

Building Health into Homes: Practitioner Toolkit

How occupational therapy can unlock the connection between housing and health





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Building Health into Homes: Practitioner Toolkit

How occupational therapy can unlock the
connection between housing and health

First published in 2026
by the Royal College of Occupational Therapists

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www.rcot.co.uk

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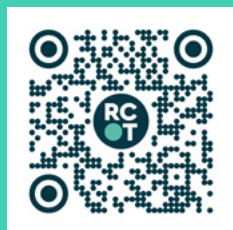
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Scan the QR code to access RCOT's *Building Health into Homes: Strategic Report* and a suite of operational tools for managers and service leaders.



Introduction: why housing is every occupational therapist's business

All occupational therapists (OTs) understand that environments impact how well people can participate in daily occupations. It's a core principle of OT education and practice. All the main occupational therapy models and frameworks used in the UK reference the built environment as a key factor in enabling or limiting occupational performance. The *Standards of proficiency for occupational therapists* require all OTs to understand the inter-relationship between people, environments and occupations, and to take account of environmental context in assessments and interventions (Health and Care Professions Council [HCPC] 2023).

This applies for everyone that OTs support – whatever their age and no matter if their difficulties are linked to physical or mental health, neurological or sensory difficulties, neurodivergence or a learning disability. It's true wherever you work as an OT – whether that's a community setting, a hospital, a school, a prison or a workplace.

Every person that an occupational therapist works with lives somewhere – even if that isn't a home. The suitability of that environment can have a significant effect on how well they're able to live.



Where you live shapes how you live

At the start of the Building Health into Homes project, we asked OTs across all practice areas to tell us how housing was affecting the people they work with. We didn't limit the call to housing or social care OTs. We wanted to hear from everyone. And what we heard was striking.

OTs working in mental health services told us about the toll of overcrowded and unsuitable housing on adults and children who are neurodivergent. Colleagues in community rehabilitation described how the home environment is often a barrier to people achieving their rehabilitation goals.

Occupational therapists in acute hospitals told us about discharges being held up by inadequate housing or adaptations that hadn't been completed soon enough. Those working with people with progressive conditions described watching their health deteriorate while waits for adaptations stretched on. We heard about people losing tenancies, losing jobs and losing their independence because their home was working against them.

Every OT we spoke to could see the direct link between their service users' homes and their occupational outcomes. Yet, many of those same OTs told us they assumed someone else would pick it up. That a social care OT or a specialist housing team would address the housing issues they were seeing. That it would be dealt with somewhere else in the system.

This toolkit aims to challenge that assumption.



Housing is a public health issue and a shared responsibility

Housing is a key determinant of health and a source of avoidable health inequalities. Research shows that three quarters of health professionals support people whose poor housing is affecting their health (Aked et al 2025). Every OT, regardless of setting, works with people whose home is either enabling or limiting their ability to participate in daily life – and some individuals are more likely to be negatively affected than others. People on lower incomes, those living in rented accommodation, children, older people and some minoritised ethnic communities are more likely to live in homes that pose risks to health (Marmot et al 2020).

Occupational therapists are expected to recognise the impact of culture, equality and diversity on their practice. This includes identifying and addressing environmental factors, such as housing conditions that contribute to inequity (HCPC 2023). RCOT has additional guidance to help OTs meet the HCPC standards on practising in a non-discriminatory and inclusive manner (RCOT 2025).

Act on housing before the crisis, not after

Health policy in all UK nations is focused on prevention, early intervention and community-based support. This presents an opportunity for OTs. Occupational therapists have always understood the value of prevention, but it can be challenging to work preventatively in systems that are structured to respond to crises, rather than stopping them from happening. Getting to grips with housing is a powerful and achievable way for OTs to shift practice towards earlier intervention. This might mean:

- addressing hazards in the home before falls occur
- enabling house moves before a condition progresses
- offering housing support to avoid a deterioration in mental health
- maintaining employment by adapting homes to be more suitable
- avoiding homelessness by supporting the sustainment of tenancies.

To realise this, we need to act collectively and recognise that housing isn't just a specialism to be deferred to others. It's part of what it means to be an OT.

Self-reflection prompt

When you're working with a person, do you ask about their home? Do you think about how their housing is affecting them and their family?

Not every occupational therapist needs to be a specialist in housing design or adaptation practice, but every OT is already an expert in understanding how the physical environment shapes what a person can do. How are you applying this knowledge in your day-to-day work?

What you'll find in this toolkit

We've created resources to help all occupational therapists have informed, confident conversations about housing and to act on housing needs wherever they practise.

This includes:

- **Early housing conversation framework** – practical prompts and questions to help you discuss housing early and with confidence, and guidance on how to embed this approach in your practice setting.
- **Pen portraits** – written by OTs working in housing, to help you understand what knowledge, skills and development pathways to explore if you're interested in moving into a dedicated housing role.
- **Learning from lived experience** – showing how earlier OT involvement could have changed outcomes, and illustrating the benefits of a preventative approach.
- **Understanding housing** – including a glossary of housing-related terminology, and links to external resources and design guides.

This toolkit is one of a trio of resources that can be used separately or collectively to take action on housing. The *Building Health into Homes: Operational Toolkit* helps managers make changes to services to maximise OT impact on housing. The *Building Health into Homes: Strategic Report* provides evidence to make the argument for change. You'll find both resources at rcot.co.uk/health-into-homes.



Early housing conversation framework

Why conversations matter

As an occupational therapist, you already have the skills you need to start a housing conversation. You know that the environment shapes what a person can do. You're adept at exploring what matters to someone, to understanding what they do at home and considering how their circumstances might change.

The earlier a person starts thinking about their housing, the more options they have available to them. Once a health condition progresses or a crisis occurs, the choices become fewer and the costs – personal and financial – significantly higher. A brief, well-timed conversation can open a door that might otherwise stay shut.

When every OT, across every setting, takes opportunities to raise housing early, the cumulative effect reaches far beyond individual conversations. It shifts the profession's contribution towards earlier intervention – preventing crises before they occur and maximising people's occupational outcomes.

This framework enables every OT to address housing as part of an assessment, wherever you work and whoever you work with. It also empowers the people you support, giving them information and identifying options to enable them to take control and make decisions for themselves.



Four principles for early housing conversations



1

Ask early, not just at crisis point.

The most useful housing conversations happen before things go wrong. Every contact is a potential opportunity.

2

Start with what matters to the person.

A housing conversation isn't a checklist. It begins with understanding what the person values about where they live, what they do there and what they want to be able to continue doing.

3

Open the door, don't force it.

People might not be ready to think about their future housing needs, particularly in relation to ageing or disability. Your role is to make the conversation available, not to push it. Plant the seed and revisit when the person is ready.

4

Don't expect to have all the answers.

Unless you're in a specialist housing role, you're unlikely to know every solution. Your role is to start the conversation, share what you do know and connect people to the services and colleagues that can take it further. This might include helping someone think about whether their current home is right for them, or whether making some changes or moving to somewhere more suitable could make things easier in the long run.

How the framework applies across the profession

The framework can be used by every OT, but the depth and nature of housing work will vary depending on your role and setting. The diagram below illustrates how housing applies across the occupational therapy workforce, from early housing conversations as a universal professional habit, through targeted community intervention, to specialist housing practice.



Different roles, many opportunities

All occupational therapists

- Assessing risk to identify how the built environment supports or limits participation.
- Taking opportunities to have early housing conversations with service users, and supporting multi-disciplinary colleagues to do the same.
- Supporting implementation of the *Adaptations without delay* framework (RCOT 2019) – including assistive technology and adaptations protocols.
- Signposting to partner organisations for housing assistance e.g. home repairs and maintenance; tenancy support; benefits advice.
- Acting as connectors across the health, housing and social care sectors to facilitate a shared understanding of housing needs and encourage integrated working.

Specialist housing OT

Inputting expertise across a range of housing functions – strategic planning; accessible design; asset management; assessment of housing needs; complex adaptations; rehousing support; advice and training for housing colleagues and other OTs.

Community-based OT e.g. rehabilitation, re/enablement and social care

Supporting occupational participation at home – via rehabilitation interventions; provision of equipment; provision of tech-enabled care (TEC); recommendations for adaptations; completion of housing reports.

Connecting with colleagues in acute settings to establish integrated approaches that prevent hospital admissions and enable timely discharges.

All other practice settings e.g. acute services, primary care, voluntary sector

Embedding early housing conversations into assessments and contacts. Encouraging forward-planning so that homes support health outcomes. Providing information and sign-posting to housing support.

The following sections provide practical guidance and conversation prompts for each level of the pyramid.

Starting the conversation: questions for any setting

These questions can be woven into any OT assessment or contact. You don't need housing expertise to ask them. They're not a script; they're prompts to help you integrate housing naturally into what you already do. The questions work across acute, community, physical and mental health, learning disability and palliative care settings. They can be used directly with people accessing OT services, as well as with family members and carers.

Understanding the home environment

- Can you tell me a bit about where you live? What does your home look like?
- How are you managing the things you need to do at home day-to-day?
- Are there parts of your home that feel difficult or unsafe for you?

Understanding what matters

- What do you value most about where you live? Is it the location, the space, being close to family, the garden?
- What do you most want to be able to carry on doing at home?

Opening the future conversation

- Have you thought about whether your home will continue to work well for you as things change?
- Is there anything about your home that you've been meaning to sort out but haven't got round to yet?

Useful resources:

[Falkirk Moving Assistance Project – Do you want to move or stay?](#)

[Housing Options Scotland – Planning for your housing future](#)



Conversations by practice context

The prompts below are tailored to specific settings and moments in practice where a housing conversation is particularly important.

Acute and hospital settings, including emergency departments

People in acute settings often arrive at a point of crisis, but that crisis can be the catalyst for a useful housing conversation if handled thoughtfully.

If the person has had an accident or fall at home:

- Where did the accident happen? Can you tell me a bit about that part of your home?
- How confident are you feeling about going back to doing the things you normally do at home?
- What would help you feel safer and more confident there?

If the person has had an acute health episode affecting their occupational performance:

- Thinking about when you go home, what are you most concerned about being able to manage?
- Is there anything about your home that might make your recovery harder?
- What would need to change at home for you to feel supported as you get back on your feet?

The aim isn't to solve everything at the bedside. It's to identify housing as part of the picture in a timely way and ensure it's considered during discharge planning and onward referrals, where needed.



Community, primary care, reablement and social care

OTs working in community settings are often already in someone's home, which is the richest context for housing conversations. The challenge is ensuring housing is considered as a whole, not just in relation to the immediate presenting need.

Some questions that can help to address this:

- I want to make sure your home is really working for you, not just today but in the future as well. Can we think about that together?
- Are there parts of your home that you're working around or avoiding at the moment?
- Have you thought about whether this home will continue to suit you in the longer term?
- Are there things you've put off doing to the property because of cost, time or not knowing who to ask?

Community OTs are also well placed to support access to adaptations, equipment and technology-enabled care, and to connect people to local housing support services. Where specialist housing OT input is limited, community OTs often carry significant knowledge about adaptation pathways and can share this with housing and health colleagues.

Useful resources:

[*ADASS Eastern Region – Housing top tips for NHS front line staff: a route map to who does what in housing*](#)

[*ADASS Eastern Region – Putting people at the heart of new housing development: coproducing the place we call home*](#)

[*Sheffield City Council – The skilled conversation \(OT and adapted housing\) based on tri.x core practice guidance*](#)



People living with a long-term, progressive or life-limiting condition

For people newly diagnosed or living with a condition that may worsen over time, early housing conversations can be among the most important and overlooked interventions an OT can offer.

People in this situation are often focused on understanding their diagnosis and might not be ready to think about housing immediately. In this context, the principle of opening the door rather than forcing it is especially important.

Some questions that open the conversation sensitively:

- I know there's a lot to take in, and there's no pressure to think about everything at once. When you feel ready, I'd like to talk about your home and how we might help make sure it continues to support you.
- Have you had any thoughts about your home and whether it will support you as things develop?
- What does a good day at home look like for you at the moment?
- As things change over time, what matters most to you about how and where you live?

An anticipatory or advance care planning approach works well in this context. Housing should be part of that plan, covering both short and long-term considerations, introduced at a pace and depth that suits the person.

Macmillan Cancer Support – Advance or anticipatory care planning



Journeys into housing practice



The role of a specialist housing occupational therapist

For OTs working in specialist housing roles, an early housing conversation is the beginning of a broader set of environmental interventions. Specialist housing OTs act as brokers across housing, health, social care and the voluntary sector, bringing a systemic view of needs, resources and options that are difficult to replicate elsewhere in the system.

This may include involvement in strategic planning, accessible new build design, asset management, housing needs assessment, complex adaptations and rehousing support – often in combination. Housing OTs are well placed to understand the perspectives of all the partners in the system and to find pragmatic, timely solutions for people whose needs don't fit neatly into any single service.

Specialist housing OTs can also play a significant role in building capacity across the wider workforce, supporting colleagues in community, health, and housing settings to have effective housing conversations, make informed referrals and understand what is possible. This might involve delivering a session for health colleagues on what a good housing referral looks like and what OTs can realistically offer, or giving a lecture to pre-registration OT learners so that housing is on their radar from the start of their career.

In the *Building Health into Homes: Strategic Report*, you'll find a series of service examples that demonstrate the impact of housing OTs across the UK. In the *Operational toolkit*, you'll find exemplar role profiles and business case templates to help services develop dedicated OT roles focused on housing.

Pen portraits

There is no single, recognised pathway to becoming a specialist housing OT, and the exact responsibilities of the role vary from service to service. On the Building Health into Homes webpages, you'll find pen portraits from occupational therapists working across a range of housing roles, from housing needs assessment and new build design to asset management, tenancy sustainment and complex needs. Each person has taken a different route. In these portraits they share what their role involves, what skills and knowledge it demands, what they wish they'd known sooner and what they value most about their work.

The portraits are written for OTs at any stage of their career, whether you're considering a move into housing and wondering how your current skills might transfer, or simply want to understand what colleagues in this area of practice are doing and why it matters. Read them as a starting point. If one resonates, use it as a prompt to explore further.

Read the pen portraits at rcot.co.uk/health-into-homes/practitioner-toolkit

What you need to know as a specialist housing OT

Although housing OTs' responsibilities can vary, the knowledge, skills and behaviours needed are consistent across different roles and settings.

Knowledge

- Building regulations, accessible design standards and national guidance on inclusive environments
- How to read and interrogate architectural plans and scale drawings
- Construction processes – how buildings are created and what is and isn't structurally feasible
- Understanding the roles of different professionals on a building project
- How the housing letting system works – tenure types, choice-based lettings, allocation policies, housing finance
- Planning law and local planning policies
- Funding routes for home adaptations and improvement works, including the criteria that govern what can be funded, how decisions are made and how to apply that understanding to support clinical reasoning
- Design for a range of needs, including physical disabilities, visual impairment, cognitive impairment, mental health conditions and sensory processing needs



Skills

- Building relationships and communication across professions – this is crucial for effectiveness in housing, regardless of role or setting
- Spatial visualisation – the ability to look at an architectural plan or an existing environment and understand what it will mean in practice for a specific person
- Influencing and brokering – shaping decisions and contributing expertise in settings where you may be the only occupational therapist
- Training and advocating to housing teams, commissioners, planners and decision-makers
- Working collaboratively with technical professionals such as architects, surveyors and contractors, contributing OT expertise confidently and building shared understanding over time

Behaviours

- Curiosity – housing is a field where there's always more to learn and an appetite for new knowledge is essential
- Patience and persistence – good housing outcomes often take time, involve multiple agencies and require sustained effort across many conversations
- Confidence in your OT identity – in settings where occupational therapy isn't well understood, being clear about what you bring and why it matters is part of the role
- Connection – speak to other housing OTs. Find a mentor. It can be isolating being the only OT in a housing setting. Learning and seeking support from experienced colleagues is extremely valuable.



Learning from lived experience



Occupational therapy is a person-centred profession, but OTs often encounter people at a single point in time – a hospital admission, an assessment, a referral. That snapshot rarely shows the full picture of what it means to live in a home that doesn't work for you, or the cumulative impact of a system that addresses needs in isolation rather than as a whole. To really understand why housing matters, and why every OT should be concerned about people's homes, it's vital to listen to people who depend on the system getting it right.

Martha Hall is an Expert by Experience and member of the Building Health into Homes project steering group. She has generously shared her housing journey, which spans inpatient mental health care, discharge planning, supported living, homelessness, temporary accommodation and – eventually – finding a home that genuinely works for her.

Martha's story isn't exceptional in the challenges it describes. It illustrates how poor housing affects daily life, how OT input makes a tangible difference, and shows what is lost when practitioners working in different parts of the system don't address housing in a coordinated way.

Martha's account is intended to prompt reflection for OTs in all settings. It's not necessary to be a housing specialist to recognise the moments in her story where an occupational perspective could have changed the outcome.

About Martha

Martha is a young woman living in South West England with her assistance dog, Greg. She is articulate, funny, fiercely determined and deeply committed to using her experiences to improve the system for others. She has a physical disability and complex mental health challenges, which mean that her physical and social environments have a significant impact on her ability to participate in day-to-day life.



The journey to finding home

Martha spent much of her childhood and teenage years navigating health and social care systems. From an early age, professional interactions tended to be more about managing medical or physical conditions than supporting her as a person. She reflects:

‘Professionals were always asking “are you doing your exercises?” No one was actually saying “how are you, Martha?” They weren’t asking about me.’

When Martha’s mental health deteriorated significantly in her late teens, she spent extended periods in inpatient settings. During this time, housing became an urgent, practical concern. The options initially presented to her were deeply unsuitable – placements outside her hometown, without step-free access, and even a neurological rehabilitation centre – a setting entirely inappropriate to her needs.

‘They were looking at my disability, but they were making assumptions about my disability and they weren’t seeing me as a whole person.’

This is a critical moment for OTs to reflect on. A housing placement was being identified but nobody was applying an occupational lens. Nobody was asking what Martha needed to do in her daily life, or what type of environment would enable her to recover well.

The role occupational therapy played, and the role it could have played

After ten months in hospital, a social worker identified a potential supported living placement that was believed to meet Martha’s requirements. Martha had to wait in the hospital whilst the placement was set up and staff were put in place. She remained in hospital for another year, during which time her self-harm worsened. Martha was discharged following a transfer to the local psychiatric intensive care unit. This admission caused her such trauma that it completely destroyed any trust she had left in health, social care and housing.

When Martha viewed the housing placement she’d been offered, it was unclear if there had been any OT input to the design and adaptation of the building. The only direct OT support that Martha had received at that time was within the psychiatric hospital. Although the property had a level access shower and step-free access inside, the communal entrance ramp was extremely steep, and the second exit had an 18-inch step into the public highway, which was too high for Martha to use. The main entrance door was very heavy and difficult for Martha to open independently. Because it was a communal door, Disabled Facilities Grant (DFG) funding wasn’t available to adapt it, and the landlord declined to modify it themselves. Martha and her family decided to accept the offer regardless, because they were desperate for Martha to be out of hospital.

This gap between what is perceived as accessible and what is genuinely usable is something Martha describes clearly:

‘Just because on paper it’s accessible, doesn’t mean it couldn’t be better, doesn’t mean that things can’t be made easier, doesn’t mean there aren’t ways that you can improve it.’

The homelessness process

In November 2024, Martha was served with a no-fault eviction notice. By this point, she'd grown into a confident, informed self-advocate with a strong support network. And yet, navigating the homelessness process became one of the most challenging experiences of her life.

The process requires people to share detailed personal and financial information, and to demonstrate that their situation meets specific criteria. Martha describes this process as exposing and distressing, especially for people with disabilities or complex health needs. Reflecting on how the process felt from the inside, she says:

'I felt like I was begging for the tiniest sliver of dignity throughout that entire process.'

She draws on the words of disability journalist and activist Dr Francis Ryan to express what she experienced:

'Disabled people are not inherently vulnerable. We are vulnerable when governments choose to withhold the resources disabled people need to live dignified and secure lives.'

Martha's account raises an important question – at what point in this process would an occupational therapy perspective have helped? Could OT input have supported Martha to articulate her needs clearly, to assist her in navigating a complex system, or to ensure that decision-makers understood what she needed to live well?


Eventually, an OT housing report was completed with Martha's full input, describing what she needed. Crucially, this report captured not just physical access requirements, but also the fact that Martha's assistance dog, Greg, required an enclosed outdoor space. This detail, which reflected Martha's occupational life rather than just her physical needs, would later prove pivotal.

Alongside the housing report, an OT from the charity Dogs for Good provided a letter to a funding panel explaining the therapeutic, practical and occupational significance of Greg in Martha's life. The letter focused on what Greg enabled Martha to do, and why his role was central to her independence and wellbeing.

Martha's response to that OT's contribution was simply:

'She just totally got it.'

By articulating the relationship between Martha as person, her occupations and her environment, this occupational therapist was able to change the funding panel's decision. This was life-changing for Martha, who had desperately needed someone to see her for who she was and what was important to her.



'I felt like I was begging for the tiniest sliver of dignity throughout that entire process.'

Temporary accommodation: a house, not a home

Martha was offered temporary accommodation while a suitable long-term home was identified. This property had a level access shower and more space than her previous flat.

However, once again, the main entrance door was too heavy for Martha to open independently. Accessing the rear door meant negotiating a step and a kerb without grab rails. No dropped kerb meant there was no way for Martha to use her mobility scooter, as she had to park it under the porch with an extension cord through the kitchen window. Family members improvised a ramped solution, but it was not a safe or sustainable arrangement and Martha fell twice during her time there.

'I was left in an unsafe property due to bureaucracy. DFGs don't cover temporary accommodation, and no one would fund it.'

The impact on Martha's wellbeing during this period was significant. She couldn't rest. She felt unsafe. The uncertainty about how long she would be there, and where she might end up, took a real toll. She describes surviving rather than living.

This isn't a criticism of any individual or service. The constraints around DFGs and temporary accommodation reflect systemic gaps that many people experience. But it powerfully illustrates what happens when a person's environment fails to enable occupation. Martha's daily walk to the park with Greg, her anchor throughout, was the thing that kept her going. Everything else had become about survival.

Finding home

Martha's OT housing report, with its detailed account of her occupational needs, was shared with an OT working for a housing association. They reviewed it against their available properties and identified a potential match. When Martha visited, she was immediately delighted. The entire property had step-free access, grab rails already fitted, a level access shower, a garden, light, space, a safe neighbourhood, and was located right next to the park that had been her sanctuary throughout every upheaval.

'It was the first time I've ever walked into somewhere and felt like it was made for me.'

The garden matters not just for Greg, but because Martha also loves being outdoors. She wants to grow things and plans to plant a tree in memory of her mum who died in 2023. The light matters because it lifts her mood on difficult days. The space means she falls far less frequently indoors, has room for her mobility aids and can have friends to visit.

'I was left in an unsafe property due to bureaucracy. DFGs don't cover temporary accommodation, and no one would fund it.'

Martha can cook for herself again. She has a wardrobe with a pull-out rail that she shows visitors with unconcealed delight. She has curtains her stepmother made with rings she can manage independently. She has neighbours who open their blinds each morning to signal they are well.

Martha's story ends positively but it took far too long to reach this point. Martha's housing experiences took a heavy toll on her physical and mental health. At times, the system that was meant to support her was making her more unwell.

Reflections for occupational therapists

Martha's experience isn't an isolated incident. By learning from her story, we can help others have better housing outcomes.

We asked Martha what she wants OTs to know about housing. Her responses apply to all settings.

See the whole person, not the diagnosis. At multiple points in Martha's journey, professionals made assumptions based on her disability rather than engaging with her as an individual. Understanding the relationship between person, environment and occupation helps us view people in their entirety.



Accessible on paper isn't the same as accessible in practice. Martha's first home didn't meet her needs, despite being described as accessible. An assessment that asks what a person does, how they move through a space, what they value and what they want to do in five years, is very different from one that checks compliance alone.

What matters to the person matters clinically. Greg is central to Martha's daily occupations, her independence, her wellbeing and her identity. The OT who understood this and could articulate it in a way that changed a funding decision, made a significant difference for Martha. Understanding what matters and being able to express it in language that influences decision-makers, is a valuable OT skill.

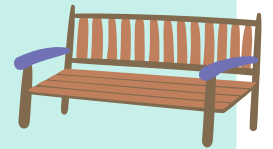


Housing is everyone's business. Martha's story touches mental health services, inpatient settings, community teams, discharge planning, supported living, housing allocation and temporary accommodation. At every stage, an OT who understood housing could have contributed something. You don't need to be a housing specialist to ask whether a person's home enables them to live their life.



Housing reports are powerful tools. Effective housing reports don't just capture physical access requirements. They include occupational need, what matters to the person and their future requirements. An OT housing report can shape allocation decisions and make sure people find homes that enable them to thrive. Martha reflects that without her report, she may still be living in an unsafe, unsuitable property.

Compassionate communication matters. Martha describes the people who supported her most effectively as those who explained difficult realities, and the limits of what systems could offer, with genuine empathy. The information was the same but their compassion and honesty made it easier to hear and respond to.



'I feel lucky to be in a home that meets my needs, as I know many people are inadequately housed. But I shouldn't have to feel lucky; accessible housing should be a given.'

'Your home is meant to allow you to live your life to the best that you can and to open up the world to you, not close it down. I didn't appreciate that until I went through the whole journey.'



Understanding housing

This section brings together reference material to support you, whether you're encountering housing issues for the first time or looking to deepen existing knowledge. It's designed to be dipped into rather than read cover to cover. Use what is relevant to you, when you need it.

You can find more useful resources and relevant legislation in the [Building Health into Homes: Operational Toolkit](#).



Glossary

Housing has its own vocabulary. Terms that appear straightforward can carry specific legal or technical meanings that matter in context. Using them accurately builds credibility with housing colleagues and commissioners. This glossary covers the key terms you're likely to encounter across housing assessment, adaptation, design and policy. It's not exhaustive but it covers the language most relevant to occupational therapy practice in housing.

Accessibility

In housing, this refers to the design, construction or modification of homes so that disabled people can use the home independently, safely and with dignity. Accessible housing removes barriers and enables independent living through features that support ease of movement and full use of the habitable rooms within the home.

Adaptations

Modifications to a home to promote safety and independence. They are sometimes categorised as being 'minor' or 'major':

- minor adaptations (under £1,000 in England; similar low-cost thresholds across UK)
- major adaptations (structural changes such as level access showers or building extensions).

Adult social care

Local authority responsibility for meeting eligible needs (under the Care Act 2014 in England; equivalent legislation in devolved nations).

Aids and equipment

Portable items often provided by community equipment services to support participation and safety in household activities (for example raised toilet seats, grab rails).

Assessment of need

Statutory duty to understand a person's functional needs and determine eligibility for support.

Assistive technology

Refers to products, devices or equipment designed to support individuals with disabilities to perform tasks that would otherwise be difficult or impossible.

Building Control

Local authority function ensuring building work complies with the Building Regulations (for example ramps, structural reinforcement).

Car hardstanding/parking adaptation

Creating or modifying a parking area to support wheelchair access, safe transfers or vehicle adaptations.

Care Act eligibility (England)

Criteria set out in the Care Act 2014 used to determine whether the local authority must meet an adult's needs.

Care & Repair/Home Improvement Agency (HIA)

Organisations that assist with DFG applications and minor works, and support vulnerable people with home repairs.

Clear opening width

The unobstructed, usable width of a doorway through which a person can pass when the door is opened to 90 degrees. It is measured between the face of the open door and the door frame/stop on the closing side.

Datum level

A horizontal reference plane used in design, construction and surveying from which all vertical measurements on a site are taken. It provides a consistent starting point for measuring heights, levels and elevation differences across a building project.

Decant

When residents/tenants are temporarily moved out of their home so major works (including adaptations) can be carried out.

Disabled Facilities Grant (DFG)

Mandatory grant for major adaptations available in England, Wales and Northern Ireland:

- England and Wales: delivered by local authorities
- Northern Ireland: administered by the Housing Executive (NIHE) for private sector homes
- Scotland: delivered under the Scheme of Assistance (not technically DFG)

Disability Discrimination Act (DDA) 1995

Now supported by the Equality Act 2010 in England and Wales. Continues to apply in Northern Ireland. Sets out a definition for disability and embeds a statutory responsibility on providers of goods and services to ensure disabled people don't experience discrimination.

Elevation

A flat drawing of one face of a building, showing what it will look like when viewed straight from the front, back or side. It's used to understand the building's appearance, height and architectural details.

Equality Act 2010

Legislation protecting people with specific protected characteristics (including disability) from discrimination, including in access to housing.

Ergonomics

Designing environments to fit human movement, strength and performance to reduce risk.

Feasibility study/survey

Technical assessment by a housing or architectural team to confirm whether a proposed adaptation can be built.

Fire safety assessment

Assessment of how mobility, equipment or layout impacts evacuation and safety planning.

Freehold

This means someone owns the property and the land it sits on outright, with no time limit on the ownership. This is different from leasehold where the property is owned for a set period of time but not the land.

Going (Tread)

The going is the horizontal distance from the front edge (nosing) of one step to the front edge of the next step.

Grab rails/handrails

Minor adaptations used to support transfers and mobility. Typically attached at doorways, by steps or stairs, and in bathrooms.

Gradient

In general terms, this describes how steep a slope is and is often used to determine the suitability of ramp provision.

Home environment assessment

OT review of property access, internal layout and functional barriers.

Housing Health and Safety Rating System (HHSRS)

Framework used by local authorities to assess hazards in residential properties (applies in England and Wales).

Level access shower/wet room

Fully accessible shower room without steps or raised thresholds.

Lifetime Homes

Homes designed to be accessible, flexible and easily adaptable throughout a person's life, regardless of age, mobility or disability. They are built according to 16 design criteria that ensure the home can be adjusted at minimal cost as needs change over time.

They continue to apply in Northern Ireland where all new-build social homes are constructed to this standard.

Lifting equipment

Hoists, ceiling track systems or through floor lifts installed to support safe movement.

Manual handling assessment

Review of moving and handling tasks to determine care needs, equipment or environmental solutions. Often referred to as manual handling risk assessments.

Means test/financial assessment

An assessment of household income required before approval for certain grants; not required if the disabled person is under 18.

OT housing report

Clinical justification document outlining recommended adaptations, rationale, risks and expected outcomes.

Person centred design

Adaptation decisions based on individual needs, not simply diagnosis.

Plan

In housing and construction, a plan is a scaled, two dimensional drawing viewed from above, showing the layout and arrangement of spaces within a building – such as rooms, walls, doors, windows and circulation routes.

Planning permission

Local authority/council approval required for certain extensions and structural changes.

Reablement/enablement

Short-term support promoting improved functional independence – often reducing the need for adaptations.

Reasonable adjustments (Equality Act 2010)

Changes landlords or service providers must make to ensure disabled people can use their homes.

Rise (Riser)

The vertical height between one step tread and the next, meaning the height you step up each time. It's measured from the top of one step to the top of the next.

Risk management plan

Structured plan detailing risk mitigation relating to mobility, equipment or the home environment.

Schedule of works/rates

Detailed list of building work used by contractors to cost and deliver adaptations.

Technical officer/Adaptations officer

Local authority or housing association staff who coordinate adaptations work.

Telecare

Sensors, alarms and devices that support safety, independence and remote monitoring.

Tenure

The legal and financial arrangement under which someone occupies a home. Common types of housing tenure include:

- owner occupation – the property is owned outright or through a mortgage
- private renting – the property is rented from a private landlord
- social renting – the property is rented from a local authority or housing association, usually at lower, regulated rents
- shared ownership/shared equity – the household owns a portion of the property and pays rent on the remainder.

Threshold

The raised or bevelled strip at the base of a doorway that forms the transition between two floor surfaces. It's a critical element of an accessible route as it affects how easily wheelchair users, people with mobility aids and individuals with limited strength can move through doorways.

Through-floor lift (TFL)

Permanent lift installed between floors to provide vertical access.

Universal design

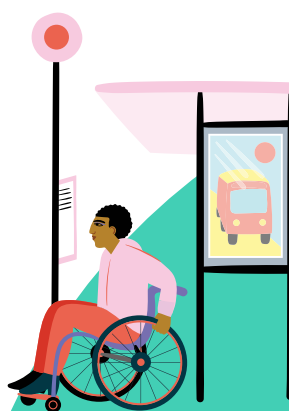
Design approach intended to ensure that buildings are accessible to everyone without the need for adaptation.

Visitability

Basic accessibility features allowing disabled visitors to enter and use essential spaces in a home.

Wheelchair housing standards

Standards for the design and construction of accessible housing. You'll find examples of these in the following section.



Accessible design guidance

This section contains design resources and reference materials for OTs working across a variety of housing roles. It includes building regulations and national standards for accessible design, as well as best practice guidance used to design for a range of needs.

Building regulations and national standards

England

UK Government Building Regulations 2010 – *Approved Document M: access to and use of buildings*

Northern Ireland

Building Regulations (Northern Ireland) 2012 – *Technical Booklet R: access to and use of buildings*

Department for Communities – *Wheelchair housing design standards for registered housing associations*

Scotland

Scottish Government 2022 – *Guidance on the provision of equipment and adaptations*

Scottish Homes – *Housing for varying needs*

Wales

Welsh Government Building Regulations 2010 – *Approved Document M: access to and use of buildings*



Best practice guidance for home adaptations

Home Adaptations Consortium – *Home adaptations for disabled people: a detailed guide to related legislation, guidance and good practice*

Local Government and Social Care Ombudsman – *Disabled Facilities Grants: guide for practitioners*

Northern Ireland Housing Executive – *Interdepartmental housing adaptations design toolkit*

Principal London Occupational Therapists Network – *Legal Framework for equipment and home adaptations provision*

RCOT – *Adaptations without delay*

UK Government departments – *Disabled Facilities Grant (DFG) delivery: guidance for local authorities in England*

Designing and adapting for specific needs

British Standards Institution – *Design for the mind: neurodiversity and the built environment*

Foundations – *Behaviours of concern: a best practice approach to the DFG process*

Neurodiverse Connection – *A practical approach to neurodiversity-affirming care and support*

Northern Ireland Department of Health – *Designing homes for all: an inclusive design guide to support people living with cognitive and sensory impairment*

University of Stirling – *Good practice in the design of homes and living spaces for people living with dementia and sight loss*



Further reading

Ainsworth E, de Jonge D (2018) *An occupational therapist's guide to home modification practice*. 2nd ed. New York: Routledge.

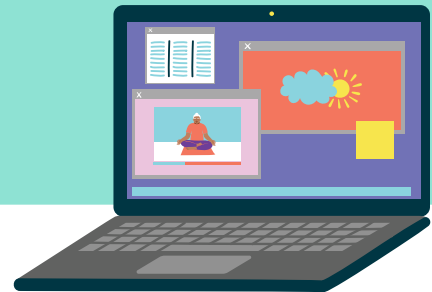
Centre for Accessible Environments (2018) *Wheelchair housing design guide*. 3rd ed. London: RIBA Publishing.

Habinteg Housing Association, Runnalls J (2024) *The inclusive housing design guide*. London: RIBA Publishing.

Parker R, Badger J, Owen D (2024) *Key skills for housing adaptations: a workbook for occupational therapists and students*. London: Jessica Kingsley Publishers.

RCOT members can access these books and a range of housing-related publications via the RCOT Digital Library.

rcot.co.uk/explore-resources/library-resources



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Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J (2020) *Health equity in England: The Marmot Review 10 years on*. London: Institute for Health Equity. Available at: [the-marmot-review-10-years-on-full-report.pdf](#) Accessed on 20.04.26

Royal College of Occupational Therapists (2025) *Meeting HCPC Standard 5: Embedding Equity, Diversity and Belonging into your practice*. London: RCOT. Available at: [Equity, diversity & belonging | RCOT](#) Accessed on 23.05.26



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