

# CARE ACT 2014

## Guidance for Occupational Therapists



### PREVENTION

Endorsed by  
Directors of  
**adass**  
adult social services

College of  
Occupational  
Therapists



# CARE ACT 2014

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### PREVENTION



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# Foreword

By The Rt Hon Alistair Burt MP

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In the last year, we have witnessed a fundamental shift in the system of health and care in England – a shift which has placed carers and the cared for at the heart of decision-making about the support they need and deserve.

The *Care Act 2014* has been the catalyst for this change in emphasis, but the approach is arguably nothing new. Occupational therapy was founded on similar person-centred principles and remains so to this day. Therapists have long taken the holistic approach with their clients, seeking to understand their health and care needs in the context of their environment and life goals.

I am therefore very pleased to introduce this suite of four publications from the College of Occupational Therapists focusing on the *Care Act* and how it affects the work you do to enhance the wellbeing of people and communities.

This particular publication focuses on prevention and explains how the duties of the *Care Act* should be used in combination with your skills and experience to prevent, delay and reduce the need for care.

In the relatively short time that I've been Minister for Community and Social Care, I've quickly learned that occupational therapists are natural integrators across health and social care. Combined with the profession's commitment to promoting independence through occupation, they are central to enabling people to make the most of their lives.

I applaud the College of Occupational Therapists' continued efforts to raise the profile of your highly valued profession and believe this series of publications can only reinforce your vital role within the health and care sector. I believe their existence will reassure and encourage commissioners, directors of adult social care and leaders throughout the system to embrace and empower occupational therapists as they lead the way in prevention.

It is only by working alongside health and other social care colleagues that your distinctive client-centred approach can make a truly positive difference to people's lives.

A handwritten signature in black ink that reads "Alistair Burt". The signature is written in a cursive style and is underlined with a single horizontal stroke.

***The Rt Hon Alistair Burt MP***  
*Minister of State for Community and Social Care*  
*Department of Health*

## Introduction

This is one of a series of guides to the *Care Act 2014* ('the Act') (Great Britain. Parliament 2014) that has been developed by the College of Occupational Therapists ('the College'), funded by the Department of Health. They will assist you, as occupational therapy practitioners, to understand and deliver some of the key concepts and duties within the Act. They may also be useful to commissioners and others within the health and social care workforce.

The topics currently covered within this series are:

- Wellbeing
- Prevention
- Disabled Facilities Grants (DFGs)
- Transitions; custodial settings; employment; education and training.

Within each topic, the guides look at selected areas which potentially have the most implications for the work of occupational therapists.

The *Care Act 2014* ensures that the focus of the provision of care and support starts with the individual and their needs, and their chosen goals or outcomes. Its underpinning precept is that 'the core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life' (DH 2016, section 1.1).

The Act gives adults and their carers a legal entitlement to care and support to meet their eligible needs, recognising that these are different and

personal to each individual. Local authorities must consider how to meet each person's specific needs. This requirement is reinforced by a number of principles which must also be incorporated into the care and support activities that are carried out by the local authority. Implementation of the Act will require a significant change in practice for many involved in health and social care services, including occupational therapists.

The College recommends that you read through the relevant sections of the *Care and support statutory guidance* (DH 2016).

## Occupational therapy philosophy and skills

An occupational therapist's core professional reasoning skills are based upon an understanding of the inter-relationship between occupation and health and wellbeing: identifying and assessing occupational needs; analysing and prioritising these with the service user; facilitating occupational performance, and evaluating, reflecting and acting on occupational outcomes (Adapted from COT 2014, p5).

The World Federation of Occupational Therapists describes occupational therapy as

*... a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with*

*people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.*

(WFOT 2010)

There is a close correlation between the philosophy, skills and practice of occupational therapists and the underpinning principle of the Act, that 'the core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life' (DH 2016, section 1.1), enabling them to live as independently as possible for as long as possible. In effect the Act gives occupational therapists more freedom to practise, utilising the full range of professional reasoning and skills.

The statutory guidance recognises that occupational therapists, along with registered social workers:

*are considered to be 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.*

(DH 2016, section 6.82)

## Preventing, delaying and reducing the need for care

The Act (Clause 2) recognises the value and importance of early intervention to prevent or delay the development of the need for care and support,

and to reduce any needs that already exist. The emphasis becomes proactive, rather than reactive, focusing on the individual's chosen goals or outcomes.

*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.*

(DH 2016 section 2.1)

No one definition for 'prevention' is given in the Act or its guidance. It is seen as a range of measures at a population or individual level which aim to promote health, independence and wellbeing, reducing or delaying the need for care for the individual and/or lessening the impact of caring on a carer's health and wellbeing.

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

- **Primary:** Services, facilities or resources provided or arranged 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).

Some services can cut across all three approaches, especially those that work to improve the lives of carers.

(Adapted from DH 2016, sections 2.6 to 2.11)

## Providing prevention services

Prevention should be considered from the first point of contact and may be put in place at any appropriate time in your ongoing interaction with the individual and/or their carer. Referral to prevention services does not have to wait for the outcome of the needs and eligibility assessment. There are no entitlement criteria for preventative services. Preventative measures which include equipment, adaptations, and reablement are not subject to eligibility and can be provided at any stage.

The local authority's responsibilities for prevention are for all adults and/or their carers, who have current or potential needs for care and/or support, whether or not these are eligible to be met by the local authority.

## Practice example

*In one area social care as a whole has adopted a 'first contact' model where staff who are experienced in fieldwork take initial enquiries for social care occupational therapy. Utilising their experience, queries and referrals, advice and information are all provided efficiently at this first stage, based on a telephone assessment which aims to meet preventative needs where possible and to establish levels of risk in terms of prioritising cases for further assessment. Preventative equipment may be provided at this early stage, potentially preventing falls and assisting carers in their role. Onward referrals are made where necessary.*

## The provision of services

The Act recognises that preventative services will come from a range of providers, including statutory, private, voluntary and social groups. Cooperation between the local authority and partner providers is a requirement. Local authorities are expected to set up arrangements and to work in partnership with individual departments or other organisations in order to provide comprehensive, diverse and good quality preventative services.

The statutory guidance states that local authorities must ensure the integration of care and support provision, including prevention, with health and health-related services (DH 2016, section 2.34). Housing departments and services are specified in the statutory guidance, ensuring that it is an integrated

part of care and support services, including prevention.

### Practice example

*In one local authority the occupational therapy practitioners delivering housing solutions are co-located with the housing officers in the district and borough councils. The service is developing a shared service partnership agreement. The service assesses the home environment from a structural perspective and the person's functional ability, in order to deliver solutions. These might range from a benefits check or fixing the gutter, to major house adaptations. The service has created a new role of Housing Assessment Officer who has the combined skills of an occupational therapy assistant and a housing officer. Service users have benefitted as this new approach has reduced waiting times for Disabled Facilities Grants and increased the range of interventions available, also reducing the number of people visiting to make assessments.*

The Department of Health guidance encourages seeing the individual within the context of their existing community networks, considering how these may be used to provide the support necessary to prevent, reduce or delay needs.

## Practice example

*Changing Lives is an approach pioneered by Volunteer Cornwall and Age UK Cornwall with support from other statutory and voluntary partners. They focus on creating local solutions, joining up what already exists and demonstrating the positive impact of community-based activities, enhancing the health and wellbeing of the population.*

*They have developed a menu of services, enabling people to live healthy independent lives, helping to prevent unnecessary hospital admission and readmission through good social integration, the delivery of flexible and progressive services and partnership working with volunteers and communities.*

(Volunteer Cornwall, Age UK Cornwall ca.2014)

## The individual's involvement

The Act places the individual at the centre of the planning and provision of prevention services. An individual should be able to influence the way they receive services and resources in order to achieve their chosen goals, whilst larger groups, including families, carers and the community should be able to work together to influence the way services are planned, commissioned and delivered in an area. This co-production means that services are truly reflective of the wants of the people who use them.

Remembering that ‘the core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life’ (DH 2016, section 1.1), you will need to consider how the prevention, reduction or delay in the need for care, may assist in the achievement of the individual’s chosen goals.

The person can be enabled and empowered, making choices, taking an active part, being in control. This can be helped by using the existing resources and assets of the person and local area. You will need to recognise that people’s priorities and choices will vary according to how different people experience their lives within their personal, social, cultural and faith frameworks.

The support provided must consider the wider wellbeing of the individual and their carer/family within the context of their home circumstances, support networks and local community.

## Carers and prevention

Local authorities have a duty to carers to prevent, delay or reduce their own needs for care and support. The support and resources provided may be to enable them to care effectively and safely, or to look after themselves and live their own lives fully.

As with the person whom they care for, referral of the carer to prevention services does not have to wait for the outcome of the needs and eligibility assessment. Where it appears that a carer may have needs for support (currently or in the future) a carer’s assessment must always be offered. The local authority must provide information and advice about

what can be done to prevent, delay or reduce the carer's own need for support.

## Information about resources and services available

A local authority must establish and maintain a service for providing people with user-friendly information and advice relating to care and support, including information about preventative services, facilities or resources and how to access them. If a person is provided with care and support, or support as a carer, the authority must provide them with personalised information and advice as part of their care and support plan.

### Practice example

*A number of local authorities have expanded their information and advice services through community or online 'hubs' or 'portals'. These offer self-assessments, support, resources, suggestions and information. They may also direct service users and their carers to other providers such as independent therapists, home care services, accredited builders etc.*

## Health promotion

As an occupational therapist you will be aware of the links between occupation, health and wellbeing. Promoting healthy living is integral to your practice in areas such as healthy eating, active living, back care

and anxiety management. You should be looking for opportunities to promote healthy lifestyle choices with the people whom you are supporting. You may be involved in, or may direct people to, more specialist health promotion activities such as smoking cessation and weight loss.

Active living is about integrating activity and exercise into everyday living. It can be supported through having interests, being part of a community, and using local resources. There are many community assets which will help people to maintain physical and mental health. Knowledge of such community assets will enable you to encourage and direct people to them.

Health, wellbeing and active living is also considered in the *Wellbeing* guide in this series (COT 2016, p8).

More information specifically about health promotion and including it in your practice is available from the College's guidance on *Health promotion in occupational therapy* (COT 2008).

## Reablement

Reablement services focus on maximising and maintaining a person's occupational performance and independence by providing direct therapy input and a therapeutic 'hands off' approach to any care provided in the home environment, usually for up to six weeks. It can be provided as a preventative measure or in response to an assessed need. Input can continue for more than six weeks when it is seen to be of benefit to ongoing recovery.

Significant study has been made of the effectiveness of reablement. A Department of Health commissioned study into the efficiency of home care services suggests that reablement services reduce or prevent the need for longer term packages of care, thereby reducing costs to the local authority (Social Policy Research Unit et al 2010, chapter 7).

Occupational therapists have an important role to play in reablement (Social Care Institute for Excellence and COT 2011). They may be part of the core team, providing direct therapy input to service users; or they may work from outside the team but co-operatively with it. 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.

The Social Care Institute for Excellence (SCIE) website suggests that no-one should be excluded from reablement on the basis of their health state. It is known that some reablement services exclude people with dementia in the belief that they cannot retain new information or learn new ways of carrying out activities. SCIE suggests that reablement can make a difference to people with dementia and to the experiences of family carers (SCIE ca. 2015).

The Social Care Institute for Excellence has a number of online resources in relation to reablement, including the role and value of occupational therapy. They are available from: <http://www.scie.org.uk/>

## Equipment and minor adaptations

The provision of equipment, including telecare, and minor adaptations (costing £1000 or less) can contribute to preventing the onset of care and support needs, perhaps by maintaining the individual's independence, or by making the work of the carer easier and safer. In each circumstance such provision can enable the individual and their carer to achieve the outcomes that are important to them.

Local authorities are increasingly making simple equipment and adaptations, such as grab rails, available from the first point of contact. In many situations therapy assistants can assess for and provide/install minor equipment and adaptations, including telecare. Many local authorities and community equipment services have a Trusted Assessor service or enquiry line through which minor equipment can be obtained, especially when needs can be identified over the telephone and there does not appear to be a need for a fuller assessment. A charge cannot be made for equipment which is issued by the local authority.

### Practice example

*In one adult social care team the occupational therapists and support workers are primarily involved in provision of equipment and adaptations in respect of preventative work. They are developing a 'Front Door' team which will provide a timely preventative response for people who have no current care needs (and so do not need to progress to full Care and Support Needs Assessment or application of eligibility), this will also include most of their DFG referrals.*

Some services have developed retail options such as 'pop-up' outlets for equipment, alongside suitable advice. Service users can also be directed to organisations such as the Disabled Living Foundation which offers online help and advice.

## Practice example

*Oxfordshire has a Direct Access to Equipment self-assessment online service and independent living centres where people can try preventative equipment.*

Technology is increasingly being used to maintain people in their own homes, to make caring easier, to enable health professionals to monitor people's health and individuals to monitor their own health. There are many opportunities for technology to be used to support independence and to encourage people to take responsibility for their own health and wellbeing. You should be informed about what is generally available and more specifically in your area.

### ■ **Short term equipment loan from hospital**

It is the understanding of the College that short term loan equipment to facilitate discharge should still be provided from hospital. This would cover those who may need equipment for a relatively short period during their recovery. As such this will normally be covered within the local contracts for joint health and social care equipment provision.

### ■ **Equipment for residential care homes.**

The principle for any care home resident is that they should receive the same services as if they

were living in their own home. It is not currently defined nationally as to what standard equipment a care home should provide, although it is expected that appropriate beds and chairs, accessible bathing and showering facilities, moving and handling equipment etc. should be in place.

■ ***The provision of equipment following a moving and handling risk assessment.***

Where a moving and handling need has arisen and an assessment requested, this falls under different legislation (Health and Safety Executive 2004) and the remit of the Health and Safety Executive (HSE). As such the assessment is defined as a risk assessment. Risks are identified and a plan is developed to mitigate these risks, often involving the provision of equipment such as hoists or other similar items. In these circumstances the equipment must be provided as soon as possible and to not do so could result in an HSE investigation. Requests for assessments to resolve a moving and handling assessment should be seen as soon as possible and should be seen as preventative. If a care and support assessment is required, this could be completed at the same time or subsequently.

■ ***Recommending equipment products and/or suppliers***

Any intervention that you recommend or provide, including equipment, should aim to meet the occupational performance needs of those whom you are supporting, as identified by your assessment/s (COT 2011, section 4.3). The professional rationale for your intervention or activity should be the enhancement of health and wellbeing through the promotion of occupational

performance and engagement (COT 2015, section 2.1.3). When assessing for moving and handling equipment you must consider risk and ensure the safety of service users.

You cannot be influenced by any commercial or other interest that conflicts with your duty to the interests of the service user (COT 2015, section 4.4.3). You cannot give preference to one product or supplier over another. If, however, there is only one product or supplier that meets the individual or carer's need/s, it is not inappropriate to recommend or supply this, with a clear rationale for your choice. Where there is a choice available, information on all options should be provided, especially to service users who are purchasing their own equipment. A record should be made of the recommendations made, the rationale, and information given.

The range of suppliers and products available to you may depend upon the nature of your work. If you are within a statutory organisation you will usually be limited to the local specified equipment supplier. If you need equipment that is outside of the supplier's catalogue, you will have a process for applying for this.

If you are an independent occupational therapist, or a service user holds their own budget, it may allow you to be more specific in the type of equipment you recommend. You should always provide the individual with options where possible.

## Implications for occupational therapists

Alongside your duty to support a person's wellbeing, you are also required to act to prevent, reduce and delay the onset of care needs, enabling a person to live as independently as possible, for as long as possible. The statutory guidance states that 'at every interaction with a person, a local authority should consider whether or how the person's needs could be reduced or other needs could be delayed from arising' (DH 2016, Section 1.14(c)). This means that you must consider the principle of prevention from the first point of contact and throughout your ongoing involvement.

- The move to more proactive, preventative working is a culture change. The demand for occupational therapy is likely to increase and will need to be supported by adequate budgets and staffing. This should enable occupational therapy staff to be best placed to meet need.
- If a service lead or a commissioner, you will need to consider how occupational therapy skills can best be used, resources made available or more flexible, and services designed to meet the prevention and wellbeing requirements of the Act.
- You and your service may need to make a cultural shift away from assessments based upon Fair Access to Care Services, to a more service user-shaped model of assessing and service provision.

- You and your service colleagues may need to share your skills so that others can meet particular areas of need, e.g. equipment provision. You may also need to work across other statutory and voluntary services to maximise capacity and reduce duplication.
- Your practice and rationale will need to be defined and guided by wellbeing and prevention principles.
- Your assessment, rationale and intervention will need to consider the prevention of potential need, as well as the reduction of present need.
- You must consider the current and/or possible future needs of any carers and how they may be prevented, reduced or delayed. A carer's assessment must be offered.
- You will need to work with the service user and/or their carer to define what and how services can best enable them to achieve their chosen outcomes in terms of preventing the onset of care needs.
- The duty to prevent individuals and/or carers from developing needs is separate from the duty to meet their eligible needs. While it is recognised that preventative services may meet a person's eligible needs, this cannot be seen as a routine process or expectation, but only as a result of the outcome following on from a needs or carer's assessment.
- You must be aware of and be ready to provide or direct people to suitable and accessible information.
- Be innovative in your approach, not constrained by what is standardly available. The identified needs

of the individual may be better met by other services or society groups. You may require a greater awareness of what is available in your location (community assets) which can help and support service users and/or their carers, for example charities, faith and social groups, health promotion, volunteer services.

The implementation of the *Care Act 2014* will require you to alter the way you work with service users. You and your colleagues may need to spend more time in reflection, discussion and supervision to consider what changes this will make to your individual professional reasoning and practice, and broader service provision. Using a model to structure your approach to work may help. Refer to the *Wellbeing* guide in this series for more information (COT 2016).

Occupational therapists are ideally skilled to be involved in preventative work. There are resources available from the College and the Social Care Institute for Excellence which demonstrate the benefits of occupational therapy.

Changes in patterns of service provision may bring about a change to your role, giving you the opportunity to extend the range of your practice and your skills. You may require additional training, but your employer should provide this if they are expecting you to take on new responsibilities. More guidance is available from the *COT Code of ethics and professional conduct* (COT 2015, section 5).

## Conclusion

The *Care Act 2014* (Great Britain. Parliament 2014) requires local authorities to:

- Provide or arrange for services to prevent, delay or reduce care needs.
- Identify the prevention services, facilities and resources already available.
- Promote diversity and quality of services so customers have a choice of service.

As occupational therapy practitioners or service leads, you are ideally placed to take a role in the development and provision of these services. The *Care Act 2014* creates an opportunity to re-establish many of the central tenets of the profession, the wholeness of the individual, being led by their chosen goals, the use of their strengths to achieve their goals, and the centrality of occupation to wellbeing.

You are encouraged to be inventive and broad thinking in your practice. Consider how statutory, private, voluntary and community services and groups can be used in a preventative way, not forgetting what strengths and skills the service user and their carer already have.

Utilising your skills as an occupational therapist in proactive 'front door' intervention, reducing the impact of age, illness or disability, can help to prevent or reduce a possible crisis and/or the need for costly care. This is a valuable asset to service users as well as employers and commissioners.

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## Resources

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# CARE ACT 2014

## Guidance for Occupational Therapists

### PREVENTION

This is one of a series of guides to the *Care Act 2014* that has been developed by the College of Occupational Therapists. They will assist occupational therapy practitioners to understand and deliver some of the key concepts and duties within the Act.

#### The topics covered within this series are:\*

- Wellbeing
- Prevention
- Disabled Facilities Grants (DFGs)
- Transitions; custodial settings; employment, education and training

\*At the time of publication (2016).

[www.COT.co.uk](http://www.COT.co.uk)

#### College of Occupational Therapists Limited

*The UK professional body for occupational therapy staff*

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