

Building Health into Homes: Operational Toolkit

How occupational therapy can unlock the connection between housing and health





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Building Health into Homes: Operational Toolkit

How occupational therapy can unlock the connection between housing and health

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by the Royal College of Occupational Therapists

Phoenix House 106–114 Borough High Street
London SE1 1LB

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Author: Royal College of Occupational Therapists

Editor: Lauren Walker, Professional Practice Manager



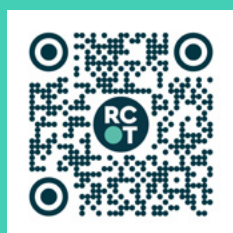
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Contents

Introduction to the toolkit.....	1
Why change is needed and how occupational therapy can make it happen.....	4
The eight core housing roles framework.....	9
Role profiles.....	23
Implementation service examples.....	24
Developing a business case for occupational therapy in housing.....	25
Business case scenario templates.....	34
Gathering evidence and demonstrating impact.....	35
Operational resources.....	40
Legislative and policy drivers for housing, health and social care.....	42
References.....	45
Acknowledgements.....	46



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



Introduction to the toolkit



Purpose

This toolkit provides practical resources, templates and real-world examples that enable health, social care and housing services to maximise their impact upon health outcomes through housing interventions.

It focuses on the unique skillset of occupational therapists (OTs) as experts in the relationship between health and the built environment, and demonstrates how OT-led housing interventions can be expanded beyond traditional equipment and adaptation provision.

The toolkit demonstrates to health and social care leaders, OT service managers, allied health professional (AHP) leads and commissioners how occupational therapy roles and services can be developed and reconfigured to maximise their impact by adopting a housing focus. It also provides guidance for housing associations, planning authorities, housing providers, developers, insurance providers, medico-legal professionals, public health directors and integrated care system leaders on how to harness occupational therapy expertise.

Toolkit features

- **Evidence based** – all guidance is grounded in real-world examples of effectiveness and impact from across the UK.
- **Adaptable** – resources can be tailored to align with specific organisational contexts, local structures and implementation stages.
- **Incremental** – implementation can be approached progressively, building capacity and demonstrating impact over time.
- **Practical** – all tools and templates are ready to be applied immediately and can be adapted to your service setting.
- **Inclusive** – approaches can be designed to respond to diverse cultural, social and accessibility needs within local populations.
- **Sustainability minded** – all suggested approaches help to future-proof homes for changing population needs.

Content overview

The eight core housing roles framework

This framework sets out eight interconnected roles through which occupational therapists in a range of settings can contribute to improved housing outcomes. It is designed as a practical tool that can be used flexibly to reflect local priorities, structures and resources, and to support decision-making at strategic, service and operational levels.

Occupational therapy role profiles

We've included a range of example job descriptions that illustrate how different housing roles and responsibilities can be fulfilled by occupational therapists in various settings. These templates have been developed from real-world examples and can be adjusted or combined for different services and locations.

Implementation service examples

This section supports the housing roles framework by providing examples of services across the UK that have already adopted one or more of the eight core roles. The examples demonstrate how occupational therapists in a broad range of practice settings are successfully implementing housing-focused interventions with diverse populations. Each service example provides practical implementation guidance, lessons learned and actionable tips that can be adapted to your local context and organisational structure.



Developing a business case for occupational therapy in housing

We've included guidance on developing a business case to clearly articulate the value of occupational therapy roles in housing. By strengthening the case for investment, this section aims to support the development and sustainability of housing-focused OT roles across different settings and local contexts.

Gathering and measuring evidence

Demonstrating impact is essential for sustaining and scaling housing-focused occupational therapy roles. Decision-makers need clear, credible evidence that shows how interventions improve people's lives, contribute to system priorities and deliver value for money. This section helps identify meaningful outcomes, use proportionate and practical methods, and present evidence in ways that are relevant to commissioners, planners and senior leaders. By strengthening how impact is evidenced and communicated, this guidance supports more confident decision-making, ongoing investment and continuous service improvement.

Operational resources

In this section you'll find a selection of resources produced by a range of organisations, including reports, case studies and repositories. These cover a breadth of subjects relevant to occupational therapy and housing and can be used as supporting evidence for business cases and service redesign.

Legislative and policy drivers for housing, health and social care

This section signposts key legislative and policy documents relevant to housing, health and social care across England, Scotland, Wales and Northern Ireland. These resources provide the wider context and are essential for understanding local responsibilities, opportunities and constraints. Referencing these documents alongside the eight core housing roles supports the development of services that are evidence-informed, strategically aligned and focused on enabling people to live safely, independently and well in their homes.



Why change is needed and how occupational therapy can make it happen



The governments of all UK nations have committed to taking a more preventative and community-focused approach to healthcare. More health interventions are being moved out of hospitals and into people's homes and communities. This is a positive and welcome shift, but services need to think and behave differently for it to be a success.

If we want more people to live well for longer in the place they call home, those homes need to enable good health. If we fail to address inaccessible and unhealthy homes, we will fail to create a health and care system that is effective, sustainable and fit for the future.

NHS England spends over £1 billion per year on avoidable illness from housing hazards (Garrett et al 2023). Three quarters of health professionals support people whose poor housing is affecting their health (Aked et al 2025). The full societal cost of poor housing reaches £18.5 billion per year when care costs, mental health impacts and lost economic potential are included (Garrett et al 2021).

Access to adequate housing is a key social determinant of health. Poor housing accelerates health decline and drives demand for health and care services while perpetuating social inequalities. People from minoritised ethnic backgrounds, disabled people and those facing poverty or insecure housing are more likely to experience poor conditions, overcrowding and limited housing choice, compounding health inequalities over time (Marmot et al 2020).

Poor housing quality is closely linked to energy inefficiency, fuel poverty and avoidable winter deaths (Lee et al 2022). Cold, damp and poorly ventilated homes increase demand on health services, while well-insulated and energy efficient homes support physical and mental wellbeing and reduce long-term costs for individuals and the wider system (Garrett et al 2021, Roberdel et al 2026).

Currently, 14% of homes in England house 7.5 million people in ‘non-decent’ conditions (Centre for Ageing Better 2025a). Additionally, 87% of homes in England fail to meet basic accessibility criteria (Centre for Ageing Better 2025b). In Scotland, one in five wheelchair-user households have unmet housing needs (Horizon Housing Association 2018).

There is strong evidence that housing conditions affect people’s health outcomes. We present further evidence of the financial and human costs of unsuitable homes, and the opportunities for occupational therapists to address these, in *Building Health into Homes: Strategic Report* – available at rcot.co.uk/health-into-homes.

The solution

If housing is a risk for health, it can also be an enabler. Occupational therapists have always known this, as demonstrated by the Person, Environment, Occupation (PEO) model of occupational performance (Law et al 1996) – see figure 1.



Participation in daily life, bringing meaning, purpose and structure; supporting physical and mental health and broader concepts of wellbeing

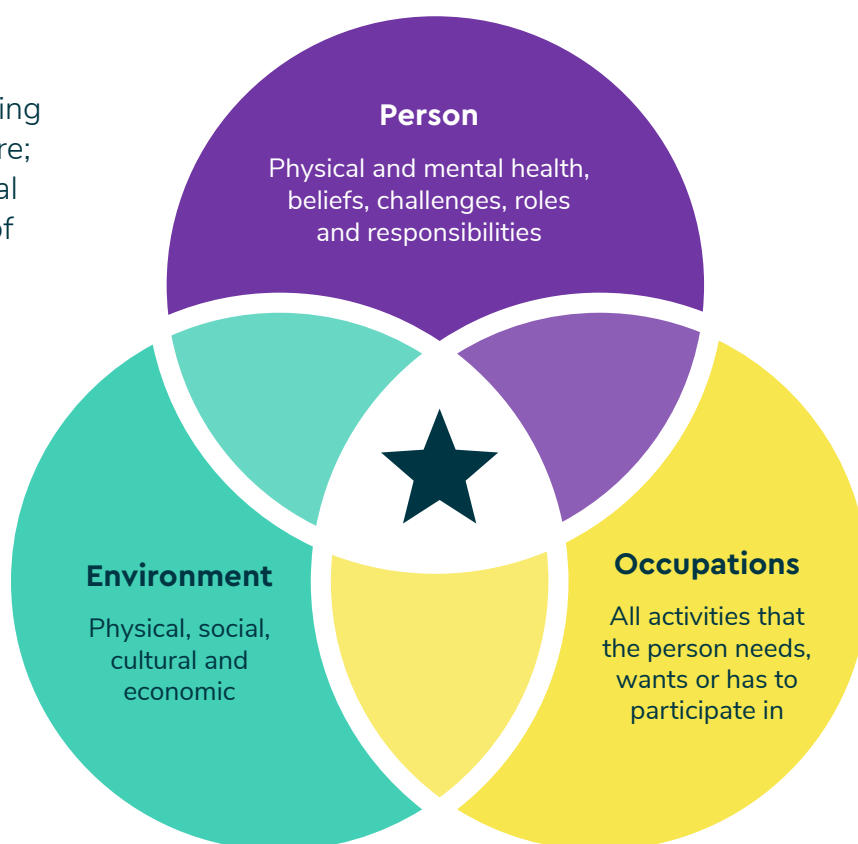


Figure 1: Person-Environment-Occupation model of occupational performance (based on Law et al 1996)

When there is effective alignment between an individual's personal factors (such as health conditions and disabilities, cultural expectations and religious beliefs), their physical environment and the activities or 'occupations' that they need and want to do, the individual's occupational performance is optimised. On the other hand, if a person's physical environment doesn't align with their personal factors or enable them to carry out their day-to-day activities, their occupational performance, independence, health and wellbeing can all suffer.

This might be because their home isn't accessible or adapted for wheelchair use, preventing them from being able to use the facilities safely and independently. It may be because there are hazards in the home that cause illness or injury – such as mould or trip hazards. Or it might be because their home lacks the space for equipment or care interventions that would help them recover and rehabilitate following a decline in health.

If we want to protect and improve population health, housing services must be supported and enabled to take preventative approaches, acting before problems damage people's health and wellbeing. This needs a multi-sector, whole-systems approach in which housing, health and social care collaborate.

Our *Workforce Strategy (RCOT 2024)* highlights how the occupational therapy profession can help resolve challenges facing the health and care system, using our unique understanding of the complex interrelationships between people, their environments, and the activities they participate in to lead fulfilling lives.

Occupational therapists already contribute significantly to housing, health and social care but they're under-utilised and under-resourced at the intersections between each system.

In this toolkit, we show how you can release this untapped potential.

Some occupational therapists specialise in housing, but housing is every occupational therapist's business because 'home' is relevant to everyone. No matter what service setting occupational therapists are in – be that NHS, social care, housing, voluntary sector or private practice – every OT has opportunities to improve outcomes by considering people's homes.





Across the UK, occupational therapy roles are already expanding into:

- homelessness services
- supporting neurodivergent people with housing needs
- developing household management skills and preventing tenancy loss
- linking housing and employment outcomes
- shaping policy and legislation for better ageing in place
- contributing to new-build design and planning
- advising on housing and regeneration schemes
- optimising housing stock allocation
- assessing rehousing applications based on disability and ill-health
- integrating inclusive design elements into asset management approaches.

Making the change: from crisis response to prevention

Occupational therapy interventions are optimised when OTs can intervene early and apply preventative approaches. However, huge demand means they typically become involved at crisis points – hospital admission/discharge or significant health events leading to community service referrals.

Maximising opportunities for earlier interventions across the occupational therapy workforce will achieve better outcomes, both for individual and population needs. If all occupational therapists took opportunities for 'early housing conversations', benefits would be felt by individuals, through reduced demand across all services, more sustainable use of resources and substantial savings to the wider health and care system.

In the graphic below, we illustrate how occupational therapists can contribute to housing outcomes in various ways – from dedicated housing roles to the integration of housing considerations into existing community, social care and health roles. Across the UK nations, occupational therapists work with different funding arrangements, service structures, line management arrangements and role types. This toolkit provides examples to help you determine what works best in your local context.

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 eight core housing roles framework

All occupational therapists understand the relationships between people, the occupations they need, want and choose to do, and the environments that enable or restrict their participation. Whatever area they work in, every OT can play a role in addressing housing to positively impact people's health and occupational outcomes.

There are multiple ways that occupational therapists can approach this. By focusing on the opportunities presented by their role and service setting, OTs can maximise their impact at individual, local and population levels.

The roles listed below illustrate eight different ways that occupational therapists can influence health outcomes through housing. They've been developed through conversations with occupational therapists working in a wide range of settings across the UK. The examples draw on real-life roles that OTs are already fulfilling in some localities which are showing positive outcomes for individuals and services.

The roles can be approached individually or combined in various ways depending on the work setting, organisational structures, processes and opportunities. This isn't a complete list and it will continue to grow over time.

Some of the roles may be best carried out by occupational therapists in dedicated housing posts, but there are many situations where OTs can carry out these functions while working in a variety of social care, community, specialist or acute roles.



How the framework can be used

1. To understand the full contribution of occupational therapy

Showing how occupational therapists contribute across the whole housing journey, from planning strategy and building design, to property allocations and resident support – enabling clearer workforce and investment decisions.

2. To review current provision and identify gaps

Helping organisations map existing activity against the eight roles, highlighting strengths, gaps and areas where roles are already combined but not formally recognised.

3. To design or expand roles

Providing a shared structure and language to support the creation or development of roles, whether focused on a single function or spanning multiple areas in response to local need.

4. To support business cases and commissioning decisions

Linking occupational therapy roles to people's outcomes, system benefit and cost effectiveness, strengthening proposals for funding, commissioning and service development.

5. To encourage joined-up working across systems

Supporting shared understanding between housing, health and social care partners, helping teams plan more integrated and coordinated approaches to housing needs.

6. To support phased or incremental implementation

Enabling services to start with priority roles and build capacity over time, rather than implementing all eight roles at once.





1

New build development and design, including strategy and planning

2

Asset management and housing stock optimisation

3

Housing needs assessment and home allocations

4

Hospital discharge and admission avoidance

5

Housing adaptations

6

Tenancy sustainment, including fire safety

7

Complex and specialist design needs

8

Training and system development (future proofing)

1. New build development and design, including strategy and planning

Why this role matters

People

- Creates homes that are inclusive and responsive to diverse needs, supporting independence, safety and wellbeing across the life course
- Reduces the need for future adaptations by getting design right from the start
- Enables people to remain in their homes as needs change

System

- Embeds prevention and inclusive design into planning and development processes
- Strengthens collaboration between housing, health and planning partners
- Improves long-term suitability and sustainability of housing stock

Cost

- Reduces future spend on adaptations and retrofitting
- Prevents avoidable demand on health and care services
- Improves value for money across housing investment programmes

Occupational therapists can support strategy and planning at both individual and population health levels. Their involvement in new-build design enables earlier intervention and a stronger focus on prevention, shaping housing that supports people's health and wellbeing over time.

Historically, housing design for varying needs has focused largely on physical access, particularly for wheelchair users and people with limited mobility. There is now wider recognition that people have a broad range of environmental needs and that inclusive design can support most of the population across the life course. Occupational therapists have played a key role in developing this understanding, informed by their daily work with people whose needs are diverse, evolving and often overlapping.

Occupational therapists working with people in their own homes and communities, particularly within specific localities, develop detailed insight into local housing and adaptation needs. These insights can be scaled to inform population-level planning. Crucially, OTs work directly with people with lived experience, exploring how their environment affects their ability to do the things they need, want and have to do. OT input helps ensure that new homes support dignity, privacy and belonging for people from different cultural backgrounds, household types and life circumstances. They often act as connectors, helping housing, health and planning colleagues understand what matters to individuals and how design decisions translate into everyday living.

When housing colleagues and developers involve occupational therapists from the earliest stages of the design process, the resulting mainstream homes are more inclusive, adaptable and sustainable. These homes are better suited to a wider range of people, both when they move in and as their needs change over time. Early OT input reduces the need for later adaptations, saving time and resources, and helps people carry out their everyday activities safely and independently, without unnecessary referral to services.

2. Asset management and housing stock optimisation

Why this role matters

People

- Improves safety, accessibility and comfort in existing homes
- Supports people to stay well and live independently in their communities
- Reduces disruption caused by unsuitable or short-term housing solutions

System

- Supports smarter use of housing stock through better matching of homes to needs
- Protects adapted properties and reduces void time
- Integrates inclusive design into everyday asset management activity

Cost

- Reduces costly repeat adaptations and reactive interventions
- Improves efficiency by shortening void periods
- Maximises return on investment in housing assets

The role of occupational therapists in asset management is developing and is often delivered through embedded housing OT roles. Inclusive asset management approaches recognise that different people use their homes in different ways and that size, design, layout and location can either enable or exclude participation.

Local authorities, housing providers and housing associations are increasingly recognising the value of occupational therapy expertise in embedding inclusive design and anticipatory adaptations within asset management approaches. This helps make better use of resources and reduces reliance on more costly adaptation interventions later.

This approach supports tenants' health and wellbeing while also improving the efficiency and effectiveness of housing organisations. Inclusive design and anticipatory adaptation can be integrated into asset management activity in a range of ways, including:

- bathroom, kitchen, window and door, electrical and lighting, and heating system replacement programmes
- cyclical maintenance
- changes of tenancy
- estate management
- regeneration schemes
- net-zero retrofitting.

Occupational therapists help ensure that retrofit and energy efficiency measures improve comfort, usability and safety for residents, avoiding unintended barriers to participation or independence. They also contribute to the strategic management of void properties. This includes developing accessibility and adaptability assessment and categorisation approaches that support better matching of homes to people's needs, reduce void periods and prevent the loss or removal of existing adaptations.

OTs support the development of accessible and adapted housing registers by helping to identify and categorise homes that already include adaptations. Their understanding of the relationship between environmental features and functional needs informs robust property coding frameworks, capturing existing accessibility features, adaptation potential and suitability for different needs. This enables more effective allocations, reduces void time, protects adapted stock and informs longer-term planning for accessible housing supply.

Because occupational therapists work closely with people with lived experience every day, they bring up-to-date insight into emerging needs, new adaptation approaches, equipment and technology, and changing cultural and socio-economic expectations. This knowledge can be fed back into asset management processes, strengthening the relevance and impact of the approaches outlined above.

3. Housing needs assessment and home allocations

Why this role matters

People

- Supports fair, transparent and person centred housing decisions
- Increases the likelihood of successful and sustainable allocations
- Helps people move into homes that meet both current and future needs

System

- Improves consistency and quality of housing assessments
- Reduces failed tenancies and repeat applications
- Strengthens collaboration between housing, health and social care

Cost

- Reduces avoidable moves and inappropriate allocations
- Protects specialist and adapted housing stock
- Improves efficiency within allocation and review processes

People apply to be rehoused for many reasons. Often this is because their current home cannot meet their needs related to disability or long term health, even with adaptations or other housing solutions. Approaches to assessing and prioritising these applications vary across the UK. Historically, assessments often relied on medical input alongside housing-led processes. Over the past 20–30 years, housing services have increasingly involved occupational therapists in these decisions.

In many areas, applications are first triaged by housing staff using processes designed and overseen by occupational therapists. Straightforward situations, where needs can be clearly identified from available information, may be managed through desk-based reviews. Requests involving more complex needs usually prompt direct input from an occupational therapist. This may include telephone or video contact, or a home visit to better understand the person's circumstances.

Occupational therapists use their professional skills and judgement to explore how a person's home environment affects their ability to do the things they need, want and have to do in everyday life, whatever the assessment method. They then make recommendations about the person's housing needs and priorities, within local policy frameworks, and how

those needs could be met. This may include advice on property design, size, location, specific adaptations, and any equipment, technology or support required.

Occupational therapists can support housing organisations to make better use of available stock through fair, effective and sustainable housing allocations for people whose rehousing needs relate to disability or long-term health. OTs support equitable decision-making by considering how factors such as disability, culture and caring responsibilities affect housing needs and the likelihood of a successful allocation. When occupational therapists are embedded in housing assessment and allocation processes, allocations are more likely to be appropriate, successful and aligned with people's current and future needs.

4. Hospital discharge and admission avoidance

Why this role matters

People

- Enables people to return home safely and confidently, maintaining independence and control over daily routines
- Reduces distress caused by delayed discharge, unsuitable placements or unnecessary moves into residential care
- Supports recovery and wellbeing by addressing environmental barriers early

System

- Improves patient flow by reducing delayed discharges and avoidable readmissions
- Strengthens joined-up working across health, housing and social care
- Supports consistent, proactive discharge planning rather than reactive crisis response

Cost

- Reduces spend on temporary accommodation and inappropriate care placements
- Avoids costs associated with extended hospital stays and readmissions
- Delivers better value by enabling timely, preventative interventions at home

Occupational therapists working across health settings collaborate closely with social care and housing colleagues to support effective discharge planning. In many services, discharge planning begins as soon as a person is admitted to hospital. In other contexts, it starts earlier still, such as when elective surgery is planned, including joint replacement.

Involving occupational therapists at the earliest possible stage supports timely discharge and reduces unnecessary delays. Early input helps prevent the use of temporary accommodation and avoids unsuitable placements, such as people moving into residential care because their housing situation cannot currently support independent living. It also prevents people with fewer social or financial resources from experiencing poorer discharge outcomes or unnecessary moves away from their community. With the right housing environment and support in place, many people can return home safely and confidently.

Providing equipment, adaptations and technology early in a person's home can also help prevent people going into hospital unnecessarily later. Occupational therapy interventions improve safety and independence at home, reducing the risk of falls and other accidents. Ensuring that homes are warm and well-ventilated reduces risks associated with respiratory conditions. Interventions also help prevent unnecessary deterioration in physical or mental health and wellbeing by enabling people to manage everyday activities more effectively in their own environment.

5. Housing adaptations

Why this role matters

People

- Improves safety, independence and dignity at home
- Enables people to carry out everyday activities more easily
- Supports rehabilitation, re/enablement and long-term wellbeing

System

- Ensures adaptations are proportionate, timely and effective
- Supports trusted assessor and delegated models safely
- Allows specialist OT capacity to focus on complex needs

Cost

- Delivers high impact through relatively low cost interventions
- Prevents escalation to higher-cost care and support
- Reduces repeat assessments and inappropriate works

The role of occupational therapists in assessing, recommending and supporting the delivery of adaptations is well established across the four nations. Their professional expertise enables them to understand how a person's abilities, recovery potential and daily activities interact with their home environment, and how adaptations can best support safe, independent living. Person-centred adaptation planning recognises that people's routines, privacy needs and use of space may be shaped by culture, faith, gender, caring roles or multi-generational living.

Occupational therapists recommend a wide range of solutions, from straightforward, low-cost adaptations through to more complex structural changes. In some situations, alternative housing may be a more appropriate solution. Where needed, adaptation recommendations can be combined with equipment and technology to provide practical, flexible support that reflects a person's circumstances and priorities. Adaptations can also be aligned with wider property improvements, supporting more sustainable use of materials, reducing repeat works and improving long-term value.

Traditionally, occupational therapists working in social care have led the assessment, recommendation, commissioning and review of adaptations. Over time, and across all four nations, partnership working between health, social care and housing organisations has expanded access to adaptations, particularly for more straightforward needs.

Through protocols and governance arrangements developed and overseen by occupational therapists, staff across housing, health and social care can safely support the provision of certain adaptations, equipment and technology. This enables occupational therapists working in housing and social care to focus their specialist skills on more complex situations, where their assessment, clinical reasoning and experience add greatest value. Further guidance on making best use of the full adaptations workforce can be found in Adaptations without delay (RCOT 2019).



6. Tenancy sustainment, including fire safety

Why this role matters

People

- Helps people maintain their tenancies and feel safe at home
- Supports daily living skills, routines and confidence
- Reduces risk associated with fire safety and emergency evacuation

System

- Reduces tenancy breakdown and homelessness risk
- Supports landlords to meet safety and safeguarding responsibilities
- Strengthens multi-agency responses to complex situations

Cost

- Avoids costs linked to eviction, homelessness and rehousing
- Reduces emergency responses and crisis interventions
- Protects housing stock and landlord resources

Long term tenancy is achieved by helping people manage their home environments in ways that promote safety, stability and independence. Occupational therapists work with people whose physical, mental health, cognitive or other long-term needs may affect their ability to maintain their tenancy, increasing the risk of housing instability if those needs are not addressed early. OTs consider how people's social and economic circumstances and life experiences impact their ability to manage a home. This might include supporting people to manage home environments in ways that promote safety, energy efficiency and affordability, particularly where fuel poverty or rising energy costs threaten tenancy sustainment.

Occupational therapists are skilled at working with people who have experienced trauma, exclusion or repeated housing instability, supporting approaches that build trust, choice and belonging. OTs working within homelessness services play an important role in supporting tenancy sustainment. Their work may include developing daily living skills such as budgeting, shopping and managing routines, as well as supporting people to build

social connections within their communities. These interventions help people establish and sustain tenancies, particularly where individuals have experienced repeated moves or housing insecurity.

Housing organisations are increasingly receiving requests for alternative accommodation linked to mental health needs. These situations can be complex and require careful, person-centred assessment. Occupational therapists are well placed to explore how a person's mental health affects their ability to live safely and sustainably in their current home, and to identify whether challenges can be addressed through environmental changes, targeted support or alternative housing solutions. Where appropriate, they also work closely with specialist mental health colleagues already supporting the person.

Fire safety has become an increasing focus for housing providers and occupational therapists, particularly in relation to people who may find it difficult to move around their home or leave it safely in an emergency. Occupational therapists balance accessibility and fire safety daily, supporting landlords to meet safety responsibilities while enabling people to move around their homes and in and out of them as independently as possible. Their role helps ensure that safety measures are proportionate, person-centred and aligned with people's everyday needs.

7. Complex and specialist design needs

Why this role matters

People

- Supports people with complex or intersecting sensory, cognitive, physical or social needs
- Enables personalised housing solutions that promote independence and inclusion
- Improves quality of life for people with long-term or life-changing conditions

System

- Brings specialist expertise into housing design and decision-making
- Supports joined-up working with architects, planners and specialist providers
- Informs long-term planning for complex housing needs

Cost

- Avoids costly redesigns and unsuitable solutions
- Reduces long-term care and support costs
- Demonstrates value through sustainable, future-proofed design

We're seeing that people have a wide range of needs that housing and environmental design must support. Occupational therapists have contributed to the ongoing development of housing solutions that respond not only to physical access requirements but also to sensory, cognitive and neurological needs, including neurodiversity, as well as growing complexity in physical impairments.

Demographic change is adding to this complexity. Occupational therapists are supporting increasing numbers of younger people with diverse and intersecting needs, alongside more older people living with multiple long-term conditions. These needs are often shaped by wider social, cultural, religious and economic factors, which must be considered alongside the physical home environment. OT input helps ensure that personalised housing solutions respect identity, dignity and autonomy alongside functional need.

Where people have experienced life-changing or catastrophic injury, occupational therapists working in independent practice often provide specialist input, including within medico-legal contexts. Their assessments inform the design of comprehensive and highly personalised housing solutions that promote independence and participation in everyday life. These interventions can also demonstrate long-term value by reducing reliance on ongoing support and care.

To support people with complex needs, occupational therapists stay informed about emerging equipment, adaptations, technologies and housing solutions. They apply creativity and problem-solving in assessment and design, working in partnership with a wide range of professionals and organisations. This may include architects, specialist housing providers, building control teams, home improvement agencies, care and repair services and tradespeople. Through this collaborative approach, occupational therapists help ensure that complex design solutions are practical, proportionate and centred on what matters to the person.



8. Training and system development (future proofing)

Why this role matters

People

- Improves access to timely support by building wider system capability
- Ensures people receive safe, consistent and proportionate interventions
- Reduces delays caused by unnecessary escalation

System

- Embeds occupational therapy expertise across housing, health and social care
- Strengthens governance, quality and consistency
- Supports long-term system change rather than short-term fixes

Cost

- Makes better use of specialist OT capacity
- Reduces duplication and inefficiency
- Supports sustainable service models with lasting impact

Occupational therapists across all four nations contribute to shaping policy and influencing national and local approaches to housing related interventions, alongside their role in strategy and planning. They act as system change agents, helping organisations move towards preventative, sustainable models that meet changing population needs. They support systems to move beyond one-size-fits-all approaches by embedding equity, diversity and inclusion into policy, processes and frontline decision-making.

Occupational therapists support staff across health, social care and housing to provide a range of adaptations, equipment and technology through protocols and governance arrangements developed and overseen by OTs. This shared approach enables occupational therapists working in housing and social care to focus their specialist expertise where it adds most value, particularly in complex or high-risk situations.

By developing assessment tools, guidance and decision-making frameworks, occupational therapists enable non-OT staff to manage straightforward situations safely and consistently. This multiplies the impact of occupational therapy expertise by embedding it across the wider housing system. Occupational therapists also build capability by training housing staff, supporting trusted assessor schemes, and establishing competency frameworks and quality assurance processes.

Through this strategic role, occupational therapists help ensure that housing, health and social care systems are better equipped to respond to current and future demand. Their involvement strengthens governance, improves consistency and quality, and supports long-term system resilience by placing people's everyday needs at the centre of service design and delivery.



Role profiles

On the Building Health into Homes section of the RCOT website, you'll find example job descriptions that align with the eight core housing roles framework.

These role profiles are built from real-life examples and demonstrate how different housing roles and responsibilities can be fulfilled by OTs in various practice settings. The examples can be adapted or combined to support the development of new or modified occupational therapy roles in a range of services.

Access the role profiles at rcot.co.uk/health-into-homes



Implementation service examples



Also on the RCOT website, you'll find a range of service examples that provide practical, real-world illustrations showing how occupational therapy roles in housing have been developed and implemented across a range of settings, with a diverse range of populations. These examples demonstrate how the eight core housing roles operate in practice and how they can be adapted to different local contexts.

Access the service examples at rcot.co.uk/health-into-homes

Each example follows a consistent structure to support learning and replication.

- **Context and challenge** – the local situation and issues that needed to be addressed
- **Occupational therapy approach** – how the role was designed and put into practice
- **Measurable benefits** – outcomes for people, housing providers and health and social care systems
- **Practical implementation guidance** – clear steps to support similar developments elsewhere
- **Lessons learned** – challenges encountered and how they were addressed
- **Advice for managers** – practical tips to support successful implementation

While local arrangements, funding models and organisational structures vary across the UK, these examples show that the core principles of effective occupational therapy involvement in housing are consistent. They're intended to inspire and give practical support for developing roles that align with local priorities and responsibilities.

Each example includes resources such as assessment frameworks, role profiles and partnership agreements, which can be adapted for use in other settings. They also highlight common challenges and effective ways to address them, helping organisations anticipate potential barriers and plan to implement successfully.

Developing a business case for occupational therapy in housing

This section supports housing, health and commissioning colleagues to develop a clear and proportionate business case for occupational therapy within housing services. It can be adapted to reflect local context, priorities and governance arrangements.

A strong business case should:

- clearly explain why occupational therapy input is needed
- describe measurable benefits for people, services and systems
- set out a realistic and deliverable approach
- align with organisational priorities and statutory responsibilities.

Some organisations will have their own business case templates and most will include the following sections, or similar.



1. Executive summary

Purpose

Provide a concise overview setting out the:

- problem or gap in current provision
- proposed occupational therapy role or service
- key outcomes and benefits
- desired decision or approval.

Example

'This proposal seeks approval to introduce occupational therapy capacity within housing services to address functional and environmental barriers in people's homes. Occupational therapists will assess need, recommend and support appropriate adaptations, and advise on the allocation of accessible housing. The service aims to improve safety and independence, reduce avoidable hospital admissions and support more effective use of housing stock. The service is expected to reduce health and care costs by X% over 12 months.'



2. Background and context

Purpose

Explain the current situation and why change is required, including:

- limitations in current service provision
- opportunities for improvement
- local and national drivers for change
- expected demand for services, drawing on local population data
- why the proposed change needs to be introduced.

Examples

Potential current challenges:

- homes that don't meet people's functional needs increase the risk of falls, illness and injury
- poor housing design contributes to increased demand for health and care services
- limited specialist assessment capacity delays the delivery of adaptations
- inefficient allocation of accessible or adapted homes increases demand for adaptations and rehousing
- homes that are energy inefficient contribute to fuel poverty and avoidable health deterioration
- property maintenance/improvement programmes are implemented without proper consideration of accessibility or usability
- evidence of unequal access to suitable housing or adaptations for some population groups.

People who will benefit from the proposal:

- older people
- people who are disabled
- informal care givers
- housing providers and local authorities
- health and care systems.

Evidence of need (using local data wherever possible):

- proportion of residents experiencing mobility or occupational difficulties
- hospital admissions linked to falls or unsafe housing conditions
- demand and waiting times for housing adaptations.

3. Rationale for occupational therapy involvement

Purpose

Describe the specific skills that OTs can bring to achieve the improvements you've identified. Use supporting evidence to demonstrate this.

Examples

The role of occupational therapy in housing:

- skilled understanding of the relationship between people, their occupations and their living environment
- assessment of functional ability and risk within the home
- identification of environmental barriers to independence and safety
- recommendations for appropriate adaptations or equipment
- enabling people to live safely and independently for longer.

Benefits of OT input:

- health and safety – reduced risk of falls, injury and harm
- value for money – reduced hospital admissions and delayed care needs
- quality of life – improved independence, confidence and wellbeing
- compliance – contribution to accessibility standards and statutory duties.

National and local evidence base:

- evaluations of occupational therapy-led housing or adaptation services
- evidence on the relationship between housing, health and care costs
- case studies demonstrating improved outcomes or return on investment.

You might choose to include one or more of the case studies, service examples or pieces of research evidence included in the Building Health into Homes strategic report, operational toolkit or practitioner toolkit. Other sources of evidence regarding housing, health and occupational therapy can be found in the Operational resources section of this toolkit.



4. Proposed solution

Purpose

Outline the scope and nature of the work to be completed as a result of the proposal. Describe what the occupational therapy service will deliver.

Examples

Occupational therapy role:

- home assessments to identify accessibility barriers
- recommendations and oversight of adaptations
- joint working with housing officers, contractors and residents
- input into allocation decisions for accessible housing
- advice and training on equipment and minor adaptations.

Delivery model:

- dedicated occupational therapist within housing services
- full-time, part-time, partnership or consultancy model
- jointly commissioned health and housing role
- governance arrangements, supervision and reporting lines.

Key milestones and timescales:

- service mobilisation
- pilot or phased introduction
- full implementation
- review and evaluation.

On the RCOT website, you'll find a suite of workforce planning resources that can help to identify the number and skill mix of OTs needed to resource different types of service. We've shared the link in the Operational resources section of this toolkit.

5. Options appraisal

Purpose

Identify and evaluate the range of options to be considered. For each option describe:

- scope – what is and isn't included within the proposal
- delivery – the staffing and role requirements
- implementation – the financing and timescales needed, and where funding will come from.

Having outlined each option, clearly identify the preferred option and justify why you've selected it.

Examples

Option 1 – do nothing

Continue with current arrangements. This provides a baseline and highlights the risks of inaction, such as continued safety risks and increasing system costs.

Option 2 – do minimum

This may be a dilution of the preferred proposal. For example, introducing limited occupational therapy capacity focused on core or statutory activity only.

Option 3 – preferred option

This should clearly and concisely set out the favoured option. For example, implementing a dedicated occupational therapy-led housing service providing proactive and preventative support.





6. Financial analysis

Purpose

A detailed cost breakdown is important for capturing anticipated expenditure and expected return on investment.

Examples

Costs:

- staffing – salaries and associated employment costs
- office accommodation and equipment, and IT requirements
- travel and training expenses
- adaptation and equipment budgets.

Benefits, savings and cost avoidance:

- reduced hospital admissions or readmissions
- earlier hospital discharge
- reduced or delayed residential or domiciliary care
- improved use of accessible housing stock
- improved affordability and sustainability of housing solutions.

Including financial analysis charts can be useful in illustrating costs and savings. If using these, always include an accompanying narrative to explain the practical implications and impact of the specific costs and benefits.

7. Risks and mitigation

Purpose

Identify the likelihood and impact of any risks or issues associated with implementing the proposal. Describe how they will be avoided, mitigated or managed.

Examples

- Budget constraints impacting the funding to deliver the proposal
- Availability of the necessary workforce
- Benefits realised more slowly than expected

It can be helpful to present these in a simple risk assessment table, including:

- brief description of each risk
- likelihood of occurrence – high/medium/low
- impact of occurrence
- solutions for removing, reducing or managing the risk.

8. Implementation and evaluation

Purpose

Set out the key implementation steps, such as:

- recruitment or resourcing arrangements
- pilot or phased delivery
- stakeholder engagement
- governance and reporting
- data collection and key performance indicators.

Examples

Measure of success:

Health and wellbeing

- Number of assessments completed
- Reduced falls or injury-related hospital admissions
- People reporting improved independence or confidence

Housing outcomes

- Improved tenancy sustainment
- Reduced void properties or tenancy turnover costs
- More effective allocation of accessible homes

9. Conclusion and recommendations

Purpose

Reiterate the key aspects of your proposal. Clearly state the decision or approval being sought and summarise:

- the identified problem or opportunity
- how occupational therapy will deliver measurable improvements
- the anticipated benefits for people, services and systems.

10. Appendices

These are usually optional but can be used to provide enhanced background information and evidence for the proposal. This might include:

- case studies of comparable approaches being taken elsewhere in the UK and the impact they've had
- detailed cost benefits analysis and return on investment
- local demographic or housing data.



Business case scenario templates

On the Building Health into Homes section of the RCOT website, you'll find four downloadable business case templates for occupational therapy roles in housing. The templates are based on real-world scenarios and can be customised with local data.

The four scenarios

1

Housing association OT

governance, prevention, design, asset management

2

Planning/development OT

new build and housing regeneration schemes

3

Adaptations service OT

complex cases, design review, system efficiency

4

Housing support OT

complex needs, tenancy sustainment, property allocation

Access the templates at rcot.co.uk/health-into-homes/operational-toolkit

Gathering evidence and demonstrating impact

Being able to gather and present evidence is essential to demonstrate the value and impact of occupational therapy roles in housing. Evidence helps show how interventions support people to live safely and independently, contribute to system priorities and deliver value for money. Evidence can take many forms, including routine outcomes data, service evaluations, surveys, case studies and research activity.

Defining clear outcomes

Before gathering evidence, it's important to agree what 'impact' means in your local context. Clear, shared outcomes help ensure that data collection is focused, proportionate and meaningful.

Common outcomes for occupational therapy roles in housing may include:

- **safety** – for example, reduced falls or improved accessibility
- **participation and independence** – increased ability to carry out everyday activities
- **wellbeing** – improved confidence, resilience and mental wellbeing
- **cost effectiveness** – reduced hospital admissions or delayed need for residential or domiciliary care
- **greater equity** – fairer and more inclusive access to appropriate and effective housing solutions.

Be clear about what you're measuring and why. Ensure that the information you collect is reliable and appropriate.

When planning how to gather evidence, consider the following:

1. Clear questions

Set out a small number of clear, answerable questions, such as:

'What difference has this intervention made to people's ability to live safely at home?'

'What is the return on investment of this housing adaptation or service model?'

2. Your audience

Consider what evidence your audience needs and whether there is an existing evidence base. You may be building on what is already known or helping to fill a local gap.

Decision-makers often look for evidence of:

- population need and unmet demand
- measurable outcomes and key performance indicators
- cost effectiveness and value for money
- alignment with strategic priorities
- pilot data and proof of concept.

Policy audiences are more likely to focus on system-level impact, including:

- alignment with national and regional policy
- prevention and early intervention
- reduced inequalities
- environmental sustainability
- demand management and long-term sustainability
- approaches that work across housing, health and social care
- scalability and potential for wider adoption.

You'll find a range of existing evidence sources in the Operational resources section of this toolkit.

3. Your capacity and resources

Be realistic about what you can collect and analyse. Focus on evidence that is achievable, useful and proportionate to the service.

4. Strategic alignment

Link evidence to relevant legislation, policy and strategy to show how occupational therapy roles in housing support wider system goals. You'll find relevant national resources from across the UK in the Legislative and policy drivers section of this toolkit.

5. Ethical considerations

Make sure evidence gathering is ethical and respectful. This includes obtaining informed consent, protecting confidentiality and personal data, and being clear about how information will be used and shared. Evidence should always be gathered and stored in line with local governance arrangements, data protection legislation and professional standards.

Types of evidence

Evidence can be quantitative, qualitative or a combination of both.

Quantitative evidence

Quantitative evidence uses numerical data to show change or impact. In a housing context this may include:

- number of home visits completed
- cost and timescales of adaptations
- changes in functional ability
- reductions in falls, admissions or delays.

Quantitative evidence may be gathered through:

- recognised pre and post-intervention assessment tools, such as standardised outcome measures
- incident tracking, such as hospital admissions or falls
- comparisons of costs, for example adaptations versus residential care
- formal research projects.

Quantitative data is often particularly helpful for business cases, audits and funding decisions as it provides measurable and comparable outcomes.

Qualitative evidence

Qualitative evidence captures people's experiences and perspectives. It helps explain how and why interventions make a difference.

Examples include:

- feedback from people about living more safely or independently
- descriptions of environmental barriers and how they affect daily life
- reflections on whether services felt accessible, inclusive and culturally appropriate
- themes from focus groups or interviews with experts by experience.

Qualitative evidence may be gathered through:

- case studies and personal accounts
- interviews or focus groups
- photographs showing changes to the home environment
- short video or audio stories.

Qualitative evidence is increasingly recognised as essential. It brings depth and meaning to numerical data, highlights inequality or unmet need, and helps shape compelling narratives for change.

Mixed-methods approaches

Using both quantitative and qualitative evidence together provides a more complete picture.

For example:

- survey results supported by changes in functional scores
- reduced falls data alongside people's experiences of feeling safer at home.

There is no single right approach. Evidence that is local, timely and relevant is often more influential than large scale research alone. Decision-makers value evidence that reflects real world practice and local context.



Monitoring impact over time

Many organisations use key performance indicators to monitor performance and impact. These should go beyond waiting times and activity data to reflect what matters to people.

Where possible, compare outcomes against:

- national and local housing accessibility standards
- relevant legislation and strategic priorities
- national occupational therapy practice standards
- health and social care system objectives, such as reducing delayed discharge.

Demonstrating impact

By gathering and presenting evidence in clear, proportionate ways, occupational therapy services can demonstrate impact, support continuous improvement and strengthen the case for sustained investment in housing-focused roles.

When presenting data, make sure it aligns with agreed objectives and priorities. Evidence should clearly show whether services have delivered what they set out to achieve and how this has benefited people, organisations and the wider system.

Demonstrating impact also relies on effective relationships. Building trust and credibility with decision-makers, partners and stakeholders helps ensure that evidence is understood, valued and used to inform future decisions.

Everyone involved in housing-focused occupational therapy roles, from practitioners to service leaders, has a part to play. Opportunities should be taken to:

- present findings and raise awareness of occupational therapy contributions
- explain the distinctive skills and value occupational therapists bring to housing
- share learning and good practice within and across organisations
- use evidence to support conversations about funding, service development and policy change.

By communicating impact confidently and consistently, occupational therapists can strengthen understanding of their role, influence decision-making and help ensure that housing-focused occupational therapy continues to develop in ways that support people to live safely, independently and well at home.

Operational resources



This section provides a curated set of resources to help you put the Building Health into Homes principles into practice. You'll find guidance, tools, research and learning from multiple organisations, to help you strengthen housing-related interventions, improve outcomes and inform local approaches.

These resources can be used to:

- inform and improve practice using professional guidance and real-world examples
- support service design and decision-making with policy, research and strategic resources
- connect and learn through networks, communities of practice and shared experiences.

RCOT resources

Adaptations without delay

Building Health into Homes:
Practitioner Toolkit

Building Health into Homes:
Strategic Report

Care Act guidance

Early career principles and standards
for occupational therapists

Embracing risk; enabling choice

Innovation and improvement hub

Workforce planning tools

Networks and communities of practice

Foundations NETWORKS

Housing LIN community

RCOT Inclusive Built Environments practice
network (RCOT members only)

RCOT Social Care practice network
(RCOT members only)

Policy and research organisations

Association of Directors of Adult Social Services (ADASS)

Centre for Ageing Better

Foundations

Habinteg

Housing LIN

Local Government Association (LGA)

Practice resources

Pan Thames Paediatric Long Term Ventilation (LTV) Programme – housing advice

WellChild – 10 principles for complex discharge: guidance and toolkit

Service example webinars

Foundations LIVE – 5 Steps Model to reduce OT waiting lists

Foundations LIVE – home adaptation case study for behaviours of concern

Foundations LIVE – key skills for housing adaptations

Foundations LIVE – least restrictive practice (part 1)

Foundations LIVE – least restrictive practice (part 2)

Foundations LIVE – preventative pilot for timely bathing adaptations in adult social care

Foundations LIVE – Scotland: proactive prevention and early intervention in housing

Strategic guidance

ADASS Eastern Region – Housing top tips: a route map to who does what in housing

ADASS West Midlands and East Midlands – Unlocking the potential: optimising occupational therapy as a high-impact resource

Local Government Association – Occupational therapists in councils: unlocking capacity and driving change



Legislative and policy drivers for housing, health and social care



Policy and legislation help explain why housing matters for health and wellbeing, and how occupational therapy roles align with national and local priorities such as prevention, early intervention, integration and reducing inequalities.

The policy landscape varies across the UK, reflecting different governance, funding and service delivery arrangements. This section helps users navigate those differences and identify the most relevant frameworks for their local context. It supports a flexible, place based approach rather than a one-size-fits-all model.

The following documents can be used to:

- align occupational therapy roles and service models with national and regional priorities
- support business cases, commissioning proposals and investment decisions
- demonstrate statutory responsibilities and compliance
- strengthen the case for preventative, housing-focused approaches
- ensure consistency across the four nations while recognising local differences.

England

10 Year Health Plan for England: fit for the future (2025)

Better Care Fund policy framework 2025 to 2026 (2025)

Building Regulations for England (2010)
Access to and use of buildings: Approved Document M

Building Safety Act (2022)

Decent Home Standards (2006)

Future Homes Standard (2023 update)

Health and Care Act (2022)

Health and social care integration: joining up care for people, places and populations (2022)

Housing Grants, Construction and Regeneration Act (1996)

National Disability Strategy (2021)

Neighbourhood health guidelines 2025/26 (2025)

Neighbourhood health guidelines analysis (2025)

Road to recovery: the government's 2025 mandate to NHS England (2025)

The charter for social housing residents: social housing white paper (2022)

Northern Ireland

Building Regulations (Northern Ireland) Guidance (2012)

Chronically Sick and Disabled Persons (Northern Ireland) Act (1978)

Designing Homes for All (2026)

Department for Communities,
Adaptations Guide

Department for Communities,
Wheelchair Housing

Disabled Persons (Northern Ireland) Act (1989)

Health and Personal Social Services (Northern Ireland) Order (1972)

Health and Social Care Trusts (Establishment) (Amendment) Order (Northern Ireland) (2022)

Health and Wellbeing 2026: Delivering Together (2016)

Housing (Northern Ireland) Order (2003)

Housing Supply Strategy 2024-2039 (2024)

Interdepartmental Housing Adaptations Design Toolkit (2022)

Scotland

Chronically Sick And Disabled Persons (Scotland) Act (1972)

Domestic Technical Handbook (2025)

Equipment and adaptations: guidance on provision (2023)

Housing for varying needs: a design guide (1998)

Housing to 2040: strategy and supporting documents

Public Bodies (Joint Working) (Scotland) Act (2014)

Scottish Public Health Observatory: National policy context

Social Work (Scotland) Act (1968)

Town and Country Planning (Scotland) Act (1997)

Wales

A Healthier Wales: long term plan for health and social care (2025 update)

Housing Support Programme Strategy (2022-2026)

Housing adaptations: standards of service (2019)

Welsh Housing Quality Standard (2023)



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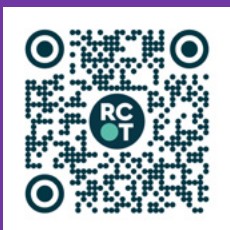
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