Royal College of Occupational Therapists

Re-imagining advancing practice: occupational therapy

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List of tables and figures

Contents

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1. Introduction

As allied health professions (AHPs) we need to train, retain and offer professional stretch across career pathways to build a sustainable workforce. Central to this is valuing experience and expertise through formal and informal professional development, embracing all pillars of professional practice. Providing clarity and direction of advanced level practice is critical for all allied health professions to ensure equity of access, opportunity and growth, however in doing so frameworks should celebrate both profession specific and multi-professional knowledge, skills and attributes.

National and regional workforce data shows that retention is a national issue across all allied health professions, with significant workforce shortages coupled with increasing demand for health and care provision to address health inequalities and disparities across our nations (HCPC 2021, ONS 2024; The Kings Fund 2022,2024; Care Quality Commission 2024). Workforce reform is key to driving this and over the last decade numerous local, national and global policies have been published highlighting the importance of diversifying roles across health and care including the development of advanced level practice roles. Multiple strategic policies and guidance have been produced with the aim of clarifying and standardising advanced practice across professions and nations however there remains challenges in articulating advance practice across profession and within professions. The nature and purpose of advanced practice is multi-dimensional and rests with the intersects of practice, regulation and education crossing over nation specific, multi and profession specific and organisational boundaries. Understanding advanced practice is a complex challenge with many different and connected parts often requiring navigation across similar and opposing perspectives. Developing a workforce that is confident and courageous to work with increasing complexity is vital, however it is essential that in doing so we maintain profession identity, values and deliver impact; that as professions we can challenge historical and outdated perspectives whilst maintaining our professional heritage to deliver services that tackle persistent social injustice and empower communities to work together.

The purpose of the work was to:

- Realise and elevate advance level practice from profession specific lens across sectors and nations
- Re-imagine advanced level practice and provide clarity and purpose within occupational therapy profession at a national level
- Realise the future of advancing practice negotiating this intersect requires thought and action from diverse perspectives, drawing on expertise and experiences from a range of sectors.

The project utilised a sprint design methodology across three phases to explore advanced level practice and encompassed a range of perspectives including:

- Representation from all nations
- Allied health professional practitioners across all sectors including social care and independent practice
- Workforce leads across all sectors
- Higher education workforce

- Subject experts from specialities and advanced practitioners
- Advanced practice leads
- Professional bodies

2. Methodology

Sprint design is a proven methodological approach for solving problems with real world, tangible solutions. Originating from Google, the approach has been adopted to test out new ideas and provides a structure to formulate new approaches. Sprint methodology encompasses agility, flexibility and is an iterative process moving at pace toward a shared outcome. Throughout the process it was critical to maximise collaboration across a range of perspectives and experiences utilising Sprint methods to bring together and aligning the diverse groups to understand and explore a shared vision for re-imagining advanced level practice. Throughout the process of sprint methodology new ideas and concepts were tested out providing a structure to formulate new insights and approaches to a profession-specific understanding of advanced level practice.

The project was set into three phases:

1. Collaborate
2. Innovate
3. Accelerate

Collaborate Phase 1: Exploration of advancing practice

Aim: To explore advancing practice principles within allied health professions

Objectives
- Explore with range of stakeholders defining characteristics of advancing practice within allied health professions
- Explore stakeholders' perspectives on how to develop cohesion and clarity for advancing practice across allied health professions
- Explore stakeholders' perspective of the unique attributes of occupational therapy for advancing practice

Approach
Co-production played a crucial role in exploring the complexity of advancing practice. Exploratory approaches were employed to foster engagement and collaboration, recognising the valuable contributions of all perspectives. Whilst the purpose of the project was to re-imagine advanced level practice it was essential throughout to incorporate and acknowledge the current national programme and those who are working within advanced practice roles. This provided a sound platform of understanding from which to base conversations, moving forward into new and emerging topics of consideration. The modes of engagement utilised included synchronous online engagement through workshops and asynchronous digital methods to address potential barriers of structural disadvantage within differing communities and populations across the professions.

During this phase workshops were held for differentiate stakeholders, these included:

1. Allied health professions and advanced practice leads (any profession)
2. Occupational therapy specific
3. Speech and language therapy specific

The insight events explored the following topics:

Event 1: AHP Characteristics of advancing practice
The insight event was a collaborative and open opportunity for all to contribute to exploring the characteristics of advancing practice across allied health professions. The aim was to build an understanding of the level of practice from an allied health professions perspective and what knowledge, skills and attributes contribute to this from an allied health professions perspective which supports establishing alignment to existing frameworks across nations.

Event 2: Professional development for advancing practice
The insight event focused on professional development in relation to advancing practice, seeking to explore allied health professions perspective of the components, approaches and strategies to support education when working towards advanced level practice. The aim was to understand what the essential components would be to support working at an advanced level practice.

Event 3: Profession specific requirements of a structure for advancing practice
The purpose of this event was to explore in depth the nature and structure of advanced practice within occupational therapy and understand what would support elevating this level of practice across the breadth of the profession. The insights were critical in developing the hallmarks of professions specific development with advanced level practice.

Through a series of online events insight conversation, the complexity of advancing practice and potential approaches to support development of profession specific principles was explored. The insight events were supplemented by an open online tool to enable the wider AHP community to contribute beyond the events and allow time for further reflection by participants. The online tool was managed by the project team to promote safe and respectful collective opportunities to comment and discuss advancing practice.

Iterative analysis
This phase of the analysis was focused on problem framing in understanding the nature and context of advanced level practice from multiple perspectives and in relation to emerging national priorities across health and care. The overarching purpose of this phase of analysis was to:

- Analyse and review insight data to consider emerging ideas and approaches to be explored
- Analysis and review of relevant guidelines and frameworks across advanced practice and profession specific
- Further exploration with subject experts from occupational therapy and advancing practice to refine and develop emerging areas of consideration

The analysis was used to inform the development and delivery of phase two.

Innovate Phase 2: Principles of advancing practice

Aim: To develop a coherent and informed understanding of advancing practice for occupational therapy

Objectives

- Formulate the principles of advancing practice within occupational therapy that is inclusive of all sectors of practice
- Alignment of principles to the level of practices to inform the Royal College of Occupational Therapy Career Development Framework
- Creation of coherent advancing practice principles guidance that is aligned to relevant national frameworks

Approach

Using Sprint design methods, the project team worked together to create the "prototype" of the advancing practice principles, exploring how the "prototype" may contribute to a coherent and informed understanding of advancing level practice and what approach may best suit to demonstrate impact across health and care. During this phase subject expertise input was included through guided conversations with the project team, this was drawn upon to understand the following areas:

- Current practice context within occupational therapy at advanced level practice
- Academic and practice thought leadership around the foundations of occupational therapy practice
- Emerging areas of national policy influence across health and care sector

In addition, a Thought Leadership Insight event took place to provide check and challenge of the concepts and ideas presented. The thought leaders were drawn from a range of perspectives across academia, practice, sectors and nations. Representation included Social Care, Mental Health, Public Health, Secondary Care, Higher Education, NHS and Royal College of Occupational Therapy. The purpose of the insight event was to:

- Encourage freedom to think beyond what is known and expected in re-imaging the principles of advanced level practice within occupational therapy
- Explore the nature and purpose of advancing practice principles across allied health professions
- Review and challenge assumptions of the emerging concepts for occupational therapy that may underpin advance level of practice

Iterative analysis

This phase of the analysis was focus on developing the prototype in understanding the nature and context of advanced level practice for occupational therapy and in relation to emerging national priorities across health and care. The overarching purpose of this phase of analysis was to:

- Analyse and review subject expert and insight data for coherence in re-imagining advance

    level practice core concepts
- Analysis and review of subject expert and insight data to apply core concepts of advanced practice within occupational therapy

The emerging concepts and principles are presented within sections 4-6 and have been drawn from the insight events, theory, research policy and practice.

Accelerate Phase 3: Dissemination and implementation plan

Aim: To co-create an inclusive dissemination and implementation plan

Approach

The final sprint design phase was acceleration, creating positive change and impact at differing levels in disseminating the project outcomes. Part of this process is understanding the tailored messages needed for key stakeholders and appropriate methods of engagement to socialise the work and its implementation. As the project evolved the final phase objectives were reviewed to ensure alignment with the final project outcomes.

3. Defining advancing practice for allied health professions

In 2025 the Chief Allied Health Professions Officers across the four UK countries collaborated to provide clarity for leaders and decision makers about how advanced practice for allied health professions is defined, regulated and governed.

ALLIED HEALTH PROFESSIONS ADVANCED

All AHPs, including those working in advanced practice roles, are statutorily regulated by the Health and Care Professions Council (HCPC) or General Osteopathic Council (GOsC).

Figure 1: Regulatory status of allied health professions advanced practice

The consensus provides a high-level, common definition for the four UK countries (England, Northern Ireland, Scotland and Wales).

*Advanced Practice in allied health professions involves complex decision-making, underpinned by a post registration master's level award or equivalent undertaken by an experienced practitioner that encompasses all four pillars of practice: **clinical practice**, **leadership and management**, **education** and **research.** It is delivered by skilled and experienced registered health and care professionals who exercise significant autonomy, judgement and responsibility i their roles.*

Advanced practitioners manage complex care in partnership with individuals, families and carers analysing and synthesising complex problems, often as part of multi-professional teams. They handle clinical risk and uncertainty across significant areas of work, in various settings, developing innovative solutions to expedite access to care, optimise peoples' experiences, drive population health and prevention and improve outcomes.

Across all nations there is consensus that advanced level practice is underpinned by all pillars of practice to optimise and drive forward health and case across populations. It is through the synergy of these pillars that registrant working at an advance level practice operate in their everyday work. The exact nature and purpose of advanced level practice is contextual within each profession and ascribed role; however, there is collective understanding that working at an advance level registrants can lead complex care, manage uncertainty and risk (ref).

The continuum of influence in everyday practice

It has been crucial to understanding the levels of practice across allied health professions in situating advanced level practice within this continuum. Upon registration all allied health professions must universally meet the HCPC Standards of Proficiency (HCPC 2023) for their designated profession, the Standards of Conduct, Performance and Ethics (HCPC 2024) and Standards for Continuing Professional Development (2017). Within this context as registrant progress within their career they must continue to adhere to these within their scope of practice.

As registrant continue to progress the level of influence, they exert within practice evolves, Covey (2007) discussed the Maturity Continuum as part of the development process moving from dependency, independency and interdependence. That as we develop maturity, we can recognise that there is an ecological system that sustains society built on interdependencies to achieve success. In this way we can understand that influence is relational and shaped by the context of practice. Upon registration all Allied Health Professions are autonomous practitioners however the scope and context of practice is in part determined by the influence they exert to effect change. With increasing knowledge, expertise and accountability the level of influence a registrant can exert also increases to effect change from a person to national level.
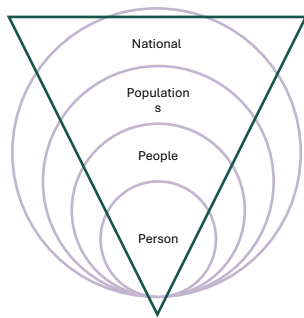
Figure 2: Sphere of influence aligning to the level of practice

A potential way in which this can be considered in relation to levels of practice is depicted below, the intention in not to prescribe this with a fixed interpretation but as a way of exploring how the differing levels context of practice evolves. With increasing complexity of practice registrants can advocate, influence and lead working with a greater recognition of the interdependencies that underpin effective health and care provision to effect change.

			National
		Populations	Populations
	People	People	People
Person	Person	Person	Person
Foundation	Enhanced	Advanced	Consultant

4. Exploring advanced level practice through the lens of social justice and social capital to address health equity

The Marmot Review (2010) proposed an evidence-based strategy to address social determinants of health, and the key to delivering change at a societal level was the recognition that addressing health inequalities requires collective action, that the conditions in which people are born, grow, live, work and age directly affect health equity. The Marmot Review (2010) describes how health inequalities are reflected by social gradients of educational attainment, employment and incomes with a direct link at a neighbourhood and communities' level across the UK. The original report recommended universal action to create an enabling society that maximizes individual and community potential; and to ensure social justice, health and sustainability are at the heart of all policies (Local Government Association 2025).

Health inequalities are not inevitable and can be significantly reduced… avoidable health inequalities are unfair and putting them right is a matter of social justice. There will be those who say that our recommendations cannot be afforded, particularly in the current economic climate. We say that it is inaction that cannot be afforded, for the human and economic costs are too high. Marmot (2010) p

In 2020 a review of the original Marmot report provided updated analysis and evidence on the state of the nation and made recommendations for direct action. The concluding comments provide a stark analysis:

What we can envisage, and work towards, is a society that creates the conditions for everyone to be able to lead lives they have reason to value. That we do not have such a society now is shown by the slowdown in life expectancy improvement, deteriorations in physical and mental health and widening health inequalities. Marmot (2020 p6)

The report outlines declining health and widening health inequalities in England, evidencing that deteriorating social determinants have and continue to result in declines in health and length of life for much of the population. The essence of the report is that the state of the nation has worsened since 2010 with a greater divide in health equity. Marmot (2020) recommended that long term policy decisions should consider equity in health and wellbeing and be used as a measure of how well society is progressing. Many of the drivers for drivers of poor health are often located outside the typical focus of health care and therefore in building a systematic, sustainable and achievable societal approach to health equity it should encompass partnership across multiple sectors such as early years, education, work, justice, housing, social care to bring about collective action for

addressing health inequalities.

Six overarching principles are set out in the Health Equity (2020) report building on from the Marmot review (2010) and reflect the emergent evidence about the social determinants of health which have increasing significance in addressing the greater division in health equity within society.

1. Develop a national strategy for action on the social determinants of health with the aim of reducing inequalities in health.
2. Ensure proportionate universal allocation of resources and implementation of policies.
3. Early intervention to prevent health inequalities.
4. Develop the social determinants of health workforce.
5. Engage the public.
6. Develop whole systems monitoring and strengthen accountability for health inequalities.

Table 1: Health Equity in England (2020) Principles for implementing action on health inequalities and their social determinants

It is through these principles that this consideration of the role of advanced level practice has been located to re-imagine advanced level practice within occupational therapy. The Marmot review: Health Equity (2020) calls for two policy goals; improve health for everybody and reduce inequalities with the aim of universal proportionate action so that everyone in society has good health and length of life that is experienced by those at the top of the social gradient, in other words to level up health and disability free life expectancy. Key in this is to consider the role that occupational therapy has in its contribution to developing the social determinant of health workforce. This principle is aligned with adopting inclusive growth and social value approaches nationally and locally to value health and wellbeing as well as, or more than, economic efficiency. In doing so we will focus on how occupational therapy may be positioned to contribute to addressing health inequalities and promoting health equity. Whilst it is recognised the Marmot report derived from an England perspective, the universal goals for a just society transcend across nations and equally reflect the core philosophies of our profession:

- Early intervention to prevent health inequalities
- Enabling every child to have the best start in life
- Enabling children, young people and adults to maximise their capabilities and have control over their lives
- Creating fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities

Ruger (2020) states that efficient health and public health systems are founded on collective governance, action and accountability. Through this there is a collective responsibility to ensure all within society can access and benefit from a society that is connected and bound through collective action to serve the needs of all, bringing about genuine collective justice with shared resources and resultant health equity. Campbell (2021) explores ideas of social justice, drawing on Johnson (2011) description of social justice as:

"a set of principles from which we may work out an ideally just distribution of rights and privileges,

burdens and pains, which can be deployed to assess a society's institutions as a whole and to argue for a transformation of those institutions if they are found wanting"
Johnson (2011 p174).

With Campbell and Manning (2018) suggesting social justice as the idea that:

"laws, policies, and social institutions - not just individual behaviours - are part of the moral sphere".
Campbell and Manning (2018 p188)

In taking the lens of social justice to explore advanced level practice we can evaluate the

institutional, political and societal perspectives across health and care and occupational therapy to illustrate how as a profession we can contribute to human flourishing, fairness and equity within the health and care ecosystem and drive forward impactful practice that addresses health inequalities.

Occupational therapy and social capital

Occupational therapy has a strong association with justice and social reform. Picotin *et al (2021)*; Hammel (2020); Drolet et al (2020) and Carrier and Beaudoin (2020) insights evidence the interconnected philosophies of justice, occupational justice, agency and action within the foci of occupational therapy practice. Hammel (2020 p380) states that "occupational therapists recognise that inequitable social circumstances shape the availability of the occupational opportunities that determine what people are able to do, can choose to do, believe they should do, or can envision doing." Occupational therapists have a role in advocating for occupational opportunities, this extends beyond individual clinical encounters but enables us to act as agents for social change in addressing systemic problems that result from structural disadvantage within society and therefore impact on health equity (Carrier & Beaudoin 2020; Drolet *et al* 2020). Balliard (2020) asserts that the profession's principles of person-centered care, narrative reasoning, and its focus on occupational participation are key tools for effective practice that facilitate social change through occupation; in other words, to practice in a way that promotes a life of dignity that is valued and experienced as personally meaningful.

This is a core element of the HCPC (2023) standards of proficiency placing an active responsibility for occupational therapists to:

5.5 recognise the characteristics and consequences of barriers to inclusion, including for socially isolated groups
5.6 actively challenge these barriers, supporting the implementation of change wherever possible
12.9 understand the effect of occupational alienation, dysfunction, deprivation and injustice, recognising the importance of restoring and facilitating opportunities to achieve occupational wellness
15.2 understand how social, economic and environmental factors (wider determinants of health) can influence a person's health and wellbeing

Table 2: HCPC standards of proficiency related to social change and determinants of health

The agency of occupational therapist as contributors to social change is growing momentum

(Picotin *et al add references)*, outcomes of the Marmot review (2010 and 2020) show a societal divide in the determinates of health and the societal inequalities that contribute to this, and occupational therapists can play a critical role in addressing and mediating these. Conceptualising occupation as socio-political is not a modern phenomenon the roots of occupational therapy reside in the moral treatment of society and inclusion of enabling justice by fostering social transformation (Schiller *et al* 2023).
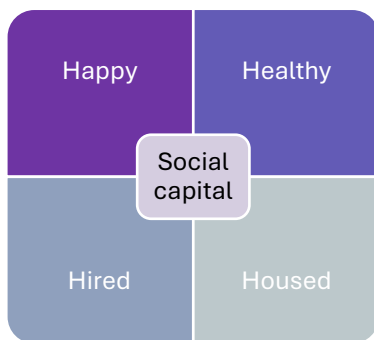
Chetty et al (2022) concludes that social capital has been identified as a potential determinant of outcomes ranging from education to health, that societies who have higher levels of social capital with rich social networks, civic responsibilities and associations provide a stronger position to address poverty and vulnerability, resolve disputes and promote growth (Woolcock 2001). Woolcock (2001) asserts there is a unifying argument that societies that are well connected are more likely to be healthy, housed, hired and happy.

Figure 3: Social Capital representation (Woolcock 2001)

Social Capital has been recognised to be one of the most prominent and protective factors of health (WHO 2013). The European policy for Health (WHO 2020) acknowledged that social capital was a fundamental factor to enhancing both the quality of life and longevity. Ruger (2020) and Valuev *et al* (2019) meta-review found that there is a good amount of evidence to indicate that Social Capital is associated with better health outcomes. The review concluded that that cognitive and structural aspects of Social Capital often predicted good health, community participation through bonding and bridging also predicted good health in general. Noting there can also be a negative outcome depending on the context and the groups that individuals belong to such as gangs. There was evidence from the meta-analyses that showed that some indicators of Social Capital are protective against mortality (Holt-Lunstad, Smith, & Layton, 2010).

The Marmot reports (2010;2020) and OECD (2025) demonstrate that to improve the outcomes of society there needs to be a sustained and substantial move from traditional biomedically-oriented outcomes of health and care to a focus on how well people live, as a key direction that is essential in health and social policies in the long term. Current metrics like life expectancy and morbidity statistics are widely used indicators of population health and provide meaningful insights however they do not acknowledge the underlying social determinants of health and only provide a singular view of healthcare system performance, often emphasising productivity measurements, longevity and clinical parameters over societal lived experience or the interdependencies within education, justice or housing policy. The OCED PaRIS (2025) global research evidences the critical voice of populations and people in shaping health policy. The PaRIS results enable a deeper understanding of what matters to people; enabling them to live longer, better and healthier lives with a health and care system that is responsive to their needs. The report highlights the clear relationship between patients' experiences of community-based healthcare and self-reported health outcomes. As reported by Marmot (2020) and OCED (2025) disadvantaged people with low levels of education and income face a double disadvantage: they are more likely to experience chronic disease earlier

in life, poorer health outcomes compared to those with higher levels of education and income. The OECD (2025) reports that to address societal health needs effectively requires changing the ways in which health systems work. Shifting from away from an episodic approach focused on specific health concerns towards a model that is centred around the whole person across the determinant of health and is organised around the needs of people. This closely aligns to the Quintuple Aim (Nundy 2022; Itchhaporia 2021) which are formed from the original Institute of Healthcare Improvement Triple Aims (2007) with later inclusion of clinician well-being and health equity being central to better health and improved economy.

Health equity is defined as:

"the state in which everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances." - Weinstein *et al* (2017)
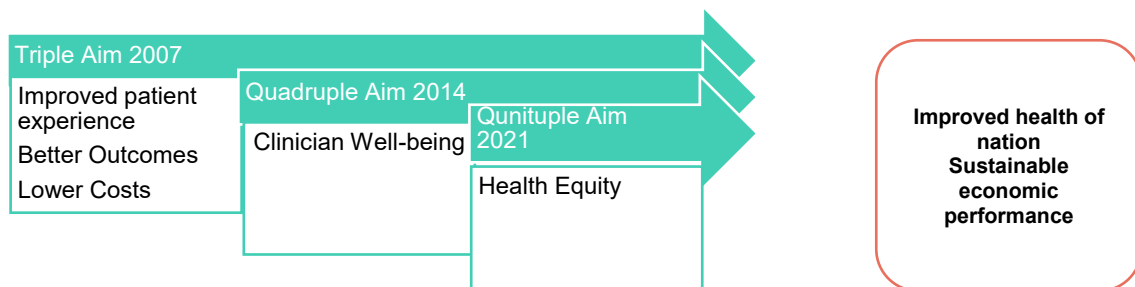
Figure 4: Development of the quintuple aims of health improvement

The introduction of the Institute Health Improvement Triple Aim (2008) signified a shift from localized improvements to a comprehensive, systemic approach; viewing the aims in synergy, healthcare organisations recognised that advancements in one area could influence outcomes in another (positively and negatively) and therefore required a balanced approach to health care reform and transformation. either positively or negatively, necessitating a balanced approach to healthcare reform. Clinician well-being was added as the quadruple aim (Bodenheimer 2014) recognising the inextricable link between workforce and outcomes; acknowledging quality of care is entwinned with the quality of the work environment (NHS reports). The Quintuple Aim (Nundy 2022) represents the future trajectory of value-based care through a central focus on health equity embedding equality and justice into the core of health and care policy and practice.

By considering advanced level practice through the lens of social justice and health equity with a focus on social capital as a protective factor of health we can conceptualise a re-imagined nature and purpose of occupational therapy. One that evidences occupational therapy's contribution at a population level to the quintuple aims of health improvement thereby addressing the determinants of health and well-being.

5. Exploring professional authority as a concept

Trust is a key indicator of quality and performance within healthcare systems; the OECD PaRIS (2025) data evidence the relationship between societal trust in the healthcare system, national policy and health outcomes. The evidence suggests that people with high levels of general health are almost 20% more likely to trust the healthcare system than those who report poor health and mental health self-reported outcomes are 6% higher for those who trust health systems. The OCED (2025) reports that across countries high-quality of care is associated with central point of contact, continuity of care positively impacts on trust and highlights the potential benefit in investing in health care workforce to improve health outcomes where there is a direct impact on the effectiveness of care across the determinants of health.

The relationship between professional and those who access services is key in the building and sustaining of trust at an individual, service and population level. Huising (2014) examines the nature of professional authority where jurisdiction in practice is conferred as part of regulation, as in the case of health professionals. Providing formal authority to the public, whereby practice is underpinned by regulated adherence to standards of proficiency, ethics and conduct. The performance of expertise in practice in part confers trust within the profession and therefore in the ascribed capabilities and competencies. The HCPC (2021) Advanced Practice report indicates that there are public misconceptions and potential confusion surrounding Allied Health Professions role within Advanced Level Practice, with respondents stating they would potentially hold greater confidence in a Nurse or Doctor than an AHP within the same clinical role. It is therefore critical that occupational therapists can demonstrate professional authority and articulate the nature and purpose of everyday practice and its contribution to addressing the determinants of health and wellbeing.

The four domains of advancing practice are broadly common across all nations and centred on (Centre of Advancing Practice 2024) the following areas:

- Advancing own practice
- Advancing knowledge
- Advancing service provision
- Advancing future workforce

These domains are underpinned by the integration of the four pillars of practice encompassing clinical practice, leadership, education and research as defined across all 4 devolved nations position statement and are further outlined in within the Multi-professional framework for advanced clinical practice in England (NHS 2017); Professional Framework for Enhanced, Advanced and Consultant Clinical Practice (Health Education and Improvement Wales 2023); NMAHP Development Framework (NHS Education for Scotland 20XX) Advanced AHP Practice Framework (Department of Health Northern Ireland 2019). Across all professions and nations prioritisation of workforce reform for advanced level practice is to realise the fullest potential and optimisation of contribution in meeting population and individuals', families' and carers' needs through different models of service delivery and multi-disciplinary working. For advanced level practice this is exercised through high degree of autonomy enacting complex decision-making working in partnership with people to improve outcomes. As described previously the continuum of influence

that advanced practice operates within includes person, people and population level, effecting transformational change to improve outcomes by advancing practice, knowledge, service provision and the future workforce. By articulating professional authority through the lens of social impact and focusing on social capital we can convey the potential impact occupational therapists can have at this level of influence.

Figure 5: Lens of social capital in articulating professional authority within the domains of advanced level practice

Professional authority refers to the power and influence that professionals hold due to their specialised knowledge, skills, and societal expectations. Within the context of the profession, authority can be related to level of practice and sphere of influence and is partly the basis of trust at person, people, population and nation level. Professional authority is underpinned by standards of proficiency, conduct, performance and ethics within regulated professions. Professional authority is enacted within your scope of practice and is defined by the HCPC as *"the limit of your knowledge, skills and experiences and is made up of the activities you carry out within your professional role"*

Professional authority can derive from several factors:

1. **Expert knowledge**: Specialised and/or expert knowledge that is **not** commonly held by others and is profession specific.
2. **Sector expectations**: Across health and care professional authority underpins the trust and expectations others place on the profession specific roles/level of practice.
3. **Professional power**: The individual professional's ability to influence and make decisions within their field. This combination allows professionals to diagnose, treat, and manage specific problems within their area of expertise within the level of practice and professional perspectives.
4. **Client expectations**: Clients or patients' expectation of professionals to act in their best interest and level of expertise further reinforcing authority through trust.

The HCPC standards of proficiency, conduct, performance and ethics set out the expectations of registrants in maintaining their scope of practice and identify these specific elements however of equal relevance we propose in relation to professional authority for occupational therapists are set

out below (that is **not** to infer that all other aspects of the standards of proficiency, conduct, performance and ethics do not apply across all practice)

Standards of conduct, performance and ethics	
Scope of practice	**Professional authority**
You must only practice in the areas where you have the appropriate knowledge, skills and experience to meet the needs of a service user safely and effectively. (3.1)	Promote and protect the interests of service users and carers (1)
You must undertake additional training to update your knowledge, skills and experience if you wish to widen your scope of practice. (3.2)	Be honest and trustworthy (9)
You must refer a service user to an appropriate practitioner if the care, treatment or other services they need are beyond your scope of practice. This person must hold the appropriate knowledge, skills and experience to meet the needs of the service user safely and effectively. (3.3)	
Standards of proficiency	
Practice safely and effectively within their scope of practice (1)	You must recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances (2.6)
	You must understand the need for active participation in training, supervision and mentoring in supporting high standards of practice, and personal and professional conduct, and the importance of demonstrating this in practice (4.8)
	You must actively listen to a service user's occupational narrative and analyse the content in order to plan for the future (7.9)
	You must understand and apply key concepts of the knowledge base relevant to their profession (12)
	You must draw on appropriate knowledge and skills to inform practice (13)
	You must promote health and prevent ill health (15)

Table 3: HCPC standards of proficiency related to scope of practice and professional authority

Occupational therapy expert knowledge, skills and experience

The relationship between expert knowledge and professional authority is critical in considering advancing practice. As indicated within the HCPC standards a registrant's scope of practice is limited by knowledge, skills and experience. An expectation across all nations is that when working at advanced level practice must develop their knowledge and skills to the standards outlined by the respective nations (Multi-professional framework for advanced clinical practice in England (NHS 2017); Professional Framework for Enhanced, Advanced and Consultant Clinical Practice (Health Education and Improvement Wales 2023); NMAHP Development Framework (NHS Education for Scotland 20XX) Advanced AHP Practice Framework (Department of Health Northern Ireland 2019)

Within the scope of re-imagining advancing practice the relationship between knowledge and its application in mastery of practice and its impact is critical in evidencing the contribution that occupational therapy in addressing health equity through a focus on social capital to drive change at a person, people and population level.

In considering professional authority we propose that each profession may be able to articulate the expert knowledge domains, their application in practice and outcomes that are unique; but complicit with the overarching multiprofessional functions of advanced level practice. In doing so we can create an ordered but unique understanding of the advanced practice is that reproducible but representative of professions. Progressing these emerging ideas further falls outside the scope of this work however will be critical in contributing to addressing some of the underlying public concerns highlighted within the HCPC Advancing practice report (2021).

Expert knowledge: deep and comprehensive within profession specific domains
Mastery: applied and transferrable honing of professional thinking, judgement, decision making capabilities performed with precision and efficiency.
Impact: Adaptable to emerging challenges, with application of knowledge and skills at a population level identifying and leading complexity through solution focused approaches with collective action

Figure 6: Professional authority, knowledge, skills and experience

In formulating professional authority for occupational therapy, we propose that this is an iterative process as captured in figure 4. The development of extensive knowledge within profession specific domains which are enacted within a continuum of mastery by continuing to hone professional thinking with a synergy of the four pillars (clinical practice, leadership, research and education) embedded in everyday practice demonstrating value and impact. This can then be a conduit to ensure professional development is constructively align to both the level of influence and professional authority domains within the profession at an advanced level.

6. Understanding the nature of advancing practice within occupational therapy

Current health policy across England, Scotland, Wales and Northern Ireland shares several common themes despite the differences in their approaches and structures. These themes reflect the shared goals of improving health outcomes, enhancing experience of care, and ensuring the sustainability of healthcare systems across the UK aligned to the quintuple aims of health care improvement.

- Integration of health and social care: All four nations are focusing on integrating health and social care services to improve efficiency and meet population needs. This integration aims to support people in living healthier, disability and disease-free lives for longer.
- Digital and data science: Increasing use of digital technologies and data to enhance healthcare delivery and population outcomes is a priority. This includes leveraging electronic health records, telehealth care, technology enabled care and data science to improve service provision.
- Personalised care: There is a strong emphasis on personalised care, tailoring healthcare services to individual needs and preferences. This approach aims to improve care satisfaction and health outcomes.
- Preventive health measures: Preventive health measures and early intervention strategies are being prioritised to reduce health inequalities and improve overall population health. Encompassing sectors such as employment, education, justice and housing.
- Funding and resource allocation: Efficient use of funding and resources remains a critical focus, with efforts to ensure that healthcare systems are financially sustainable and can meet the growing demands of the population. This included connecting wider public sector areas such as housing, justice and educational reform.
- Workforce development: Addressing workforce challenges, including recruitment, retention, and training of healthcare professionals, are common themes. Ensuring a skilled and motivated workforce is essential for delivering high-quality care.

In realising these goals, occupational therapy is well- positioned, however as RCOT (2024) workforce strategy highlights there are significant challenges that must be addressed to enable the profession to respond. The strategy is distilled into four workforce priorities:

- Optimising occupational therapy
- Retention and career development
- Demonstrating value and impact
- Effective workforce planning

The strategy recognises that each nations articulation of the workforce plan should reflect the needs of the population and be representative of health and care policies. In re-imagining advance level practice, the same is true, nation specific perspective shape the nature and purpose of occupational therapy, influenced by statutory and health board structures, population health needs and environmental considerations (such as urban, rural and coastal conurbations). The NHS Education for Scotland (2021) Rural Advanced practice capability framework provides an illustrative example of how environmental considerations are a key in articulating the nature of everyday practice. The capability framework includes an obligation for professional development to support

"social accountability" towards activities that address the priority health concerns with a mandate to serve the community, region and/or nation. In understanding the nature of advanced practice, the nation's specific frameworks there is common articulation of advanced level practice spectrums including generalist and specialist; within this project of re-imaging advancing practice, we have sought to capture the dynamic relationship of expertise and how this applied within scope of advanced level practice as influenced by structural factors.

Expertise x Applied in practice = scope of practice.
Scope of practice at advanced level is informed by complexity of 1. Population health needs
2. Locality and geography
3. Diversity of population
4. Impact and outcome to meet determinants of health.
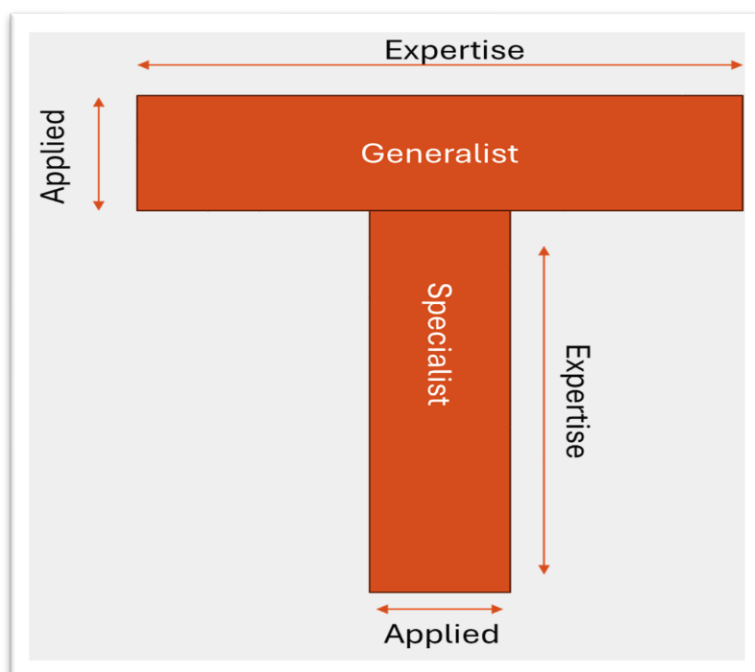
Figure 7: Representing expertise in advanced practice informed by complexity.

Generalist advanced practice

Generalist advancing practice requires a broad range of knowledge and skills across multiple population needs. This versatility allows practitioners to be adaptable which is valuable in dynamic environments where diverse expertise is required such as community or rural localities in serving population needs. Generalist advancing practice requires practitioners to see the bigger picture and connect the dots bringing together high complexity of care through a personalised approach.

Versatility: Generalists can adapt to different roles and tasks, making them flexible assets in dynamic environments.
Whole picture thinking: They can see connections and correlations across different

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| perspectives, which helps in strategic planning and problem-solving. |
| **Innovation**: By drawing from a diverse knowledge base, generalists adopt creative solutions and innovative ideas often with limited resources but out of necessity. |
| **Interdisciplinary collaboration**: Generalists often excel in roles that require collaboration across multiple sectors or disciplines. |
| **Adaptability**: They are quick to learn and adapt to new challenges, which is crucial in fast-changing health and care context. |
| **Relationship centric**: Requires super connectivity, interacting with a wide range of people, services and across health sector boundaries often enhances their interpersonal skills and teamwork to achieve positive outcomes. |
| **Personalised approach**: Generalists can integrate various perspectives to provide comprehensive solutions, which is particularly valuable in complex problem-solving scenarios. |

Specialist advanced practice

Specialist advancing practice requires extensive knowledge and skills in specific area of practice. Specialists are distinguished by their deep understanding, expertise and proficiency, often leading highly complex care in a specific clinical speciality. Specialist advancing practice requires practitioners to delve into specific area of practice in a particular context or setting. They act with high levels of autonomy in the delivery of specialised highly complexity of care.

Deep knowledge and expertise: Specialists have a thorough understanding of their field, often gained through extensive education and experience.
Attention to detail: They pay close attention to the finer points, ensuring accuracy and precision in their work.
Problem-solving skills: Specialists are adept at identifying issues and developing effective solutions within a defined scope.
Continuous improvement: They stay updated with the latest developments and advancements in their area of expertise often developing new insights within specific area.
Communication skills: Being able to explain the complexity of concepts clearly to others, including those who may not have the same level of expertise, is crucial.
Passion and commitment: A deep and coherent interest and dedication to their field drive specialists to excel and innovate.
Analytical thinking: They can analyse data and situations to make informed decisions in a measured manner with high level of technical detail.
Adaptability: Specialists can adjust to new challenges and changes within their specific field
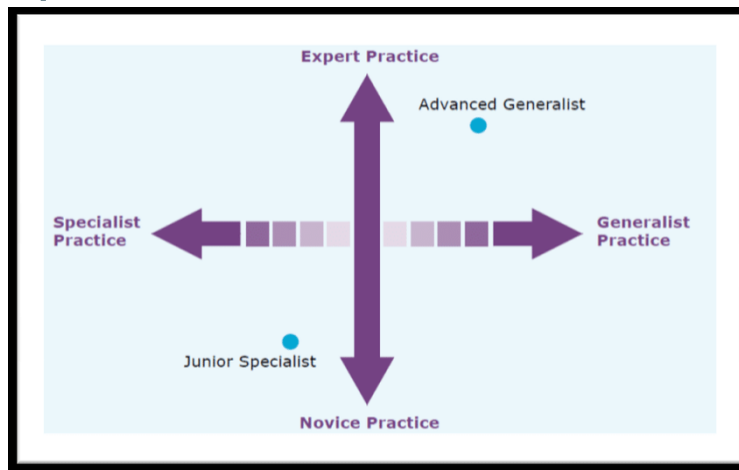
Figure 8: Relationship between Advanced and specialist practice (National Leadership and Innovation Agency 2010)

The continuum of novice to expert and generalist to specialist practice is often used to explore different ways in which advanced level practice can be considered, critical here is how professional authority is founded and applied in the context their person's role within an organisation or setting

and within everyday practice. As set out in the UK Allied Health Profession Advanced Practice statement: Annex A (2025):

"Many AHP advanced practice roles will be in specialist but narrow fields of expert knowledge and skill; others will have a much broader scope of practice. Most roles will be within the primary scope of practice of each AHP profession – the care pathways and areas of practice typically associated with each AHP profession. Other roles will cut across pathways and professional boundaries and utilise the knowledge and skills of practitioners from a range of different professional backgrounds." Advanced practice can be viewed by many different directions depending on the nature and purpose of the role, for example holding a multiprofessional role within a specific setting where there are common areas of practice verses representation of profession specific and contextualised practice. Both articulations of advanced practice are valued and relevant within health and care delivery. The purpose of this work is to understand the nature and purpose of advanced practice within occupational therapy from a profession specific lens."

Professional authority domains for re-imagined advancing practice: Occupational therapy professional knowledge

The essence of occupational therapy rooted in an extraordinary understanding of the ordinary matters of daily life, the occupations that people undertake and roles that are woven into this evolve over time and therefore so should our thinking and action in practice to reflect this. In re-imagining advancing practice through the lens of social justice there is resounding evidence of the wider disparities in health outcomes because of inequalities in all aspects of daily life that impact on the occupational rights of people. Social justice and impact for our profession must be more than a spoken word or a philosophy, it requires a sustained commitment and collaborative focus to lead social change with evidenced outcomes.
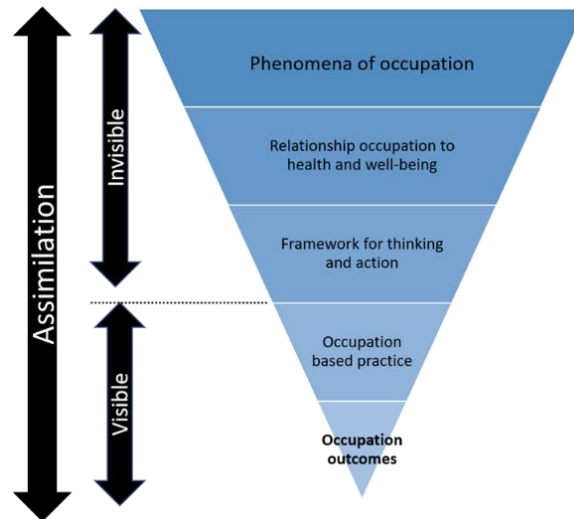
- **Phenomena of occupation:** Founding concepts, theories understanding complexity of occupation including occupational justice, psychosocial influence and founding principles of human development, equality, diversity, inclusion and belonging. Re-imagining of the relationship between People, Eco-systems and Occupation
- **Health and wellbeing**: Critical evaluation of relationship between occupation, health and well-being embedded in evidence and theory

- **Framework for thinking and action to address inequalities**: Use of founding theories, research, models, frames of reference and skills for practice enabling deep rooted, reasoned analysis of the relationship between people, occupation and eco-systems
- **Occupation based practice**: Supporting occupationally driven practice drawing on professional expertise and critical application of the art and science of occupational therapy to deliver evidence-based personalised care at person, people, population and national levels recognising occupational
- therapy is inherently linked to social change.
- **Occupational outcomes**: Ability to articulate and evidence robust, explicit and tangible outcomes that demonstrate Occupational Therapy's contribution in the orchestration of everyday life in a meaningful and satisfying manner.

Figure 9: Framework for occupational thinking in action (Stuart 2024)

In developing the domains of professional authority for occupational therapy the focus on occupation is explicit with the four pillars of advancing practice embedded within and across these. Application of these domains are not sector specific but should be seen as transferrable across person, people and population levels of practice and aligned to nation specific advancing practice frameworks. They provide a blueprint for focused consideration of the nature and purpose of occupational therapy advanced level practice, embedding evaluation and impact throughout in addressing the determinants of health.

The overarching domains of professional authority developed through the process of the project are:

- **Occupational performance, participation and purpose:** Professional authority can be developed re-connecting and affirming therapists to the philosophical and theoretical base of the profession and providing a new lens through which critically evaluate the nature and purpose of occupation at a person, people and population level for social change.
- **Occupation based approaches:** Professional authority can be developed by establishing the relationship between the philosophical and theoretical based and its application across the occupational therapy process in practice and apply the therapeutic use of occupation at a person, people and population level.
- **Reasoning and judgement:** Building the knowledge and skills required for increasingly complex practice and accountability. Drawing on reasoning and judgements draw out deductive, inductive and abductive processes where there may be an absence or incompleteness of evidence within the occupational therapy process and evidence base.
- **Technology and data science:** Encompassing the range of technology and its application within health and care and occupational therapy to improve efficiency, solve problems and enhance human capabilities is critical in addressing social change. Coupled with application of data science to ensure scientific methods, processes, algorithms, and systems are utilised to extract knowledge and insights from a wide range of structured and unstructured data to inform practice as person, people and population level.
- **Leading change and innovation for social change:** Developing the knowledge, skills and expertise leaders can effectively drive change and innovation across occupational therapy to address pressing social issues and create a positive impact on society.

- **Health equity:** Embedding knowledge and action in practice through the lens of health equity is critical in demonstrating how occupational therapy can contribute to current and new models of health and care delivery, promoting and upholding the occupational rights of all in society.
- **Realising workforce potential:** Work, work health and workforce are integral to both addressing the determinants of health and health equity. Critical evaluation of the contribution that occupational therapy can have in the development, sustaining and promotion of workforce potential from early years education to right across the life span as a way of leveraging social change is vital. This includes providing occupational therapist with the knowledge, skills and expertise to drive forward the workforce of the profession for the future.

It is envisaged that by considering advancing practice through this lens the direction of occupational therapy to tackle the areas identified by Marmot (2010;2020) can be realised:

- Early intervention to prevent health inequalities
- Enabling every child to have the best start in life
- Enabling children, young people and adults to maximise their capabilities and have control over their lives
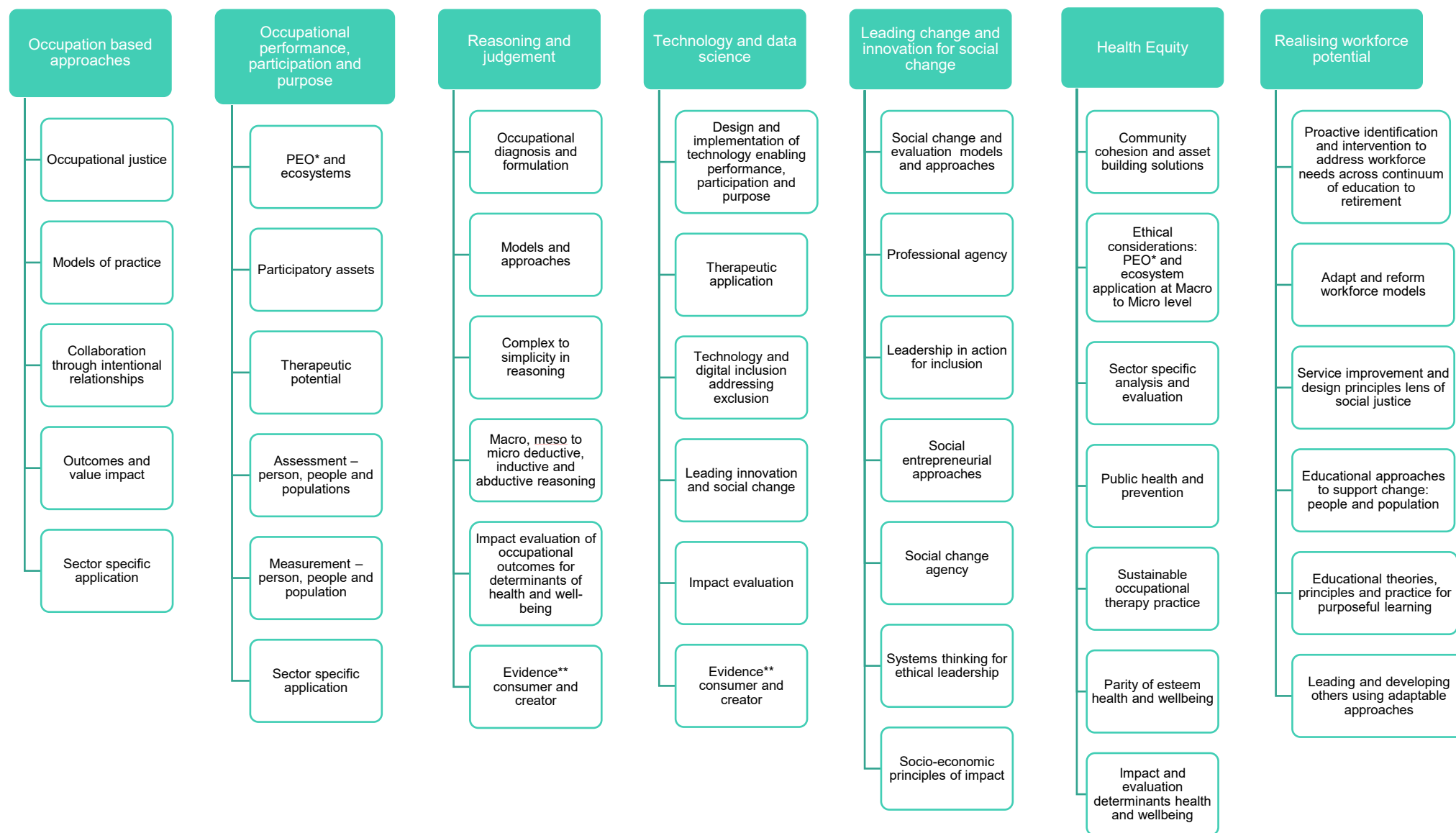
Royal College of Occupational Therapists

Occupation based approaches	Occupational performance, participation and purpose	Reasoning and judgement	Technology and data science	Leading change and innovation for social change	Health Equity	Realising workforce potential
Occupational justice	PEO* and ecosystems	Occupational diagnosis and formulation	Design and implementation of technology enabling performance, participation and purpose	Social change and evaluation models and approaches	Community cohesion and asset building solutions	Proactive identification and intervention to address workforce needs across continuum of education to retirement
Models of practice	Participatory assets	Models and approaches	Therapeutic application	Professional agency	Ethical considerations: PEO* and ecosystem application at Macro to Micro level	Adapt and reform workforce models
Collaboration through intentional relationships	Therapeutic potential	Complex to simplicity in reasoning	Technology and digital inclusion addressing exclusion	Leadership in action for inclusion	Sector specific analysis and evaluation	Service improvement and design principles lens of social justice
Outcomes and value impact	Assessment – person, people and populations	Macro, meso to micro deductive, inductive and abductive reasoning	Leading innovation and social change	Social entrepreneurial approaches	Public health and prevention	Educational approaches to support change: people and population
Sector specific application	Measurement – person, people and population	Impact evaluation of occupational outcomes for determinants of health and well-being	Impact evaluation	Social change agency	Sustainable occupational therapy practice	Educational theories, principles and practice for purposeful learning
	Sector specific application	Evidence** consumer and creator	Evidence** consumer and creator	Systems thinking for ethical leadership	Parity of esteem health and wellbeing	Leading and developing others using adaptable approaches
				Socio-economic principles of impact	Impact and evaluation determinants health and wellbeing	

Figure 10: Proposed professional authority domains for re-imagined advancing practice

7. Recommendations and dissemination activities

This project has contributed to a broader understanding of advanced level practice within occupational therapy. The following recommendations resonate across local and national research, policy practice and education to inform the workforce reform, professional development and models of care to address health equity.

Recommendation		Actions
Research	1	Undertake research to examine the construction of professional authority across professions at advanced level practice
	2	Undertaking research to determine the conceptual basis of advanced level practice using notion of functional order
Policy	3	Develop and implement professional policy that articulates and demonstrate the impact of advanced level practice occupational therapy to address determinants of health
	4	Ensure alignment within RCOT career development framework revision
Education	5	Development of advanced level core curricula for occupational therapy
	6	Provision of advanced level practice education programmes that enable occupational therapists to develop coherent knowledge, skills and expertise that are relevant to their role
Workforce reform	7	Development of supporting guidance for workforce models and planning for advanced level practice in occupational therapy to address determinants of health
	8	Explicit consideration within the RCOT workforce strategy to articulate the value and impact of advanced level practice
	9	Occupational Therapy Action Plan for Advanced Practice

Dissemination	1	Dissemination of key findings to • Four Nation Chief Allied Health Profession Offices • Ministerial Offices (Education, Justice, Employment and Health) • Council of Deans for Health • UK Workforce Strategic Advisory Group (including nation and education specific) • Members	Executive report to be shared with CAHP offices and relevant ministers to highlight key messages and actions Executive report highlighting educational implications Series of webinars to share findings and open discussions on implications for workforce strategy Series of webinars targeting different audiences including: • occupational therapy leaders across practice, education and research • sector specific targeted areas including employment, education, social care • open webinar for all members
	2	Occupational Therapy engagement and communication plan	Integration with the new occupational therapy Communities platform Infographic with key messages for • specific sectors • public Website section on Advanced level practice updated Resource pack to demonstrate value of advanced level practice • commissioners • provider organisations • public

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9. Glossary

Ecosystem	An ecosystem (or social-ecological system) is a complex and adaptive system that includes both social (human) and ecological (biophysical) components. These systems are characterised by the interactions between people, their institutions, and the natural environment
Intentional relationship	An **intentional relationship** is part of developing therapeutic interaction and engagement where there is both an active and deliberate engagement in behaviours and practices that nurture and strengthen their collaboration.
Mastery	A deep and connected understanding that can be applied and represented in a range of contexts
Occupation based practice	Occupation-based practice involves engaging people in occupations that are meaningful and relevant to their daily lives. Occupations are used to achieve therapeutic goals and improve overall health and well-being.
Occupational justice	Occupational justice is founded on the understanding that people are occupational beings as well as social beings. Participation in occupation allows people to act autonomously and independently within their social context; however occupational needs differ according to the individual and Differing form of enablement adds to the variety of occupational needs, strengths and potential. Health depends on participation in health building occupations and therefore Empowerment to do so depends on enabling choice and control in the participation of occupation. Occupational justice is a concept within occupational therapy and occupational science that focuses on the right of individuals to engage in meaningful and purposeful occupations that contribute to their health, well-being, and social inclusion. Ensuring that everyone has equitable opportunities to participate in meaningful occupations is crucial. This involves addressing barriers such as discrimination, poverty and disability.

Occupational participation	A person's involvement in life situations
Occupational performance	The observable task-orientated, completion or doing aspect of occupation
Occupational rights	Wilcock and Townsend propose the following rights (2000) • Right to experience occupation as meaningful and enriching. • Right to develop through participation in occupations for health and social inclusion • Right to exert individual or population autonomy through choice in occupation • Right to benefit from fair privileges for diverse participation in occupations
Person occupation environment (PEO)	The Person-Environment-Occupation (PEO) Model is a framework used in occupational therapy to evaluate and address the complex relationships between three key elements: • **Person:** The individual, including physical, emotional, cognitive, and social characteristics. • **Environment:** The physical, social, cultural, and institutional spaces in which a person operates. • **Occupation:** The daily tasks, activities and roles that are meaningful and necessary for the person.