

Housing needs assessment and social housing allocation: Essex County Council

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Context

Essex County Council operates across 12 district councils, transitioning to 5 unitary authorities by 2028. People apply for rehousing through the social housing register for various reasons, including health needs that can't be met in their current property. The assessment and prioritisation of these applications vary across the county, with some councils having more developed processes than others. Housing teams need expert input to determine whether applicants' health and disability needs are an eligible reason for rehousing and what type of property would be most suitable.

In Colchester, when assessing housing applications for medical priority, decisions are based on the suitability of the applicant's current accommodation and recommendations made from medical professionals. Where accessibility or adaptation needs are identified a housing needs assessment report is completed by an OT in Essex County Council. This helps clarify what has been done or could be done to make the current accommodation more suitable, and specific requirements for a future property.

The challenge

Allocation decisions made by housing teams or applicants in choice-based letting areas without sufficient understanding of:

- Whether an applicant needs rehousing to meet their accessibility needs, or if adaptation of their current property is a better option.
- What specific property features would meet an applicant's accessibility needs.
- The difference between 'adapted', 'adaptable' and 'accessible' properties.
- How to prioritise applicants based on the severity of housing-related health impacts.
- Whether proposed properties would actually meet applicants' needs before allocation.

This resulted in:

- Unsuitable allocations requiring expensive adaptations.
- Vulnerable people remaining in inappropriate housing longer than necessary.
- Wheelchair users viewing properties that appeared accessible but weren't functionally usable.
- Resident appeals and complaints about rehousing eligibility decisions.
- Temporary accommodation placements that didn't meet accessibility needs.

The role

Housing OTs provide expert assessment and advice to support choice-based lettings decisions made by applicants or housing allocation decisions. The role varies across Essex areas but includes:

- Triage and desktop assessment – Housing staff handle cases using OT-designed protocols, with complex cases triggering OT involvement.
- Phone/video assessments – Making initial contact with applicants to understand their daily living challenges and housing barriers.

- Home assessment visits – Visiting applicants in their current homes to observe functional difficulties and complete a housing needs report.
- Medical panel participation – Attending council medical panels to advise on difficult banding decisions where health/disability factors are unclear. (Maldon Council example)
- Property viewings – Visiting properties before allocation to assess suitability for specific applicants with complex needs.
- Multiple property assessments – Viewing several properties in one day to identify the most suitable option for an applicant.
- Wheelchair user housing register support – Assessing suitability of the property before, or visiting with applicants to trial wheelchair accessibility and determine property requirements (Colchester).
- Regeneration scheme support – Supporting residents who must move due to estate clearance/regeneration, ensuring they are matched to suitable replacement properties.
- Temporary accommodation assessments – Assessing urgent cases in temporary accommodation to identify suitable permanent housing quickly.
- Rehousing recommendations – Advising on property size, type, location, specific adaptations needed, and support requirements in housing needs report.
- Priority banding advice – Providing evidence to support appropriate priority banding within local housing policies.

Benefits to the system

Housing benefits:

- Reduction in unsuitable allocations that would require immediate, expensive adaptations
- More efficient use of accessible housing stock through appropriate matching
- Decreased number of appeals and complaints about allocation decisions
- Faster resolution of complex cases with clear professional recommendations
- Prevention of properties being rejected at viewing stage due to unsuitability
- Better use of regeneration opportunities to appropriately rehouse residents with disabilities
- Reduced temporary accommodation costs through quicker identification of suitable permanent housing
- Accommodation due for regeneration can temporarily be utilised to house homeless people, with or without disabilities, based on OT reviewing several properties and identifying the most suitable for each person.

Health and social care benefits:

- Prevention of health deterioration caused by prolonged stays in unsuitable housing
- Reduction in delayed hospital discharges due to unsuitable housing
- Decreased demand for care packages that compensate for poor housing
- Lower DFG expenditure through better property matching rather than adapting unsuitable properties
- Reduced number of crisis interventions and emergency placements.

Benefits to individuals and families

- Wheelchair users and disabled people receive properties that meet their needs from the outset or, if necessary, additional adaptations are assessed and completed rapidly.
- Reduced waiting times in unsuitable housing causing isolation and deterioration in physical and mental health.
- Avoided disruption of major adaptations.
- Residents have confidence that professional assessment supports their application
- People moving due to regeneration are appropriately rehoused rather than having to 'make do'
- Reduced stress and advocacy burden on applicants trying to explain their needs to housing staff

- Greater independence and dignity through appropriate housing, in line with the choice-based lettings model

Developing the role: a practical guide

Setting up the role

- Identify which council(s) you'll work with and understand their housing allocation policies, processes and banding systems.
- Meet with housing allocations teams, housing assessment teams, and homelessness services to understand their processes.
- Contribute to housing team reviews of medical banding decisions and assessment processes.
- Establish clear referral criteria so housing officers know when to involve OT for more complex decision making, such as suitability of a property for a homeless person with disabilities, or permanent wheelchair user being an adult or child.
- Create triage protocols so housing staff can handle straightforward cases using OT-designed guidance e.g. one page summary of wheelchair access requirements for lettings officers.
- Determine OT response time targets that relate to the urgency of the situation, for example hospital discharge, temporary accommodation for a disabled person fleeing domestic abuse, or homelessness.
- Secure appropriate IT access to housing systems, medical information, and property databases.

Building the assessment system

- Develop referral and assessment templates that capture both health/disability information and functional impact on daily living.
- Create guidance for housing staff about when to refer for OT input.
- Design property viewing checklists with space requirements relevant to specific needs (such as wheelchair access, sensory impairments, learning disabilities).
- Establish a system for communicating recommendations to housing teams (written reports, panel presentations, email advice).
- Build relationships with medical panel members so they understand and trust OT recommendations.
- Create a tracking system for cases to monitor progress and outcomes and identify patterns.

Overcoming challenges

- **Challenge:** Housing staff might not understand when OT input is appropriate; either over-referring simple cases or under-referring complex ones.
- **Solution:** Provide training to housing teams with case examples. Create simple decision trees or flowcharts. Establish an OT advice line where housing staff can discuss cases before formal referral. Regularly review referrals to identify patterns and adjust triage criteria.
- **Challenge:** Medical panel members or housing colleagues question OT recommendations, particularly if they differ from GP letters.
- **Solution:** Educate panel members about OT scope of practice and expertise in person-environment interaction. Provide clear evidence-based rationale in reports. Offer to attend panels to explain recommendations. Build credibility over time through demonstrated outcomes.
- **Challenge:** Managing a large and varied caseload.
- **Solution:** Use phone or video assessment for initial triage where appropriate. Prioritise home visits for the most complex cases. Develop standardised report templates to improve efficiency.
- **Challenge:** Inconsistent policies across different district councils making it difficult to apply consistent approaches.

- **Solution:** Document the variations and advocate for harmonisation, especially with upcoming unitary authority changes. Develop flexible frameworks that can adapt to local policies while maintaining professional standards. Use upcoming local government reorganisation as an opportunity to influence consistent policy development.
- **Challenge:** Housing colleagues resistant to OT involvement, seeing it as slowing down the process [NOTE - this has not been the experience in Essex, teams have embraced OT input].
- **Solution:** Track and share data on reductions in unsuitable allocations and associated cost savings. Demonstrate that OT input prevents more expensive problems later. Commit to rapid response times for urgent cases. Celebrate successes where OT input prevents poor outcomes.
- **Challenge:** Most housing registers follow a choice-based lettings process. Applicants will apply for properties they feel are suitable for their needs, but information on the accessibility and adaptability of properties is limited. A lack of suitable properties can result in people bidding for properties that won't meet their needs.
- **Solution:** (Colchester example) Work through a programme to complete adaptability surveys on all housing stock, so when properties are advertised the level of adaptations or potential for adaptations can be included in the advert.

Demonstrating impact

- Track the number of OT housing needs assessments completed and the percentage of successful allocations.
- Monitor reduction in immediate adaptation requests following allocation of properties where OT was involved in matching.
- Calculate cost avoidance from preventing unsuitable allocations that would have required major adaptations.
- Measure reduction in allocation rejections at viewing stage.
- Document reduction in appeals and complaints related to medical priority banding.
- Record time from OT assessment to successful allocation into suitable property.
- Collect feedback from applicants about their experience of the process and their satisfaction with allocated properties.
- Track the duration of temporary accommodation placements before and after OT involvement.

Top tips for managers

- Position this as a partnership role between housing and OT services - neither 'owns' it exclusively.
- Ensure the OT understands local housing policy thoroughly. Provide training on housing allocation systems, banding criteria, and legal frameworks.
- Create service level agreements about response times and criteria for OT involvement.
- Protect OT time for property viewings and medical panel attendance.
- Support the OT to challenge inappropriate referrals or unrealistic expectations from housing teams.
- Facilitate regular meetings between OT and housing teams to review processes and address issues.
- Build in time for the OT to contribute to policy development, especially during local government reorganisation.
- Be aware of OT capacity to cover the variety of work required and consider appropriate amount of OT resource.
- Track the suitability of the adapted housing stock to better meet the needs of a broad range of residents.