

# OT in housing: pen portrait

## About me

Name: Diane Chandler

Current role: Lead Occupational Therapist, East Sussex Community Learning Disability Team

Organisation: Sussex Partnership Foundation Trust.

Years in housing: I have worked in the Community Learning disability team for over 26 years. Housing is only one aspect of the work I do within my role supporting individuals with a learning disability and identified health needs.

Previous OT roles: Mental Health and Paediatrics

## My journey into housing

### How I got here

My involvement with housing began as a result of the Transforming Care agenda. This was an NHS England programme which aimed to support the discharge of individuals with a learning disability from inpatient hospitals back to a home of their own closer to their families and local communities.

It was recognised that in some instances an individual might need alternatives to mainstream housing options and a more personalised home environment that reflected their sensory preferences/ sensitivities or other factors. which, if not considered as part of what constitutes a "capable environment" for someone, could lead to housing that was not suitable and placement breakdown.

As occupational therapists, we were frequently asked for advice about adaptations to housing or if a particular home would meet someone's needs and felt at the time we lacked the tools and knowledge to do this.

This led to us developing a tool locally called the Safe Home Environment Assessment (SHEA) which was a framework to help us identify what might need to be considered in designing a home suitable to meet someone's needs.

### What surprised me most about being a housing OT:

I have no previous experience in working in housing, so this has been a steep learning curve. Successful outcomes are often a result of close collaboration with a range of people and professions including Specialist housing OT's, architects, DFG grant officers/ surveyors/ companies providing fixtures and fittings working alongside families and individuals.

I have learnt that the processes can take time and there are lots of aspects I hadn't previously considered such as planning processing and finances etc.

It's been interesting learning more broadly about what can promote well being and good health in our homes so understanding the research and growing evidence around these aspects of our homes.

## What I actually do

### My typical week includes:

- I am lucky not to have a typical week. It can range from team responsibilities such as completing core assessments with colleagues who have been referred to our community learning disability team or participating in transition planning meetings for people leaving hospital to their own homes/ completing specialist assessments such as around sensory processing etc.
- We are starting to see more referrals for individuals where there are risks in the home environment due to issues such as accumulation of belongings (hoarding related concerns) and this is a new area of work we are currently developing clinical pathways around given this is a multi-layered issue.

**The most rewarding aspect:** Seeing someone move from hospital into their own home and reestablishing links and engagement with their local communities. Supporting individuals around how they want their homes to look and feel.

**The biggest challenge:** The challenges of finding suitable homes in the right location.

## Skills and knowledge I've developed

### Technical knowledge I've gained:

1. Knowing when I need to seek expert advice such as liaising with surveyors and architects as it's not always possible to make the changes and adaptations we might want for someone if the build quality of the property can't support these changes.
2. Learning how to read plans and specifications as this is a new skill.
3. Paying close attention at all stages such as making sure specifications are followed in the building stage through to ensuring good snagging.

### Skills that have been essential:

1. Working with a broad network to get the right people with the right skills and expertise involved in a timely manner.
2. Understanding my own gaps in knowledge and when a specialist architect or surveyor is needed.
3. Understanding of an individual's preferences and supporting someone to make choices about how they want their home to look and feel.

### An unexpected competency I've developed:

1. Joining networks such as Design in mental health has been helpful to understand more about companies who specialize in developing robust fixtures and fittings that can work in a domestic setting if other alternatives aren't suitable.
2. I have a broader understanding of many aspects of home design which is helpful when working with someone who has sensory preferences or sensitivities which can impact significantly if not considered in the design process. This includes some of the theory around paint colours and impact upon wellbeing/ lighting/ access to outside space and link with improved mental health etc.

## **My top tips for OTs considering housing**

### **Things I wish I'd known:**

Spend time shadowing OT's working in this field to really understand their role and how our relative skills and competencies can complement each other.

### **Essential learning/training:**

Foundations have been an invaluable resource to understand not just the DFG process but some of the challenges and solutions in overcoming issues in housing. The increased focus and networks (DFG group for behaviours of concern) have been helpful to meet fellow OT's to discuss some of the challenges and solutions to issues especially within family homes.

### **One piece of advice:**

Join local networks and find support from other OT's working in this field. Look to join national networks. Foundations and Design in Mental Health have both been invaluable for us to meet others involved in housing.

## **Why housing OT matters**

For me personally I don't think there can be anything more meaningful than being part of the team who work to support someone to leave hospital to a home of their own.

Equally supporting families or individuals to overcome or reduce risk issues within their own homes.