CARE ACT 2014

Guidance for Occupational Therapists

WELLBEING

Endorsed by directors of adass adult social services

College of Occupational Therapists

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Author: College of Occupational Therapists
Writer: Henny Pearmain
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Foreword

By The Rt Hon Alistair Burt MP

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.

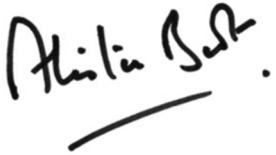
This particular publication focuses on wellbeing and explains how the duties of the *Care Act* should be used in combination with your skills and experience to apply the principle of wellbeing as you work with people to achieve their chosen goals.

Foreword

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 enhancing people's wellbeing.

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.



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
- 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 2014a, 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)

Promoting wellbeing

Wellbeing is an all-encompassing construct. It can be difficult to capture or define such a subjective concept, as it will vary according to how different people experience their lives within their personal, social, cultural and faith frameworks. The Act assumes that the individual is best-placed to judge their own wellbeing.

In 2008 Foresight defined mental wellbeing as:

> *a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.*
>
> (Foresight 2008, p10)

This definition could be considered for the wellbeing of the whole person. In the Act wellbeing is described as:

> *relating to the following areas in particular:*
>
> - *personal dignity (including treatment of the individual with respect);*
> - *physical and mental health and emotional wellbeing;*
> - *protection from abuse and neglect;*
> - *control by the individual over day to day life (including over care and support provided and the way it is provided);*
> - *participation in work, education, training or recreation;*
> - *social and economic wellbeing;*
> - *domestic, family and personal;*
> - *suitability of living accommodation;*
> - *the individual's contribution to society.*
>
> (Great Britain. Parliament 2014, section 1.2)

The Department of Health guidance states that local authorities **must** promote wellbeing when carrying out any of their care and support functions in respect of a person (DH 2016, section 1.2). This means that it is an overriding principle or duty (COT 2015a, pviii). It applies equally to adults with care and support needs and their carers.

The guidance states that a local authority **should** consider all of the areas listed above when looking at how to meet a person's needs and support them to meet their desired outcomes.

The term **should** is used where the principle or duty may not apply in all circumstances, in contrast with a **must** obligation, but you should have a justifiable reason for not meeting this requirement (COT 2015a, pviii). In this situation, it recognises that some areas may not apply with certain individuals. This interpretation of **must** and **should** can be applied throughout the reading of the Act and the associated guidance.

The consideration of wellbeing must be applied when exercising any care and support function, whether or not a person has ongoing care and support needs as the service user or the carer. The local authority is also required to apply the wellbeing concept at all levels when considering the provision of care and support services, including broader strategic functions such as planning.

The principle of wellbeing should be applied throughout the Act. It needs to include and be part of the following for both service users and their carers:

- Providing information to enable people to influence their own wellbeing and take control of their own care and support needs.

- Preventing or delaying the onset of care and support needs (e.g. within reablement).
- The assessment and planning process which, together with the individual, identifies their needs for care and support, in order to enable them to achieve their chosen outcomes.
- Supporting people to live as independently as possible for as long as possible, focusing on the outcomes that matter to them (e.g. with aids and adaptations).
- Joining up local authority, housing, health and other services around the individual.
- Supporting young people with care and support needs as they become adults.
- Enabling individuals to participate in their chosen activities or occupations (e.g. vocational rehabilitation or social groups).
- Supporting people with care and support needs who move geographically, ensuring continuity of care.
- Safeguarding the wellbeing and safety of people, ensuring that care and support is secure and reliable.

Personal dignity

The College's *Code of ethics and professional conduct* states that:

> *You should enable individuals to preserve their individuality, self-respect, dignity, privacy, autonomy and integrity.*
>
> (COT 2015a, section 3.2.1)

It goes on to explain:

> *Vulnerable people should be treated with dignity and respect as equal members of society, entitled to enjoy the same rights and privileges as any one of us would expect.*
>
> (COT 2015a, section 3.2.3)

This combination of rights, dignity and autonomy is also within the Health and Care Professions Council's *Standards of proficiency: occupational therapists*, which states:

> *Registrant occupational therapists must understand the need to respect and uphold, the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing.*
>
> (HCPC 2013, section 2.3)

This means that in your practice you should always have these principles in mind, as you work with people to achieve their chosen goals. Your attitude, your communication and your actions towards people must meet these standards, enabling them to maintain their self-esteem, validity and control over their own lives.

Practice example

Mrs A is a wheelchair-user, living at home with her family, dependent for all her care needs. She wants to attend her daughter's wedding which is to take place in another county and she would like to stay in a relative's house for that weekend.

It is considered that if Mrs A is unable to attend her daughter's wedding this will have a significant impact on her wellbeing.

The local authority offer to fund respite in a nearby care home which can provide all the equipment and care that Mrs A requires. This will allow her family to prepare for the wedding without the added stress of providing care to Mrs A. Mrs A disagrees, wanting to stay with her relatives so that she is part of the whole family celebration weekend.

The occupational therapist approaches the local authority where the wedding is to take place, and arranges to fund the local occupational therapy service to undertake an environmental visit to determine if a mobile hoist and profiling bed can be used and whether there is wheelchair access to the property. Mr A agrees to provide the care required, being familiar with hoisting Mrs A. The equipment service (which was part of a national company) arranges for equipment to be delivered from their nearest depot. The costs are less than providing respite although it takes more time to arrange, but Mrs A achieves her desired outcomes, attending and fully participating in her daughter's wedding.

Health, wellbeing and active living

A central belief of occupational therapy is that there is a relationship between occupation, health and wellbeing. Physical and mental health and emotional wellbeing are inseparable. You need to have health

promotion as an integral part of your practice. You should be looking for opportunities to promote healthy lifestyle choices with service users and to direct them to relevant healthcare services. This is also mentioned in the health promotion section of the *Prevention* guide in this series, (COT 2016, p10).

A 'healthy conversation' is an opportunity to encourage a person to consider their lifestyle and health choices. As you work with people you will need to initiate informal and open conversations and ask the right questions, hoping to identify some possible changes which will have physical, emotional and social health benefits for them. You may encourage them to eat well, to take adequate rest, sleep and suitable exercise. You may direct people to smoking cessation or weight loss services. You may also encourage people to become involved in group or community activities to encourage interaction. More information about health promotion and including it in your practice is available from the College guide *Health promotion in occupational therapy* (COT 2008).

Further information is in *Healthy conversations and the Allied Health Professionals* (Public Health England, Royal Society for Public Health 2015).

Making Every Contact Count (MECC) is a widely recognised training programme and approach for increasing healthy conversations within health and care services. It recognises that everyone in the workforce can support health promotion and lifestyle change, not just trained specialists. More information is available from the website: *http://www.makingeverycontactcount.co.uk/*

In 2008 the National Institute for Health and Care Excellence published guidance on the *Mental wellbeing in over 65s: occupational therapy and physical activity interventions* (NICE 2008). This guidance makes a number of evidence-based recommendations for occupational therapy practice with this target group.

Active living is about integrating activity and exercise into everyday life. It can be supported through having interests, being part of a community, and using local resources. Knowledge of such community assets will enable you to encourage and direct people to them.

Protection from abuse and neglect

Everyone has the right to live in safety, free from abuse and neglect. The *Care Act 2014* creates a legal duty on local authorities, the NHS, the police and others, to work together to safeguard any adult where these three criteria exist:

An adult who:

- Has needs for care and support, whether or not the local authority is meeting any of these needs.
- Who is experiencing, or is at risk of, abuse and neglect.
- As a result of the care and support needs, is unable to protect themselves.

Further information and guidance on safeguarding in the Act is available from the Social Care Institute for Excellence (SCIE 2014).

The duty to safeguard needs to be balanced with the right of the person to their own views, wishes, feelings and beliefs in deciding any action to be taken. You will need to work with the individual to establish what being safe means to them and how it can be achieved, moving towards the outcomes that the individual wants. All intervention should promote their wellbeing, supporting them to make choices and have control about how they want to live. The safeguarding process should be empowering and supporting to the individual.

All practitioners have a duty to be vigilant and to be clear about their responsibilities. The College's *Code of ethics and professional conduct* states:

> *You must protect and safeguard the interests of vulnerable people in your care or with whom you have contact in the course of your professional duties….Your duty of care extends to raising concerns, with your manager or an appropriate alternative person, about any service user or carer who may be at risk in any way*.
>
> (COT 2015a, section 3.2.3)

Practice example

A community occupational therapist is concerned about the wellbeing and safety of Mr C who is receiving care following a stroke. He has limited mobility. His wife has dementia and is increasingly volatile. She has refused a carer's assessment in the past. The practitioner has witnessed her lash out towards the man.

The practitioner finds an opportunity to discuss the situation with Mr C. He is aware that his wife's mental state is deteriorating, but he does not want her to 'get into trouble'. His wish is for Mrs C to be helped and through this for the situation to 'calm down'. With his consent the practitioner discusses the case with her line manager and the team social worker.

With encouragement, Mrs C agrees to an assessment of her needs. More practical support is provided for both of them, reducing the stress within the home. Through some information provided they find out about different community day centres which allow them to get out individually. They are also encouraged to seek more contact and support from their family.

In this way both Mr and Mrs C are supported and informed, enabling them to make choices to suit their individual needs, but to support them as a couple also. Mrs C is feeling happier and calmer. Mr C states that he feels safer. The family also become more aware of the situation and become more involved.

Where you are concerned about an adult and you want to report it, you should seek consent from the person where possible. As with other consent situations, where the person is without capacity you must act in their best interests. If you do not gain consent to share information you must consider if there is an overriding risk to others, whether it would be in the public interest or whether you need to share the information as part of a criminal

investigation. Your organisation should have an information sharing policy which you should abide by. The Health and Care Professions Council also has guidance for registrants on confidentiality (HCPC 2012). A criminal offence must always be reported to the police. Local policy should be followed.

The Act encourages community awareness and concern, so that everyone can help to identify, prevent and respond to abuse and neglect. Community services and other support groups can help to prevent isolation and can offer carer support. Professionals are encouraged to be aware of, work with and direct people to these community resources.

You must keep comprehensive and accurate records. Records should be shared according to local policy and national legislation and principles. Guidance on sharing information is available from the Social Care Institute for Excellence (SCIE 2015).

The Department of Health's statutory guidance on the *Care Act* highlights the availability of appropriate practice supervision from skilled managers to ensure good practice and to support those who are having to deal with the risks or realities of abuse and neglect (DH 2016, section 14.202). Managers also have a duty to maintain safe recruitment and training practices.

Working with those who lack capacity

All decisions taken and activities done for an individual who lacks capacity or who have difficulty communicating their wishes must consider their best

interests and wellbeing. As far as possible they should be involved and their wishes considered, supported by family and friends when necessary.

The Act creates a responsibility on local authorities to provide independent advocacy and advice where a person is judged to have substantial difficulty in being involved in the care and support process, especially where there may be a safeguarding concern or possible deprivation of liberty.

If a service user demonstrates difficulty in being involved in the care and support process, you must seek to obtain an advocate for them in line with the Act and local policy.

More information is available in the statutory guidance (DH 2016).

Preventing and delaying the onset of care needs

Supporting a person's wellbeing is intrinsically linked to preventing and delaying the onset of care needs and 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. Further information is available in the College's *Care Act* guide on *Prevention* (COT 2016, p 5).

Referral to prevention services, to support a person's wellbeing, does not have to wait for the outcome of the needs and eligibility assessment. Preventative measures which include equipment, adaptations under £1,000, and reablement are not subject to eligibility and can be provided at any stage.

With limited financial resources, the importance and value of empowering people to maintain their own health and wellbeing, avoiding unnecessary ill-health, is increasingly recognised. The *Five Year Forward View* 'sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill-health' (NHS England 2014, p2).

Catherine Foot, Assistant Director of Policy at The King's Fund, has blogged that 'a system that listens to patients and enables them to achieve what they want to achieve in their health and wellbeing would improve outcomes and save money' (Foot 2014).

Practice example

Mrs B is an elderly woman who lives alone. Following a number of falls she is scared of leaving her flat. She finds personal and domestic activities increasingly difficult. She appears unkempt and her flat is cluttered.

Mrs B had previously been an active member of her former employer's social club. She was proud of her appearance and her flat. She is finding that the way she looks and feels, plus the flat's appearance, is getting her down.

Following another fall Mrs B is referred to the local authority for assessment of her care needs. With the occupational therapist Mrs B identifies 4 main goals:

- *To be mobile with confidence*
- *To be able to keep herself clean*
- *To keep the flat clean*
- *To get out to her social club.*

In order to enable Mrs B to be safer within her home it is necessary for it to be cleared of clutter. On contacting Mrs B's social club (with her consent) they agree to work with her to tidy and clean her flat. They also agree to provide transport for her to visit the club twice a week, where she will have a cooked meal.

With Mrs B's consent the occupational therapist refers her to the local Age UK who can provide ongoing help with cleaning and laundry.

Mrs B is referred for physiotherapy at the local reablement service to improve her mobility and confidence.

Equipment is provided to enable safer independent transfers. Mrs B does not want help with personal care. Her wish is to take care of

herself. A perching stool is provided to enable her to strip wash at the bathroom basin.

Through a number of services all of Mrs B's goals are met. She is enabled to remain independent and safe without the need for a formal package of care and she avoids isolation by re-engaging with her social club.

Measuring wellbeing

As stated it can be difficult to capture and thereby measure wellbeing as a value. It may be easier to measure it as part of more distinct areas, such as those identified by the Act, for example: physical and mental health, control over one's day/independence, suitability of living accommodation, societal involvement.

You will need to research suitable outcome measures, looking at both quantitative and qualitative measures. General information is available to download from the College website, including a briefing on outcome measures (COT 2015b) and a document called *DEMOnstrating Impact* (COT 2015c). The February 2014 issue of the *British Journal of Occupational Therapy* (Norman 2014) includes a number of articles on occupational performance measures for health and wellbeing.

You may also find it useful to have a look at the *Adult social care outcomes framework 2015/2016* (DH 2014) and the website of the Health and Social Care Information Centre http://www.hscic.gov.uk.

Practice example

Occupational therapy practitioners from a local authority consider the impact on wellbeing with service users and carers throughout their interventions. The wellbeing principles are incorporated within the outcomes that are identified by the service users and/or their carers and the support process is directed by them as far as possible.

The assessments used and recorded demonstrate how achieving these outcomes is supported by the occupational therapy input.

Thus the occupational therapy service is capturing data on the achievement of customer outcomes, how independence has been promoted and how the need for care and support reduced. The incorporation of wellbeing into these outcomes enables the service to show its effectiveness in supporting customers to increase their wellbeing as a consequence.

Implications for occupational therapists

Occupational therapists have generally worked holistically and to a person-centred model, but implementation of the Act means that the focus of your practice may need to broaden and that the priorities of your intervention are determined much more by the individual's preferences.

- Your practice and rationale will need to be defined and guided by wellbeing and prevention principles.

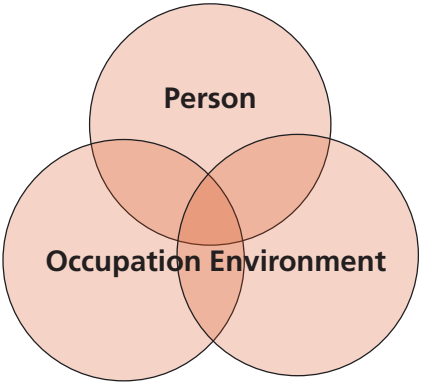
- You may need to spend more time in reflection, discussion and supervision to consider what changes this will make to your individual practice and broader service provision.
- You will need to start by finding out what is important to the individual. What are their priorities? What do they want to be able to achieve (their outcomes)?
- Your interactions with service users will need to purposefully and actively consider the totality of the person's wellbeing.
- Your conversations with service users may need to adopt a more flexible and open language around wellbeing.
- You need to take opportunities to have healthy conversations with individuals to consider making lifestyle changes to benefit their health and wellbeing.
- Your approach to the individual, their choices and their needs, along with the advice and input that you recommend, should not be defined by any pre-existing assumptions, values or limitations.
- You may need to think creatively, flexibly and co-operatively with other services to ensure that any interventions, activities or services that you recommend are affordable and cost-effective, especially when an individual is self-funding or holds their own personal budget.
- Your first assessment of the individual and the identification of their immediate needs and goals should not be influenced by any possible budgetary constraints.

- Your assessment of the service user must consider how their needs impact upon all aspects of their wellbeing.
- You will need to consider whether the outcome of your intervention has addressed all aspects of wellbeing and has helped the individual achieve the outcomes that matter most to them.
- The identified needs of the individual may be better met by themselves or their community, without recourse to social care funds. You may require a greater awareness of what services are available in your location (community assets) which can help and support service users, for example day centres, charities, faith groups, volunteer services.

Your practice may be helped by using an asset-based approach. This recognises and builds upon strengths, values and resources already available within the individual, the social and physical environment and the community. By utilising the capabilities already available to the individual, an asset-based approach empowers them to make changes and improvements to meet their own needs and reach their own goals.

Your thoughts, approach and actions can be structured by using a model of practice. The PEO (person, environment, occupation) model (Law et al 1996) is a dynamic and occupation-focused model of practice which fits well within this way of working. The model demonstrates how the person's occupational performance is an interaction between the person, the occupation and the environment. Each can either be inhibited or enhanced by the

other. A positive change in one area will potentially have an effect across all three. The same interactions and influences have a direct effect on wellbeing.



The Kawa model (Iwama 2002) is a more recent conceptual model. It uses the metaphor or image of a river as a symbolic representation of life. The flow of a river is affected by the environment, structures and events. The model provides a way for these to be identified and considered, seeing the individual within their context, not in isolation. It then helps to prioritise the issues according to the service user's perspective. The model has been found to be useful in an increasingly multi-cultural society. It is intended to be flexible, shaped by the individual and the therapist to meet their circumstances.

Conclusion

The *Care Act 2014* (Great Britain. Parliament 2014) is making fundamental changes to the way care and support are organised and provided. Some of its effects and implications are not yet known and may be tested in the future. For occupational therapists it 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.

The patients' organisation National Voices is quoted in the *Five year forward view*:

> *Personalised care will only happen when statutory services recognise that patients' own life goals are what count; that services need to support families, carers and communities; that promoting wellbeing and independence need to be the key outcomes of care.*
>
> (NHS England 2014, p12)

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CARE ACT 2014

Guidance for Occupational Therapists

WELLBEING

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).

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