Building Health into Homes: Strategic Report

How occupational therapy can unlock the connection between housing and health

Royal College of Occupational Therapists

In collaboration with

Foundations

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Foreword from project sponsor

Closomat, the UK's leading supplier of Wash and Dry Toilets, is proud to support Building Health into Homes, a timely and important initiative that recognises the fundamental role of occupational therapists in housing.

Occupational therapists bring unique expertise in understanding how people interact with their environments and this resource highlights their vital contribution in shaping housing solutions that enable people to live safely, independently and with dignity.

By promoting earlier intervention and more integrated approaches across health, housing and social care, 'Building Health into Homes' has the potential to improve outcomes for individuals while reducing wider system pressures.

Closomat is committed to supporting professionals with practical solutions and shared learning. We are delighted to sponsor this collaborative project between the Royal College of Occupational Therapists (RCOT) and Foundations, to help drive forward a future where suitable housing is recognised as essential to better lives.

Tracy Worrall.

Tracy Worrall,
Managing Director
Closomat

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Building Health into Homes: Strategic Report

How occupational therapy can unlock the connection between housing and health

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Introduction

Homes are more than bricks and mortar. They are the foundation for living well. A home should be a safe, supportive space where health and wellbeing can thrive, but not everyone experiences home this way.

Poor housing costs the health and care system £1.5 billion per year (Finch et al 2023) and three quarters of health professionals support people whose housing is harming their health (Aked et al 2025).

Too many people live in environments that don't meet their needs. Accessibility, safety and suitability all determine whether a house truly functions as a home, and whether it enables people to live the life they want. When homes fail, the consequences are profound – for individuals and families, and for the health and social care systems that support them.

Occupational therapists (OTs) have always understood this. Their practice is founded on the dynamic relationship between people, the activities that matter most to them (their occupations), and the environments where those activities take place. This relationship is illustrated by the Person-Environment-Occupation (PEO) model (Law et al 1996) – see Figure 1 on page 4. When these elements align, people can participate fully in daily life. When they don't, barriers arise. These may be physical, cognitive, sensory, psychological, social or cultural. The consequences for independence and wellbeing can be drastic, and the barriers can operate at individual, community and societal levels (Strong et al 1999).

Occupational therapists are educated to address challenges linked to physical and mental health, neurodivergence, autism and learning disabilities. They enable people of all ages to do the things they need, want and have to do, such as caring for family, engaging with work and education, and being safe and independent at home. This makes them uniquely positioned to address the complex relationship between health and housing.

'Your home is meant to allow you to live your life to the best that you can, and to open up the world to you, not close it down. I feel lucky to be in a home that meets my needs... but I shouldn't have to feel lucky. Accessible housing should be a given.'

Martha, Expert by Experience

Why this matters now

Housing is a powerful lever for change. We can improve health, reduce inequalities and enable people to live well for longer by shaping homes and communities to support participation. Yet housing, health and social care still operate too often in silos, missing the opportunity to act preventatively and at scale.

Health and social care systems face unprecedented pressures and expectations. Policy across all UK nations emphasises the need to place a greater focus on prevention, early intervention and community-based support. The Royal College of Occupational Therapists (RCOT) *Workforce Strategy* (2024) highlights how occupational therapists can help meet these challenges and create a more sustainable system.

Occupational therapy expertise bridges the gap between individual needs and structural solutions. It positions the profession as a key asset in shaping housing policy, design and delivery – not just through adaptations, but through strategic roles that influence planning, commissioning and service innovation.

Purpose and intended use

In this report we make the strategic case for strengthening collaboration between housing, social care and health (including public health), and demonstrate how occupational therapy expertise can be leveraged to achieve this. We:

- make the case for change – presenting an evidence-based argument for investing in occupational therapy's broader housing role
- highlight the cost of inaction – showing the financial and human consequences of the status quo
- demonstrate the benefits of doing things differently – illustrating how a whole-system approach delivers better outcomes and greater value
- showcase real-world impact – with examples of occupational therapists already making a difference in expanded roles.

The content is relevant across all UK nations. It will be of particular interest to national, regional and local policymakers; system integration leaders; local authority housing, planning and social care leads; directors of public health; commissioners; housing associations; and anyone seeking to influence individuals in these roles.

This report is part of a trio of resources intended to maximise opportunities for occupational therapists to increase their impact through housing interventions. An accompanying operational toolkit for service leaders, and a suite of practice tools for occupational therapists are available at **rcot.co.uk/health-into-homes.**

Scan the QR code to access RCOT's operational toolkit for service leaders and a suite of practice tools for OTs.

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

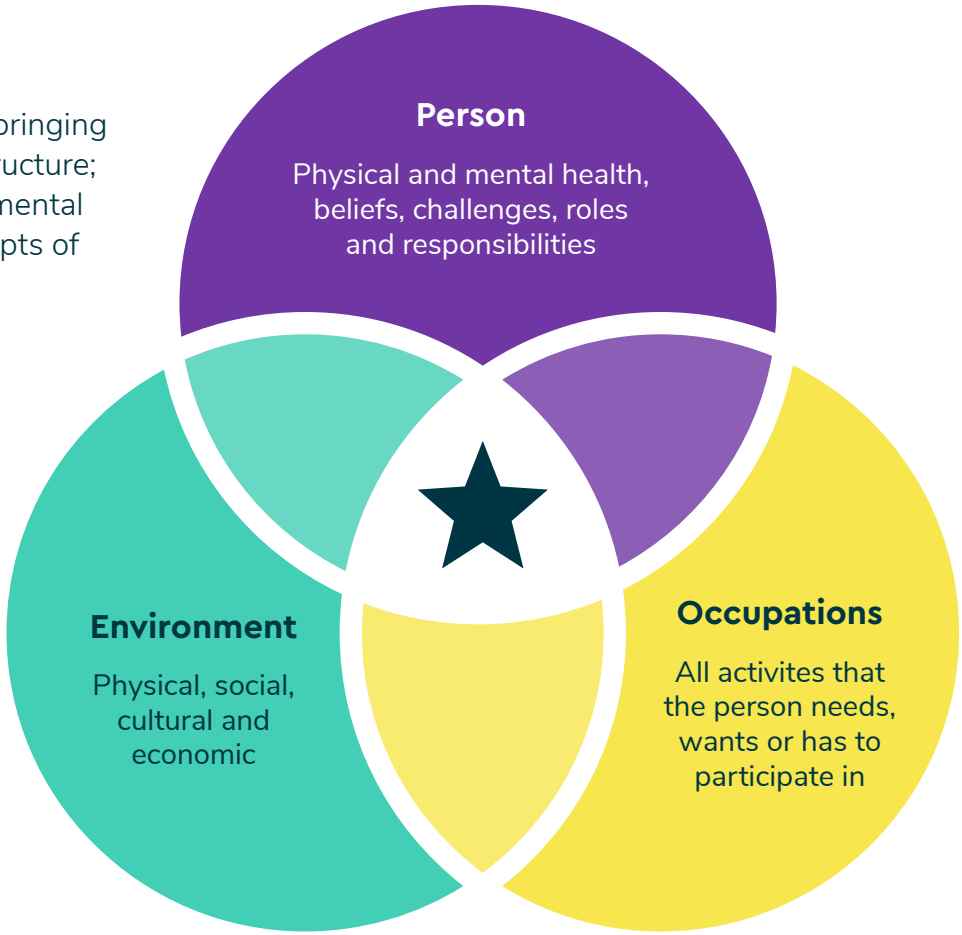

Figure 1: Person-Environment-Occupation model of occupational performance (based on Law et al, 1996)

Executive summary

'Poor housing costs the NHS in England £1.5 billion annually, with wider societal costs of £18.5 billion per year.'

Garrett et al 2021, Finch et al 2023

The health and housing challenge

Demand for housing, health and social care is rising, and so is the complexity of people's needs. By 2036, the UK population is expected to exceed 73 million, with the number of people aged 85 and over rising from 1.6 million to 2.6 million (Office for National Statistics 2024).

Almost half of adults in Wales already live with long-term conditions and by 2035, two-thirds of adults in England over 65 will have multiple health conditions (Kingston et al 2018, Welsh Government 2023). Scotland has the lowest life expectancy in Western Europe, and in Northern Ireland people are living an average of 20 years in poor health (National Records of Scotland 2025, Dilworth and Laverty 2025).

At the same time, the UK faces a severe housing crisis. We need 565,000 new homes per year – more than double current build rates (Centre for Policy Studies 2025). Millions of existing homes are unsuitable and unsafe.

- 3.5 million homes in England are classed as non-decent, housing 7.5 million people – including 2.3 million aged 55+ and 1.5 million children (Centre for Ageing Better 2025a)
- 87% of homes in England fail to meet basic accessibility criteria (Centre for Ageing Better 2025b)
- In Scotland, one in five wheelchair-user households has unmet housing needs (Horizon Housing Association 2018).

Poor housing accelerates health decline, increases demand for care, and drives inequality. It costs the NHS in England £1.5 billion annually, with wider societal costs of £18.5 billion per year (Garrett et al 2021, Finch et al 2023). Children in overcrowded homes face poorer health and lower attainment. Adults with unmet accessibility needs are four times more likely to be unemployed (Provan et al 2016, Marmot et al 2020).

How to build health into homes

Policy across all UK nations is shifting towards prevention, community-based services, and population health. Housing must be central to this agenda. Acting early, before poor conditions harm health, saves lives and money. On the other hand, if the risks and opportunities created by homes aren't considered, the shift to community-based prevention is likely to fail.

Occupational therapists can drive a shift to more effective collaboration between housing and health. They already work at the intersection of housing, health and social care. Their expertise in the relationship between people, their environments and their daily activities, enables them to bridge sectors, design inclusive solutions and deliver integrated, person-centred care. Where they've already been given the scope to do this, the results are impressive:

- £65,000 saved in three months through strategic OT interventions in Wiltshire (see Appendix 3)
- £2.41 return for every £1 spent on environmental interventions to increase participation and reduce care needs in Thurrock (Agnew 2019)
- Up to £1.4 million saved from adaptation budgets in the London Boroughs of Richmond and Wandsworth (see Appendix 3)
- £67,000–£100,000 economic benefit per wheelchair-accessible home over 10 years (Habinteg 2023)
- 62p return for every £1 spent on preventative work to reduce falls on stairs (Powell et al 2017).

Occupational therapy is the key that can unlock change. Prioritising the profession for development and investment will reap benefits nationally, regionally and locally.

Our recommendations

Our report sets out four recommendations for politicians, policymakers and system leaders. In summary, we call on decision-makers to:

1. **Strengthen system leadership across housing, health and care** by embedding specialist expertise into policy, governance and commissioning, so housing is consistently treated as a core determinant of health.
2. **Shift investment upstream towards prevention and early intervention** by acting earlier on housing-related risks to independence and safety, avoiding the need for crisis responses, and reducing long term health, care and housing costs.
3. **Deliver accessible and adaptable housing at scale** by introducing baseline accessibility standards for all new-build housing, ensuring homes are designed to support participation across the life course and limit the need for costly future adaptations.
4. **Build workforce capacity to deliver joined up, place-based solutions** by strengthening senior professional leadership and enabling practitioners to work across housing, health and care boundaries, connecting strategic intent with effective delivery.

Full recommendations with supporting detail are set out in the Conclusion.

Why change is needed

Housing is a fundamental human right. It enables individuals and families to live safely, with dignity and autonomy. Inadequate housing undermines people's rights to health, education, employment and community participation (Young 2021). A human-rights lens shows why siloed policy and delivery across housing, health and social care falls short, and why inequitable access to housing is itself a driver of health inequality (Dahlgren and Whitehead 2006).

The evidence connecting housing conditions to health outcomes is clear. Decent, accessible homes and supportive neighbourhoods improve physical and mental health, reduce health inequalities and build stronger communities (Dahlgren and Whitehead 2006, Scottish Government 2021). In contrast, exposure to damp, cold, mould and noise is strongly linked to worse health and increased mortality, with harm compounding over time (Marmot et al 2020). The events leading to the introduction of the Social Housing (Regulation) Act (2023) or 'Awaab's Law' in England are a stark reminder of the appalling consequences when we fail to make homes safe and healthy places to live.

'Decent, accessible homes and supportive neighbourhoods improve physical and mental health, reduce health inequalities and build stronger communities.'

Dahlgren and Whitehead 2006, Scottish Government 2021

The scale of the problem

The UK faces a housing crisis that is simultaneously a public health crisis. Demand for new homes far outstrips supply. 565,000 homes per year are needed, more than double current build rates (Centre for Policy Studies 2025). But the condition of existing housing stock is just as troubling:

- 3.5 million homes in England (14%) are non-decent, housing 7.5 million people – including 2.3 million aged 55+ and 1.5 million children (Centre for Ageing Better 2025a)
- 87% of homes in England fail to meet basic 'visitable' accessibility criteria – limiting entry and exit for wheelchair users and people with reduced mobility (Centre for Ageing Better 2025b)
- In Scotland, one in five wheelchair-user households has unmet housing needs (Horizon Housing Association 2018)
- By 2036, the UK population will exceed 73 million, with the number of people aged 85+ rising from 1.6 million to 2.6 million (ONS 2024).

The consequences have the largest impact on those least able to absorb them. Children in overcrowded homes face higher risks of poor health and lower educational attainment (Marmot et al 2020). People from minoritised ethnic backgrounds and those living with serious health conditions are disproportionately affected by non-decent or unsuitable housing (Centre for Ageing Better 2025a). Adults with unmet accessibility needs are four times more likely to be unemployed (Provan et al 2016).

Poor housing costs the NHS in England £1.5 billion annually. Wider societal costs, such as lost productivity, educational under-attainment and increased care demand, are estimated at £18.5 billion per year (Garrett et al 2021, Finch et al 2023). These aren't inevitable costs. They are largely avoidable.

The shift to prevention

Policy across all UK nations increasingly emphasises prevention and population health. England's *10 Year Health Plan* (DHSC 2025), Welsh Government's *A Healthier Wales* (2021), Scotland's *Housing to 2040* (Scottish Government 2021) and the Northern Ireland Executive's *Housing Supply Strategy* (2024) all recognise the need to act earlier and more collaboratively. Housing must be central to this agenda.

Acting preventatively – before poor conditions harm health, before people reach crisis, before hospital admission becomes unavoidable – is both morally right and economically sensible. Preventative housing interventions reduce falls, delay care needs, support discharge from hospital and enable people to manage long-term conditions at home (Lewer et al 2021, Holding et al 2023, National Housing Federation 2025). Accessible design in new homes adds little or no extra build cost, avoids expensive retrofitting later, and reduces lifetime health and care expenditure (NHS England, 2019b, McCall 2022a).

The consequences of doing nothing

Simply put, the governmental ambition to shift health and care systems towards prevention and community-based services will not work if housing is left out of the equation.

Every day, healthcare professionals work hard to help people get well, then send them home to the unsafe, inaccessible properties that made them unwell in the first place. It's a cycle that must be broken if we want a sustainable health and care system that enables wellness, rather than simply treating illness. To achieve this, we need to stop treating housing as somebody else's problem.

The *Marmot Review 10 years on* (Marmot et al 2020) showed what happens when health investment isn't matched by action on housing conditions. Despite significant spending on NHS services in the preceding decade, health outcomes worsened and the gap between the most and least deprived communities grew wider. The review identified a failure to act on social determinants, including housing, as a key reason why.

The direct connection to hospital readmissions and delayed discharges is also well evidenced.

- People who return home after a hospital stay to housing that doesn't meet their needs are significantly more likely to be readmitted (Holding et al 2023).
- People who are homeless have more than twice the emergency readmission rate of housed people in areas of similar deprivation (Lewer et al 2021).
- A lack of social, accessible, and supported housing prevents timely and safe hospital discharge from both mental and physical health settings (National Housing Federation 2025).

A health model that focuses on community-based care without addressing the fact that people's homes are inaccessible and unsafe isn't a prevention model.

Bringing housing into the prevention agenda isn't an add-on, it's the difference between a system that truly supports people to live well and one that manages the consequences of failing them.

How to build health into homes

'Each department is responsible for very specific areas and very specific skill sets, and often it's quite transactional. Without an OT, that connection to individual need is kind of lost.'

Assistant Director,
Housing support service

Enabling cross-sector collaboration

Meaningful change requires meaningful collaboration. Housing, health and social care are each complex systems shaped by overlapping policy agendas and legislative requirements. Across the four UK nations, contexts differ in important ways, but the structural challenge is consistent. These sectors work together too rarely, meaning that people fall through the gaps.

Where sectors do connect, the results are powerful. Public Health England's memorandum of understanding *Improving health and care through the home* (2018), signed by over 25 organisations across government, health, social care and housing, sets out a shared framework for embedding housing in joined-up action to improve health outcomes. Scotland's 2025 Housing Inquiry (Scottish Parliament 2025) reflects the same cross-sector ambition. These frameworks provide a strong foundation, but principles must be matched by commitment and investment.

Systems thinking offers a route forward. It focuses on the relationships between elements within a system, recognising diverse interests and bringing stakeholders together around shared challenges. Applied to housing, health and social care, it can transform understanding, build shared accountability and accelerate progress towards integrated solutions that improve lives (Gibb and Marsh 2019).

The economic case for investment

Decision-makers face difficult choices to deliver priorities with limited resources, but evidence consistently shows that occupational therapy provides a clear return on investment.

Home modifications led by occupational therapists can reduce difficulties with daily living by up to 75% for older adults. Home interventions that reduce falls can save the NHS and social care system £500 million every year (Powell et al 2017). Strategic occupational therapy interventions in Wiltshire saved £65,000 in just three months (see Appendix 3).

'Home interventions that reduce falls can save the NHS and social care system £500 million every year.'

Powell et al 2017

Occupational therapists leading a project on behalf of Thurrock Council generated a return on investment of £2.41 for every £1 spent, by making environmental changes that increased people's participation and reduced their care needs (Agnew 2019).

Analysis by Habinteg (2023) quantifies the wider economic benefits of wheelchair-accessible homes over ten years:

- £94,000 in cost savings for a working-age wheelchair user
- £100,000 for an older household
- £67,000 for a family with a child who is a wheelchair user.

Accessible homes reduce public spending across multiple sectors. They avoid hospital admissions and delayed discharges, decrease demand for domiciliary and residential care, and increase tax contributions. For individuals, they expand income potential, independence and participation in education, work and community life.

'There's definitely cost avoidance [created by occupational therapists]... We might commission three calls a day for a carer to go in and help someone take their medication. We might start looking at another property for someone when we could look at adapting the existing property... When you think 70% of a local authority's budget is on social care, it makes sense to be thinking about this as an economic driver as well.'

Regional Director, ADASS

Table 1 sets out the financial costs that arise when housing needs go unmet. The human cost is equally stark – as illustrated by the lived-experience case study in Appendix 1.

Intervention	Cost
Private sector nursing home care for older people (aged 65+) per week	£1,382
Private sector residential care for older people (age 65+) per week	£1,036
Local authority own-provision residential care for older people (age 65+) per week	£ 1,732
Local authority own-provision residential care homes for adults requiring physical support (age 18–64) per week	£1,662
Voluntary and private sector residential care homes for adults requiring physical support (age 18–64) per week	£1,205
Ambulance costs – see and treat and convey (including carbon 59 kgCO2e)	£417
Non-elective inpatient stays in hospital (long stays)	£4,719
Non-elective inpatient stays (short stays)	£857

Table 1: Financial costs arising from failure to meet housing needs (Jones et al 2024)

A unique skillset

Occupational therapists sit at the intersection of housing, health and social care. They have unrivalled expertise in the relationship between people, their environments, and the daily activities that sustain health and wellbeing. They already work across all three sectors, and are equipped to bridge the gaps between them.

Critically, OTs can work at multiple levels simultaneously – supporting individuals with complex needs, shaping resource allocation and service design, and influencing policy and planning at a strategic level. They are well placed to review building proposals early, promote universal design principles, advise on housing allocation, and ensure homes meet real-world needs and not just technical standards (Watchorn et al 2021, RCOT 2024).

Evidence shows that building accessibility and inclusion into housing design from the outset is a practical and cost-effective way to future proof homes. Homes designed in this way support people to live independently and safely across the life course, reduce the need for expensive adaptations later on, and help avoid stigma by ensuring accessibility is a normal part of everyday housing (Goodman 2011, Malik and Mikołajczak 2019, McCall 2022b).

Yet research shows that design discussions routinely overlook the daily activities people actually need to perform at home (Watchorn et al 2021). Occupational therapists are equipped to tackle this.

In some areas, occupational therapists are already extending well beyond traditional roles in equipment and adaptations:

- supporting people experiencing homelessness to access stable housing and improve health
- helping neurodivergent individuals create environments that meet their needs
- enabling people leaving inpatient mental health services to develop household skills and maintain tenancies
- shaping policies for ageing in place and influencing new-build design
- advising on housing stock allocation, rehousing decisions and planning and regeneration schemes.

Details of these initiatives can be found in Appendix 2.

Where occupational therapists have been empowered to take on these expanded roles, the results demonstrate transformative impact. Much more potential remains untapped. As a key enabler of whole-system change, occupational therapy must be prioritised for development and investment (McCall 2022a).

'OTs do this [support housing services] incredibly well because they're not 'fire technical', they're 'human technical', and that's the bit that makes the difference... This isn't a niche customer group that you're being able to support through an OT. It's almost everyone that lives within the services, and that's what the added value can come from.'

Assistant Director, Housing support service

Conclusion and recommendations

The case for change is clear and the evidence is strong. Housing is a fundamental human right and a core social determinant of health. Where homes fail to meet people's needs, through poor condition, inaccessibility or insecurity of tenure, the consequences ripple outwards – declining health, rising demand for care, deepening inequality and mounting costs for the public purse.

These consequences are not inevitable. They are, in large part, avoidable. Acting earlier, designing better, and connecting services more effectively can prevent ill-health, support independence and reduce pressure on overstretched systems. But this cannot be achieved by housing, health or social care working alone. The challenge is inherently cross-sector, and the response must be too.

What the evidence tells us

The examples and evidence in this report demonstrate what is possible when occupational therapy is enabled to work across traditional boundaries. Occupational therapists are already delivering impact in expanded roles: shaping housing design, influencing planning decisions, supporting people experiencing homelessness, advising on stock allocation and leading whole-system service innovation. Where this is happening, the results are measurable. Reduced costs, avoided admissions, faster discharge, better outcomes for individuals and communities.

The principles in RCOT's earlier guidance on the best use of occupational therapists in housing settings, *Minor adaptations without delay* (COT 2006) and *Adaptations without delay* (RCOT 2019), remain as relevant as ever. But the profession's potential extends far beyond equipment provision and individual adaptation recommendations. Occupational therapists should be recognised as essential partners in strategic planning, commissioning and policy development, not only in front-line delivery.

England's memorandum of understanding between housing, health and social care (PHE 2018) provides a practical framework for this kind of collaboration, and its principles are transferable across all UK nations. Scotland's 2025 Housing Inquiry and the devolved nations' own policy frameworks point in the same direction. The architecture for joined-up working exists. What is needed now is the will and the investment to use it.

How to make progress

Progress doesn't require perfection, and it won't look the same everywhere. Local contexts, priorities and starting points differ. What matters is a shared commitment to move in the same direction – towards prevention, integration and the full use of occupational therapy expertise at the intersection of housing, health and social care.

Systems must be willing to pilot, evaluate, learn and share. Robust data collection – capturing financial return, health outcomes and lived experience – is essential to building the evidence base, sustaining investment and informing future planning. The service examples in appendices 2 and 3 show what early-stage transformation looks like. They are a starting point, not a ceiling.

If more systems invest in the occupational therapy workforce, embedding it in strategic roles, removing structural barriers to cross-sector working, and aligning funding with prevention goals, the benefits for individuals, communities and society will be far-reaching. The potential is there. It needs to be unlocked.

Recommendations

Housing, health and social care cannot solve these issues in isolation. Progress will require joint ambition, shared responsibility and a willingness to invest in what works. Occupational therapists are ready to play their part. We call on policymakers and system leaders to create the conditions that will allow them to do so.

The following four recommendations are addressed to politicians, policymakers, commissioners and system leaders across housing, health and social care in all UK nations. Together, they set out the actions needed to unlock the full potential of occupational therapy at the intersection of homes, health and care.

What we mean by occupational therapy leadership

Our recommendations regarding occupational therapy leadership refer to system-level expertise that brings a prevention-focused perspective into decision-making for housing, health and social care. This includes influencing policy, commissioning and design.

In local authorities, this is most effectively enabled through a Principal Occupational Therapist or comparable senior occupational therapist, who acts as the professional lead across housing, health and social care, connecting strategic planning with delivery and ensuring investment is focused on prevention rather than crisis response.

The service examples in appendices 2 and 3 provide further examples of occupational therapists leading impactful system change.

1 Strengthen system leadership across housing, health and care

Meaningful inclusion of housing within health and care policy will prevent and reduce health and care needs, enable self-management of long-term conditions, and facilitate more community-based interventions – at a national, regional and local level.

Occupational therapists are equipped to bridge these sectors. They are valuable not only in front-line delivery, but in developing the health, housing and social care strategies that shape how services are designed and resourced.

- **UK and devolved governments:** Strengthen cross-government leadership and accountability, so housing policy explicitly addresses its impact on health and care outcomes.
- **Local systems (including local authorities, ICBs and place-based partnerships):** Embed housing as a core determinant of health within system and place-based strategies, with occupational therapy expertise involved in their development.
- **System leaders and commissioners:** Embed occupational therapy leadership within system-level governance and commissioning structures, to support integrated housing, health and care solutions.

'When I realised what a benefit it was having [occupational therapists] at the earlier stages of planning a housing development, it was like, wow... we were able to build something that's going to be future-proof, but we also could have built a white elephant that didn't serve [the people who needed it.]'

Regional Director, ADASS

2 Shift investment upstream towards prevention and early intervention

Preventative action delivers better outcomes and avoids higher health, care and housing costs later on. Addressing housing-related risks before people reach crisis point maximises safety and independence.

Occupational therapists identify and act on risks early, such as unsafe facilities, falls hazards and unsuitable accommodation. This prevents escalation and reduces pressure on acute services.

- **UK Government (England):** Reform and modernise Disabled Facilities Grants to enable earlier, preventative housing interventions at scale, rather than crisis driven responses. This should include greater flexibility within the DFG framework to support timely low cost adaptations and accessible housing solutions that improve health outcomes and reduce future health and care costs.
- **Local systems (including local authorities, ICBs and place-based partnerships):** Commission housing-related interventions as a routine component of prevention and population health strategies, ensuring housing risks are identified and addressed early as part of neighbourhood and place-based approaches.
- **System leaders and commissioners:** Develop shared outcome frameworks that capture the impact of accessible homes and early housing interventions, on individual health outcomes and public spending across health, housing and social care.

Essex County Council has reduced waiting times for housing interventions to between 2 days to 3 weeks by implementing a dual-pathway occupational therapy service. This has prevented avoidable hospital admissions, enabled earlier, safer hospital discharges, and reduced pressure on local health and social care services.

3 Deliver accessible and adaptable housing at scale

Accessible, adaptable homes support participation and independence across the life course, and reduce future adaptation, health and care costs.

Occupational therapists have the expertise to ensure that accessibility is designed in from the outset, creating homes that are fit for purpose for the widest range of people.

- **UK Government and devolved administrations:** Mandate the design standards within Building Regulation Part M4(2) as the baseline requirement for all new-build homes, with an additional requirement that at least 10% of new homes meet Part M4(3).
- **Local authorities and planning bodies:** Ensure local housing, planning and regeneration strategies draw on occupational therapy expertise to prioritise accessibility and adaptability as core requirements of housing delivery.
- **Housing providers and system leaders:** Draw on experts by experience and occupational therapy, to ensure accessible housing meets local population needs and contributes to reducing health inequalities.

In the London Boroughs of Richmond and Wandsworth, embedding housing occupational therapy expertise from pre-planning to completion has ensured that M4(2) and M4(3) homes are built as genuinely inclusive, adaptable and accessible. It has eliminated the need to adapt M4(3) wheelchair homes after completion, protecting DFG and adaptation budgets within each borough.

4 Build workforce capacity to deliver joined-up, place-based solutions

System change depends on having the right skills in the right places. Encouraging and enabling the housing, health and social care workforce to work differently, across organisational boundaries, maximises the impact of their contributions.

Occupational therapists already work across health, housing and social care. When supported to operate in strategic and system-wide roles, they help services collaborate more effectively, design better solutions and make best use of public resources.

- **UK Government and devolved administrations:** Recognise occupational therapy as a critical workforce for prevention and integration across housing, health and social care, and support national workforce approaches that embed housing-related capability.
- **Local authorities:** Ensure that every local authority has a Principal Occupational Therapist or equivalent senior occupational therapist in post, to lead prevention-focused, collaborative housing interventions.
- **System leaders:** Implement the *Adaptations without delay* framework (RCOT 2019) to ensure the adaptations workforce is used efficiently and effectively to deliver timely, equitable housing solutions.

Caerphilly County Borough Council delivers an integrated housing occupational therapy service across housing and local authority services, to ensure that homes support independence, safety and participation in everyday life. Their role spans strategic and individual interventions, enabling a preventative approach that reduces the need for crisis intervention and retrospective adaptations. This approach supports equitable access to suitable housing and has improved the use of the existing housing stock, reducing the need for additional adaptations.

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Building Health into Homes: Strategic Report

Appendices

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Appendix 1

Lived experience – 'Your home should open up the world to you, not close it down.'

Martha is a young woman living in South West England with her assistance dog, Greg. She has a physical disability and complex mental health challenges, which mean that her physical and social environments have a significant impact on her ability to participate in day to day life. Martha's experiences demonstrate the damaging consequences when housing decisions take a narrow view of health and accessibility needs and don't consider how a person actually lives their life. Conversely, they also show the positive outcomes when occupational therapists are involved in housing processes.

Martha has spent several long periods in inpatient mental health settings, partly due to a lack of accessible accommodation in the area where she lives. During one admission, Martha remained in hospital more than one year longer than necessary while waiting for a suitable home to be identified. Martha says that her experiences during this time destroyed her trust in the health, social care and housing systems.

Having finally been moved to an 'accessible' property, Martha discovered that several standard accessibility features weren't in place. Communal doors were too heavy to open independently, entrances were steep and unsafe, and everyday activities required constant workarounds. Adaptations to the communal areas couldn't be funded by a Disabled Facilities Grant (DFG), and the landlord declined to fund adaptations themselves.

Martha was later served with a no-fault eviction notice and forced to navigate the homelessness process – something she describes as one of the most challenging experiences of her life. In her words, 'I felt like I was begging for the tiniest sliver of dignity throughout that entire process.'

Martha was ultimately offered 'accessible' temporary accommodation, but once again found that it lacked essential features needed to make it safe and suitable for her. She says, 'I was left in an unsafe property due to bureaucracy. DFGs don't cover temporary accommodation, and no one would fund it.' The impact on Martha's wellbeing was significant. The uncertainty about how long she would be there, and where she might end up, made her feel as though she was surviving, not living.

A shift came when an occupational therapist completed a housing report with Martha's full involvement. The assessment focused not only on physical access, but on what mattered to her daily life. This included recognising the role of her assistance dog Greg in supporting routine, independence and wellbeing. As Martha puts it, 'she just totally got it.' This occupational perspective helped decision makers understand Martha's needs more fully and informed the housing allocation process.

Martha's housing report was shared with an occupational therapist employed by a housing association, who reviewed it against their available properties. As a result, Martha now lives in a genuinely accessible home where she feels safe, where she is more independent and where she can live her life in the way she wants to. Speaking about her current home, Martha says, 'It was the first time I've ever walked into somewhere and felt like it was made for me... Your home is meant to allow you to live your life to the best that you can, to open up the world to you, not close it down.'

'I felt like I was begging for the tiniest sliver of dignity throughout that entire process.'

Martha,
South West England

Appendix 2

Opportunities for strategic occupational therapy impact

Hospital discharge and admission avoidance

Better Care Fund pilot schemes, such as the one delivered by Essex County Council, demonstrate the significant impact of occupational therapy in speeding up hospital discharge. In several sites, occupational therapists have reduced discharge waiting times from more than 12 weeks to as little as 2–3 weeks, ensuring people can return home safely and without unnecessary delay.

OTs work proactively with housing colleagues to assess the accessibility needs of people at risk of homelessness or living in temporary accommodation. This provides the information to match people effectively with the available housing stock and reduce the likelihood of repeated moves.

In Somerset, housing occupational therapists have promoted a stronger awareness of housing processes and referral routes amongst health teams. This has enabled prompt referrals and more effective preventative work across social care and housing, resulting in rapid rehousing for an individual awaiting planned surgery. This timely intervention allowed the surgery to proceed as scheduled, avoided delayed discharge and avoided temporary accommodation costs.

Design and development of new-build homes

Occupational therapists are increasingly shaping new-build housing at the earliest stages of development.

In Essex, Tower Hamlets, and the Royal Borough of Greenwich, occupational therapists review plans before construction begins, ensuring that accessibility and future adaptability are built in from the outset.

In the London boroughs of Richmond and Wandsworth, occupational therapists are fully embedded within Housing and Place Directorates, influencing large-scale programmes and strategic decisions.

Early occupational therapy involvement is preventing costly retrofitting, reducing void periods and ensuring homes better meet the needs of local populations. Housing associations are also commissioning occupational therapy expertise for development projects, with fire safety teams seeking their input across a range of building types.

One interviewee noted: 'There's definite scope to have some guidance for housing associations as to which points in the design phases they need to get sign-off from an accessibility point of view'.

Tenancy sustainment and fire safety

Occupational therapists are playing a vital role in improving safety and sustaining tenancies across social housing. They are assessing fire evacuation capabilities and developing personalised evacuation plans, enabling landlords to meet their responsibilities for tenants with complex needs.

Their expertise is also supporting vulnerable tenants whose health conditions place them at risk of losing their homes. By bringing a combined understanding of mental and physical health, occupational therapists are helping to stabilise tenancies and promote wellbeing – reflecting practitioners' views that 'the mental health side of it is huge.'

In addition, occupational therapists are working alongside housing management teams to respond effectively to safeguarding concerns and domestic abuse cases, adding professional insight that strengthens decision-making and protects tenants.

In Essex County Council, an occupational therapist and social worker work on-site at two mental health supported accommodation facilities – a six-month tenancy for people transitioning from acute mental health hospital care, and an intensive six-week assessment placement providing rehabilitation to enable independent living. Before this system was implemented, adults with complex mental health needs experienced repeated hospital admissions because generic housing assessments failed to identify their underlying occupational needs. This pioneering occupational therapy service addresses the 'revolving door' of adults repeatedly returning to hospital without sustained recovery.

Asset management and optimisation of housing stock

Occupational therapists are developing robust assessment and coding frameworks, such as those used in Essex and Caerphilly, to evaluate the features of existing housing stock and support the optimal allocation of homes based on need. These asset based models combine property data with a clear understanding of customer needs and outcomes, enabling more strategic decision-making.

Their expertise is also strengthening approaches to void property management, ensuring adapted properties are used effectively and reducing the loss of valuable adaptations. This work supports the growing sector-wide emphasis on improving the quality, reuse and recycling of adaptations within existing homes (Wang et al 2022).

Wiltshire Council reported savings of £65,000 between April and June 2025 as a direct result of this type of strategic occupational therapy intervention.

Policy development and future-proofing

Housing occupational therapists have influenced national regulations, policy and guidance, acting as system agents by:

- providing input into 2004 GLA London Plan Supplementary Planning Guidance which first introduced requirements, across all tenures, for 90% Lifetime Home Standards and 10% Wheelchair housing
- providing expertise on the Technical Housing Standards Review Access which led to new 2015 Part M Regulation Volume 1 for Dwellings
- providing evidence to parliamentary inquiries into Housing for Older people and Disabled people in the Housing Sector
- providing input into Secured by Design HOMES guidance (2025)
- providing expertise to UK British Standards for accessible and inclusive design
- authoring and peer reviewing the Inclusive Housing Design Guide addressing shortfalls with ADM Volume 1: Dwellings – M4(2) and M4(3).

Housing allocation and accessible housing registers

Occupational therapists in Caerphilly and the Royal Borough of Greenwich are providing essential insight into how different types of adaptations relate to a property's future accessibility and functional potential.

Their involvement is supporting more effective choice-based lettings for disabled residents, with practitioners undertaking property viewings and suitability assessments alongside prospective tenants, to ensure homes truly meet people's current and future needs.

They are also preventing unsuitable allocations through the use of professional decline powers, safeguarding both individuals and the adapted housing stock. As one practitioner noted, 'Adapted properties don't make accessible properties' – a reminder that accessibility is not the same as functional usability (Watchorn et al 2021) and that occupational therapy expertise is critical to making informed allocation decisions.

Co-creating inclusive housing design guidance

In 2024, the London Borough of Newham planning department commissioned The Occupational Therapy Service to develop evidence-based housing design guidance for neurodivergent residents and those with a learning disability. The commission was driven by a large-scale regeneration programme aiming to deliver over 50,000 new dwellings between 2023 and 2038, and a recognition that existing accessible and adaptable housing standards do not adequately address this population's needs.

The occupational therapy team brought expertise spanning housing, accessibility and inclusive design, human factors and ergonomics, and design research. Alongside a scoping review of evidence and visits to four recently completed housing schemes, the team engaged a wide range of stakeholders including social care and education professionals, resident advisory groups, and a user-led group for older carers. Co-production workshops with residents and families generated practical insight into the lived experience of sensory overload, risk-seeking behaviours, and the daily challenges that standard housing design fails to address.

The resulting design guide (OT Service and London Borough of Newham 2025), developed in collaboration with the planning team, translates this evidence into practical solutions, organised around themes of safety and security, sensory processing, flexibility of layout, and durability. This project illustrates the strategic value of commissioning occupational therapy expertise upstream, at the point of planning and design, creating homes capable of supporting a wider range of residents from the outset and reducing the likelihood of costly adaptations or mismatched allocations in the future.

Appendix 3

Occupational therapy service examples

London Boroughs of Richmond and Wandsworth: Specialist Housing Occupational Therapy Service

Richmond and Wandsworth jointly deliver a specialist housing occupational therapy service embedded within their Housing and Place Directorates. The service supports the design and delivery of genuinely accessible, adaptable and inclusive homes, ensuring housing developments and adaptations work for people's everyday lives.

The service brings specialist housing occupational therapy expertise through three separate roles:

- a housing enablement/development role working on new housing schemes with the council and housing associations
- a regeneration role supporting major estate renewal programmes
- specialist occupational therapy input delivered through the Home Improvement Agency using DFG funding.

The first specialist post was established in 2012 in response to evidence that new-build homes described as 'wheelchair accessible' didn't achieve the expected accessibility standards and often required costly post occupancy adaptations – averaging £25,000 per property. Early involvement of occupational therapists has since ensured all new affordable homes designed to comply with Part M4(3) of the Building Regulations are delivered as wheelchair accessible, and that homes designed to achieve Part M4(2) are genuinely accessible, adaptable and inclusive to meet people's changing needs over time.

Specialist housing occupational therapy role and approach

The specialist housing occupational therapists work across the whole housing pathway, from pre planning and design through to completion, viewings and post occupancy evaluation. They collaborate with a wide range of key stakeholders such as planners, building control, developers, designers, contractors, architects, housing providers, building control and residents to ensure homes not only meet regulations but exceed them, so that they work for a diverse range of people of all ages and abilities.

They provide detailed specifications, visit site during construction, determine housing need, support allocations, and work with residents before and after moves. This approach helps ensure homes are matched appropriately, and reduces reliance on later adaptations and referrals to adult social care.

Alongside new-build delivery, the service also identifies opportunities within existing larger-sized housing stock, adapting and reusing properties for people with more complex needs.

Innovation and system impact

The service has introduced a number of practical innovations, including:

- embedding accessibility and adaptability at design stage for M4(2) and M4(3) homes
- specifying inclusive, adjustable, non clinical fixtures as standard
- developing site briefs for new homes – leading to authoring the *Inclusive housing design guide* (Habinteg 2024)
- working directly with planning teams to strengthen local housing policy and site-specific design and evidence local need for accessible housing
- supporting supported and extra care housing development in partnership with adult social care commissioning
- using post occupancy evaluation to improve future schemes across both boroughs.

These approaches support better housing quality, faster lettings and more sustainable use of housing stock.

Financial impact

Embedding occupational therapy expertise early has delivered significant cost avoidance and budget protection over a six year period, including:

- 81 new council M4(3) homes, avoiding around £1.38 million in post build adaptation costs
- 138 council M4(2) homes built with adaptable features, reducing future disruption and cost
- 24 council M4(2) homes adapted during construction, constructed with showers instead of baths saving at least £108,000 in future adaptation costs and reduced disruption
- 98 housing association M4(3) homes delivered without drawing on DFG funding.

Added value of occupational therapy

These specialist roles demonstrate how early occupational therapy input improves housing quality, protects public funds and delivers better outcomes for residents. It has informed national discussions on accessible housing design and demonstrates how getting it right from the start leads to:

- homes with genuine in built adaptability and flexibility
- reduced reliance on post-build adaptations
- immediate financial savings and long term system benefits
- better experiences, health and wellbeing for residents.

Wiltshire Council: Housing occupational therapy in asset management and housing stock optimisation

Wiltshire Council is a large unitary authority operating across three geographical hubs and a mixed housing market. Approximately 100 occupational therapy staff, including assistants, work across adult social care and housing-related services.

The housing occupational therapy service has developed in response to challenges in accessing and allocating suitable housing. It has grown from a single practitioner to a team of seven staff, including three registered occupational therapists, three occupational therapy assistants (one apprentice) and an Advanced Practitioner providing strategic leadership and enabling close collaboration with housing allocation and asset management teams.

Occupational therapy role and approach

Occupational therapists provide strategic asset management and housing optimisation, ensuring that housing systems support independence, safety and participation.

Their role includes:

- assessing void properties as they become available and banding them by accessibility and adaptability
- working proactively with lettings teams to match people to suitable properties before offers are made
- developing a systematic approach to coding council owned housing stock by accessibility features
- introducing a risk-based prioritisation matrix to support fair, needs-led access
- building relationships with housing associations to improve cross tenure practice
- influencing commissioning and longer-term housing planning.

This approach shifts occupational therapy input upstream, preventing unsuitable allocations and reducing the need for later intervention.

Impact and outcomes

- Improved efficiency and quality of property allocation
- Reduced void periods through early assessment and decision-making
- Better use of adapted and adaptable housing stock
- Quicker access to appropriate homes for people with accessibility needs
- Improved health, wellbeing and tenancy sustainment

Financial impact includes £65,000 savings between April and June 2025, achieved through avoided unsuitable allocations, rehousing and adaptations.

Added value of occupational therapy

Embedding occupational therapy expertise within housing allocation and asset management enables preventative, system-wide impact. The Wiltshire service demonstrates how occupational therapy can improve equity, efficiency and outcomes while delivering measurable financial savings.

The model also highlights the importance of strategic positioning, with further opportunity to strengthen influence across housing association stock. Overall, it shows the value of occupational therapy in shaping housing systems that are inclusive, responsive and sustainable.

Additional information about the Wiltshire model was shared as part of the Foundations Live OT Week 2025 event.

London Borough of Tower Hamlets: addressing unmet need for wheelchair accessible homes

Project 120 was launched in Tower Hamlets in 2012 in response to longstanding unmet need for genuinely wheelchair-accessible housing. Tower Hamlets is one of the most diverse boroughs in the UK and experiences significant health and social inequalities. Residents have lower healthy life expectancy than the national average and higher levels of need for social care support.

At the time the project commenced, 120 wheelchair users were waiting to be rehoused in accommodation that enabled them to live independently and safely. The initial aim of Project 120 was to rehouse all 120 people into homes that were designed to meet their occupational needs from the outset. Since then, the initiative has supported over 290 wheelchair users and their families to move into suitable homes across the borough.

Occupational therapy role and approach

A dedicated team of five occupational therapists and one occupational therapy assistant bring specialist expertise in accessible and inclusive design. The team works in partnership with residents to identify person-centred housing solutions that support daily activities, independence and participation for people living with complex health needs and disabilities.

Occupational therapists work collaboratively with developers, architects, housing associations and the council's affordable housing team. By contributing at early planning and design stages, they ensure that new homes are built to the right standards and specifications and that residents are matched to appropriate properties efficiently.

This proactive approach enables occupational therapists to focus on prevention, reducing the need for later adaptations and minimising delays in moving people into homes that fully support their occupational performance and wellbeing.

Impact and value

As a result of Project 120, the local authority now exceeds the London Plan requirement, ensuring that at least 10% of new-build social housing is fully wheelchair-accessible from the outset.

The project has also delivered clear financial benefits. By enabling occupational therapists to influence design and specification early, the council avoids the higher costs associated with adapting less suitable properties at a later stage. This approach delivers cost-effective, high-quality housing while improving outcomes for residents.

Added value of occupational therapy

Project 120 demonstrates how embedding occupational therapy expertise upstream within housing strategy:

- supports independence and participation
- promotes health and wellbeing through accessible environments
- reduces inequalities in access to suitable housing
- delivers sustainable savings for local authorities.

Essex County Council: housing occupational therapy service

Essex County Council operates a dual pathway housing occupational therapy service across its two tier local authority structure. The service currently supports 12 district councils, which are transitioning to 5 unitary authorities by 2028.

These senior roles, based in the district council teams, primarily work in partnership with NHS and social care to provide a priority pathway when major home adaptations are essential for hospital discharge and urgent admission avoidance.

This sits alongside the standard social care occupational therapy pathway for routine adaptation work, with a team that includes three housing occupational therapists focused on admission avoidance across all districts.

The service provides two clear pathways:

- Priority pathway, focused on hospital discharge and admission avoidance
- Standard housing pathway, supporting planned adaptations and longer-term housing needs.

Occupational therapy role and innovations

Following an initial pilot, the district council teams consolidated the approach, which has become 'business as usual' based on the value demonstrated. Occupational therapists work across organisational boundaries, supporting consistency and equity of access to housing-related occupational therapy.

Key innovations by the senior housing occupational therapists include:

- advising on planning applications to support accessible design
- assessing void properties to maximise reuse for people with accessibility needs
- supporting housing register decisions and allocations for applicants who are homeless and/or wheelchair users
- contributing to medical and housing panels
- developing and applying accessibility checklists across social housing stock.

Occupational therapists also address significant variation between districts in the use of discretionary funding, where thresholds previously ranged from very limited provision (such as stairlifts only) to discretionary limits of up to £30,000. The service supports more consistent, needs-led decision-making across localities.

Impact and outcomes

The service enables rapid response within 2 days to 3 weeks for urgent housing-related interventions. This timely intervention supports:

- prevention of avoidable hospital admissions
- earlier and safer hospital discharge
- reduced pressure on health and social care services.

By aligning housing solutions with people's occupational needs, the service enables individuals to remain as independent as possible in their own homes.

Value and learning

The Essex model demonstrates an evolution from pilot project to established service, and the potential successes of implementing innovative approaches to housing OT services at scale, across complex local government structures.

Milton Keynes Council: integrated housing and adult services

Milton Keynes Council delivers an integrated model in which housing services are embedded within adult services, rather than operating within a separate directorate. This structural integration enables occupational therapy expertise to be applied directly to housing management, provider services and adult social care, supporting a coordinated approach to housing and wellbeing.

The service employs 26 staff, including 8–9 registered occupational therapists, who work across housing management, service provision and adult social care teams. This integrated workforce supports timely, coordinated responses to people experiencing housing insecurity, homelessness or complex needs.

Occupational therapy role and statutory duties

All occupational therapists within the service hold designated homelessness duties. These responsibilities sit within the statutory framework of the Homelessness Reduction Act 2017 and the Housing Act 1996, which require local authorities to secure suitable accommodation for people who are homeless and have a priority need, and to take proactive steps to prevent homelessness.

Occupational therapists contribute to this duty by undertaking person-centred assessments that identify how housing and environmental factors affect individuals' ability to carry out everyday activities, maintain tenancies and remain safe and well. This approach supports earlier intervention and more effective prevention.

Impact and innovation

The integrated model enables immediate action from the point of referral, rather than relying on more common waiting periods of up to 12 weeks. The service has reduced assessment waiting times from 26 weeks to between 8–12 weeks, supporting quicker access to appropriate housing and services.

Assessments focus on understanding individual strengths, risks and occupational needs before property allocation, improving the match between people and available accommodation and reducing tenancy breakdown.

Further service developments include:

- monthly 'Blue Light Hub' clinics for veterans, providing coordinated, accessible support
- occupational therapy input into new-build housing planning, ensuring accessibility and usability are embedded at design stage
- strategic involvement in the Council's 25 year growth plan, supporting inclusive and sustainable community development.

Value and outcomes

Homelessness prevention is the service's primary priority, recognising that secure and appropriate housing underpins health, wellbeing and participation. By embedding occupational therapy within housing and adult services, the model supports:

- faster access to housing solutions
- prevention of homelessness and escalation of need
- reduced pressure on health and social care systems
- improved experiences and outcomes for residents.

This service example demonstrates how occupational therapy can add value when positioned at the centre of housing and adult services, enabling prevention-focused, system-wide impact in a growing local authority.

Caerphilly County Borough Council: Private and Accessible Housing Team

Caerphilly County Borough Council delivers an innovative housing occupational therapy service embedded within the Private and Accessible Housing Team.

The service operates across the entire housing spectrum from strategic planning to individual property allocation, and has grown from a single occupational therapist in 2016 to 1 Principal Housing OT, three full-time occupational therapists and an agency occupational therapist in 2025. Together, they serve all aspects of housing including applications, repairs, homelessness and adaptations, participating in quarterly meetings with the housing Development & Strategy team to influence future developments and address housing gaps.

Occupational therapy role and approach

The housing occupational therapy team has developed and implemented a comprehensive coding system, enabling best matching of housing applicants to suitable properties through their Common Housing Register and integrated Accessible Housing Register. Further innovations include the introduction of a list of complex cases requiring strategic intervention, direct involvement in new-build developments and void property inspections.

These approaches support equitable access to suitable housing and improve consistency in decision-making across the local authority area.

Value and outcomes

By embedding occupational therapy expertise within the housing system, the service supports:

- meaningful matching of people to environments that meet their occupational needs
- improved use of existing housing stock
- reduced reliance on later, more costly adaptations
- improved experiences for residents navigating housing processes.

The Caerphilly service demonstrates how embedded occupational therapy expertise transforms both individual outcomes and strategic housing effectiveness across an entire local authority area.

Notes

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Introducing **Pathway,** Closomat's new clinical specification tool. Designed to support Occupational Therapists at the point of assessment, Pathway helps translate clinical need into a clear, validated Closomat specification. The result is a faster, more confident specification process that supports sound clinical reasoning and helps reduce delays further down the line.

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