Informed View

Royal College of Occupational Therapists

Occupational therapy is the profession of participation

November 2026

Purpose
The Royal College of Occupational Therapists' (RCOT) sets out why occupational therapists are experts in enabling participation and what this means for policy, practice and service design.

Context
Across the UK participation has emerged as a central term in policy. Participation is increasingly a goal across employment, health, social care and education policy. Examples include:

1. **Children, young people and families:**
   - 'Local authorities have duties to promote effective participation in education or training for 16- and 17-year-olds' (DfE 2015)
   - 'Young people aged 16 and 17, including those with special and educational needs and disabilities, are required to participate in education or training until they reach their 18th birthday' (DfE 2026)

2. **Working age adults:**
   - 'Policies have to be judged through a participation lens' (Milburn 2026)
   - 'Local authorities must promote individual wellbeing... including participation in work, education, training or recreation, and suitability of living accommodation.' (DHSC 2023)

3. **Later life:**
   - 'We want to remove barriers to participation by providing more flexible opportunities for engagement and access to affordable transport, and by ensuring people's contributions are valued and that they are supported to develop new skills.' (Office for Health Improvement and Disparities 2023)
   - 'Participation in work, education, training or recreation' is highlighted in the 'Definition of wellbeing' within the Care Act Statutory Guidance (DHSE 2025)

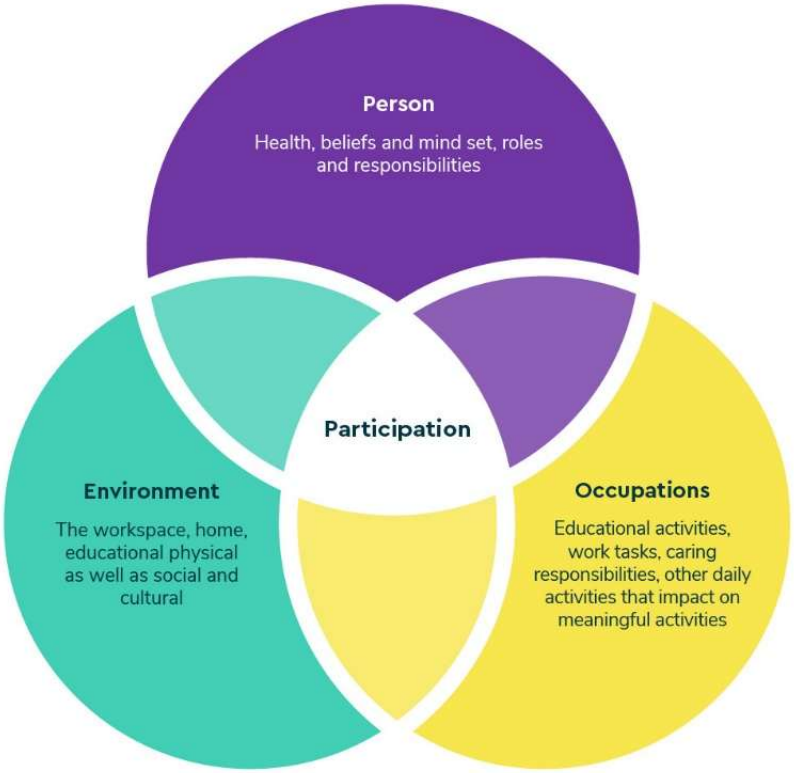
Participation is however frequently reduced to surface-level metrics, such as physical attendance in a classroom, or employment status. This excludes the essential foundational forms of participation, including community life, socialising, play and everyday activities that then allow for participation in education or work. The World Health Organisation (WHO) defines participation as 'involvement in a life situation,' that covers learning, general tasks and demands, communication, mobility, self-care, domestic life, interpersonal interactions and relationships, major life areas and community, social and civic life. (WHO 2026). This definition is aligned with occupational therapy.

RCOT view

1. **Occupational therapists are experts in participation.** Occupational therapists routinely look beyond a diagnosis to understand the whole person and their everyday life. The core occupational therapy paradigm is that health, identity, and human dignity are realised through active engagement in meaningful everyday occupations.

   We apply theoretical frameworks such as the Person-Environment-Occupation (PEO) model to understand and address the obstacles to participation (Duncan 2020), focussing interventions on activities of daily living (Baker et al 2023, Egan et al 2026), rest and sleep (Beisbier and Laverdure 2020), social participation (Jirikowic et al 2023, Proffitt et al 2022), and work (Butnik et al 2023).

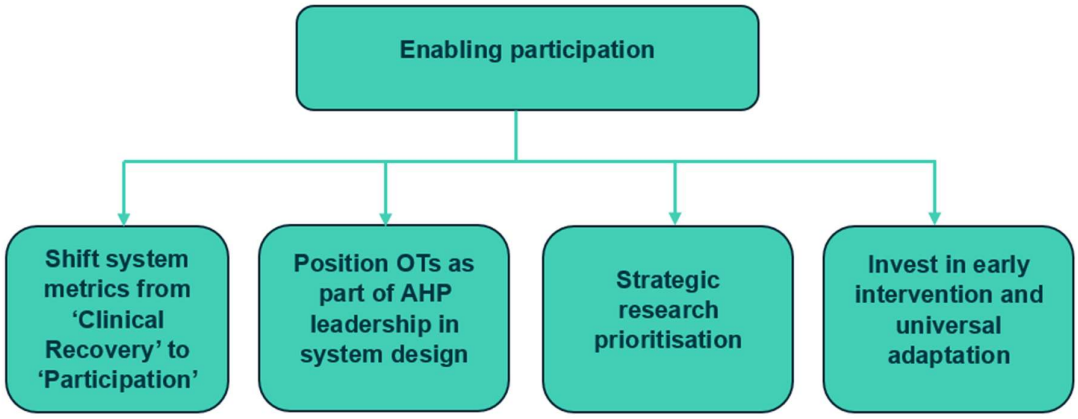
In the PEO model we analyse and address the dynamic interaction between the **Person**, the **Environment** and the **Occupation** (Law et al 1996). This distinction enables occupational therapists to develop practical solutions that remove obstacles to participation.



2. **The goal of occupational therapy is participation.** Occupational therapists recognise that meaningful activity is both a way to support recovery and an important outcome in its own right. Occupational therapists adapt activities and environments so that children can play (Fischer et al 2023, Psychouli et al 2026), adults can work (Callens et al 2025, Mullins et al 2025) and older people can stay connected (Mitterfellner et al 2024, Ward et al 2025), whilst living with illness, disability or health conditions. A reduction in symptoms may occur as a result of participation but it is not the overarching goal.

3. **Occupational therapy practice addresses occupational deprivation.** Occupational deprivation occurs when 'people are precluded from opportunities to engage in occupations of meaning due to factors outside their control' (Whiteford, 2000, p201). Systemic, environmental and societal barriers prevent many people from participating, particularly people who are neurodivergent, have a mental illness or are living with disability and people who experience marginalisation. Occupational therapists achieve occupational justice (the 'equitable opportunity and resources to enable people's engagement in meaningful occupations' (Wilcock & Townsend, 2000, p85)) by working with individuals, groups and communities to remove barriers, create opportunities and advocate for equitable participation in the occupations that enable health, wellbeing, belonging and quality of life. Across a life span this may include ensuring children can participate fully in learning, play and school life, promoting accessibility, choice, independence and inclusion for people with disabilities, for mental health, enabling access to employment, education and social participation and supporting healthy ageing through home adaptations and community connections.

RCOT's call for action



1. Shift system metrics from 'Clinical Recovery' to 'Participation'

- Commissioning within the NHS, local authorities, employers and education bodies should evaluate service success using validated participation measures that capture real-world and person-centred, functional outcomes.
- Participation measures should be routinely included within community rehabilitation, mental health, SEND and social care services.
- Inspection frameworks (CQC, Ofsted and equivalents) should assess how well services enable participation in everyday life, not simply access or attendance.
- National outcomes frameworks should measure participation in work, education, family life, community activities and activities of daily living.

2. Position OTs as part of allied health professions leadership in system design

- Embed occupational therapists across systems including in primary care, SEND/ALN and ASN process, housing authorities, employment services and community mental health teams to design environments and pathways that enable participation at a universal, population level.
- Employment support programmes including WorkWell, fit note provision, vocational rehabilitation and occupational health services should routinely include occupational therapy expertise.

3. Strategic research prioritisation

- Ensure participation, in line with the WHO definition, is prioritised as a key area of interest for research funding and pilot services.
- NIHR and other research funders should identify participation as a cross-cutting research theme.
- National datasets should collect participation outcomes consistently across health, education and social care.

4. Invest in early intervention and universal adaptation

- Expand access to specialist occupational therapy assessment and environmental modification early in a diagnosis or lifecycle transition, preventing secondary loss of participation, connection and community living.
- Ensure people have ongoing access to OT and OT-informed non-clinical staff to maintain participation as a preventative measure.

Sector	Strategic Call to Action
Integrated Health and Social Care Models	Embed occupational therapists as Senior Practice Leads in community rehabilitation, neighbourhood primary care frameworks, and neighbourhood health teams to drive participation-led outcomes over simple bed-turnover or symptom-reduction targets.
DWP & Employment Services	Occupational therapy expertise should be universally utilised in the development and delivery of employment services. From fit notes in primary care, job centres, and Work Well, to vocational rehabilitation and occupational health services, the occupational therapy skillset brings the essential 'participation first' lens.
Education & Social Care	Ensure participation is considered a core outcome across education, health and care services, with occupational therapists embedded in strategic and frontline roles to identify and remove barriers to children and young people's participation in learning, family life, community activities and everyday life, enabling them to thrive now and in the future.

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