

Care Act 2014 – Disabled Facilities Grants (DFGs)

Guidance for occupational therapists



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Introduction



1.1. Purpose of this guidance

This guide is part of a series developed by the Royal College of Occupational Therapists (RCOT) to help occupational therapists apply the Care Act 2014 (the Care Act) confidently in practice. This guidance applies to England. Different legislation and processes apply in Wales, Scotland and Northern Ireland. It focuses on what matters most for your role – enabling people to live the life they choose and prevent long-term care needs while supporting people through key life transitions.

The Care Act places the individual at the centre of care and support, with a clear purpose: 'to help people achieve the outcomes that matter to them in their life' (Department of Health and Social Care 2016).

The Care Act gives adults and their carers a legal right to care and support for their eligible needs. These are different and personal to each person, so local authorities must tailor support to these individual circumstances. The Care Act sets out principles that guide how care and support should be delivered.

This guide shows how occupational therapy can deliver the Care Act principles through the effective use of Disabled Facilities Grants (DFGs). This guidance is based on the social model of disability, which recognises that barriers in the environment – not impairment – create disadvantage.

Understanding 'must' and 'should' in this guidance

Throughout this document, the words must and should have specific meanings:

- Must indicates a legal duty under the Care Act or other legislation.
- Should indicates recommended good practice, as set out in statutory guidance.

This distinction matters because it helps you understand which actions are legally required and which are strongly advised to deliver high-quality care and support.

1.2. Acknowledgements

Thank you to members of the Principal Occupational Therapists (POT) Network – a group of senior occupational therapists working across local authorities in England:

Cate Bennett (Vice Chair), Jumaimah Iqbal (Vice Chair), Amanda Greenhalgh and Angela Osei-Owusu.

We're grateful for their expertise, insight and guidance about how occupational therapists deliver the Care Act.



2. Occupational therapy and the Care Act 2014

Occupational therapists work to remove barriers in the environment and enable people to do the activities that matter to them. These include personal care, learning at school, going to work, playing sport or managing the home. Everything is focused on wellbeing and enabling people to participate fully in life.

2.1. Occupational therapy and the Care Act: a statutory contribution

The Care Act places wellbeing, prevention and personalisation at the heart of adult social care. It recognises occupational therapists as key contributors to this vision. Occupational therapists are experts in how health conditions interact with an individual's environment and occupations.

As an occupational therapist, your clinical practice includes statutory responsibilities around prevention, wellbeing and proportionate decision-making. In practice, this means helping people maintain independence, manage complexity, recover from illness or injury and live safely at home. Your role spans universal, targeted and specialist prevention, drawing on professional reasoning and models such as the Model of Human Occupation (MOHO) and the Person-Environment-Occupation-Performance (PEOP) model.

Whether working in integrated teams, shaping service design or delivering frontline interventions, you'll play an important role in helping local authorities meet their duties under the Care Act.

The statutory guidance identifies occupational therapists and social workers as two of the principal professions in adult care and support. Local authorities should ensure that adults, carers and assessors can access registered practitioners with appropriate expertise, including social workers or occupational therapists (DHSC, 2016, Statutory Guidance).

'It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence and does not just wait to respond when people reach a crisis point.'

(Care Act 2014, Section 2.1)

3. Understanding DFGs

3.1. What are Disable Facilities Grants (DfGs)?

DFGs are available from local authorities in England and Wales, and from the Housing Executive in Northern Ireland. They fund adaptations that give disabled people greater freedom of movement and access to key facilities.

Adults are subject to a means test, while children are exempt. To qualify, adaptations must be assessed as:

- necessary and appropriate by social services, and
- reasonable and practicable by the housing authority.

The maximum award in England is currently £30,000 (Disabled Facilities Grant Delivery Guidance, GOV.UK, 2025), though people may need to contribute towards costs depending on the means test.

DFGs are a practical tool that you can use to translate clinical reasoning into environmental change. They allow occupational therapists to address barriers in the home environment – helping to reduce risk and enabling people to live well in their own homes.

3.2. How DFGs fit with Care Act principles

DFGs complement the Care Act's focus on wellbeing and prevention, but they are not part of the Act itself. This means people do not need to meet Care Act eligibility requirements to receive a DFG. This distinction matters: **DFGs are designed as a preventative intervention and can be offered before someone qualifies for Care Act support.**

Occupational therapists play a key role in the DFG process. Under the Housing Grants, Construction and Regeneration Act 1996, adaptations funded by a DFG must be assessed as 'necessary and appropriate' by social services and 'reasonable and practicable' by the housing authority. Occupational therapists typically undertake the 'necessary and appropriate' assessment on behalf of social services. You'll use your professional judgement to ensure funding delivers meaningful outcomes and supports people to remain safe and well at home.

4. The OT role in the DFG process

Occupational therapists should:

- Assess functional need and identify the adaptations that will make the greatest difference.
- Recommend proportionate solutions which draw on professional reasoning and person-centred practice.
- Work with housing teams, surveyors and builders to ensure adaptations meet the individual's needs and achieve long-term outcomes.
- Advise on alternative or complementary options where a DFG may not meet all needs (for example, equipment provision, rehousing or temporary solutions).
- Support the person through decision-making, ensuring they understand available choices and how adaptations link to their goals and wellbeing.

Your expertise in assessing what is 'necessary and appropriate' ensures funding supports people to remain safe and well at home.

4.1. Using DFGs

Under the Care Act, your practice is guided by wellbeing and prevention principles. Local authorities must act early – not just in crisis – to help people retain or regain skills, build confidence and prevent or delay care needs.

Statutory guidance makes clear that prevention should be considered at every contact. This means asking: how can you reduce needs or prevent new needs from arising?

Housing plays a crucial role in prevention. The right home environment can reduce falls. It can improve wellbeing and enable people to live the life they choose. In many cases, the right home can avoid or delay the need for formal care.

DFGs should therefore be seen as a preventative intervention. By funding adaptations, DFGs enable people to remain safe and well at home. A DFG may be identified through a Care Act assessment, but can also be provided pre-eligibility, if the adaptation is necessary, appropriate, reasonable and practicable. In all cases, decisions should reflect the Care Act's central principle of promoting wellbeing.

Roadmap for home adaptations:

There are five key stages of delivering a home adaptation:



The timescales for moving through these stages will depend on how urgent and complex the adaptations are. More urgent cases should be prioritised. Larger and more complex schemes will take longer to complete

Adapted from national guidance on DFG delivery (DLUHC, Home Adaptations Consortium, Foundations). For full details, see Disabled Facilities Grant Delivery Guidance – GOV.UK and Foundations DFG Resources.

Practice example

In one service, all requests for home assessments or housing adaptations are first screened by an occupational therapist.

- Straightforward needs (where the person has not been assessed before) are picked up by trained support staff.
- More complex needs are assessed directly by an occupational therapist.

If equipment can safely meet the person's needs and reduce risk, it is provided immediately as a preventative measure. Where a major adaptation is required through a DFG, an occupational therapist carries out the assessment and makes the recommendation – still at the pre-eligibility stage.

Using trusted assessors to speed up minor adaptions

Some local authorities, such as Rotherham, have introduced trusted assessor roles to reduce delays for straightforward adaptations. Accredited 'Technical Officers' assess and approve minor works without an assessment, freeing occupational therapists to focus on complex cases. Rotherham reduced occupational therapy assessment times from 49 weeks to 12 weeks and completed over 1,000 adaptations through this approach. John, 69, regained safe access to his garden thanks to rails installed via a trusted assessor, promoting independence and wellbeing.



4.2. Rehousing and housing stock recycling

In your role, you can go beyond recommending adaptions to playing a vital role in making sure housing stock is used effectively. This means thinking beyond individual homes to how properties are matched, recycled and adapted across your local area. It includes:

- **Medical rehousing:** Helping match people to properties that meet their needs, reducing risk and promoting wellbeing.
- **Housing registers:** Working with housing teams to maintain registers of adapted properties so homes can be recycled when no longer needed.
- **Property visits and matching:** Ensuring people are matched well to homes, sometimes using innovative tools such as AI-assisted property viewing.
- **Further alterations or restoration:** Advising on additional adaptations or returning properties to their previous state when adaptations are removed.

Practice example – integration of services

It's important that services work together around the individual. Housing authorities and providers are named in the statutory guidance, underlining their role as part of integrated care.

In one authority, five occupational therapists are embedded in housing teams across local authorities, with shared policies and procedures. Two further occupational therapists work directly with social housing providers, ensuring that assessments for DFGs are well informed and person-centred.

Another local authority has brought all housing adaptation services under a single contract, to provide more consistent provision across the area.

Regular joint meetings in some areas bring together housing and social care staff to develop opportunities such as Extra Care Housing, home improvement agencies and children's services.

4.3. Health and Housing: Memorandum of Understanding (MoU)

In 2014, the Association of Directors of Adult Social Services (ADASS) and sector partners published a Memorandum of Understanding: Improving Health Through the Home (ADASS, 2014). It sets out shared commitments to strengthen collaboration between health, social care and housing. It calls on organisations to:

- strengthen dialogue and decision-making across government, health, social care and housing
- align policy and planning across sectors
- embed housing into the commissioning and delivery of health and care services
- highlight the contribution of housing to wider determinants of health, equity and patient experience
- build a confident, skilled workforce that recognises the link between housing, health and wellbeing.

Practice example – Raising awareness of the DFG process

In one local authority, information about the DFG process is available on the local authority's website and through its social services 'intake team'. People are informed early about the option for a means test, helping them to decide whether to proceed with an assessment, or explore other options. Many choose to continue with the process, even if they are not ultimately financially eligible for a DFG, because of the advice and guidance offered.



4.4. Addressing funding gaps

The current £30,000 grant gap – combined with means-tested contributions – can prevent some adaptations from going ahead. This affects both adults and children. In children's services, where means testing does not apply, the funding limit still creates barriers to meeting needs.

Local authorities have discretionary powers to provide additional support, including top-up funding. We encourage use of these powers, including opportunities available through the Better Care Fund (DHSC, 2025). Without this, people may be left without the adaptations they need.

Local areas have developed different approaches to bridging funding gaps:

- **Top-up facilities**

Some areas provide discretionary top-up funding whenever assessed needs exceed the £30,000 cap.

- **Application via OT with financial evidence**

Applicants provide income information and evidence such as a declined loan. Occupational therapists support the case by outlining assessed needs, risks and the benefits of the adaptation. Decisions sit with senior managers in the local authority.

- **Loans secured against the property**

Some authorities offer top-up loans secured against the home.

- **Charitable funding and personal budgets**

Home improvement agencies help secure charitable funds where needed.

Some authorities use personal budgets to contribute to adaptation costs.

Given rising costs, delivering essential adaptations within the current cap is increasingly challenging. Local authorities are encouraged to consider the longer-term savings associated with providing suitable, timely adaptations



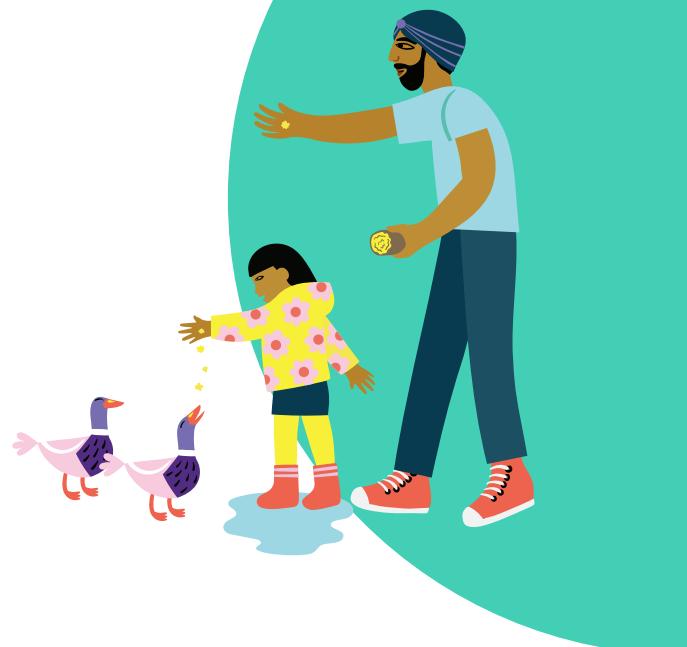
4.5. Response times

Some circumstances require a faster response to deliver DFGs.

- **Life-limiting conditions and end of life care** – A rapid application and approvals process is essential. In these situations, moving home is rarely appropriate. But, timely adaptations can enable individuals and their carers to remain safe and maintain quality of life in the time they have available.
- **Safeguarding and welfare concerns** – Where a person's welfare is at risk and could be addressed by adapting their home, the local authority has a duty to act swiftly. Safe and suitable housing can play a vital role in ensuring a person lives free from abuse and neglect, and in supporting their care needs.
- **Moving and handling equipment** – Requests relating to moving and handling needs are covered by health and safety legislation and fall within the remit of the Health and Safety Executive (HSE). These require a risk assessment and, where necessary, the rapid provision of equipment such as hoists. Equipment must be provided without delay, as failure could trigger a HSE investigation. The potential use of DFG funding for moving and handling equipment – for example, a ceiling track hoist – must not cause any delay in the provision of essential equipment.

4.6. The best use of staff

Trained support staff can help speed up straightforward adaptations, freeing occupational therapists to focus on more complex cases. Each case should be checked carefully to make sure it goes to someone with the right skills and experience. No practitioner should be asked to do work they aren't qualified for.



5. What this means for occupational therapists



The Care Act reinforces the core values of occupational therapy: seeing the whole person, working towards their chosen goals and using their strengths to promote choice and wellbeing.

It also brings opportunities, and responsibilities, for occupational therapists to lead preventative, person-centred practice. This includes using DFGs proactively to reduce or delay care needs, support carers and improve long-term outcomes.

You should consider the following in your practice:

- **Embed prevention from the start** – DFGs can be offered on a preventative basis. Early investment – such as preventing falls or enabling people to remain safely at home – delivers better outcomes and long-term value.
- **Support carers** – You must consider the current and future needs of carers. A carer's assessment must be offered and should inform your recommendations.
- **Be flexible and responsive** – DFG provision should be timely, effective and shaped around the person's goals. Avoid delays that could increase risk or reduce impact.
- **Use data to demonstrate impact** – Where possible, collect and share outcome data to evidence the effectiveness of early interventions – both short and long term.
- **Be innovative in funding solutions** – You may be able to influence how the Better Care Fund is used to meet funding gaps. Be creative in identifying alternative sources, including charitable funding and personal budgets.
- **Think holistically** – Consider how DFGs can support wellbeing, access, safeguarding, moving and handling and the prevention of escalating needs.
- **Work across boundaries** – Your role may be part of a wider, cross-agency service. Be ready to adapt, share skills and collaborate to deliver joined-up support.

6. Conclusion

DFGs are a vital tool in preventative, person-centred practice. They help people remain safe and well at home, reduce reliance on more intensive care, and support choice and control.

While the UK Government has increased funding and introduced more flexibility through mechanisms like the Better Care Fund, opportunities remain underused in some areas.

Occupational therapists are uniquely positioned to lead this work. Through their clinical insight, problem-solving expertise and partnership with housing teams, OTs can shape how adaptations are delivered – ensuring timely, meaningful and effective support for the people who need it.



7. Resources

Foundations. Disabled Facilities Grant resources hub.

Available at: <https://www.foundations.uk.com/dfg/>

DFG Means Test Calculator (Foundations).

Available at: <https://www.foundations.uk.com/dfg/means-test/>

Social Care Institute for Excellence (SCIE). Care Act resources and guidance.

Available at: <https://www.scie.org.uk/care-act-2014/>

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Available at: <https://commonslibrary.parliament.uk/research-briefings/sn03011/>

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