

OT in housing: pen portrait

About me

Name: Catherine O'Donnell

Current role: Housing Occupational Therapist

Organisation: Somerset Council

Years in housing: 14

Previous OT roles: OT in the Neighbourhood Team

My journey into housing

How I got here

I qualified as a mature student and started work part-time as an OT in Adult Social Care in South Somerset, doing a mixture of moving and handling, adaptations, and occasionally support for rehousing – but moving and handling always took priority. The team was asked if someone wanted to be part of the panel for choice based lettings looking at Emergency banding applications that focused on medical and welfare needs – I volunteered and really enjoyed the complex clinical reasoning and wrestling with the Homefinder Somerset policy. In 2012 a pilot Housing OT role was launched to look creatively at housing solutions across the board, as it was felt that too often DFGs had become the default without exploring all that rehousing might offer. Four of us had a blank canvass to develop the role, working with the choice based lettings system to assess all those with accessibility needs and apply filters to applications to give them better priority on fully adapted stock. Whilst the Housing OT in the west was working closely to get 10% of stock on new build estates reserved for accessible stock (the benefits of which we are still seeing now), I was able to work creatively with the then South Somerset District Council to work on innovative part ownership arrangements to move people on from desperate situations into their dream homes. The potential of rehousing, alongside a good DFG offer has proved cost effective for the Council, life changing for individuals and continues to inspire me to this day.

What surprised me most about being a housing OT

Initially the emotionally charged nature of focusing just on housing surprised me – I had 6 years experience in the community, but the intensity of discussions, and the impact on people's mental health of the rehousing journey was very challenging and continues to be so. It simply emphasizes the importance of home to people's identity and that you sometimes have to work extremely hard to be on the same page. Some difficult experiences has made my starter question always 'what does your ideal home look like to you' or 'what are your top three priorities in your new home' – the answers are often surprising, and there are times when people have very different views around what is compatible with their physical needs and its best to find out early!

What I actually do

My typical week includes:

- Firstly there is no typical week and that is what makes the role so interesting!
- My role is a blend of casework and policy development/improvement, from looking at our DFG paperwork, to suggesting policy revisions for our Choice Based Lettings system.
- New builds – working with housing providers to apply wheelchair filters and match those with assessed need to new homes. This is the fun bit.
- Looking at proposed development plans and commenting on design, applying knowledge of where things didn't perhaps go to plan and ensuring things are always improving.
- Assessing new clients, prioritizing weekly depending on the risks involved – hospital discharges and homeless cases are common and often highly complex
- Advice and mentoring for OT staff across the neighbourhood on housing issues, also taking calls from GP surgeries, advocates and other concerned parties and looking objectively at people's housing situations.
- Liaising with our 3 other Housing OTs in the County to ensure cover across the week and having regular meetings with Housing Partners around Choice Based Lettings issues.
- Void visits – these can be one a month or literally 6 in one week – there is no pattern, but each offers someone a chance to move forwards, or a difficult conversation around waiting for another opportunity. Our Housing assistance policy includes a fantastic help to move grant to assist those people who would have been eligible for DFG – this often includes private ambulances for those housebound before a move, so processing paperwork fast to keep with void times can sometimes take up a lot of the week.

The most rewarding aspect: When someone's life is transformed by the right adaptation or right accessible housing. One client on seeing her new adapted home stated 'my life begins again today' – this says it all.

The biggest challenge: waiting times for DFGs and sometimes not getting the right result in terms of rehousing banding. It can be a tough job to manage expectations and people's disappointments.

Skills and knowledge I've developed

Technical knowledge I've gained:

1. Knowledge around behaviours of concern and how to build specialist supported housing around an individual need. I learn new things every time and the impact can be significant.
2. I never stop learning around kitchen design.

3. I continue to learn about ramping and this is always a challenging area for me.

Skills that have been essential:

1. Strong clinical reasoning skills
2. Time management
3. Ability to communicate difficult news with empathy and compassion

An unexpected competency I've developed:

Not really being a numbers person, I have developed an unhealthy obsession with the spreadsheets charting the spend and impact of our Help to Move Grants – the savings are exceptional and demonstrate time and again that the impact of matching people to appropriately adapted homes is felt both by the individual in terms of helping their move practically, but also benefits the organization as a whole in being able to stretch DFG spending further.

My top tips for OTs considering housing

Three things I wish I'd known:

1. The role is extremely demanding – but if you enjoy a challenge and have a passion for accessible design this is for you!
2. There will be setbacks when partnership personnel change. However also opportunities to relook at things – nothing is ever static and there are always opportunities for new developments.
3. When I started there was no DFG Guidance document – this has truly been a game changer and made decision-making so much clearer for myself and OT colleagues.

Essential learning/training:

- Being conversant with the DFG Guidelines is absolutely essential – I refer to them daily to justify clinical reasoning and how we can best apply DFG purposes.
- Ramping training
- Know your choice based lettings policy intimately and be prepared to challenge it based on your professional experience with clients and the impact of the policies on them.
- Be conversant with Accessibility guides – personally I use the NIHE Adaptations Design Communications Toolkit – I keep the space standards permanently in my bag to keep me on track as to what is realistic and to communicate reasoning around decisions to clients/on my DFG applications.
- Shadow your housing colleagues – with this comes mutual respect and understanding that it is hard to teach.

- Likewise use your equipment Reps – sharing cases together is the best way to learn and embed knowledge around products.

One piece of advice

Develop strong partnerships across the board – with that will come the ability to get through the frustrations and the set-backs and get creative!

Why housing OT matters

I always had a passion for the housing side of OT, but am exceptionally fortunate that my Council had the foresight to pilot 4 Housing OT posts. As a team, we have been able to evolve the role over the past 14 years, to champion the individual, working with the housing systems, but also challenging them and seeking to improve them for those coming through afterwards. Without a dedicated Housing OT role there simply would not be the capacity to champion the most complex of cases and strive to innovate to meet these needs. Personally, there is nothing more rewarding than sharing in someone's journey into accessible housing – however long it may take. Each success is a team effort across housing, and OTs add in no small measure to this. The impact on health and wellbeing of suitable housing is immeasurable, and speaks to the heart of occupational therapy.