

# Care Act 2014 – Transitions; Custodial settings; Employment, training and education

Guidance for occupational therapists



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# Introduction



## 1.1. Purpose of this guidance

This guide is part of a series developed by the Royal College of Occupational Therapists (RCOT) to help occupational therapists apply the Care Act 2014 (the Care Act) confidently in practice. This guidance applies to England. Different legislation and processes apply in Wales, Scotland and Northern Ireland. It focuses on what matters most for your role – enabling people to live the life they choose and prevent long-term care needs while supporting people through key life transitions.

The Care Act places the individual at the centre of care and support, with a clear purpose: ‘to help people achieve the outcomes that matter to them in their life’ (Department of Health and Social Care 2016).

**The Care Act gives adults and their carers a legal right to care and support for their eligible needs.** These are different and personal to each person, so local authorities must tailor support to these individual circumstances. The Care Act sets out principles that guide how care and support should be delivered.

This guide shows how occupational therapists can deliver these principles – across transitions, custodial settings, employment and education – by embedding inclusive, preventative approaches that promote wellbeing and resilience.

### Understanding ‘must’ and ‘should’ in this guidance

Throughout this document, the words must and should have specific meanings:

- “Must” indicates a legal duty under the Care Act or other legislation.
- “Should” indicates recommended good practice, as set out in statutory guidance.

This distinction matters because it helps you understand which actions are legally required and which are strongly advised to deliver high-quality care and support.



## 1.2. Acknowledgements

Special thank you to members of the Principal Occupational Therapists (POT) Network – a group of senior occupational therapists working across local authorities in England:

Cate Bennett (Vice Chair), Jumaimah Iqbal (Vice Chair), Amanda Greenhalgh and Angela Osei-Owusu. Additional thanks to Charlotte French.

We're grateful for their expertise, insight and guidance about how occupational therapists deliver the Care Act.



## 2. Occupational therapy and the Care Act 2014

Occupational therapists work to remove barriers in the environment and enable people to do the activities that matter to them. These include personal care, learning at school, going to work, playing sport or managing the home. Everything is focused on wellbeing and enabling people to participate fully in life.

### 2.1. Occupational therapy and the Care Act: a statutory contribution

The Care Act places wellbeing, prevention and personalisation at the heart of adult social care. It recognises occupational therapists as key contributors to this vision. Occupational therapists bring expertise in how health conditions interact with an individual's environment and occupations.

As an occupational therapist, your clinical practice includes statutory responsibilities around prevention, wellbeing and proportionate decision-making. In practice, this means helping people maintain independence, manage complexity, recover from illness or injury and live safely at home. Your role spans universal, targeted and specialist prevention, drawing on professional reasoning and models such as the Model of Human Occupation (MOHO) and the Person-Environment-Occupation-Performance (PEOP) model.

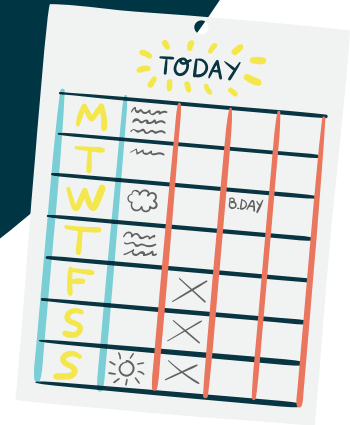
Whether working in integrated teams, shaping service design or delivering frontline interventions, you'll play an important role in helping local authorities meet their duties under the Care Act.

The statutory guidance identifies occupational therapists and social workers as two of the principal professions in adult care and support. Local authorities should ensure that adults, carers and assessors can access registered practitioners with appropriate expertise, including social workers or occupational therapists (DHSC, 2016, Statutory Guidance).

**'It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence and does not just wait to respond when people reach a crisis point.'**

(Care Act 2014, Section 2.1)

# 3. Transitions across life stages



**Transitions – like moving into adult services, leaving a prison or custodial setting or starting work – are key moments that shape people's lives. As an occupational therapist, you can help make these changes smoother, safer and person-centred.**

## 3.1. Preparing for adulthood: Transitioning from children's to adult services

Moving from children's to adult services can be a critical time for young people and their carers. The Care Act emphasises early, coordinated support to build independence and reduce reliance on long-term care. This includes helping them move into work, education, training, housing and adult care services.

### Who this applies to:

- young people cared for by their parents
- young carers
- adult carers of young people (including young people eligible for statutory services but not currently receiving them).

### What you need to think about as an occupational therapist:

- begin early, strengths based conversations that focus on goals and long term aspirations.
- plan for continuity across children's and adult services – especially where equipment or adaptations are needed in new settings.
- explore carers' needs and preferences around work, education, training and leisure.

### Other legal duties:

Local authorities also have statutory responsibilities under the Children Act 2004 and Children and Families Act 2014 to start planning early and coordinate across services (wellbeing, safeguarding, joint assessments and integrated planning). Transition discussions should begin around age 14, with the young person, family and relevant professionals.

## Care leavers and transition planning

Care leavers often face additional challenges. This might include housing insecurity and limited social networks, as well as barriers to education or employment. Local authorities must ensure that planning for care leavers is proactive and coordinated across services. You can help care leavers to develop essential life skills, access suitable housing and do the things that are important to them.

## 3.2. Transition assessments: principles and practice

Transition assessments should take place when appropriate for the individual – typically between ages 14 and 17. They don't need to be receiving care to be eligible.

### Assessments must:

- **be strengths-based:** focusing on what the young person can do, their goals and long-term aspirations
- **support skills and confidence for daily life:** for example, through reablement or enablement
- **include outcomes that matter to the young person:** such as where they want to live and how they want to be supported as an adult
- **consider other legislation:** for example, Children Act 2004, Children and Families Act 2014 and recognise that some duties extend to age 25.





## Assessments for young carers or carers of young people must explore:

- whether they are willing and able to continue providing care
- their own goals around work, education, training or leisure.

Occupational therapists are often involved when the young person or carer is already known to services. To ensure good practice, you should consider:

- joint working between children and adult services to ensure a smooth handover, especially where equipment or adaptations are needed in new settings (for example, further education or housing)
- continuity of practitioner, where the same occupational therapist supports the young person through transition, maintaining a trusted relationship and developing a care plan that bridges both services.

Following assessment, local authorities must identify which needs are eligible for ongoing support, and how those needs will be met. Where the local authority can't provide support directly, it must offer clear and accessible information about how to access it elsewhere.

## 3.3. Environmental adaptations and housing support

Transitions often involve changes in living arrangements. Occupational therapists play a vital role in ensuring these environments promote safety and wellbeing.

This includes assessing housing needs early, identifying environmental barriers and planning adaptations before the move. You'll need to work with housing teams to secure accessible accommodation and advise on new-build schemes to make sure homes are designed inclusively. For example, with features like level access, adaptable layouts and space for assistive technology.

You may also recommend smart home solutions and equipment that support safety and reduce reliance on care. These interventions should be proportionate and least restrictive, aligning with the Care Act's emphasis on prevention, choice and dignity, while supporting efficient use of public funds.



### 3.4. Developing skills through enablement

When planning enablement, you'll need to think about how to help people build skills and confidence for daily life, rather than relying on ongoing care. This often means practical training and confidence-building in everyday activities, such as personal care, getting around and managing the home environment.

Transitions often require individuals to learn or relearn these skills in ways that fit their goals and preferences. As an occupational therapist, consider how you can enable people to build confidence and competence in activities such as personal care, travel training, money management and daily living tasks.

Your approach should reduce reliance on long-term care and promote resilience, aligning with the Care Act's emphasis on prevention, choice and wellbeing.



### 3.5. Coordinating support across systems

Transitions can be complex and often involve multiple services – such as education, health, housing, care and employment. This requires joined-up planning to avoid gaps. You should consider your role in making this happen in practice.

This approach reflects the Care Quality Commission (CQC) quality statements on person-centred care and safe transitions. These emphasise continuity, collaboration and planning around individual needs and outcomes (CQC, 2014). NICE guidance on transitions reinforces the importance of strengths-based planning and joined-up support across services (NICE, 2016).

#### **What you'll need to think about as an occupational therapist working across systems:**

**Start early:** Begin transition conversations as soon as possible and map all agencies involved (such as education, housing, health and social care).

**Lead collaboration:** Organise joint meetings, share plans and use digital tools to ensure continuity and prevent duplication.

**Champion the individual's voice:** Help people express what matters most to them and make sure these goals guide the plan.

**Clarify responsibilities:** Record agreed actions, timelines and contacts so everyone understands what will happen, when and who is responsible.

**'The wellbeing of each young person or carer must be taken into account so that assessment and planning is based around the individual needs, wishes, and outcomes which matter to that person.'**

(DSHC, 2016)



# 4. Transitions in custodial and forensic settings

Occupational therapists play a vital role in planning and delivering safe, effective moves across custodial and community environments, working with prison health services, community justice teams and local authorities.

## Core occupational therapy interventions in justice settings

Occupational therapy in justice pathways plays a vital role in addressing health-related occupational needs linked to offending behaviours. These interventions can be delivered by justice-based occupational therapists working in prison health services or forensic mental health teams.

Core interventions include:

- **Holistic assessment and formulation:** Understanding the person's previous and current occupational functioning and risks within the context of offending behaviours and complex health conditions.
- **Preventative and preparative interventions:** Overcoming barriers to participation and reducing the likelihood of re-offending through skill-building and graded activities.
- **Consultation, advice and education:** Supporting prison and community teams with recommendations on environmental adaptations, equipment provision, care needs and reasonable adjustments.
- **Facilitating safe and effective transitions:** Coordinating plans and interventions to enable continuity of care and support when moving within the justice system or returning to the community.

These interventions align with the Care Act's emphasis on prevention, wellbeing and continuity of care – making sure that people in custodial settings receive person-centred support that meets statutory requirements.



## 4.1. Supporting young people transitioning into adult custodial environments

This is a particularly vulnerable time and without proper planning, can lead to serious disruption in an individual's wellbeing and rehabilitation.

### What the Care Act requires:

Local authorities must identify and plan early for young people who are likely to have care and support needs after turning 18. They must work with partner agencies to ensure:

- the young person is prepared for the transition
- the adult custodial setting can meet their assessed care and support needs
- all agencies involved work together to ensure continuity of care and support.

The Care Act applies to adults in prisons, approved premises and bail accommodation. While it does not extend to people held in police custody, the principles of assessment, planning and promoting wellbeing underpin support throughout the justice pathway – from youth custody to adult prison and back into the community.

### What you need to think about as an occupational therapist:

- assess needs early and plan for continuity across agencies
- ensure adaptations support safety and participation
- address barriers to meaningful activity, reduce health inequalities and support rehabilitation.

Local authority occupational therapists have a vital role in assessing needs. They plan for continuity while ensuring that any adaptations support safety, independence and wellbeing. They also address lack of access to meaningful activity, help reduce health inequalities and support rehabilitation.



## 4.2. Transitioning from prison custody to community: rehabilitation and reintegration

People leaving custody often face complex health and social challenges, including mental and physical health needs and barriers to services. This highlights the need for tailored inclusive approaches.

**What you need to think about as an occupational therapist:**

- plan early for continuity of care and support before release
- use a holistic, strengths-based approach to address health, social and environmental barriers
- focus on participation and meaningful activity as part of rehabilitation
  - not just physical safety.

**'Local authorities are responsible for the assessment of all adults who are in custody in their area and who appear to be in need of care and support, regardless of which area the individual came from or where they will be released to.'**

(DHSC, 2016, Section 17.10)

### 4.3. Preventative practice and financial inclusion

Preventative approaches in housing, homelessness and supported housing services help avoid serious health impacts (Homeless Link, 2022). Occupational therapists can identify risks early and help individuals to access safe, stable accommodation that supports their recovery and everyday living.

Support for financial hardship and debt is also important. Enabling people to meet their essential living costs can alleviate the stress and social exclusion that accompany poverty and reduce the likelihood of escalating health and care needs.

### 4.4. Collaborative practice: building continuity through partnership

Effective care relies on strong communication and collaboration between prison services, health and social care teams, housing providers and local authorities (Ministry of Justice, 2025). This partnership approach ensures:

- timely access to assessment and support, enabling early identification of needs and planning for continuity
- safe working practices for professionals, including clear protocols and shared understanding of custodial environments
- continuity of care during and after police custody, reducing disruption and supporting rehabilitation.

Occupational therapists working in local authorities have an important role in making this collaboration happen. You'll work closely with partner organisations, including justice-based occupational therapists, to plan and deliver joined-up support. Your responsibilities include:

- Coordinating with housing services to explore appropriate housing options and tenancy support for individuals preparing for release.
- Working with voluntary and independent sector organisations to enable access to commissioned services, such as substance misuse treatment and domestic violence support.
- Facilitating access to, or delivering, reablement and enablement services, to build skills and confidence in custody and post-release.



## 4.5. Delivering occupational therapy safely and ethically in custodial settings

If you are asked to assess someone in custody, expect a briefing on security protocols and logistics. The prison will inform you of any restrictions on equipment, interventions or care options. Let the individual's wellbeing guide decisions within custodial constraints and collaborate with staff on realistic solutions.

If this is a new area of practice for you, seek supervision, raise concerns with your manager and access training or peer support as needed.

Before your assessment, check if an occupational therapist works in the prison. They can share their knowledge and provide a handover of their assessment, recommendations and interventions for the person you are visiting.

You may refer to the RCOT Professional Standards for Practice, Conduct and Ethics (RCOT, 2021), which outline the essential behaviours, values and responsibilities expected of occupational therapists. These standards support safe, effective and ethical practice across all settings, including custodial environments.

## 4.6. End of life care in custody

Custodial settings may not be suitable for end-of-life care. If a person is transferred to a hospice, hospital or care home, responsibility for their care shifts to the NHS or the receiving local authority. You should approach this situation as you would in any other setting, while being mindful of any specific risks or restrictions related to the individual.

### Practice example: Supporting transition and rehabilitation

John, a disabled prisoner with a head injury, received little support during his sentence and became disengaged from daily living tasks. As release approached, concerns were raised about housing and life after custody. An occupational therapist identified missed opportunities for rehabilitation, worked with prison staff to build confidence through graded activities, and produced a report to inform housing and adult care planning. Early, person centred occupational therapy can reduce post release support needs and improve outcomes.



## 4.7. Supporting transition from forensic hospital to the community

Under Section 117 of the Mental Health Act 1983 (as amended by the Care Act), the local authority responsible at the time of detention to a mental health hospital remains responsible for commissioning or providing aftercare, even if the person moves between areas (Mental Health Act 1983, as amended).

Local authority occupational therapists contribute to aftercare planning by identifying meaningful occupations, assessing environmental risks and enabling participation in community life - all of which are essential to reducing relapse and promoting wellbeing.

Your contributions may include:

- **Supported living arrangements** – Assessing and designing environments that promote independence, safety and recovery and ensuring adaptations are tailored to individual needs.
- **Sensory regulation** – Advising on environmental changes that support positive behaviour and wellbeing – for example, minimising noise, adjusting lighting and managing foot traffic, or recommending robust, fixed fixtures to reduce risk.
- **Housing** – Working with housing teams to identify suitable accommodation, assess environmental barriers and support tenancy sustainment.
- **Integrated working and shared funding** – Collaborating across health and social care systems to develop joint plans, pool funding and resources and ensure continuity of care.



## Practice example: Transforming care in action

Helen, a woman with a mild learning disability, had lived for many years in a high secure forensic hospital out of area due to behaviours that posed a risk to herself and others. Under the Care Act, because Helen was admitted from her home in the local authority's area, that authority remained responsible for funding her discharge arrangements and long-term care and support.

To enable Helen's transition to the community, a supported living property was identified and adapted to meet her specific needs. Occupational therapists worked across forensic health and social care systems to:

- Secure funding and coordinate responsibilities under Section 117 of the Mental Health Act (as amended by the Care Act), ensuring continuity of aftercare.
- Design and adapt the environment for sensory regulation and safety, including low-stimulus features (minimising noise, lighting and foot traffic) and robust fixtures to reduce risk.
- Plan a move aligned with Helen's long-term goals, focusing on meaningful occupation and participation in community life.

This example illustrates how occupational therapy delivers the Care Act's emphasis on prevention, wellbeing and continuity of care. By addressing environmental barriers and enabling participation – occupational therapists reduce restrictive care and promote choice and dignity.



# 5. Employment, training and education



## 5.1. Supporting participation in work, education, training and recreation

Participation in work, education, training and recreation is a key component of wellbeing under the Care Act. Good work supports physical and mental health, and occupational therapists are uniquely placed to enable meaningful occupation through a holistic, biopsychosocial approach (Waddell and Burton, 2006).

Occupational therapists in local authorities can:

- enable early access to work/learning advice through community based services.
- support people to retain or regain skills and confidence after illness or life events (vocational rehabilitation)
- build capacity across the wider workforce to have work focused conversations
- address complex barriers to employment (health conditions, caring responsibilities, environmental challenges and so on)
- leverage knowledge of community organisations offering skill building and volunteering opportunities.

### Practice example: Building confidence and enabling goals

A young woman with a learning disability was referred to an occupational therapist following a series of falls. During the assessment, she shared her anxiety about leaving the house and her desire to do more with her time. She was enrolled on a beauty therapy course at college but had stopped attending due to fear of falling.

The occupational therapist provided equipment and advice to reduce fall risks inside and outside the home. Working with the woman, her key worker and her mother, the occupational therapist developed a plan which helped her feel safer and able to do the things that mattered to her, including swimming and shopping trips. She resumed her course and began preparing for a salon work placement.



While work is a key contributor to wellbeing, many people are unable to access employment due to physical, mental or environmental barriers – or a combination of all three. These barriers may include long-term health conditions, fluctuating mental health, inaccessible environments or a lack of appropriate support.

By working holistically with individuals, carers, employers and communities, occupational therapists can identify strengths, remove barriers and enable meaningful participation in work, education, training or recreation – whether paid or voluntary.

### **Practice example: Supporting carers to return to work**

A woman caring full-time for her husband, who had dementia and reduced mobility, wanted to return to part-time work. She was providing all personal care and felt unable to leave him safely.

An occupational therapist assessed both their needs. The husband's environment was adapted to improve safety and access, and care support was arranged. Financial advice was also provided. With these changes, the wife was able to return to work, maintaining her wellbeing and their relationship.





# 6. What does this mean for occupational therapists?

Occupational therapists have a clear statutory role in supporting people through key life transitions – from childhood to adulthood, from custody to community and into work, education or training. You can apply the breadth of your skillset to enable people to navigate these changes and achieve outcomes that matter to them.

You can support transitions and promote wellbeing by:

- **Championing the individual during transitions** – Plan transitions around the person's strengths, goals and aspirations. Use clinical reasoning to coordinate support that is timely, joined-up and meaningful.
- **Reduce occupational deprivation and inequality** – Enable access to purposeful activity, support rehabilitation and promote inclusion in education, employment and community life for people facing barriers (for example, in custody, homelessness, complex needs and so on).
- **Apply enablement skills** – Use reablement, environmental adaptations and sensory strategies to help people participate in daily life and reduce reliance on long-term care.
- **Work across systems** – Collaborate with health, social care, housing, education, justice and employment services to bridge gaps and maintain continuity.
- **Lead preventative, strengths-based practice** – Identify risks early, build on strengths and connect people to community resources that promote resilience and reduce future needs.
- **Shape service development** – Ensure resources support prevention and design services that meet Care Act requirements. Use occupational therapy skills flexibly across teams.
- **Embed proportionate, person-centred approaches**  
– Focus on early intervention, least restrictive solutions and planning that promotes choice and dignity, while making best use of public funds.



# 7. Conclusion

The Care Act reaffirms core occupational therapy values: seeing the person, enabling participation in meaningful occupations and promoting wellbeing through inclusive, preventative practice. Whether you're working with individuals or shaping services, you're in a unique position to lead change. By embedding occupational therapy into transition pathways, practitioners can help create a care system that is joined up and truly person centred.





# 8. Resources

Care Act 2014 Part 1: Factsheets (DHSC). Available at: <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>.

Care Act Resource Page (Disability Rights UK). Available at: <https://www.disabilityrightsuk.org/how-we-can-help/independent-living/care-act-resource-page>.

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**National Institute for Health and Care Excellence (2016).** *Transition from Children's to Adults' Services for Young People Using Health or Social Care Services (NG43)*. Available at: <https://www.nice.org.uk/guidance/ng43>

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