



Occupational Therapy

January 2026

The aim of this current awareness bulletin is to provide a digest of recent guidelines, reports, research and best practice in Occupational Therapy. Part of this bulletin draws on content created by Manchester University NHS FT and University Hospitals Dorset NHS Trust

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Evidence Summary and Systematic Reviews

1. Innovations in Practice: Beyond the clinic – embracing natural environments in mental health care for children and young people

Item Type: Journal Article

Authors: Hunt, David Francis;Morshead, Gemma R.;Hayes, Rachel;Mitchell, Siobhan;Chapman, Beth;Dutton, Carl;Adlam, Anna and Mellor, Catriona

Publication Date: 2025

Journal: Child & Adolescent Mental Health 30(4), pp. 422–429

Abstract: Background: Engaging children and young people (CYP) with natural environments while in healthcare can offer significant therapeutic benefits. Despite evidence supporting nature-based interventions, their use in CYP healthcare settings remains inconsistent. This article outlines how to integrate an eco-biopsychosocial model in healthcare, combining ecological aspects with traditional biopsychosocial frameworks to improve health outcomes, placing CYP within their social and ecological contexts, and promoting holistic, person-centred care.

Methods: Through a series of meetings, clinicians and practitioners involved in nature-based approaches (NBAs) projects in the UK shared their expertise. They reflected on their experiences and identified patterns in the learning related to implementing these activities and embedding them into practice. The projects included: (1) Oxford Health NHS Foundation Trust. (2) Cornwall Partnership NHS Foundation Trust. (3) Alder Hey Children's NHS Foundation Trust. Results: We discuss the importance of NBAs within national healthcare frameworks and provide successful examples from Oxford Health NHS Foundation Trust, Cornwall



Partnership NHS Foundation Trust and Alder Hey Children's NHS Foundation Trust. These case studies highlight the potential for a positive impact on wellbeing, resilience and staff satisfaction. Key strategies for implementing the model include relational, procedural, and environmental factors for creating a culture of nature-based practice. Conclusions: This innovation in practice article emphasises the need for governance, evaluation and dissemination to ensure the sustainability of these initiatives. By adopting this integrative approach, we aim to reduce health inequalities and promote a shift towards a nature-inclusive strategy in healthcare, which promotes the long-term wellbeing of CYP as well as supports more sustainable services.

Access or request full text: <https://libkey.io/10.1111/camh.12768>

URL: <https://research.ebsco.com/linkprocessor/plink?id=1c6f1615-ea0c-3341-9731-82b931ed13ed>

Guidelines and Policy

Climate change and the mental health of occupational groups.
UK Health Security Agency (UKHSA); 2025.

<https://www.gov.uk/guidance/climate-change-and-the-mental-health-of-occupational-groups>

[Some occupational groups may be at increased risk of mental health impacts associated with extreme weather.] *Freely available online*

Published Research

1. Menstruation among autistic adults: An occupational perspective

Item Type: Journal Article

Authors: Bowden, Samantha L. J. and Miller, Paul K.

Publication Date: 2025

Journal: British Journal of Occupational Therapy 88(10), pp. 626–634

Abstract: Introduction: Menstruation is known to have potentially adverse impacts at multiple levels of occupational performance. However, little research has directly investigated the everyday menstruation experiences of autistic individuals, for whom menses and menarche are widely thought to be particularly occupationally disruptive. Method: A qualitative research design was employed to address the



lived experiences of menstruation among N = 6 autistic adults living in the United Kingdom. With institutional ethical approval, in-depth online interviews were conducted, yielding 34,734 words of transcript. Thematic analysis of these revealed interconnected global themes. Findings: The global themes identified were: (1) 'Sense of self', addressing participants' sensory overload and experiences of anxiety, 'brain fog' and concern with cleanliness. (2) 'Attributional work', addressing events and contexts which were taken to trigger and/or exacerbate key problems (such as the need to use public restrooms). (3) 'Reclaiming orderliness', addressing participants' pragmatic strategies for overcoming increased unpredictability in their lives during periods. Conclusion: Menstruation poses specific, significant challenges for autistic individuals that require autism-specific solutions. These challenges impact individuals' ability to perform occupations of self-care, productivity and leisure. As such, Occupational Therapists have a key role in the provision of support to address the impact of menstruation on occupational engagement and participation.

Access or request full text: <https://libkey.io/10.1177/03080226251341730>

URL: <https://research.ebsco.com/linkprocessor/plink?id=5bdc781a-a5c5-3fec-be46-6f456aa3425e>

2. Exploring the Vona du Toit Model of Creative Ability: Applications, strengths, and weaknesses in occupational therapy -- A systematic mapping review

Item Type: Journal Article

Authors: Casteleijn, Daleen; Sherwood, Wendy and Coulson, Kate

Publication Date: 2025

Journal: South African Journal of Occupational Therapy 55(3), pp. 1–13

Abstract: The Vona du Toit Model of Creative Ability (VdTMoCA) is an occupational therapy practice model rooted in the work of South African occupational therapist Vona du Toit in the 1960s and 1970s. While the model is increasingly applied in predominately South Africa and the UK and included in several pre-registration occupational therapy curricula, there is limited published literature exploring its use in clinical practice. To date, only one publication addresses its presence in occupational therapy education, and no comprehensive review has mapped its clinical application. This study aimed to fill that gap through a Systematic Mapping Review, which is suited to broad topics and provides an overview of existing literature without focusing on a single research question. A total of 30 papers were retrieved and charted. Findings indicate that the VdTMoCA is used across diverse clinical and non-clinical settings and supports therapists throughout the entire occupational therapy process. It offers a structured approach to assessing and treating clients with varying levels of volition, motivation, and



occupational performance, particularly in complex mental health and forensic contexts. The model enhances clinical reasoning, justifies intervention choices, and strengthens professional identity. This review also highlights gaps in research that warrant further investigation to support evidence-based practice. Implications for practice * The VdTMoCA is an occupational therapy practice model that guides the entire therapy process, supporting therapists in diverse clinical and non-clinical settings. * The model demonstrates utility in addressing varying levels of motivation and action, and occupational performance among clients, enhancing assessment and outcome measurement capabilities. * By enabling therapists to justify interventions based on clinical reasoning, the VdTMoCA enhances therapists' professional value and identity, particularly in addressing neglected aspects of occupational therapy, such as engagement of and effective therapy for individuals whose volition, motivation and occupational performance is severely impaired in mental health and forensic services.

Access or request full text: <https://libkey.io/10.17159/2310-3833/2025/vol55no3a11>

URL: <https://research.ebsco.com/linkprocessor/plink?id=09d0b770-9726-3787-b1b3-39ede94276c9>

3. Ableism in Occupational Therapy: A Critical Qualitative Analysis of Disabled Practitioners' Experiences in the Profession

Item Type: Journal Article

Authors: Heffron, Jenna L.;The, Kimberly J.;Harrison, Aster and Hilton, Claudia

Publication Date: 2025

Journal: Occupational Therapy International 2025, pp. 1–16

Abstract: Purpose: The purpose of this study is to explore disabled occupational therapy practitioner (OTP) experiences of ableism in the occupational therapy profession. Materials and Methods: This study used a critical qualitative approach led by three disabled occupational therapists and informed by disability studies theory. Researchers conducted 12 semistructured interviews with disabled OTPs. Interviews were analyzed using codebook thematic analysis. Results: Experiences of ableism were pervasive for OTPs with disabilities. Disabled OTPs experienced ideological, institutional, interpersonal, and internalized ableism in the profession. Participants described varying views of the culture of occupational therapy regarding disability. Participants navigated their work through the use of social supports, formal, informal, and self-accommodations, and coping strategies. Disabled OTPs also described how their disabilities informed their approaches to practice, including antiableist and disability-affirming approaches. Disabled OTPs readily identified room for change in the profession and provided recommendations for improving accessibility and inclusivity in OT. Conclusions:



Participants experienced disability oppression (ableism) in the profession. Structures and norms in the profession prioritized nondisabled ways of being that contributed to many of the barriers experienced. Participants' approaches and recommendations can help disrupt systems of ableism in occupational therapy.

Access or request full text: <https://libkey.io/10.1155/oti/6295789>

URL: <https://research.ebsco.com/linkprocessor/plink?id=28525df1-1956-3a2f-bd7e-3a4d5426d2da>

4. Artificial Intelligence and Occupational Therapy: From Emerging Occupation to Educational, Practice, and Policy Imperative

Item Type: Generic

Author: Jozkowski, Amanda Colleen

Publication Date: 2025

Publication Details: American Journal of Occupational Therapy, 79, (6) pp.1–6. , North Bethesda, Maryland: American Occupational Therapy Association.

Abstract: Artificial intelligence (AI) is now increasingly integrated into health care, education, and daily life. It now shapes how people learn, work, communicate, and manage health. For occupational therapy, which centers on enabling meaningful participation across contexts, this technological transformation presents critical challenges and opportunities. Despite AI's growing presence, the profession lacks cohesive standards or strategies to address its impact on education, clinical reasoning, or client-centered practice. AI is a practice-relevant and educationally urgent phenomenon that demands structured engagement and leadership within the profession to ensure its ethical, inclusive integration. Occupational therapy practitioners must be prepared to support students, practitioners, and clients in navigating these technologies. Without clear competencies and shared frameworks, the profession risks marginalization and missed opportunities to uphold occupational justice. Action is needed in three domains: (1) occupational therapy education, where AI literacy and ethical use must be taught and modeled; (2) clinical practice, where AI tools require critical evaluation and adaptation; and (3) client engagement, where AI use must be recognized and supported as an evolving occupation. Accreditation, continuing education, and public policy must align to support this shift. In this column, the author calls for immediate and strategic action to adopt cohesive standards to address the impact of artificial intelligence on occupational therapy education, professional practice, and client-centered engagement.

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Source: CINAHL; EBSCOhost,



Access or request full text: <https://libkey.io/10.5014/ajot.2025.051283>

URL: <https://research.ebsco.com/linkprocessor/plink?id=cdb83aa7-f23d-3850-a291-ebe844823ce3>

5. Changes in daily living dependency and incident depressive symptoms among older individuals: findings from four prospective cohort studies

Item Type: Generic

Author: Liu, Hongwei, Yang, Juxiang, Song, Gang, Zhang, Minheng and Hou, Miaomiao

Publication Date: 2025

Publication Details: BMJ Mental Health, 28, (1) BMJ Publishing Group.

Abstract: Background With rapid population ageing, depressive symptoms in older adults have become a pressing public health concern. While functional dependency is a known risk factor, the impact of changes in dependency over time remains unclear. Objective To examine the association between changes in daily living dependency and incident depressive symptoms in older adults across international cohorts. Methods We used data from 46 327 adults aged ≥ 50 years across four longitudinal ageing studies: China Health and Retirement Longitudinal Study (China), Health and Retirement Study (USA), English Longitudinal Study of Ageing (England) and Survey of Health, Ageing and Retirement in Europe (Europe). Daily living dependency was classified into three levels based on difficulties in activities of daily living (ADLs) and instrumental ADLs (IADLs). Change in dependency was assessed using baseline and 2-year follow-up data. Depressive symptoms were measured using the Center for Epidemiologic Studies depressive symptoms Scale or the European Depression Scales (EURO-D). Cox proportional hazard models estimated HRs and 95% CIs for incident depressive symptoms over a median follow-up of 4.2–5.1 years. Findings A total of 12 902 new depressive symptom cases occurred during follow-up. Compared with participants whose dependency status remained unchanged, those who recovered to independency had a significantly reduced risk of depressive symptoms. Functional deterioration, including transitions from independency to ADL or IADL dependency, was associated with increased risk of depressive symptoms (both pooled HRs 1.55), while functional improvement, from ADL or IADL dependency to independency, was linked to reduced risk (HRs 0.83 and 0.80, respectively). Conclusions Improvement in ADL dependency is linked to a lower risk of depressive symptoms, while worsening dependency significantly increases depressive symptoms risk. Clinical implications Routine assessment of functional status and early interventions to maintain or restore daily living independency may help prevent depressive symptoms in older adults. Targeted rehabilitation and support services could play a key role in reducing the mental health burden of ageing populations.



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Access or request full text: <https://libkey.io/10.1136/bmjment-2025-301749>

URL: <https://research.ebsco.com/linkprocessor/plink?id=36eaa944-113e-306f-8c9e-7aab82b17e07>

6. Using Nominal Group Technique to Gather Recommendations in the Decision-Making for Amputation Due to Diabetes

Item Type: Journal Article

Authors: Ong, Emilee Kim Ming; Murray, Carolyn; Hillier, Susan and Causby, Ryan

Publication Date: 2025

Journal: Journal of Foot and Ankle Research 18(4), pp. e70095

Abstract: A lower extremity amputation has traditionally been considered as a last resort treatment option for people with a diabetes-related foot ulcer (DFU). However, some people will opt for an earlier amputation to overcome the daily lifestyle challenges from ongoing conservative wound management. Even so, making the decision for non-emergency amputation is challenging due to the lack of clear recommendations or evidence-based resources. Therefore, this study aimed to gather recommendations from people with lived experience of a DFU or amputation, family members, health practitioners, and experts to guide decision-making for amputation due to diabetes.

Access or request full text: <https://libkey.io/10.1002/jfa2.70095>

URL: <https://research.ebsco.com/linkprocessor/plink?id=f2c84742-61b7-387b-ba42-aa5885ec2a1d>

7. Integrating an occupational therapist into a primary health care team: a mixed-method evaluation of a home-based service delivery

Item Type: Generic

Author: Sílvia Roura-Rovira, Jennifer Grau-Sánchez, Laura Vidaña-Moya, Sara Herranz-Ulldemolins, Noemí García, Júlia Cava-Carbonell, Herranz, Carmen, Jaume Benavent-Areu and Luis González-de Paz

Publication Date: 2025a

Publication Details: BMC Health Services Research, 25, (1) pp.1–12. BMC.



Abstract: Abstract Background Incorporating occupational therapists (OTs) into primary care requires adapting services to patient needs and depends on how colleagues within the multidisciplinary team perceive the OT roles and collaborate in daily practice. This study explored the feasibility, impact on the care team, and challenges of incorporating an OT into the home-based care service of a Spanish primary healthcare center. Methods A two-phase sequential exploratory mixed-methods study was conducted. First, structured interviews and a stakeholder focus group were conducted over the six months following the introduction of the OT. Thematic analysis identified factors that hindered or supported integration. Second, a cross-sectional study described patients who received OT care within 12 months of service implementation. The electronic health records provided patient profiles and OT interventions. Descriptive statistics and the Kruskal–Wallis tests were used to examine the associations between the study and patient characteristics. Results Six themes emerged: introduction of the OT role, team coordination, impact on team functioning, impact on patient and caregiver, contributions of the OT, and structural limitations and challenges. OT integration improved interdisciplinary collaboration and patient-centered care; however, initial role ambiguity and a lack of referral criteria were challenges. Over 12 months, 248 patients were visited (mean age, 88.2 years; 70.9% women), with an average of 11.1 chronic conditions. Overall, 45.6% had severe or total dependency in activities of daily living, and 43.2% reported at least one fall in the past year. OT interventions focused on risk assessment (65.6%) and home adaptation (52.5%). Patients with moderate-to-severe functional dependency received more risk assessment activities (median: 2; $p = 0.005$). No significant associations were found between intervention frequency and fall history or other functional domains. Conclusions Integrating an OT into a primary health care team appears feasible and valuable. Sustainable implementation may require clear patient profiles, defined professional roles, structured integration processes, robust evaluation frameworks, and service standardization-based workforce planning.

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8. Integrating an occupational therapist into a primary health care team: a mixed-method evaluation of a home-based service delivery

Item Type: Generic

Author: Sílvia Roura-Rovira, Jennifer Grau-Sánchez, Laura Vidaña-Moya, Sara Herranz-Ulldemolins, Noemí García, Júlia Cava-Carbonell, Herranz, Carmen, Jaume Benavent-Areu and Luis González-de Paz



Publication Date: 2025b

Publication Details: BMC Health Services Research, 25, (1) pp.1–12. BMC.

Abstract: Abstract Background Incorporating occupational therapists (OTs) into primary care requires adapting services to patient needs and depends on how colleagues within the multidisciplinary team perceive the OT roles and collaborate in daily practice. This study explored the feasibility, impact on the care team, and challenges of incorporating an OT into the home-based care service of a Spanish primary healthcare center. Methods A two-phase sequential exploratory mixed-methods study was conducted. First, structured interviews and a stakeholder focus group were conducted over the six months following the introduction of the OT. Thematic analysis identified factors that hindered or supported integration. Second, a cross-sectional study described patients who received OT care within 12 months of service implementation. The electronic health records provided patient profiles and OT interventions. Descriptive statistics and the Kruskal–Wallis tests were used to examine the associations between the study and patient characteristics. Results Six themes emerged: introduction of the OT role, team coordination, impact on team functioning, impact on patient and caregiver, contributions of the OT, and structural limitations and challenges. OT integration improved interdisciplinary collaboration and patient-centered care; however, initial role ambiguity and a lack of referral criteria were challenges. Over 12 months, 248 patients were visited (mean age, 88.2 years; 70.9% women), with an average of 11.1 chronic conditions. Overall, 45.6% had severe or total dependency in activities of daily living, and 43.2% reported at least one fall in the past year. OT interventions focused on risk assessment (65.6%) and home adaptation (52.5%). Patients with moderate-to-severe functional dependency received more risk assessment activities (median: 2; $p = 0.005$). No significant associations were found between intervention frequency and fall history or other functional domains. Conclusions Integrating an OT into a primary health care team appears feasible and valuable. Sustainable implementation may require clear patient profiles, defined professional roles, structured integration processes, robust evaluation frameworks, and service standardization-based workforce planning.

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URL: <https://research.ebsco.com/linkprocessor/plink?id=150bd10a-ad30-3e40-8893-593f7b8acd3c>

9. Predictors affecting initial assessment results using driving simulator in stroke patients admitted at a subacute rehabilitation hospital

Item Type: Journal Article



Authors: Yoshida, Akihito; Sumi, Kaho; Kobayashi, Kanta; Ikai, Daijiro and Toshima, Kazuya

Publication Date: 2025

Journal: British Journal of Occupational Therapy 88(11), pp. 688–695

Abstract: Introduction: We surveyed predictors associated with pass/fail test results for initial driving assessment using a driving simulator in stroke patients admitted to a subacute rehabilitation hospital. Method: We prospectively analyzed 106 inpatients with stroke. Driving assessment was done using a simulator. Sociodemographic, disease-related (duration from onset to initial assessment using a driving simulator), cognitive (Stroke Driver's Screening Assessment (SDSA)), physical, and activity-related variables were assessed. Results: Multivariate logistic regression analyses demonstrated that three independent factors were associated with the pass/fail test result of initial driving assessment. These variables were the duration from onset to initial driving assessment using a driving simulator (per 1 day; odds ratio (OR) = 1.08, 95% confidence interval (CI) 1.05–1.11, $p = 0.00$), required time (per 1 second; OR = 1.01, 95% CI 1.00–1.01, $p = 0.02$), and errors of dot cancellation in the (per 1 time; OR = 1.16, 95% CI 1.05–1.28, $p = 0.00$) SDSA. Conclusion: Our results suggest that the duration from onset to initial driving assessment using a driving simulator, required time, and errors of dot cancellation in the SDSA are the three predictors determining the passing/failing of patients with stroke in a driving simulator test.

Access or request full text: <https://libkey.io/10.1177/03080226251347191>

URL: <https://research.ebsco.com/linkprocessor/plink?id=ebc3a62a-1c33-3622-a632-ef30509ff9a2>

10. A scoping survey for the UK rheumatology occupational therapy capabilities framework

Item Type: Journal Article

Authors: Prior, Yeliz; Battista, Simone; Gregory, William J.; Bisset, Patricia; Derham, Sandra; Dockrell, Dervil M.; Livesey, Caroline and O'Callaghan, Gemma

Publication Date: 2025

Journal: Rheumatology Advances in Practice 9(3)

Abstract: Objectives: An online survey was conducted to explore the clinical roles and expertise of rheumatology occupational therapists (OTs) to inform the development of a UK-specific capabilities framework to enhance care quality and career progression. Methods: A working group established through the British Society for Rheumatology (BSR) designed and disseminated an online survey via



social media and profession-specific networks. Snowball sampling was employed. The survey collected data on job roles, work settings, satisfaction levels, perceived National Health Service Agenda for Change banding appropriateness and comfort with the European Alliance of Associations for Rheumatology (EULAR) Core Competencies. Responses underwent descriptive analysis. Results: Eighty-eight rheumatology OTs participated in the survey. Most worked full time (18.2%) at Band 6 (44.3%) or Band 7 (46.6%), primarily in acute settings (73.9%). The majority (75-90%) dedicated their time to direct clinical contact, with 75% feeling their job description accurately reflected their role and 23% reporting they had not had sufficient formal training to perform their job role. Participants performed a wide range of job roles, including assessment and advice on activities of daily living (97.7%), hand function (100%), self-management education (96.6%) and fatigue management education (95.5%). Comfort with applying EULAR competency recommendations was generally high, but 11% reported difficulty assessing the educational needs of people with rheumatic and musculoskeletal diseases and 9% with the ability to select and apply outcome measures.

Conclusion: The findings highlight the need for a structured capabilities framework for UK OTs in rheumatology to improve standardisation, career progression and quality of care. Lay Summary What does this mean for patients? Occupational therapists (OTs) help people with rheumatic and musculoskeletal conditions manage daily activities and employment, improving their quality of life. However, there are no clear guidelines to ensure they have the proper training to support their roles in rheumatology teams and guide career progression. To better understand their roles and developmental needs, an online survey was launched nationally and 88 OTs working in rheumatology completed this survey. Most OTs in the survey worked full time in hospitals, mainly at Band 6 or Band 7 levels. In the National Health Service, the Agenda for Change pay system groups most jobs into numbered bands based on responsibility and experience. Band 6 usually includes experienced or specialist OTs, while Band 7 typically covers more senior roles such as enhanced specialists or team leaders. They spent 75-90% of their time with patients, but almost a quarter (23%) felt they had not received enough formal training for their role in rheumatology. Participants carried out various tasks at work, such as evaluating and giving advice on daily activities, hand function and self-care skills. While most felt confident in their skills, some found it harder to understand medications, surgical treatments, patient education and choosing the right outcome measures. The results show a need for clear training and career development pathways to help OTs in rheumatology gain the right skills and provide better care. This could improve their professional growth and the support they offer to patients. A British Society for Rheumatology audit showed that not all rheumatology departments have OTs. However, this survey highlights just how important OTs are as part of the team and supports the case for having OTs in every rheumatology department across the UK. Keywords: occupational therapy, capabilities framework, professional standards, rheumatology rehabilitation, competency framework.

Access or request full text: <https://libkey.io/10.1093/rap/rkaf072>



URL: <https://research.ebsco.com/linkprocessor/plink?id=8be1b872-9ee1-3d3b-bff4-44c690544759>

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Professional Development/ Reports

Adult Psychiatric Morbidity Survey

2023/4. National Centre for Social Research (NatCen); 2025.

<https://natcen.ac.uk/publications/adult-psychiatric-morbidity-survey-20234>

The Adult Psychiatric Morbidity Survey (APMS) series provides data on the prevalence of both treated and untreated psychiatric disorder in the English adult population (aged 16 and over). This survey is the fifth in a series and was conducted by the National Centre for Social Research (NatCen), in collaboration with the University of Leicester and City St George's, University of London, for NHS England. *Freely available online*

Our vision for neighbourhood health.

Arthritis and Musculoskeletal; 2025. <https://arma.uk.net/wp-content/uploads/2025/10/ARMA-vision-for-neighbourhood-health-paper.pdf>

ARMA's vision is for every neighbourhood to create and sustain the conditions for good MSK health for everyone, everywhere. That means shifting our mindset from the NHS delivering care to communities creating health. It means seeing health as a shared endeavour, one built through collaboration trust, and listening to what matters most to people. *Freely available online*

Prevention: policy position paper.

Arthritis and Musculoskeletal Alliance (ARMA); 2025. <https://arma.uk.net/wp-content/uploads/2025/11/ARMA-policy-position-paper-prevention-Nov2025.pdf>

ARMA's new policy position paper on MSK prevention sets out three priorities for action: Start early and act across the life course, Join up systems and services, Create health, not just deliver care. *Freely available online*

The State of Musculoskeletal Health 2025.

ArthritisUK; 2025. https://www.arthritis-uk.org/media/flpbvm2m/arthritusuk_state_of_msk_health_-report_2025.pdf



[The State of Musculoskeletal Health is a collection of the most up-to-date, UK-wide statistics on arthritis and other musculoskeletal (MSK) conditions. This includes how many people have these conditions, the number at risk of developing these conditions, the impact of these on a person, on the health system and society, and nhslibraryuhd.co.uk | 0300 019 4270/2101 | uhd.library@nhs.net 7

inequalities that can be found within all the topics above.] *Freely available online*

Create Your Own Themed Report: Understanding Ageing in Your Area.

Centre for Ageing Better; 2025.

<https://ageing-better.org.uk/resources/create-your-own-themed-report-understanding-ageing>

This free benchmarking tool provides a snapshot of key data available at the local authority level to help local councils and organisations in England better understand their ageing population. *Freely available online*