

# Care Act 2014 – Wellbeing

Guidance for occupational therapists



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**This second edition was published in 2026  
by the Royal College of Occupational Therapists**

**Phoenix House 106–114 Borough High Street  
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**[www.rcot.co.uk](http://www.rcot.co.uk)**

First edition published in 2016

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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 you can deliver on Care Act principles by embedding wellbeing throughout practice. This includes using inclusive and preventative approaches to enable people to live well and do the activities that are important to them.

### 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

**Promoting wellbeing is fundamental to occupational therapy practice and is central to the Care Act's approach to care and support. Occupational therapists work with people to build on their strengths and support participation in daily life in ways that matter to them.**

## 2.1. How the Care Act 2014 defines wellbeing

Under the Care Act, 'wellbeing' is the core principle that should guide every decision about a person's care and support. It means looking at what's important to them as a person and not just reacting to their immediate needs.

It explains that wellbeing relates to the following areas:

- personal dignity
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control over day-to-day life, including how care and support is delivered
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of living accommodation
- contribution to society.

**Statutory guidance requires local authorities to promote wellbeing whenever carrying out any care and support function (DHSC, 2016).** This applies to adults with care and support needs and to carers. For young people, the wellbeing principle applies when a local authority is carrying out a transition assessment under the Care Act. For more information, please refer to our guide on Transitions; Custodial settings; Employment, training and education.

Local authorities should consider each area of wellbeing when determining how to meet a person's needs and support them to achieve their outcomes. Not every aspect of wellbeing will be relevant for all. **But the guidance is clear that there must be a reasoned and defensible justification if an aspect is not considered.**

# 3. Applying the wellbeing principle in practice

## 3.1. Legal responsibilities under the Care Act

Local authorities must consider wellbeing whenever they carry out a care and support function. This legal duty applies to all adults and carers, even if they do not have ongoing care needs. It also covers strategic work such as commissioning and service planning.

Occupational therapists play a key role in supporting these duties. The following are legal responsibilities under the Care Act:

- **Assessment and planning:** You must identify needs and outcomes and develop a plan based on what matters most to the person.
- **Transitions:** You must support young people with care and support needs as they move into adulthood.
- **Continuity of care:** You must make sure support continues when people move between areas.
- **Safeguarding:** You must protect people from abuse or neglect and report criminal offences in line with policy.
- **Information and advice:** You must provide clear, accessible information to help people understand their options.
- **Prevention:** You must consider how to prevent or delay care needs at every interaction.

## 3.2. Best practice to promote wellbeing

To deliver high-quality care and support, you should apply the following principles:

- **Promoting independence:** Support people to live the life they choose with the right balance of autonomy and support.
- **Integrated working:** Join up services around the individual.
- **Participation:** Enable engagement in occupations that are meaningful to the person – such as work, education, leisure or other activities they value.

### 3.3. Upholding rights, dignity and autonomy

Occupational therapists must respect the rights, dignity and autonomy of every person. This includes the following principles:

- Preserving a person's individuality and privacy, and ensuring their integrity is maintained in all interactions.
- Providing person-centred care that helps people make informed choices and take part in decisions about their support.
- Communicating clearly and respectfully, and in a way that recognises cultural differences.
- Balancing safety with personal choice, so people can live the life they want wherever possible.

These principles align with the RCOT Professional Standards under Welfare and Autonomy, which state that members **must**: 'Respect and uphold the rights, dignity, values and autonomy of service users, including their role in decision-making and maintaining health and wellbeing.' (RCOT, 2021)

In practice, this means keeping dignity, choice and control at the centre of every intervention. How you communicate and act should strengthen a person's confidence and sense of agency and support their right to lead their own life.

#### Practice example

Mrs A lives with her family and uses a wheelchair. She relies on others for all personal care. Her daughter's wedding is taking place in another county and Mrs A wants to stay with relatives for the whole weekend so she can fully participate.

The local authority initially proposes funding respite care in a nearby care home. While this would meet Mrs A's physical care needs, it doesn't support family wellbeing and shared decision making.

The occupational therapist contacts the authority where the wedding is taking place and arranges a joint assessment of the relative's home. They identify that access is suitable and that a mobile hoist and profiling bed can be safely used. Mrs A's husband is trained and confident in hoisting. The equipment provider arranges delivery from a local depot.

The arrangements require more coordination than a respite placement but cost less - and, most importantly, enable Mrs A to achieve what matters to her – being with her family and fully taking part in her daughter's wedding.



### 3.4. Promoting health, wellbeing and active living

Occupation, health and wellbeing are closely linked. Physical health, mental health and emotional wellbeing influence one another, and strengthening one can benefit the others.

Promoting health and wellbeing should be part of everyday practice. This can involve:

- noticing opportunities for healthy conversations
- supporting people to make changes that benefit their health
- signposting to NHS and community services
- enabling people to take part in meaningful daily activities.

Healthy conversations and Making Every Contact Count (MECC) are key approaches across health and social care. MECC training is now supported by NHS England and the Office for Health Improvement and Disparities (OHID).

You might encourage people to:

- eat well and maintain good rest and sleep routines
- increase activity or movement
- access smoking cessation or weight-management support
- connect with local groups to reduce isolation and boost confidence.

NICE guidance is still important, especially advice on supporting mental wellbeing for people over 65 (NICE, updated 2015).

Active living is about building activity and engagement into daily life. It draws on community assets and social connections, as well as the interests and opportunities available to each person. An asset-based approach recognises these strengths and supports long-term health and wellbeing.



# 4. Protection from abuse and neglect

## 4.1. Safeguarding principles

Everyone has the right to live safely, free from abuse and neglect. **Under the Care Act, local authorities, the NHS, police and partners have a legal duty to work together when:**

- an adult has care and support needs
- they are experiencing, or at risk of, abuse or neglect
- because of their needs, they are unable to protect themselves.

Safeguarding practice is grounded in the 'Making safeguarding personal' approach. It emphasises listening to what matters to the person, supporting choice and working together to promote safety in a way that reflects their wishes.

## 4.2. The role of occupational therapists in safeguarding

You'll play an important role in safeguarding. This includes:

- remaining alert to signs that something may be wrong and responding quickly when concerns arise
- balancing risk with the person's views and rights
- helping people stay involved in decisions about their safety
- making sure information is recorded and shared appropriately.

Safeguarding should be empowering and focus on an individual's needs.

Work with individuals to define what 'being safe' means for them and agree steps that support their wellbeing and autonomy.

## Practice example

A community occupational therapist is concerned about Mr C, who has limited mobility following a stroke. His wife, who has dementia, is becoming increasingly distressed and has been physically aggressive towards him. She previously declined a carer's assessment.

The practitioner raises concerns sensitively. Mr C acknowledges his wife's difficulties but does not want her to 'get into trouble'. His priority is for her to receive support so that life feels calmer at home.

With his consent, the occupational therapist discusses the situation with their manager and social worker. Mrs C is supported to accept an assessment, and additional help is put in place. Both are encouraged to access community activities and seek support from family.

As a result, stress reduces. Mrs C feels more supported, and Mr C feels safer. The family becomes more involved in helping them both maintain wellbeing.

## 4.3. Information sharing and safeguarding responsibilities

**When raising a safeguarding concern, you should seek the person's consent wherever possible. If they lack capacity, you must act in their best interests.**

If consent is refused, consider whether there is:

- an overriding risk to others
- a clear public interest
- a legal requirement to share information for a criminal investigation.

Always follow your organisation's safeguarding and information-sharing policies. Criminal offences must be reported to the police in line with local policy.

Always follow your organisation's safeguarding and information-sharing policies. The Health and Care Professions Council (HCPC) Guidance on confidentiality for registrants (2023) explains how to protect a person's privacy while acting in their best interests. Criminal offences must always be reported to the police, in line with local policy (HCPC, 2023)

The Care Act encourages community awareness and concern, so everyone can help prevent and respond to abuse and neglect. Community services and support groups play a vital role in reducing isolation and offering carer support – be aware of these resources and signpost people to them.

**Criminal offences must always be reported to the police, in line with local policy (HCPC, 2023)**

## 4.4. Record keeping and supervision

**You must keep comprehensive and accurate records and share them in line with local policy and national legislation.** Guidance on information sharing is available from the Social Care Institute for Excellence (SCIE).

Statutory guidance highlights the importance of practice supervision from skilled managers to support good safeguarding practice. Managers also have a duty to maintain safe recruitment and training practices.

## 4.5. Working with people who lack capacity

All decisions and actions taken for a person who lacks capacity **must** reflect their best interests, but also maximise participation, voice and choice. People should be involved as far as possible, with support from family, friends or advocates.

Local authorities have a duty to provide independent advocacy where someone has substantial difficulty being involved – including in safeguarding enquiries.

If a person has difficulty engaging in the assessment, care planning or review process, you must arrange advocacy in line with statutory guidance (DHSC, 2023) and local policy.



# 5. Preventing and delaying the onset of care needs

Statutory guidance says local authorities **must** consider prevention at every interaction. For occupational therapists, this means exploring preventive options from the first conversation. Preventive support – such as equipment, minor adaptations under £1,000, and reablement – should be offered whenever appropriate and does not depend on eligibility. Further information is available in RCOT's guide on Prevention (RCOT 2026).

## Practice example

Mrs B is an older woman living alone. After several falls she becomes fearful of leaving her flat. Everyday tasks are becoming harder. Her flat is cluttered and she appears withdrawn.

The occupational therapist explores what matters most to her.

A plan is developed that includes:

- strength and balance exercises
- a telecare pendant
- grab rails and minor adaptations
- decluttering support
- re-engagement with her local social club
- a perching stool to support washing safely.

With coordinated support, Mrs B regains confidence, feels safe at home with minimal support and reconnects with her community.



## 5.1. Measuring wellbeing

Wellbeing is not always easy to measure directly, but several aspects can be captured in meaningful ways, such as:

- physical and mental health
- sense of control and independence
- quality and suitability of living environment
- social participation and connection.

You should select outcome measures that are appropriate for the person, combining quantitative and qualitative information. RCOT provides guidance on outcome measurement, impact demonstration and occupational performance tools.

You may also find relevant data frameworks through DHSC and NHS England, including updated versions of the Adult Social Care Outcomes Framework (ASCOF).

### Practice example

Individuals and their carers co-produce outcomes that reflect what they want to achieve, and each intervention is recorded in relation to how it supports independence and promotes wellbeing. This allows the service to measure impact and show how occupational therapy contributes to local priorities around prevention and personalised care.





# 6. Implications for occupational therapists

Embedding the Care Act in day-to-day practice requires occupational therapists to place wellbeing at the centre of their clinical reasoning. This includes:

- grounding practice in personalised and strengths-based approaches, and applying trauma-informed principles
- listening deeply to what matters to the person
- considering the full scope of wellbeing – not just functional needs
- holding open, flexible conversations
- supporting lifestyle change when appropriate
- thinking creatively within available resources
- using community assets where these better meet the person's goals
- working collaboratively across services
- ensuring assessments reflect what the person wants to achieve, not budget pressures
- applying models 'such as Person-Environment-Occupation-Performance (PEOP) or the Kawa Model to structure reasoning and demonstrate impact.

An asset-based approach is central – recognising and building on the person's strengths, networks and capabilities.



# 7. Conclusion

The Care Act 2014 remains a foundation for modern adult social care. For occupational therapists, it reinforces the core of our profession by emphasising the importance of seeing people as whole individuals and understanding what matters to them. Its focus on wellbeing reflects the occupational therapy commitment to strengths-based practice and to helping people live the lives they value.

## As NHS England states:

'A one-size-fits-all health and care system simply cannot meet the increasing complexity of people's needs and expectations. Personalised care is based on 'what matters' to people and their individual strengths and needs.' (NHS England, Universal Personalised Care, 2024)

Occupational therapists are ideally placed to realise this vision. By embedding the wellbeing principle in every interaction, you can help create a care system that is preventative, person-led and grounded in the value of everyday occupation.



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