and Ottawa Hospital Research Institute (NICE, 2017; Opiyo *et al.*, 2013; Khangura *et al.*, 2012), and the online medical database, Trip (Figure 1). All searches took place between February 2022 and July 2022.

Step 3: Study selection

FESS selection was a two-step process. Firstly, ESs relevant to the study were located, and secondly, the FESS that produced them was extracted. ESs were filtered for relevance to the study by using a set of inclusion criteria; they were open source, did not require a membership to access, evidence included effects of intervention on children/youth between the ages of 6 and 17, interventions were specific to CP, ASD, DCD or an MH condition, including ADHD, and they were published between 2012 and 2022. ESs that included comorbidities were allowed as long as the primary condition met inclusion criteria and was

Figure 1 PRISMA diagram for search strategy to locate free evidence summary sources (FESS)



Source: Preferred reporting items for systematic review and meta-analysis (PRISMA) flowchart from (Page *et al.*, 2021), adapted to author's research

a focus of the studies reviewed. Exclusion criteria included pharmacological and surgical interventions (see Supplemental Table 1).

Due to the lack of clarity on what constitutes an ES, the parameters for inclusion based on being an ES (as compared to any other type of review) were kept broad and were primarily adapted from a 2012 proposal published by Khangura *et al.*, 2012 For this study, a document was considered an ES if the primary aim was to synthesise evidence addressing a research question from a single topic (rather than just to provide a brief overview of a topic), the findings came from completing a literature review, the format had a main body of fewer than 15 pages in length, it included a narrative report of the findings, and intended to be a stand-alone document (i.e. not an introduction/abstract). Because ESs do not tend to have an abstract (Galvao *et al.*, 2018; Khangura *et al.*, 2012), reviews having an *abstract* were excluded, to distinguish ESs from other forms of rapid review, and short systematic reviews (see Supplemental Table 1 for further inclusion/exclusion criteria breakdown and rationale).

Step 4: Charting the data

A single data extraction sheet was created using Microsoft Excel for Microsoft 365. Primary descriptive data from each source included the name of the FESS, country of origin, the type of source, the purpose of their ESs and the intended audience. Secondary numerical data that was extracted included the total number of ESs found on each FESS (regardless of focus), the total number of ESs from each FESS relevant to paediatric OTs meeting the inclusion criteria and the distribution of ESs by the corresponding diagnosis of focus (CP, ASD, DCD or MH/ADHD). All data was acquired by searching the FESS web pages, and using the embedded search options within each FESS. A PRISMA and further details on the search strategies used within each FESS web page can be found in Supplemental Figure 2 and Supplemental Table 2.

Step 5: Collating, summarising and reporting the results

Extracted data was reviewed to ensure consistent descriptive language was maintained, to support readability and critical comparison between each FESS. The data was then charted into tables that present the information clearly and simply, to support the interpretation of results (Khalil *et al.*, 2021). For immediate usability of the findings, a clickable hyperlink to each FESS is provided in every chart, and a web link to each ES they produced is available in Appendix 1.

Results

Selection of sources of evidence

A total of 1,528 potential articles were located for review (Figure 1). After screening by title and abstract, 1,463 articles were excluded, and five more were removed as duplicates, leaving 60 ESs. All 60 ESs came from 13 different, online FESS, however, two of these had not published any ESs since 2011, and one was not specific to any of the included diagnoses, so were therefore excluded. A total of 10 FESS providing online, accessible ESs were included in the final review.

Overview of the free evidence summary sources located

Six (60%) of the FESS located are based within the UK (Table 1). Two (20%) are based in Australia and two (20%) in Canada. Of these sources, five (50%) are entities focused on medical research (one governmental, one public hospital, one academic and two non-profit), three (30%) are charity or non-profit organisations whose mission is to provide support around a specific condition, one (9%) is a peer-reviewed occupational therapy journal and one (9%) is a non-profit organisation providing general online parenting support. Overall, 6 of the 10 (60%) FESS located are produced by charity or non-profit organisations, making it the primary category of developer found.

Target audiences

The majority of FESS write their ESs to be used by a variety of audiences with varying levels of health-care background (Table 1). Eight (80%) listed service providers (clinicians) as an intended audience, while only three (30%) of those exclusively listed service providers as the target audience. Families or caregivers are listed as a primary intended audience for five (50%) of the FESS included, and two (20%) of those exclusively list families or caregivers as the intended audience of their ES. Policymakers, commissioners and funders were listed as an intended audience by three (30%) FESS, but never exclusively.

Total intervention-focused evidence summaries located within the ten free evidence summary sources websites

Searching the 10 FESS using their web page-embedded search options for intervention-focused ESs meeting the inclusion criteria of this study, 1,196 potential published ES were retrieved (Supplemental Figure 2). Of these 1,196 articles, 969 were excluded by title and abstract, and 20 more were removed as duplicates. A total of 207 articles were screened by full text to see if they met the inclusion criteria of the project, which excluded another 94. In total, the 10 FESS yielded a combined 113 intervention-focused ESs relevant to OTs working with children/youth matching the specific diagnoses, and their parents.

Distribution of evidence summaries by related condition

Of the 113 total intervention-focused ESs produced by the 10 FESS that were relevant to this study, 48 (42.5%) were related to ASD, 34 (30.1%) were related to CP, 29 (25.7%) were related to MH/ADHD, and two (1.8%) were related to DCD (Table 2). Overall, 76 (67.3%) were published within the past five years, between 2017 and 2022, whereas 37 (32.7%) were published between 2012 and 2016. While all these ESs were published within the past 10 years, the evidence cited in many of them is drawn from studies more than 10 years old, which has resulted in an increased likelihood of providing outdated information.

Free evidence summary sources aims and formats

While the main intentions behind producing ESs remained mostly consistent between each FESS, the formats they used to deliver them varied. The most common theme derived from the aims of the ESs was "helping to inform health care decision-making" (Table 1). Similarly, a key component of this involved "producing easy-to-understand and accessible evidence" that would match the level of the intended audience (Barrie *et al.*, 2012; Higgins *et al.*, 2023; Chapman and Ryan-Vig, 2019; RCN, 2024).

Two of the FESS met these aims by offering ESs on a variety of topics that readers can only browse on their website: raisingchildren.net.au (parenting support for ASD) present ESs on their websites as online reading material where readers can click on a link to read the evidence on the intervention of interest (RCN, 2024). PenCRU develops its ESs in response to questions from parents and caregivers and formats them as stand-alone documents that can be read online or downloaded from a list of indexed therapies and conditions (UoE, 2024).

Five FESS produce ESs that share the research around specific topics of interest and are formatted to be stand-alone, downloadable documents: Autistica has developed a single ES intended to raise awareness for service providers and national health service commissioners about the positive evidence of parent-led video feedback therapy to improve communication skills for children on the autism spectrum (Autistica, 2018). Child Development and Rehabilitation's ESs, titled "evidence for practice", are written in a "clinician-friendly format" to improve the uptake of evidence by service providers about a range of conditions (Barrie *et al.*, 2012). Public Health Ontario's ESs, titled "evidence briefs", are written on a range of topics to improve informed decision-making, specifically for service providers, policymakers and commissioners (OAHPP, 2022). Orygen's ESs are written for service providers, to highlight the evidence and best practices for providing care to young people with MH and substance abuse problems (Randell and Scanlan, 2018). RCOT has developed a single ES which is available without RCOT membership, written specifically for OTs, which provides an overview and practical insight into the evidence for occupational therapy home programmes for children with CP and intellectual disabilities (Dunford *et al.*, 2020).

The Children's Trust for Children with Brain Injury has developed a compilation of ESs that are available as a downloadable booklet for service providers and caregivers. The ESs cover a range of topics relevant to children with acquired

Table 1 Overview of FESS available online and relevant to OTs working with children/youth, and their families

Name of source (Clickable link)	Country	Type of source and focus	What they call their evidence summaries	Purpose of evidence summaries	Form of delivery	Intended audience of evidence summaries (stated)
Autistica (Autistica, no-date)	United Kingdom	Diagnosis specific support (charity) – ASD	Evidence summary	"*Raising awareness*" of "a new type of intervention" for "NHS services *to consider in their planning*"	Stand-alone documents	Service providers, commissioners
Child Development and Rehabilitation (CWHCBC, 2017)	Canada	Medical research (public hospital) – various	Evidence for practice	To "objectively synthesize current scientific information on a particular topic in *a clinician-friendly format*"	Stand-alone documents	Service providers
The Children's Trust for Children with Brain Injury (The Children's Trust, 2022)	United Kingdom	Diagnosis specific support (charity) – CP/ABI	Evidence summary	To "summarise the current academic knowledge on specific clinical topics. . . *to help* clinicians and families *make decisions* based on available evidence"	Compiled documents	Service providers, families/caregivers
Cochrane Library (Wiley, 2022)	United Kingdom	Medical research (non-profit) – various	Plain Language summary	To provide "brief, accurate, *easy-to-read* information *to help* [anyone who needs to] *make a healthcare decision*". To "convey clearly the questions and key findings of the [full Cochrane] review, using *language that can be understood by a wide range of non-expert* readers"	Graded entry/front-end synthesis	Service providers, families/caregivers, service users, policymakers
Evidently Cochrane (Cochrane UK, 2022)	United Kingdom	Medical research (non-profit) – various	Blogshot	To make Cochrane evidence available and *accessible* to anyone *making health-care choices*, and to encourage conversation	Blog posts	Service providers, families/caregivers, service users
Orygen (Orygen, 2022)	Australia	Diagnosis specific support (non-profit) – MH	Evidence summary	To highlight the evidence and *best practices for providing care* to young people with mental health and substance abuse problems	Stand-alone documents	Service providers
PenCRU (UoE, 2024)	United Kingdom	Medical research (academic) – various	What's the evidence?	"To summarise what is known on specific questions relating to childhood disability", *in response to queries from families*. . . "to provide information to families and help parents *to make decisions* based on the evidence available"	Stand-alone documents	Families/caregivers
Public Health Ontario (OAHPP, 2016)	Canada	Medical research (governmental) – various	Evidence brief	"To *investigate a research question* in a timely manner *to help inform decision-making*"	Stand-alone documents	Service providers, policymakers, commissioners
Raisingchildren.net.au (RCN, 2024)	Australia	Parenting support organization (non-profit) – ASD/general	Therapy at a glance	To "*offer reliable information* about a wide range of therapies for autistic children", including description and theories behind it, level of evidence, costs and time involved and *an easy-to-read, overall recommendation*	Online reading material	Families/caregivers
Royal College of Occupational Therapists (RCOT, 2022)	United Kingdom	OT Journal – various	Evidence summary	To "provide a pragmatic overview and *practical insight* of the evidence for a particular intervention"	Stand-alone documents	Service providers

See Appendix 1 for a complete list of evidence summaries meeting inclusion criteria located in each FESS, formatted as references with hyperlinks
Source: Authors' own work

Table 2 Distribution of the relevant intervention-focused evidence summaries within each FESS

Name of source (Clickable link)	Total ES available for free	Focus on CP	Focus on ASD	Focus on DCD	Focus on MH/ADHD	ES meeting inclusion criteria	Range of years published	Published 2012–2016	Published 2017–2022
Autistica (Autistica, 2024)	1	0	1	0	0	1	2018	0 (0%)	1 (100%)
Child Development and Rehabilitation (CWHCBC, 2017)	13	3	1	1	0	5	2012–2018	4 (80%)	1 (20%)
The Children's Trust for Children with Brain Injury (The Children's Trust, 2019; Burrough *et al.*, 2024)	38	11	0	0	0	11	2015–2018	3 (27.3%)	8 (72.7%)
Cochrane Library (Wiley, 2022)	100+	7	5	1	19	32	2012–2022	13 (40.6%)	19 (59.4%)
Evidently Cochrane (Cochrane UK, 2022)	100+	1	0	0	2	3	2016–2021	1 (33.3%)	2 (66.7%)
Orygen (Orygen, 2022)	10	0	0	0	6	6	2015–2020	1 (17%)	5 (83%)
PenCRU (UoE, 2024)	63	11	6	0	0	17	2013–2018	13 (76.5%)	4 (24.5%)
Public Health Ontario (OAHPP, 2022)	100+	0	0	0	2	2	2014–2016	2 (100%)	0 (0%)
Raisingchildren.net.au (RCN, 2024)	59	0	35	0	0	35	2022	0 (0%)	35 (100%)
Royal College of Occupational Therapists (RCOT, 2022)	1	1	0	0	0	1	2021	0 (0%)	1 (100%)
Total	485+	34 (30.1%)	48 (42.5%)	2 (1.8%)	29 (25.7%)	113	2012–2022	37 (32.7%)	76 (67.3%)

*% is of total that met inclusion criteria

Source: Authors' own work

brain injuries, as well as one specific to upper limb management, but many include evidence for children with CP (The Children's Trust, 2019; Burrough *et al.*, 2024).

Cochrane has developed its own two formats of ES; Plain Language Summaries, a front-end synthesis and an easy-to-read, stand-alone report of each full Cochrane systematic review, found within Cochrane Library (Higgins *et al.*, 2023; Wiley, 2022), and Blogshots, a series of blog posts that convey the key findings of important Cochrane review into accessible summaries and illustrations, found within Evidently Cochrane (Chapman and Ryan-Vig, 2019). Both formats intend to make high-quality evidence accessible and easy to understand for anyone looking for health-care information (service users, clinicians, parents and policymakers), while encouraging those who have time and greater health literacy to read the full review (Pitcher *et al.*, 2022; Chapman and Ryan-Vig, 2019).

Discussion

Implications for occupational therapy

This study aimed to locate what FESS are available to OTs through a quick and simple internet search while creating a catalogue of resources for enhancing EBP. It found that a wide variety of FESS are available to OTs through a series of simple search terms in the online search engine Google. These FESS aim to make evidence accessible and understandable to a wide audience, and target readability for not just clinicians and researchers but also service users and their families. This makes FESS a possible tool to support both EBP and family-centred care, by becoming a resource that OTs can share with families/caregivers to improve informed decision-making. According to the American Occupational Therapy Association (2011), OTs should support service users and their families by providing valuable health-related information that is accessible and understandable to each person's ability. To this extent, FESS should be seen as a tool not just for the benefit of health professionals but as a component of universal health promotion as urged by the World Health Organization (WHO) (1986), allowing current and future service users to have better health outcomes through an increased ability to make informed decisions and have control over their health.

ESs and FESS were not found within academic databases, but rather online, primarily produced by local researchers and charities or non-profit organisations who work directly with service users. This suggests that there is a need for accessible, up-to-date ESs that has not been met by the traditional routes of peer-reviewed academic research. Autistica, a UK charity and ES producer specialising in support for autistic people and their families, advocates for more funding towards research, and wrote in their 2021 support plan, "Clinicians, autistic people and families have next to no useful resources to distinguish interventions with reliable evidence from those with poor quality or no evidence" (Autistica, 2021, p. 26). The past five years have seen a 34.6% growth in the amount of free intervention-focused ESs published by FESS compared to the five years prior (Table 2); many notably from organisations new to developing them, potentially because they have recognised this need (Autistica, 2018; RCN, 2024; Dunford *et al.*, 2020).

Still, there is an issue of representation in what evidence is available. Seventy-three per cent of the ESs located within the FESS are related to CP or ASD, but only 25.7% of the ESs produced were dedicated to either ADHD *or* MH conditions, and only 1.8% were related to DCD (Table 2). At the same time, it is estimated that the prevalence of DCD in school-aged children is 2%–6% in the UK (Cleaton *et al.*, 2020), whereas a growing 17.4% of youth have a probable MH condition (Newlove-Delgado *et al.*, 2021). This disparity in the findings is overall consistent with the current state of evidence found in other studies (Novak and Honan, 2019); however, when this is tied to the fact that 32.7% of the ES found in the FESS were produced between 2012 and 2016, and many of these were based on evidence more than 10 years old, it is evident that much of the already limited evidence could be outdated. OT researchers should advocate for further research in these areas and encourage the development of ESs dedicated to supporting children and families affected by these conditions with the most current evidence. Nevertheless, as the upward trend of ES publication continues and more research around the benefits of ESs is completed, an increase in the use of EBP should be expected, as the need for accessible, up-to-date and easy-to-understand evidence is met (Milton *et al.*, 2019).

Limitations

Lack of definition and consistency

Although ESs are considered a category of rapid review (Khangura *et al.*, 2012), little research has been done to define the parameters of what sets them apart from other review types, and no consistent framework exists. An eight-step approach to forming ES has been produced by Khangura *et al.* (2012), but there was no way to know that this was consistently followed for the ES located. If this approach was not followed, does that mean it is not an ES? This lack of clarity led to difficulty distinguishing inclusion/exclusion criteria, as many of the documents summarising evidence came in various formats, and many of the FESS have begun to develop their own unique ES templates (Barrie *et al.*, 2012; Chapman and Ryan-Vig, 2019; Pitcher *et al.*, 2022) (see Supplemental Table 3). The development of a standardised methodological framework and definition for ESs will be useful for reducing risks of bias, and supporting the reliability of, future ESs. Current FESS templates, along with the approach established by Khangura *et al.* (2012), and the inclusion/exclusion criteria developed in this study, may be useful as a starting point. Finally, while fundamental conclusions between rapid and full reviews have been found to be essentially the same (Watt *et al.*, 2008), no research has specifically compared ESs with the gold standard of systematic reviews.

Limited size of research team

Due to the complexity and magnitude of a scoping review process, most scoping reviews use a multi-researcher team to overcome various challenges related to the breadth of data screened and extracted (Levac *et al.*, 2010). Because this study was a dissertation project, it was not possible to implement a team approach. To offset some of these challenges, and to minimise the risk of bias, a research diary was used to reflect on the processes implemented, and the study supervisor was consulted throughout the study to gather feedback and maintain transparency.

Limitations from the online search

Because this review took place online over Google, it was subject to the parameters of the search engine infrastructure, and the geographic foci based on where the search took place, which was the UK. This means there is a potential that the FESS located in this study are geographically more relevant to the UK and that other FESS in other parts of the world may not have been found. However, to test that hypothesis and the intercontinental validity of the results, a post-review Google search for FESS related to CP was conducted using the same *a priori* search terms used in the study, but with Google location settings switched to the USA. The search results remained closely the same, and no new ES sources were located.

Finally, limiting the number of search result pages on Google to five signifies that there could be further FESS online; therefore, the list from this review should not be seen as an exhaustive list, but rather a starting point to encourage further research. With a larger team and greater resources, future research could potentially develop a larger, more thorough international database of FESS. Furthermore, unlike a published journal article, the nature of FESS being produced by independent organisations on an open webspace allows them to provide the most up-to-date information by updating their ESs as new evidence arises (RCN, 2024; UoE, 2024), but it also means that the state of FESS is in constant fluctuation, and the findings of this study should be recognised as a snapshot of what is available at the time of research.

Conclusion

From an internet-based scoping review, 10 FESS were discovered that produced ESs of interventions relevant to children/youth with CP, ASD, DCD or MH/ADHD within the past 10 years. These FESS have been compiled into a resource list that can support OTs to easily access evidence on a variety of topics and to share them with caregivers to support collaborative, family-centred care, and to help them overcome the EBP barriers of lack of time, resources and knowledge (Milton *et al.*, 2019). Global access to FESS can become a universal approach to health promotion while simultaneously enhancing the ability of OTs to meet professional standards of delivering EBP.

ESs are useful for developing a breadth of knowledge, but in best practice, they should be a starting point for OTs engaging in research. Ultimately, OTs must use professional reasoning and critically assess research as it corresponds to their client's specific needs and wishes, and implement evidence-based outcome measures throughout their intervention (RCOT, 2021). OTs should therefore be encouraged to investigate research further, using the FESS discovered to expand their scope of understanding.

Future research

This study has found that there is a need for more freely accessible high-quality ESs that have been seen by FESS producers, to guide intervention planning on a diverse range of topics. Current FESS producers are primarily non-profit and charity organisations, that are responding to the requests of service users and clinicians working directly in the field, but there is no single framework which they use to develop their ESs and only one came from a peer-reviewed OT journal (Dunford *et al.*, 2020). More research should be done to create a clearer definition of ES, to examine if there is an optimal format for presenting evidence to meet the needs of translating research knowledge into practice, and should examine if there is a way to provide more peer-reviewed ESs to OTs, and the general public. Researchers in the world of academia should consider the development of new, regularly maintained and updated FESS, to ensure new evidence is made accessible to everyone in a timely manner, and consider areas of intervention effectiveness research that are currently less represented, including DCD, MH and ADHD. At the same time, future research should examine if OTs are currently aware of these 10 FESS, how they are being used and if they are currently being used to support EBP.

Key findings

- Ten FESS were discovered that OTs can find through a simple Google search, providing accessible ESs for clinicians and/or parents and families to better evaluate relevant OT interventions for children/youth.
- FESS predominantly originate from the sector of non-profit and charity organisations, focusing primarily on producing ES of interventions related to CP/ASD, while focus on DCD/MH/ADHD is limited, however, consistency in structure and methodology lacks.

What the study has added

An FESS resource guide have been developed that can be used as a tool by OTs and caregivers to explore overviews of the evidence on a variety of paediatric interventions, to encourage and improve the delivery of EBP and speed of knowledge translation. This study highlights a need for future development of FESS, to promote health and support family-centred care.

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Appendix 1

Complete list of intervention-focused evidence summaries meeting inclusion criteria, from each FESS, formatted as references with hyperlinks

*(see each FESS for further ES that did not meet inclusion criteria)

Autistica (ASD)

Autistica (2018) *Parent-led video feedback therapy: communication interventions for young autistic children*, available at: www.autistica.org.uk/downloads/files/Autistica-evidence-summary-Parent-led-video-feedback-therapy-4.pdf (accessed 26 July 2022)

Child Development and Rehabilitation (CP, ASD, DCD)

Livingstone, R. (2012) *Evidence for practice: Manual wheeled mobility for children*, Sunny Hill Health Center for Children. available at: http://www.childdevelopment.ca/Libraries/Evidence_for_Practice/E4P_Manual_wheeled_mobility_-_02_27_2013.sflb.ashx (accessed 27 July 2022)

Livingstone, R. (2015) *Evidence for practice: Effectiveness of gait trainers (support walkers) for children with cerebral palsy*, Sunny Hill Health Center for Children, available at: http://www.childdevelopment.ca/Libraries/Evidence_for_Practice/E4P_Gait_trainer_Effectiveness.sflb.ashx (accessed 27 July 2022)

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The Children's Trust for Brain Injury (TBI, CP)

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Cochrane Library (CP, ASD, DCD, MH, ADHD)

**Plain Language Summary, evidence summary, is found at the beginning of each Cochrane Review*

Barlow, J., Bergman, H., Kornør, H., Wei, Y., and Bennett, C. (2016) *Group-based parent training programmes for improving emotional and behavioural adjustment in young children*, Cochrane Database of Systematic Reviews (8), available at: https://doi.org/10.1002/14651858.CD003680.pub3 (accessed 27 July 2022)

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Gilligan, C., Wolfenden, L., Foxcroft, D., Williams, A., Kingsland, M., Hodder, R., Stockings, E., McFadyen, T., Tindall, J., Sherker, S., Rae, J., and Wiggers, J. (2019) *Family-based prevention programmes for alcohol use in young people*, Cochrane Database of Systematic Reviews (3), available at: https://doi.org/10.1002/14651858.CD012287.pub2 (accessed 27 July 2022)

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Supplementary materials

The supplementary materials for this article can be found online.

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