

Housing needs assessment and property allocation: Specialist Housing Occupational Therapist, local authority housing team

Context

The housing OT service described here is embedded within a local authority housing team, working directly alongside housing registry, homelessness, and voids functions. The service receives referrals from the housing registry whenever an applicant cites disability as a reason for rehousing, as well as self-referrals through a dedicated portal.

The role sits at a unique intersection: the OT holds direct access to the housing database, enabling real-time visibility of an applicant's housing application status alongside clinical assessment. This integration of clinical and housing system knowledge is central to how the service operates. The team currently comprises two occupational therapists, with capacity being expanded through the introduction of an occupational therapy assistant to manage minor works following rehousing.

The service operates under a choice-based lettings policy, with adapted properties categorised as either A1 (basic adaptations, typically a level access shower) or A2 (wheelchair accessible). Applicants are able to bid on available properties within their assessed category.

The challenge

A two-category system insufficient for complex needs

- The shift to choice-based letting replaced a direct matching model with a two-category system (A1/A2) that does not capture the full range of individual need
- Properties categorised as A2 (wheelchair accessible) lacked consistent definition, creating uncertainty about what a property would actually offer
- OT assessment identified needs that did not map cleanly onto either category, requiring careful negotiation of how individuals were banded and advised

Risk of unsuitable matches without OT involvement

- Without clinical oversight at the point of bidding and viewing, applicants could select properties that appeared adapted but were functionally unsuitable for their specific needs
- Under the original policy, the OT could only advise; there was no mechanism to formally prevent an unsafe or unsuitable match proceeding
- One significant incident – where a person was at risk of moving into a property with a stairlift unsuitable for their weight and build – highlighted the gap between documented adaptation and actual suitability

Housing officers unable to assess in person

- Housing officers worked predominantly from documentation and rarely visited applicants or properties directly
- Complex medical information, including the interaction between a person's condition and specific property features, was difficult to interpret without clinical input
- This created a reliance on written reports that could not capture the functional reality visible during a property visit

Lack of OT presence in void and stock decisions

- Adapted properties entering the void cycle were at risk of being allocated to households without disability need, eroding scarce accessible stock
- Without OT presence in relevant meetings, the link between incoming stock and people waiting for adapted properties was not being made systematically

The role

The role spans the entire housing journey, from initial referral through to post-move follow-up:

- Initial assessment - Contacting applicants to understand their motivation for rehousing and establishing a baseline before visiting; exploring whether the existing property can be adapted as an alternative to rehousing
- Housing report - Producing a report for the housing team setting out the nature of the disability, its functional impact in the current property, the feasibility of adaptation, and the type of property required
- Banding and categorisation advice - Advising housing on whether an applicant should be categorised as A1 or A2, informing their position within the choice-based letting system
- Viewing support - Attending property viewings alongside applicants to assess whether a specific property genuinely meets their needs; providing supported decision-making where required
- Formal decline on behalf of applicants - Where a property is assessed as unsuitable, providing written correspondence to housing to support a formal decline that does not count against the applicant's record
- Voids panel representation - Attending the senior management voids panel to contribute clinical and practical knowledge to decisions about incoming stock, adaptation requirements, and property use
- Operational voids meeting - Ensuring adapted properties are flagged and gatekept within the weekly voids meeting, preventing suitable stock from being allocated to households without disability need
- Homelessness pathway - Receiving urgent referrals from the homelessness team for individuals in temporary accommodation or hostel settings; attending viewings for temporary as well as permanent properties
- New build input - Responding to referrals from housing associations seeking to match new build properties to disabled applicants; advising on adaptation specification during the build phase
- Property buyback assessment - Attending privately owned properties being considered for council purchase and advising on suitability for disabled occupants
- Post-move adaptations - Following through to the end of the housing journey, recommending and arranging adaptations once a tenancy has been confirmed
- Mutual exchanges and succession - Assessing the suitability of properties and the capacity of individuals in mutual exchange and tenancy succession processes, including where mental capacity is a consideration

Benefits to the system

Housing benefits

- OT involvement at the point of bidding and viewing prevents unsuitable matches, reducing the risk of early tenancy failure and repeat rehousing
- Formal decline mechanism provides a clinically grounded safeguard without penalising applicants
- OT presence in the voids panel protects adapted and adaptable stock, ensuring adapted properties are matched to those who need them
- Housing officers gain clinical translation of complex medical information, enabling more informed allocation decisions without requiring specialist knowledge themselves

Health and social care benefits

- Applicants receive continuity of OT involvement across the full rehousing journey, from assessment through to post-move adaptation, rather than encountering multiple unconnected services
- The OT acts as a consistent, accessible point of contact during what can be a lengthy and distressing process, providing a human connection that housing systems alone cannot offer
- Mental health needs, which are prevalent across the caseload, are identified and responded to within a housing context, with the OT able to navigate both clinical and housing dimensions simultaneously

Financial impact

- Cost savings are calculated on the basis of avoided adaptations through rehousing. If a person is appropriately rehoused rather than having a major adaptation carried out on an unsuitable property, the avoided adaptation cost is recorded as a saving
- Documented cost savings from April to June in one year totalled £65,000
- In one management move case, an estimated £70,000–£90,000 of planned adaptation work was avoided by identifying a suitable void property and facilitating a move rather than proceeding with structural works

Benefits to individuals and families

- Clear explanations and ongoing support reduces anxiety, uncertainty, and feelings of isolation during long waiting periods
- Support at property viewings helps identify potential risks or barriers that may not be visible through paperwork alone
- Unsafe or unsuitable moves are prevented through in-person assessments of environmental accessibility and health impacts
- People in temporary accommodation, including pregnant women and individuals with complex medical conditions, benefit from more responsive and personalised housing assessments
- Families experiencing homelessness or overcrowded temporary accommodation are supported to secure homes that better meet their accessibility and wellbeing needs

Developing the role: a practical guide

Setting up the role

- Establish direct access to the housing database from the outset – visibility of application status is essential for informed clinical conversations and cannot be replicated through referral paperwork alone
- Clarify from the beginning which housing processes the OT will be involved in: rehousing assessments, viewings, voids panels, homelessness pathway, and post-move adaptations each require a distinct relationship with a different part of the housing team
- Negotiate inclusion in relevant housing meetings at an early stage; the value of OT presence in voids panels and homelessness panels is demonstrated rapidly through practical contribution

Building the policy framework

- Review existing housing policy for gaps in OT authority – the absence of a formal mechanism to decline unsuitable properties on an applicant's behalf is a significant risk; advocate for this to be written into policy with clear criteria
- Where choice-based letting categories are insufficiently granular for clinical purposes, develop internal guidance for translating OT assessment into the available categories, and maintain a record of cases where the categories create problems
- Engage with housing policy review processes proactively; policy change is achievable but requires documented evidence of specific incidents and their consequences

Essential skills and knowledge

- Thorough knowledge of local housing policy, including eligibility criteria, banding systems, choice-based letting rules, and discretionary provisions
- Understanding of housing law relevant to the role, including succession of tenancy, right to buy, mutual exchanges, and the implications of each for disabled occupants
- Mental capacity assessment skills, which arise frequently in a housing context and require confident, accurate application
- Relationship-building across housing functions – registry, homelessness, voids, housing associations - is as important as clinical skill; trust built over time is what enables the role to function effectively

Overcoming challenges

- **Challenge:** Choice-based letting categories are too broad to reflect individual clinical need
- **Solution:** Produce detailed OT reports that specify individual requirements beyond the A1/A2 categories; use the viewing process to ensure category and property are assessed against actual need rather than label alone

- **Challenge:** Applicants may present their needs in ways shaped by their desire to be rehoused quickly, making accurate assessment difficult
- **Solution:** Approach assessment with transparency and without judgement – explain the whole process clearly at first contact, including its limits; direct, honest communication builds trust and reduces the likelihood of misinformation affecting decisions

- **Challenge:** Adapted properties being lost from the accessible stock through voids processes
- **Solution:** Secure OT or OT assistant presence in the operational voids meeting; an informed presence prevents suitable properties from being allocated inappropriately

- **Challenge:** Housing officers lacking the clinical knowledge to act on complex medical information
- **Solution:** Position the OT as the translator between clinical assessment and housing decision - attending viewings, writing accessible reports, and being available for direct conversation with housing colleagues

Demonstrating impact

- Record planned adaptation costs avoided through rehousing, comparing estimated works against actual DFG spend and move costs
- Track the number of property viewings attended and formal declines supported, and the outcomes for applicants
- Document cases where OT involvement at the point of bidding or viewing prevented an unsuitable move
- Capture post-move adaptation completion rates and timescales, demonstrating continuity of the housing journey
- Record involvement in voids panel decisions and the outcome for adapted properties reviewed

Top tips for managers

- Invest in direct access to housing systems for OT staff - it is a practical enabler to maximise the OT role
- Negotiate OT presence in voids and homelessness panels before the role is established, not after; absence from these meetings is difficult to reverse once working patterns are set

- Ensure the OT's authority to formally decline unsuitable properties on behalf of applicants is written into housing policy with clear criteria - the clinical case for this is strong, and the risks of its absence are well documented
- Support the development of housing policy knowledge across the OT team; housing reports that are produced by OTs without understanding the policy context can inadvertently create problems for specialist colleagues further down the pathway
- Recognise the emotional demands of the role – housing decisions are highly emotive for applicants, and OTs in this setting carry significant relational responsibility alongside clinical complexity