

Care Act 2014 – Prevention

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, 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 focuses on prevention – helping occupational therapists embed early intervention and proactive strategies to reduce or delay care needs under the Care Act 2014.

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 help people of all ages overcome challenges in everyday activities – known as 'occupations'. 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.





'Occupational therapist and registered social workers are two of the key professions in adult care and support. Local authorities should consider how adults who need care, carers and assessors have access to registered social care practitioners, such as social workers or occupational therapists.'

Statutory guidance, section 6.84

Whether working in integrated teams, shaping service design or delivering frontline interventions, you'll play a statutory 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, 6.84).

'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. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence and prevents need or delays deterioration wherever possible.' (Care Act 2014)

Practice example: Building confidence through enablement (Nottinghamshire)

John, a young adult with severe anxiety, was supported by an occupational therapist to overcome fear of public spaces. Initially, he only left home in the early hours to avoid people. The occupational therapist introduced a digital app called 'Structured' to help John build a daily routine and set achievable goals. Once his confidence grew, travel training was provided – starting with local routes and progressing to longer journeys. John now uses public transport on his own to visit family and maintain social connections. He described the support as 'life-saving'.

3. Preventing, delaying and reducing the need for care

3.1. Understanding prevention

The Care Act emphasises prevention and early intervention and the importance of supporting people to stay independent, reduce existing needs and avoid the development of new ones. Prevention applies at population and individual levels, including promoting health and wellbeing, reducing or delaying care needs and minimising the impact of caring on carers.

The UK Government's 10-Year Health and Care Plan (UK Government, 2025) emphasises early intervention, proactive community support and helping people stay well, independent and connected – reflecting a shift from crisis-led care to strengths-based practice.

3.2. Prevention approaches

Prevention is divided into three approaches – primary, secondary and tertiary prevention:

- **Primary:** Services, facilities or resources that may help an individual avoid developing needs for care and support, or help a carer avoid developing support needs by maintaining independence and good health, and promoting wellbeing.
- **Secondary:** Services, resources or facilities that may help slow down or reduce any further deterioration or prevent other needs from developing.
- **Tertiary:** Services, resources or facilities that maximise independence for those with a disability or established/complex health conditions (including progressive conditions, such as dementia).

Prevention should be considered from the first point of contact with an individual or their carer and continued throughout their journey. Support to prevent, delay or reduce needs does not depend on a formal assessment or eligibility criteria. Local authorities must put preventative support in place early, including access to technology, equipment, adaptations and reablement. This also includes access to information, advice and guidance.

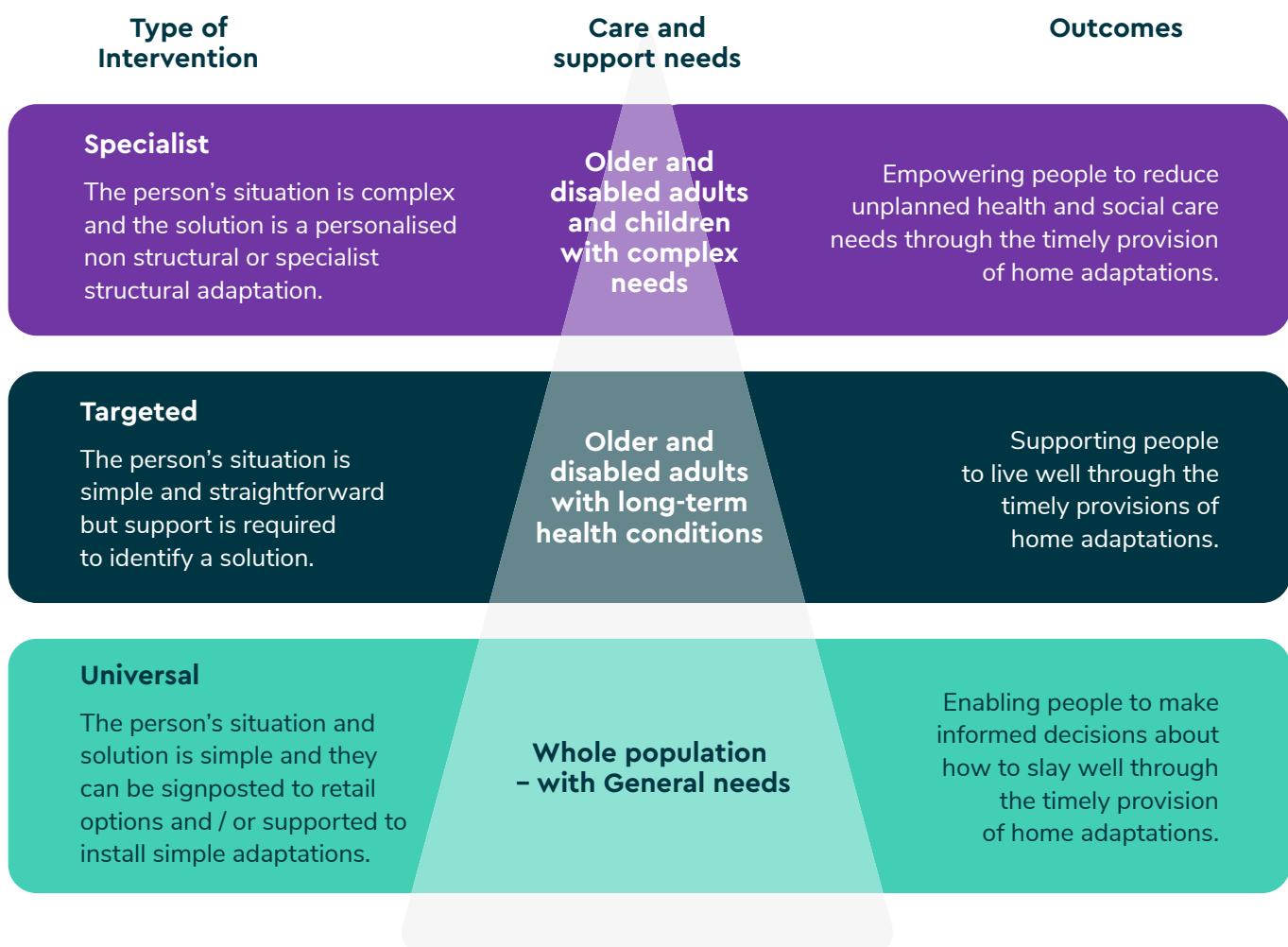
If homecare is needed, it should follow the least restrictive approach, enabling individuals to do as much as they can for themselves whilst building their skills and confidence. The level and type of support should be regularly reviewed and adjusted as needs change.

3.3. Universal, targeted and specialist prevention

Under the Care Act, prevention is a responsibility for all adults, children and carers – regardless of whether their needs meet the threshold for funded care. This includes people with existing needs, those at risk of developing them and those who may need support in the future.

The universal / targeted / specialist model of prevention provides a framework for implementation:

- **Universal prevention** aims to support population-level wellbeing and independence.
- **Targeted prevention** focuses on people at risk of developing greater needs.
- **Specialist prevention** supports those with more complex or ongoing needs to maintain or regain independence.



Source: RCOT 2019 Adaptations without delay

Waiting Well – improving wellbeing while people wait for services

Waiting Well is a proactive approach that recognises the risks of delay in adult social care. It is used by many local authorities across England. It aims to maintain independence, confidence and wellbeing while people are waiting for assessment or services.

Rather than leaving people in limbo, occupational therapists are using their skills to support people to stay safe, active and connected during this time.

Occupational therapists do this by:

- offering early, strengths-based conversations to identify immediate needs
- providing equipment and advice to reduce risks (such as falls and carer strain)
- signposting to tools like 'Ask Sara' and local directories
- maintaining contact and reviewing needs to prevent deterioration
- escalating urgent cases and closing resolved referrals.

3.4. Ensuring broad, inclusive and coordinated prevention services

Local authorities should work with statutory, private, voluntary and community organisations to provide diverse, high-quality prevention services.

This requires clear arrangements for collaboration across departments and sectors. Care and support should integrate with related services such as health and housing, with housing identified as a key partner in delivering joined-up support.

You'll play a vital role in enabling this integration by coordinating across sectors. This includes building on people's existing networks, including family, friends and community groups.



4. Reablement

4.1. Principles of reablement

Reablement helps people maximise and maintain their ability to carry out daily activities. It combines direct therapy with a 'hands-off' approach to care, encouraging individuals to do as much for themselves as possible. Support is usually time-limited, but flexible to individual needs. It can be offered as prevention or following an assessment of need.

Reablement improves outcomes and reduces the need for long-term care. It can help people regain confidence, stay independent for longer and reduce ongoing care costs for local authorities. (Miller et al., 2023.)

Occupational therapists have an important role to play in reablement, either as part of the core team, providing direct therapy input to individuals; or providing input from outside the team. They may also provide training to care staff, for example in a rehabilitative approach to care and in the assessment for and provision of minor aids.

Practice example: Reablement in complex recovery (Sheffield)

An adult social care occupational therapy service worked with a person following an amputation to build confidence and re-engage in meaningful activities. The team introduced tailored equipment and strategies to reduce handling, manage pain and build tolerance. Working with family and professionals, they enabled safe transfers and meaningful activity. The intervention prevented deterioration, improved wellbeing and supported re-engagement in daily life – demonstrating the value of occupational therapy in delivering personalised reablement.

The Social Care Institute for Excellence (SCIE) emphasises that no-one should be excluded from reablement based on their health condition (SCIE, 2015). While some services have historically excluded people with dementia – based on the assumption they cannot learn or retain new skills – SCIE highlights that reablement can benefit people with dementia and their families (SCIE ca. 2015). SCIE offers a range of resources on best practice in reablement, including the contribution of occupational therapy, available at: www.scie.org.uk

5. Equipment, minor adaptations and technology

Equipment and minor adaptations – including telecare – play a vital role in prevention. When matched to a person's needs and environment, they help maintain independence, reduce risk and support carers to manage their role safely. These interventions can significantly improve everyday outcomes and delay the need for more intensive care.

5.1. Early access and assessment

Local authorities are increasingly providing equipment and adaptations at the first point of contact, without a full assessment. In many cases, therapy assistants can assess for and provide equipment and adaptations, including telecare.

Under the Care Act, items costing under £1,000 – such as grab rails, shower stools or sensor-based telecare – must be provided free of charge when supplied by the local authority (DHSC, 2016). Some local authorities also fund items above this limit to avoid delays and means testing.

5.2. The occupational therapist's role

You play a critical role in making sure equipment provision is:

- tailored to the individual's needs
- timely, so that delays do not compromise safety or independence
- proportionate, supporting meaningful outcomes while reducing longer-term reliance on formal care.

You should provide clear advice on equipment choice, ensuring that individuals understand the options available. This may include guidance on:

- personal purchase
- local authority provision
- community resources.

5.3. Innovative approaches and technology

Services are finding new ways to make equipment accessible, such as retail-style or 'pop-up' outlets offering advice and immediate provision. National resources like the Disabled Living Foundation provide online guidance and product reviews to support decision making.

Technology - from simple aids to tech-enabled care – offers powerful opportunities for prevention. It includes established interventions like home modifications and emerging solutions that span housing, public health and digital care. In some areas, occupational therapists are shaping falls prevention pathways, housing strategies and technology-enabled care models. These tools can ease caring demands, enable remote monitoring and empower people to take control of their health and wellbeing.

Practice example: Maintaining independence and greater peace of mind for families (Nottinghamshire)

Keith, is living with mixed dementia and having frequent falls. Movement sensors were installed by the Care Data Monitoring Team. The occupational therapist-led team reviewed the data and noticed increased night-time bathroom visits. This prompted a GP referral, leading to a diabetes diagnosis and treatment. The intervention prevented further falls and hospital admissions.

Practice example: Using the virtual equipment house to promote independence (Sheffield)

Occupational therapists are using the Virtual Equipment House to support people to make choices that help them to remain active and stay safe at home.

The Virtual Equipment House is an interactive online resource that allows users to explore a virtual home – room by room – and discover practical equipment that can support daily living. Each area (such as the kitchen, bathroom, stairs) includes suggestions for aids and adaptations, along with links to further advice and suppliers.

You should be aware of what's available locally and nationally, and be confident in advocating for the right technology-based solutions as part of a personalised, proactive approach.

5.4. Equipment for hospital discharge

Equipment for safe discharge is usually provided as a short-term loan through local joint health and social care equipment contracts, though local provision may vary.

Occupational therapists play a key role in identifying equipment needs early, ensuring timely provision and supporting safe discharge. This may include hoists, stand aids, slide sheets or other devices that enable the person to move safely and maintain independence wherever possible.

5.5. Equipment in residential care homes

Residents in care homes should have the same access to equipment as if they were living in their own home. While there is no national definition of 'standard' equipment, care homes are generally expected to provide:

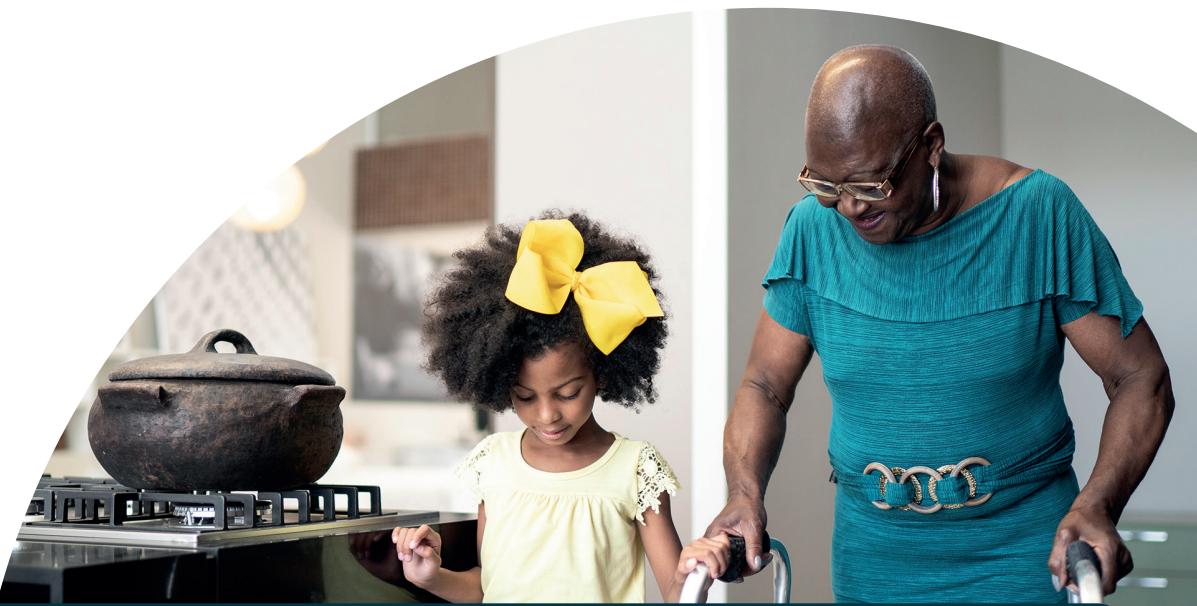
- appropriate beds and chairs
- accessible bathing and showering facilities
- moving and handling equipment.

5.6. Moving and handling risk assessments

When a moving and handling need is identified, an assessment is required under the Health and Safety at Work Act, overseen by the Health and Safety Executive (HSE). The assessment focuses on identifying hazards and developing a plan to manage or mitigate them.

Equipment to support safe moving and handling should be provided quickly. Delays can cause harm and may trigger investigation by the Health and Safety Executive (HSE).

The priority is to help the person move themselves as much as they can safely manage. Depending on their needs, this may involve one carer or equipment such as a hoist, stand aid or slide sheet. Requests for moving and handling assessments should be treated urgently and recognised as preventative interventions. A broader care and support assessment can be conducted at the same time or afterwards, if needed.



5.7. Recommending equipment and suppliers

You should feel confident recommending equipment that delivers the best outcomes for the individual, balancing:

- effectiveness
- sustainability
- choice.

Always consider the least restrictive option first. Cost matters, but it should never override the need for solutions tailored to what matters most to the person.

You must avoid conflicts of interest with commercial suppliers. If you recommend a specific product or supplier, there must be a clear reason, and this should be documented. Where several suitable options exist – especially when people are buying their own equipment – explain all relevant choices clearly and keep a record of your recommendations, the rationale, and the information shared.

The range of suppliers and products available may vary by role:

- In statutory services, you will usually be limited to the local specified equipment supplier. If suitable equipment is not available, there should be a formal process to request items outside the usual catalogue.
- Independent occupational therapists or individuals with a personal budget may be able to access a wider range of equipment. In all cases, individuals should be offered choice wherever possible.



6. Environmental sustainability and prevention

While not a direct requirement of the Care Act, environmental sustainability is an important consideration for occupational therapists working across health and social care. Many preventative interventions delivered by occupational therapists – such as supporting active travel, reducing hospital admissions or enabling people to remain at home – contribute to more sustainable and efficient use of resources.

Emerging priorities for the profession include enabling behaviour change towards healthier, more sustainable lifestyles; promoting the reuse and recycling of equipment; developing green, community-based programmes like gardening or walking groups; and embedding sustainability into professional development and service design. By focusing on early intervention and empowering people to manage their own health and wellbeing, occupational therapists play a vital role in creating services that are environmentally responsible.

Practice example: Embedding sustainability in complex care (Rotherham)

An occupational therapy team led a project on optimised handling aimed to ensure least restrictive homecare practice through goal-oriented care planning. The occupational therapist worked with a person with complex bariatric needs that embedded sustainability into every stage of care planning. A specialist gantry hoist and bed turning system were sourced from recycled stock, significantly reducing the environmental impact associated with manufacturing and delivering new equipment. The intervention also reduced the number of carers required, halving the weekly care cost and releasing more capacity for the homecare provider to use. By minimising travel (fewer carers, fewer vehicles) and avoiding unnecessary hospital admissions, the approach contributed to reduced carbon emissions and supported the council's environmental goals. An evaluation of the project showed cost savings on homecare, demonstrating how sustainable occupational therapy practice can deliver both ecological and economic benefits while maintaining safety, dignity and wellbeing.

7. What this means for occupational therapists

Under the Care Act, occupational therapists have a statutory duty to prevent, reduce and delay care needs, alongside supporting wellbeing. Your role is to help people live the life they choose, with dignity and control over their daily activities. Prevention is not a single intervention – it's a way of working.

The principle of prevention must be embedded from the first point of contact and throughout your ongoing involvement with an individual. You can embed prevention into your practice by:

- **Leading the culture shift** – Moving to proactive, preventative working is a significant change. Advocate for resources, staffing and service models that enable occupational therapy to meet growing demand.
- **Designing services for prevention** – If you lead or commission services, ensure occupational therapy skills are used effectively. Build flexibility into resources and service design to meet Care Act duties.
- **Share skills and build capacity** – Train colleagues in areas such as safe equipment provision and work across statutory, voluntary and community sectors to maximise capacity and reduce duplication.
- **Grounding practice in prevention and wellbeing** – make sure that every assessment and intervention considers:
 - how to reduce current needs
 - how to prevent future needs
 - carers' needs now and in the future
 - the offer and delivery of carer's assessments
 - how to support outcomes that promote independence and reduce reliance on long-term care.



- **Looking beyond individual assessments** – Effective prevention means understanding the wider context in which people live. Engage with population-level data, local needs assessments and demographic trends to shape and target services.
- **Reducing inequalities** – Design services that are culturally competent, inclusive and accessible to all communities – not just those who already know how to navigate the system.
- **Using data to drive change** – Analyse local trends and monitor outcomes to ensure equity. Identify high-risk groups and shape services that prevent escalation.
- **Empowering people and carers** – Work with individuals and carers to define what matters most. Offer clear, up to date information and signpost to community assets.
- **Innovating beyond standard provision** – Think creatively. The needs of the individual may be better met by other services or society groups. You may need a greater awareness of what is available in your location (including community assets) which can help and support people and their carers. For example, charities, faith and social groups, health promotion or volunteer services.

Practice example: Empowering someone who is deaf (Nottinghamshire)

Delphine, a deaf woman whose first language is French Sign Language, faced barriers accessing services. An occupational therapist helped her build confidence with multiple interpreters, introduced her to remote interpreting platforms (e.g. Sign Live, BSL999), and supported her in managing appointments independently. The occupational therapist also helped her prepare for her driving theory test using visual aids and a bilingual dictionary. Delphine now navigates services with greater independence and is actively pursuing employment.

Adapting your practice

Since the Care Act's introduction, occupational therapists have needed to reflect on how prevention changes professional reasoning and service design. Supervision and structured models can support this shift – see the Wellbeing guide for more detail.

RCOT's Workforce Strategy sets out a clear vision: by 2035, occupational therapists will be primarily community-based, focusing on prevention, early intervention and supporting people to live well at home for longer (RCOT, 2024).

Changes in service patterns may extend your role and skills. Additional training may be required, and employers should provide this where new responsibilities are expected. Further guidance is available in the RCOT Code of Ethics and Professional Conduct.

8. Conclusion

Occupational therapists are ideally placed to lead this work. Prevention allows us to return to the core principles of the profession: seeing the whole person, being led by their goals and using occupation to promote wellbeing.

Be bold and creative in your practice. Consider how statutory, private, voluntary and community services can contribute to prevention – and how the strengths and capabilities of individuals and carers can be supported and sustained.

Using your skills in proactive 'front door' intervention can reduce the impact of age, illness or disability, prevent crises and avoid costly care. Prevention is not just a statutory duty – it's an opportunity to shape services that help people live well, independently and with dignity.



9. Resources

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Then and now, we're here to help achieve life-changing breakthroughs for our members, for the people they support and for society as a whole.



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