Informed View

Royal College of Occupational Therapists

Concurrent statutory and independent occupational therapy involvement

September 2026

Purpose

This Informed View sets out the Royal College of Occupational Therapists' (RCOT) position on concurrent involvement from statutory and independent occupational therapists. It clarifies the principles that should guide decisions when a person receives support from both statutory and independent services.

Context

People may choose to access occupational therapy through independent practitioners while also receiving support from statutory services. This can happen for many reasons. A person may wish to access additional support, seek a second opinion, reduce waiting times or access specialist expertise.

Concerns are sometimes raised about whether involvement from an independent occupational therapist could affect access to statutory services. RCOT recognises the need for clarity on this issue.

RCOT view

RCOT is clear: involvement from an independent occupational therapist should not, on its own, affect a person's entitlement to statutory occupational therapy services. People who are receiving statutory occupational therapy services may also choose to work with an independent occupational therapist.

Across the UK, access to statutory occupational therapy should be determined by assessed need, professional judgement and clinical reasoning – not by whether a person also receives support from an independent occupational therapist.

This principle is reflected across social care legislation in all four UK nations, alongside UK-wide professional and human rights frameworks. Social care duties are set out in law and statutory guidance in England, Wales, Scotland and Northern Ireland. While the legislation differs by nation, a shared expectation applies. Decisions about assessment, provision or withdrawal of statutory support must be evidence based, proportionate, transparent and focused on the individual's needs and wellbeing, rather than on the identity of other providers involved.

Working together in the person's best interests

Independent occupational therapists are expected to practise openly and ethically, with the individual's consent and best interests at the centre. Professional standards across health and care professions emphasise appropriate communication, transparency and constructive working with colleagues, regardless of sector.

When statutory services may review involvement

There may be circumstances where statutory services consider changes to their involvement. For example, where there are clearly identified clinical risks, unresolved duplication of intervention, or where eligibility criteria are no longer met following reassessment. Where this happens, decisions should be clearly explained and supported by professional reasoning, consistent with professional standards of conduct and practice.

If you have concerns about a decision

If statutory occupational therapy support is being reconsidered, withdrawn or refused, while a person is also working with an independent occupational therapist, it is reasonable to ask:

- What is the basis for this decision?
- How does the decision relate to assessed need, clinical risk or statutory criteria?
- Have reassessment, coordination or alternative approaches been considered?

People have the right to clear explanations about decisions that affect their care. They may also use local review or complaints processes where concerns remain. Social care decisions must also be compatible with the Human Rights Act 1998, which applies across all four UK nations.

Conclusion

Independent and statutory occupational therapy should not be treated as mutually exclusive. Decisions should be based on need, safety and professional judgement.

References

All websites accessed on 20 August 2026

Great Britain. Parliament (2014) *Care Act 2014.* London: Stationery Office. Available at: *https://www.legislation.gov.uk/ukpga/2014/23/contents*

Department of Health & Social Care [ca. 2014] *Care and support statutory guidance.* Updated 22 July 2025. London: DHSC. Available at: *https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance*

Wales. Welsh Assembly Government/Llynwodraeth Cynulliad Cymru (2014) *Social Services and Well-being (Wales) Act 2014*. Cardiff: Welsh Assembly Government. Available at: *https://www.legislation.gov.uk/anaw/2014/4/contents*

Scotland. Scottish Government (2013) *Social Care (Self-directed Support) (Scotland) Act 2013.* Edinburgh: Scottish Government. Available at: *https://www.legislation.gov.uk/asp/2013/1/contents*

Scotland. Scottish Government (2017) *Health and social care standards: my support, my life*. Edinburgh: Scottish Government. Available at: *https://www.gov.scot/publications/health-social-care-standards-support-life/*

Northern Ireland. Northern Ireland Assembly (2009) *Health and Social Care (Reform) Act (Northern Ireland) 2009*. London: Stationery Office. Available at: *https://www.legislation.gov.uk/nia/2009/1/contents*

Great Britian. Parliament (1998) *Human Rights Act 1998*. London: Stationery Office. Available at: *https://www.legislation.gov.uk/ukpga/1998/42/contents*

Health and Care Professions Council (2004) *Standards of conduct, performance and ethics*. London: HCPC. Available at: *https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/*