

Principal occupational therapists in adult social care services in England: Roles and responsibilities

Royal College of
Occupational
Therapists



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Endorsed by:



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Preface

We know that despite the small percentage of occupational therapists based within adult social care in England, they are responsible for a high proportion of work and are essential in delivering key aspects of the *Care Act* (Great Britain, Parliament 2014). These occupational therapists have a crucial role in enabling people to maintain their independence and in supporting their carers. They are fundamental to the delivery of effective preventative measures, such as reablement and housing.

As leaders within social care, principal occupational therapists can articulate to others the valuable role the profession holds working alongside their principal social work colleagues. Their role as strategic leaders plays a vital part in bridging the gap between health and care that is so important to best meet the needs of people in receipt of services.

This resource will provide occupational therapy leaders with a capability statement to be used as a foundation to bring consistency to job role planning across England. It can be used to demonstrate the role of the principal occupational therapist, support the development of new principal roles and amplify the important part occupational therapists have within social care. The long-term aim is to see the principal occupational therapist role embedded in English policy legislation.

Steve Ford
Chief Executive, Royal College of Occupational Therapists

Foreword

The value and impact of having principal occupational therapists (the predominant allied health professional (AHP) in local authorities), working in collaboration with principal social workers in local authorities continues to be recognised (DHSC 2021). The positive impact diverse professional leadership has on outcomes and experience of our population is also acknowledged (NHS Improvement, 2018), as we continue to see the increase of principal occupational therapy roles in local authorities.

In a 2021 scoping exercise, commissioned by myself as Chief Allied Health Professions Officer for England, regarding AHP leadership in local authorities (LA), we heard from senior occupational therapy and other social care leaders. Whilst principal occupational therapist roles are increasing in LAs, these roles are not commonplace and occupational therapy leadership roles still vary widely in relation to operational, strategic, professional responsibility and seniority. Nationally, each LA's interpretation of the role still varies widely in relation to understanding of what the role can deliver and the influence and impact it can have. But overarchingly, occupational therapy leaders in LAs shared that principal occupational therapists, given dedicated time for professional, strategic leadership, supported by Directors of Adult Social Services (DASS), are the most impactful.

Given these recent findings, I am delighted to endorse the publication of this helpful resource which will not only help to showcase the advanced knowledge and skill required to meet the advanced professional practice of a principal occupational therapist, but support employers with a consistent description and understanding of what to expect from the principal occupational therapist role in their organisation. No doubt this will be helpful in developing job descriptions and person specifications locally.

Principal occupational therapists provide professional leadership to support, engage with and develop both current and future occupational therapy workforce to optimise practice quality outcomes and population experience. They also develop and nurture collaborative partnerships and solutions within housing; provide professional leadership within Integrated Care Systems across health and social care and utilise the full breath of their professional skills. Principal occupational therapists drive preventative, personalised, strengths-based, social care services and practice that focus on enablement and optimising the independence and wellbeing of our population.

Suzanne Rastrick OBE FRCOT FRSA
Chief Allied Health Professions Officer (England)

Foreword

Principal occupational therapists and principal social workers leadership approaches are complementary and embrace bringing people together to share, to learn from each other and to co-create. Together they provide an effective leadership style that facilitates meaningful and positive change for well-functioning organisations and most importantly, a culture of practice that puts people and the outcomes that matter to them at the heart of support and care.

Occupational therapy and social work are the key professions that provide support to service users across both health and social care, working with and across all care groups, age ranges and conditions. Collaborative and shared leadership from principal occupational therapists and principal social workers in adult social care contributes to people, families and communities experiencing support that improves their life opportunities and wellbeing.

Lyn Romeo
Chief Social Worker for Adults

Supporting statement from ADASS

Unfortunately, we hear daily accounts of the ongoing crisis in social care, people not having access to services when they need them, people moving into residential care due to the lack of community services, families and carers under enormous pressure and people living lonely and isolated lives. However, it does not have to be that way and when we get social care right it can be transformative for people, supporting them to lead the lives they want to live. Occupational therapists, working alongside health and social care colleagues are central to this, providing life-changing support to people of all ages at different stages of their life which is vital to the health and wellbeing of today's citizens and future generations. ADASS supports the ongoing work of Occupational Therapists working in adult social care.

Stephen Chandler
Association of Directors of Adult Social Services in England (ADASS)
President

Introduction

The last few years have seen a significant increase in the number of principal occupational therapists working within social care teams in England. The Royal College of Occupational Therapists (RCOT) is committed to supporting its members with the advancement of this important role.

This resource provides guidance for principal occupational therapists and social care leaders who wish to develop this post within existing services. It highlights how principal occupational therapists can work alongside principal social workers and directors of adult social care to provide collaborative, person-centred, inclusive, and effective services.

The guidance has been mapped to Career Level 8 in the *Career development framework* (RCOT 2021a) and provides a version of this level of practice contextualised within the social care setting. People working at this level, such as principals and consultants, have the most advanced knowledge across all four Pillars of Practice.

Information in this guidance about the roles and responsibilities for principal occupational therapists follow the four Pillars of Practice as set out in the RCOT *Career development framework*:

- Professional practice;
- Facilitation of learning;
- Leadership; and
- Evidence, research and development.

In addition, the guidance is in line with the RCOT's *Professional standards for occupational therapy practice, conduct and ethics* (RCOT 2021b). To be considered as a competent and capable practitioner, occupational therapists need to demonstrate a combination of recognised knowledge and skills, along with behaviours that reflect a professional way of thinking across the four Pillars of Practice (RCOT 20201b)..

Roles and responsibilities

1. Professional practice

Ways of thinking

The principal occupational therapist will:

- 1.1. Actively listen to, and reflect on, the needs and views of people who access services, their families and their carers to facilitate shared ownership of decision making.
- 1.2. Be aware of their own values, culture and position, and the impact these have on their own work and on others.
- 1.3. Think critically, be open to change and reflect when making professional judgements – including those in the most complex and unpredictable contexts – guided by others as necessary, and supporting others to do so, for the benefit of those who access services, their families and their carers.

Skills (practice-based, technical, or research-related)

The principal occupational therapist will:

- 1.4. Apply advanced and extensive knowledge of and skills in assessment, intervention and evaluation for people with directly or indirectly highly complex health and social care needs, to promote a personalised approach, risk reduction, wellbeing and prevention agendas.
- 1.5. Lead on embedding occupational therapy theory and principles into practice, utilising a whole-systems and strength-based approach.
- 1.6. Contribute to, and lead on, strategy, practice and policy developments that challenge stigma and discrimination.
- 1.7. Promote participation, equity, equality, inclusivity and diversity, and shared decision making with people who access occupational therapy services, their families and carers, in line with their choices, and support others to do so.
- 1.8. As a strategic lead for occupational therapy, influence and engage with the wider social care and health systems, using this professional influence to empower others to:
 - 1.8.1. Make critical judgements and decisions in circumstances where a precedent may not exist.
 - 1.8.2. Collaborate on, influence, monitor and affect improved wellbeing outcomes for local populations by working in partnership with key stakeholders and statutory bodies.
 - 1.8.3. Collaborate with other public authorities (Housing, the National Health Service (NHS), the Department for Work and Pensions (DWP)) to achieve better outcomes – including those that focus on occupation and wellbeing – for the local population, across domains of work, education, training and recreation.

Roles and responsibilities

- 1.8.4.** Embed a wider system that takes all possible steps to empower local people to prevent, reduce or delay the need for care and support.
- 1.8.5.** Lead on embracing risk at an organisational and individual level within practice, enhancing risk management frameworks and ensuring effective empowering strategies are embedded at all levels of the organisation.
- 1.8.6.** Actively promote strengths-based and personalised approaches that enable people to access local facilities and communities, and promote integration into work, education, training and recreation.
- 1.8.7.** Promote asset- and place-based approaches in the development of community-led services, ensuring a co-production approach with people, their families, friends, carers and social care staff, to ensure good practice.
- 1.8.8.** Embed the four core principles of co-production (Equality, Diversity, Accessibility and Reciprocity) into service re-design, by actively promoting participation in the provision of interventions co-produced with people, families, friends, carers and the community.
- 1.8.9.** Role model integrity, consistency and the use of legitimate challenge.
- 1.8.10.** Promote the impact of the wider determinants of health and wellbeing on a person's ability to do the things they want, need or are expected to do e.g. education and skills, nutrition, work, housing, money and resources, friends, family and communities, and transport.
- 1.9.** Work at a system level and where appropriate allocate resources effectively.
- 1.10.** Advocate for care and support to be available for all, when they need it, through effective collaboration, cooperation, and integration with other public authorities.
- 1.11.** Encourage a culture of openness and critical reflection through modelling and supporting processes that encourage this, in line with statutory guidance and established best practice.
- 1.12.** Ensure that the practice and rationale for departmental-wide occupational therapy is defined and guided by the wellbeing and prevention principles of the *Care Act* (Great Britain. Parliament 2014) and relevant legislative frameworks, such as the *Housing Grants, Construction and Regeneration Act* (Great Britain. Parliament 1996).
- 1.13.** Embed strategic processes to support Advanced Care planning, dignity, and end of life across occupational therapy practice, working in collaboration with health and social care colleagues where appropriate.

Roles and responsibilities

- 1.14. Ensure that mechanisms and processes are in place to support people to have control over activities they value at the end of life.

Safeguarding

The principal occupational therapist will model behaviour based on the six safeguarding principles set out within the **Care Act** (Great Britain. Parliament 2014). These principles (see Appendix) will be demonstrated through activity that makes safeguarding personal to:

- 1.15. Champion the rights of people in the context of professional ethics and strategic decision making, using a legal and human rights framework.
- 1.16. Embed best practice in safeguarding across all occupational therapy work within the organisation, ensuring measures are used proportionally and staff are able to discharge statutory duties effectively.
- 1.17. Ensure recommendations from formal proceedings inform local policy and practice (e.g. safeguarding adult reviews), and establish appropriate dissemination channels to ensure outcomes are communicated at all levels.
- 1.18. Use expert level knowledge of legislation, processes and best practice to support and empower people at risk.
- 1.19. Apply an in-depth knowledge of the *Mental Capacity Act - Deprivation of Liberty Safeguards* (Great Britain. Parliament 2005), advising colleagues and supporting best practice in complex case management.
- 1.20. Monitor levels, and minimise the use, of any restraint practices across the service, particularly in relation to specialist equipment or environmental adaptations.
- 1.21. Advise the Director of Adult Social Services (DASS) and wider council members on complex and potentially controversial queries, complaints and legal issues.
- 1.22. Identify, request and allocate necessary resources, and learning and development opportunities to enable quality effective practice that minimises risks of abuse and neglect.

Roles and responsibilities

2. Facilitation of learning

Ways of thinking

The principal occupational therapist will:

- 2.1. Actively engage in their own ongoing learning, including mandatory training and relevant educational/developmental opportunities, and support others to do so.
- 2.2. Consider the potential of emerging learning and development processes (e.g. technology-enabled learning) to promote accessible and flexible learning for all.
- 2.3. Consider a range of models to deliver safe and effective practice-based learning (e.g. peer-assisted, long-arm, interprofessional, remote/virtual).

Skills (practice-based, technical, or research-related)

The principal occupational therapist will:

- 2.4. Strategically embed learning and development, across all four Pillars of Practice, throughout the occupational therapy workforce, including leading or contributing to workforce development projects and promoting professional development opportunities both internally and externally.
- 2.5. Role model ways to teach and learn about the value of occupations for health, care and wellbeing.
- 2.6. Support sustainability of the workforce, recruitment and retention by facilitating pre-registration learners on placements and career development opportunities, e.g. for staff to access the apprenticeship degree in occupational therapy.
- 2.7. Be an active participant in regional principal occupational therapy groups, AHP networks and wider networks – influencing change, achieving consistent regional occupational therapy practice, and supporting learning and feedback to RCOT and ADASS on matters relating to the profession.
- 2.8. Actively demonstrate trust in the workforce and develop a culture that promotes learning, critical reflection, analysis, and the acceptance and expectation of accountability.
- 2.9. Role model excellence in supervision practices and promote an organisational culture in which regular professional supervision is prioritised, valued and inclusive to all.
- 2.10. Develop and ensure delivery of an effective occupational therapy work structure, supervision process, culture, and expectations against national benchmarks.
- 2.11. Ensure a supervision policy is in place and reviewed regularly so all members of the occupational therapy workforce have access to regular professional supervision, provided by another HCPC registered occupational therapist where possible.

Roles and responsibilities

- 2.12.** Ensure newly qualified occupational therapists have appropriate access to support for learning and development, applying professional guidance and best practice (including Skills for Care and RCOT 2019).
- 2.13.** Ensure that supervision supports the development of best practice and follows a theoretical framework, making use of models, legislation, research-based knowledge and evidence-based practice.
- 2.14.** Challenge complacency, actions and ways of thinking that may not be in the interest of the public and/or people who access services, their families and their carers.
- 2.15.** Ensure availability of a range of evidence-informed resources to support critical reflection.
- 2.16.** Provide a conduit between frontline practice and strategic decision-making, through active involvement with the DASS, and the wider council, creating a bridge between policy and practice.
- 2.17.** Actively promote and support the development of the practice leadership function of occupational therapists.

Co-production

- 2.18.** Develop and evaluate educational resources for and with a wide range of audiences (e.g. learners, people who access services, their families and their carers, occupational therapists, social workers, administrators) using appropriate, efficient, accessible and innovative methods of delivery.
- 2.19.** Contribute to, and co-create with, interprofessional and lay networks to promote the exchange of knowledge, skills and resources.
- 2.20.** Influence the design and process for obtaining feedback from people with lived experience, working in co-production with them to ensure meaningful outcomes for individuals and their families.
- 2.21.** Actively contribute to the development of pre-registration and postgraduate curricula to promote the contributions that occupational therapists bring to social care.
- 2.22.** Ensure effective processes are in place to create opportunities for self and others to work across practice and education settings (e.g. Board membership, practice-based learning, curriculum development/teaching, assessment).
- 2.23.** Role model actively seeking feedback to learn about how own behaviour and values impact on others and take a proactive approach to appropriately responding to that feedback.

Roles and responsibilities

3. Leadership

Ways of thinking

The principal occupational therapist will:

- 3.1. Recognise and act where performance and practice of self and others should be improved or reported (e.g. where practice is potentially unsafe, where there are displays of microaggressions, or where there are behaviours that are discriminatory or that reinforce stigma).
- 3.2. Recognise and act where performance and practice of self and others should be celebrated to facilitate a culture within which colleagues can excel.
- 3.3. Recognise and strategically manage current and potential future resource issues that may affect learning, development, and performance.
- 3.4. Role model the importance of self-awareness, emotional intelligence, and resilience, and engage in courageous conversations when advocating for self, colleagues, people who access occupational therapy services, and their families and carers.
- 3.5. Actively seek knowledge and information from people who access services, their families and their carers, and colleagues across the system at all Career Levels to inform strategic thinking and decision making.

Skills (practice-based, technical, or research-based)

The principal occupational therapist will:

- 3.6. Where applicable, assume professional accountability and budgetary responsibility for service delivery, to establish a shared strategic vision that inspires, motivates and epitomises the principles of wellbeing and independence, (Great Britain. Parliament 2014) across the organisation.
- 3.7. Working with heads and service and strategic managers, take responsibility for the work of others within one or more services/settings.
- 3.8. Be highly visible in day-to-day and strategic actions, demonstrating the value of occupation and setting out clear routes of two-way communication between leadership and frontline staff.
- 3.9. Evaluate their own practice and share the outcome with others, to demonstrate the impact of advanced level practice within the system.
- 3.10. Lead and advocate for the roles of occupational therapy theory, process, and outcomes, by role modelling their use in complex multidisciplinary work that benefits people who access services, their families, and their carers.

Roles and responsibilities

- 3.11.** Ensure a commitment to anti-discriminatory practice is a fundamental part of the occupational therapy service and take auditable action that embeds the core professional value of occupational justice into practice.
- 3.12.** Use the position of visibility to strategically influence the local, regional and national social care system, including collaborative working relationships across statutory, charity and voluntary sectors.
- 3.13.** Apply in-depth understanding of practice and political context at a local and national level, to influence and provide strategic leadership and advice to the DASS and/or the wider council e.g. to develop and apply case law.
- 3.14.** Actively promote rights and responsibilities for self and others, including, but not limited to: professionalism; equity; equality, diversity and inclusion; and health and wellbeing in the workplace.
- 3.15.** As the professional lead in the organisation, confidently analyse, respond, guide and act as a 'critical friend' to support complex shared decision making across social care and the health economy.
- 3.16.** Work closely with the principal social worker and other professional leads in looking at evidence-based best practice, and areas for improvement across social care, supporting and encouraging the organisation to provide innovative, sustainable and efficient practices.
- 3.17.** Quantify and evidence the profession's impact and effectiveness, and ensure the best use of resources to enable occupational therapists across the organisation, and their partners, to work flexibly.
- 3.18.** Advise on the procurement and appropriate usage of assistive technology and equipment for people who access services, and to support colleagues to complete their roles. For example, provide professional oversight and a strategic lead in relation to equipment contracts within the local authority, ensuring the right service is commissioned to meet community needs and that best use is made of public money.
- 3.19.** Establish guidance for teams on reasonable, essential and appropriate use of technology, including, but not limited to, assistive technology, remote interventions and other telehealth activities.
- 3.20.** Support the service and population in the transition to more sustainable working practices, in line with statutory and professional guidance.
- 3.21.** Establish critical thinking and reflective practice at the core of the service, evidenced in the formulation of sound clinical reasoning by social care practitioners, including in the most complex and unpredictable contexts, guided as necessary by peers.
- 3.22.** Use advanced skills and experience to enhance accessibility of services and ensure inclusivity and equity of provision.

Roles and responsibilities

- 3.23.** Set out a clear service development plan to evaluate the impact of strengths-based, person-centred outcomes for people who access services, their families and their carers.
- 3.24.** Provide a link between national professional bodies and other organisations to champion best practice, anticipate the impact of wider determinants on health, review emerging case law and contribute to emerging agendas.
- 3.25.** Role model expert-level communication skills including active listening, negotiation, managing difficult conversations and defending own viewpoint.
- 3.26.** Maintain a strategic overview of the recruitment of staff, learners and volunteers, recognising the value that people from diverse backgrounds bring to senior leadership roles.
- 3.27.** Work closely with local colleagues in higher education and other sectors to offer diverse practice-based learning opportunities.
- 3.28.** Enable others from a diverse range of backgrounds to take on leadership responsibilities to expand opportunities and build capacity.
- 3.29.** Provide innovative and visionary strategic leadership, founded on strengths-based, compassionate and values-based leadership principles, leading a cultural shift where needed.
- 3.30.** Lead occupational therapy interpretation and application of legal frameworks at end stages of life across the organisation, including modelling how advance care plans, power of attorney and the *Mental Capacity Act* (Great Britain, Parliament 2005) can be used in ways that both empower and protect the participation of people who access services, their families and their carers in roles and activities that matter to them.

4. Evidence, research and development

Ways of thinking

The principal occupational therapist will:

- 4.1. Constructively question their own and others' thinking and practice to generate new knowledge through original research or other advanced scholarship.
- 4.2. Ensure adherence to appropriate policies and research governance.
- 4.3. Lead the strategic vision to create a culture that values and enables people to engage in and with research and quality improvement initiatives at a level that is appropriate for them.
- 4.4. Maintain awareness of national processes for research governance and their impact on local policies and procedures.
- 4.5. Incorporate national and global policy drivers when thinking about future research activities.

Skills (practice-based, technical, or research-related)

The principal occupational therapist will:

- 4.6. Create a culture that supports others to engage in and with research and service improvement, e.g. initiate and/or co-ordinate local, regional and/or international research programmes.
- 4.7. Identify trends and changes in the health, wellbeing and needs of a population, including at a national level, to formulate critical questions that warrant further research, audit, service evaluation or development.
- 4.8. Ensure strategic processes and policies are in place to enable partnerships with people who access services, their families and their carers, staff and/or learners for the co-design and co-production of aspects of research and/or service development.
- 4.9. Develop a strategic approach and contribute to the development of local, national and international policies, guidelines and research agendas.
- 4.10. Disseminate evidence through a range of communication channels and to different audiences, using professional influence at an internal, external and population level.
- 4.11. Act in continual advocacy for the occupational therapy profession, with rationale underpinned by up-to-date knowledge of the evidence base and outcome measurement tools.
- 4.12. Set out a structure and process that ensures frontline practice issues are consistently communicated, in order to influence research priorities at a national, regional and local level.

Roles and responsibilities

- 4.13.** Use in-depth knowledge of quality research requirements, including applied methodology, outcome measurements and reporting, e.g. audit cycle, statistics, qualitative data analysis.
- 4.14.** Contribute to peer review processes, e.g. as a journal reviewer, conference abstract reviewer, or a member of a scientific programme committee.
- 4.15.** Lead funding proposals, and/or contribute to larger proposals with other experienced colleagues.
- 4.16.** Critically read, evaluate, translate and apply evidence to inform practice, sharing widely with colleagues and the profession where appropriate.
- 4.17.** Develop and implement an effective quality assurance framework, ensuring measures are taken to audit the quality of occupational therapy practice, organisational structures and service delivery.
- 4.18.** Use effective audit and outcome measurement tools to capture data, benchmark performance against local and national standards and present/deliver this to the organisation and the local community.
- 4.19.** Advocate for a research framework to be in place that is measured against the 19 principles of the *UK Policy framework for health and social care research* (NHS Health Research Authority 2021).
- 4.20.** Ensure clear accountability for any impact of occupational therapy research on the lives of people and communities, protecting participants by ensuring clear arrangements are in place to identify and manage any associated risks.
- 4.21.** Build networks across sectors to form research collaborations.
- 4.22.** Maintain a national research profile (e.g. initiate and/or co-ordinate regional and/or national research programmes).
- 4.23.** Supervise research assistants and pre- and post-registration masters, doctoral and post-doctoral learners.

Key terms

Career Development Framework: guiding principles for occupational therapy	<p>The <i>Career development framework: guiding principles for occupational therapy</i> (RCOT 2021a) is a resource that supports the professional development of the whole occupational therapy workforce to help meet the needs of people who access services, their families and their carers.</p>
Carer(s)	<p>Someone who provides (or intends to provide), paid or unpaid, a substantial amount of care on a regular basis for someone of any age who is unwell, or who, for whatever reason, cannot care for themselves independently. (Based on Great Britain. Parliament 1995)</p>
Discrimination	<p>Treating a person, or particular group of people, less favourably than another is, has been or would be treated in a comparable situation, based on an identifiable characteristic. (Adapted from European Union Agency for Fundamental Rights, Council of Europe 2011, p22)</p> <p>The <i>Equality Act 2010</i> identifies the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. (Great Britain. Parliament 2010, Chapter 1)</p>
Diversity	<p>‘The fact of many different types of things or people being included in something; a range of different things or people.’ (Cambridge University Press 2020)</p> <p>‘The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies.’ (Queensborough Community College 2018)</p>
Equality	<p>Equality is about ensuring that every individual has an equal opportunity to make the most of their lives and talents.</p> <p>‘It is also the belief that no one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability.</p> <p>‘Equality recognises that historically certain groups of people with protected characteristics such as race, disability, sex and sexual orientation have experienced discrimination.’ (Equality and Human Rights Commission 2018)</p>
Equity	<p>Equity is often defined as the state, quality or ideal of being just, impartial and fair. The concept of equity is linked with fairness and justice.</p>

Key terms

Ethics	Principles and values that govern the reasoning, actions and behaviours of a person or group, in this case within a profession. These often relate to beliefs about what is morally right or wrong.
Inclusion	Inclusion is a universal human right. The aim of inclusion is to embrace and value the diversity of everyone equally, across all aspects of life. It is about giving equal access and opportunities, and removing barriers. It is also about giving respect, and getting rid of discrimination and intolerance.
Learner	An individual enrolled in an occupational therapy pre-registration programme, regardless of which entry route into the profession the learner is enrolled in. Learners may also be known as 'students' or, in the case of apprenticeship pre-registration programmes, 'apprentices'. (Royal College of Occupational Therapists 2019a, p12)
Occupation	'In occupational therapy, occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life.' (World Federation of Occupational Therapists 2019) 'Occupation includes the things we need, want or have to do.' (Wilcock 2006, p14)
Occupational therapy workforce	For the purposes of this document, this is a collective term that includes principal occupational therapists, occupational therapists, support workers and occupational therapy learners, including students and apprentices. It is applicable to practitioners in all roles, including those who are in management and leadership, education, research, consultancy and advisory roles and working in social care and aligned services.
People who access services	The term 'people who access services' has been used for those to whom occupational therapists provide intervention. This may be an individual, families and carers, a group or a community.
Pillars of Practice	The four Pillars of Practice are: Professional Practice; Facilitation of Learning; Leadership; and Evidence, Research and Development. Whole career learning and development must encompass elements of all four Pillars for safe and effective practice.
Practice-based learning	'Occupational therapy education delivered in a variety of settings that allows learners to apply and practise their newly acquired knowledge and skills in a safe environment. Practice-based learning has traditionally occurred in role-established settings, such as hospitals and community health services; however, alternative and non-traditional settings are also integral to pre-registration programmes. The inclusion of practice-based learning settings in which there is no existing occupational therapy role is important to develop learners with leadership skills who are capable of working in diverse settings.' (RCOT 2019a, p13)
Way of thinking	A mental attitude or approach that predetermines your interpretation of information and situations, your response to them and your behaviour or conduct.

Appendix

Six safeguarding principles set out within the *Care Act 2014*:

1. Empowerment: a presumption of person-led decisions and informed consent.
2. Protection: support and representation for those in greatest need.
3. Prevention: it is better to take action before harm occurs.
4. Proportionality: a proportionate and least intrusive response appropriate to the risk presented.
5. Partnership: local solutions achieved via services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
6. Accountability: accountability and transparency in delivering safeguarding.

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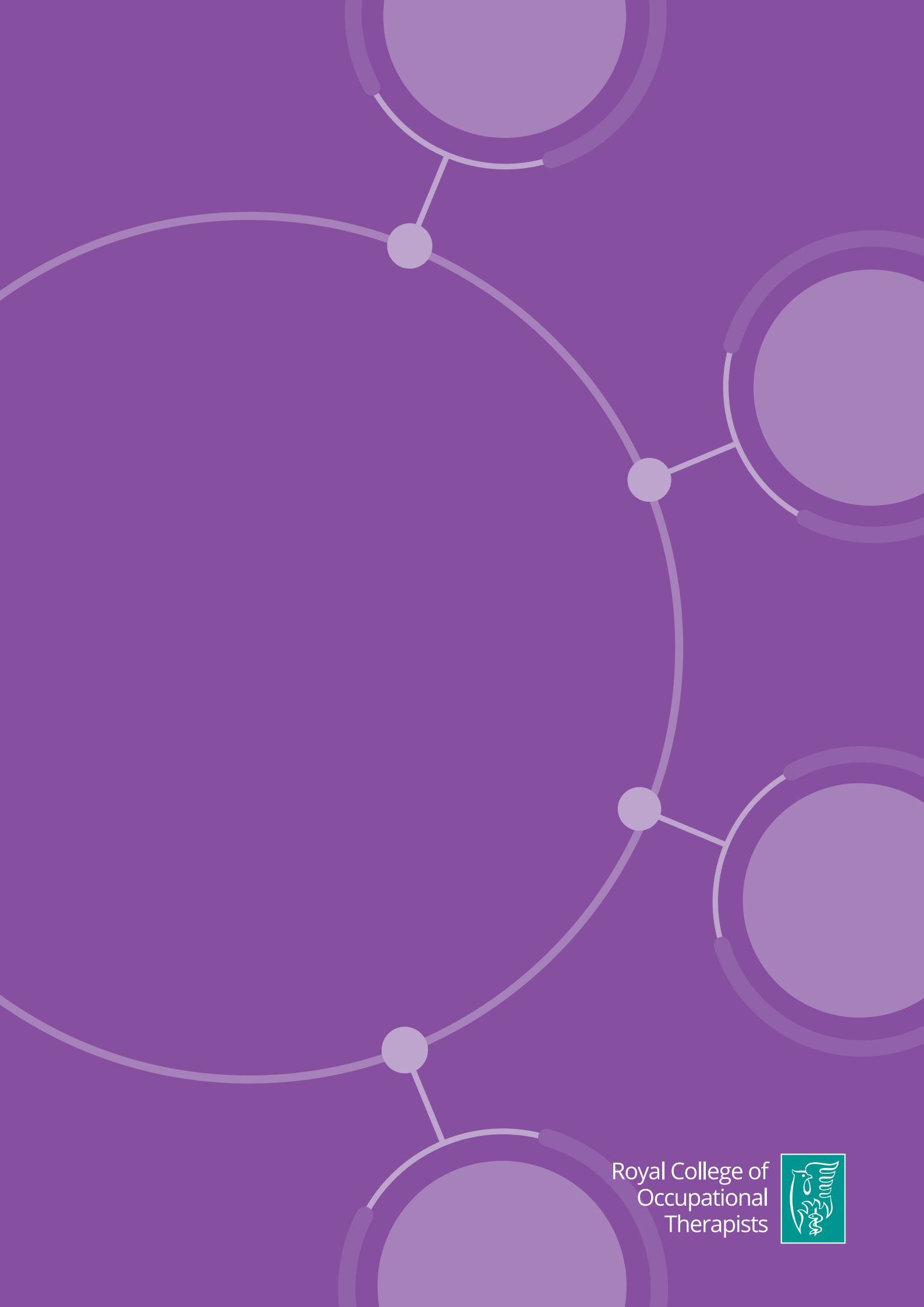
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