



Creating homes that people would like to live in rather than have to live in: Is there a role for occupational therapists in the design of housing?

For those of us working in specialist housing, the growing awareness of the significant impact that the design and quality of housing can have on health is an encouraging development.

Responding to the demands of a growing older population means finding cost effective solutions. Ensuring that homes are delivered fit for purpose requires cross sector expertise and collaboration.

This viewpoint explores the unique skill set that occupational therapists can bring to ensure that homes are accessible and adaptable to the changing needs of residents as they age. It highlights how first-hand experience of working with end users to find effective solutions can inform and complement the design and specifications of new build, refurbishments and adaptations.

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The challenge in the design and build of housing for older people is to remove the restrictions faced by people who may have any combination of age related impairments, when the end user is not known. The aim is to create an environment that is as accessible and adaptable as possible whilst avoiding over specification.

The design of the home can either support or restrict a person's ability to do what they want to do. Working with people who have all manner of physical, sensory and cognitive impairments, occupational therapists are constantly learning about the challenges they face. It is these insights that they can bring to inform the design of housing.

Live life your way

Occupational Therapy is a person centred approach to promoting health and wellbeing through active participation in everyday activities that bring meaning and purpose to life.¹ Helping people to live life the way they choose.

There is now significant evidence that making homes more accessible can reduce the need for care, reduce the need for residential care, reduce falls, increase independence, and improve quality of life.²

The College of Occupational Therapy (COT) *Improving Lives Saving Money* campaign aims to demonstrate the impact that occupational therapists make to people's lives as well as delivering financial savings to the system. Their report on reducing the pressure on hospitals in England³ outlines how occupational therapists keep people out of hospital, reduce pressure on primary care, and address over reliance on social care. The second report, to be launched early in 2017, will focus on primary care and communities and will have particular relevance to older people living in their own homes.⁴

Occupational therapists who specialise in housing aim to remove restrictions that prevent people from being able to do what they want to do in their own homes. Typically they work with individuals to make recommendations for adaptations to meet specific needs. Increasingly, the benefit for Housing Associations of employing their own occupational therapists to carry out this work is being recognised.^{5,6}

There are now a growing number of occupational therapists around the country that are using this experience to develop specialist expertise advising on the design of new homes. A core aim of the College of Occupational Therapists Specialist Section in Housing (COTSSH) is: "*To build cross sector collaboration to ensure inclusive and appropriate standards in housing and the built environment for older and disabled people, their families and support networks*".⁷

¹ World Federation of Occupational Therapy (2011) *Statement on Occupational Therapy*

² Russell, R (2015) *What is the GenHOME Project?*
<https://www.cot.co.uk/sites/default/files/general/public/genhome-leaflet-September2015.pdf>

³ College of Occupational Therapy (2016) *Reducing the pressure on hospitals: A report on the value of occupational therapy in England* <https://www.cot.co.uk/sites/default/files/general/public/ILSM%20Report%20ENGLAND%2028pp.pdf>

⁴ College of Occupational Therapy <http://cotimprovinglives.com/>

⁵ Evans, A. (2017) *Occupational Therapy Benefits Inside Housing*
www.insidehousing.co.uk/occupational-therapy-benefits/7018242.article

⁶ Housing Association Forum for Occupational Therapists (HAFFOT)
www.haffot.org.uk

⁷ College of Occupational Therapy Specialist Section in Housing COTSSH
www.cot.co.uk/sites/default/files/ss-housing/public/Housing-SS.pdf

As a specialist professional body, COTSSH brings a wealth of experience and evidence to support the need for more accessible housing. The recent submission by Jacquell Runnalls, the COTSSH Co-opted Lead in Accessibility and Inclusive Design to the Women and Equalities Select committee inquiry into Disability and the Built Environment provides a thorough in-depth summary of the issues.⁸

A house that feels like home

In my practice, as an occupational therapist, the feedback from the people I have worked with has convinced me that the negative impact of a home that feels and looks like a hospital cannot be underestimated. An environment that is clinical in appearance can make a significant difference to a person's self-esteem and sense of wellbeing. Many occupational therapists know that people refuse offers of specialist equipment such as raised toilet seats, even when they are having significant difficulties, purely because of what the equipment looks like. A bathroom full of tubular metal and plastic, however useful it may be, is a visual reminder of frailty, ageing, and inability, none of which is easy to accept. As the innovative wheelchair designer David Constantine points out, the design aspiration should be: *"about giving people something they want to use rather than have to use"*.⁹

Housing for Older People: Design to meet complex needs

As featured in many of the resources on the Housing LIN's online 'design hub'¹⁰, the best inclusive design can enable people to continue to engage in everyday activities without the need for assistance. Having to adapt to the impact of a complex combination of age related conditions, is a daily challenge that causes frustration, and loss of confidence. An environment that is designed to be intuitive and easy to use can enable people to experience a sense of competence, choice and control.

For older people, good accessible housing design is not only about wheelchair access but about being able to see, understand and operate key fixtures and fittings. Placing things within comfortable reach, sourcing switches, handles and controls that can be operated with light touch can reduce over reliance on help. Careful attention to lighting and tonal contrast can make it easier and safer for people with sight loss and dementia to understand and find their own way around their homes.

Making room for carers

The ultimate aim for occupational therapy is to enable independence and avoid the need to ask for help, allowing people to be spontaneous. As people age they will begin to need assistance but this does not mean that they have to move into residential care. With the flexibility that onsite care can offer, together with an easily adaptable environment, many people can stay at home. A review of Extra Care Housing in East Sussex found that 63% of people in Extra Care housing commissioned by East Sussex County Council would have otherwise required residential care.¹¹

⁸ Runnalls, J (2016) <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/women-and-equalities-committee/disability-and-the-built-environment/written/40801.html>

⁹ David Constantine on BBC Artsnight (20/11/2016), *The Brits who designed the modern world* at 30.25: www.bbc.co.uk/iplayer/episode/b084flz2/artsnight-series-4-7-the-brits-who-designed-the-modern-world

¹⁰ www.housinglin.org.uk/Topics/browse/Design_building/

¹¹ Housing Commissioning Team, ESCC (2014) *The design of extra care housing for older people and its impact on wellbeing: The East Sussex perspective*. BRE https://www.designingbuildings.co.uk/wiki/The_design_of_extra_care_housing_for_older_people_and_its_impact_on_wellbeing:_The_East_Sussex_perspective

The shape and size of housing with care

In my experience of working on Extra Care design and build projects, the original intentions in terms of creating a 'care ready' environment can be misinterpreted at the drawing stage. In establishing space requirements using guidance on wheelchair access may be a good starting point. Reference will be made to Part M of the building regulations and the Wheelchair Housing Design Guide. However, the risk here is that assumptions are made about the varying levels of ability of the residents and the equipment they may need to use.

In order to ensure that a scheme is fit for purpose, we need to reconsider what we mean by '*independent living*'. The construction and space requirements for an independent wheelchair user, who can transfer independently, will be different to someone who may need to be assisted using hoists. In Extra Care Housing we have been able to demonstrate that on-site care can enable people who require hoists to continue to live in their own homes, and prevent the need to move to residential care.

Occupational therapists with expertise in moving and handling can assist in finding solutions to ensure housing with support is fit for purpose. They can advise on ways to make it as easy and safe as possible for many people to be assisted single handed. Future proofing means designing homes that account for the space and construction to make it as easy as possible to introduce and operate moving and handling equipment when and if it becomes necessary. Unfortunately specific regulations that provide minimum space requirements for safe and effective delivery of care are hard to find. The DCLG nationally described space standard¹², introduced to remove local variations and provide technical guidance for planners, may be useful for general needs housing. However, the minimum space requirements for each unit are smaller than those in the Housing LIN Design Checklist for extra care.¹³ Plans or drawings that can illustrate not only wheelchair turning circles but also the way that residents, carers and equipment inhabit the space can be an effective way to communicate this issue. The Department of Health Building Notes¹⁴ and the Adaptations Design Communication's Toolkit¹⁵ are useful examples of the way that this detail can be illustrated.

Future proofing to meet bespoke needs

Sometimes local adult social care or health commissioners invite input from occupational therapists to ensure specialist housing is future proofed. A core aim is prevention and creating an environment that reduces the risk of falls. The intention is to avoid the need for costly and complex adaptations at a later date. Occupational therapists have up to date experience of specialist equipment and the space required to use it. Again, it is not only about wheelchair access. Older people may be using walking frames, trolleys, perching stools, and hoists. The space, construction and fixtures and fittings need to be compatible with this kind of equipment.

Striking a balance: achieving adaptability and avoiding over-specification

Advising on new build requires a unique skill set. Unlike our experience of working with individuals with specific needs, we don't know who the end user will be. When I was first invited to consult on new build I felt I needed to include rails and fittings for every eventuality.

¹² DCLG (2015) *Technical Housing Standards- nationally described space standard*

<https://www.gov.uk/government/publications/technical-housing-standards-nationally-described-space-standard>

¹³ Housing LIN *Extra Care Housing Toolkit: Design checklist for extra care*

www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/Toolkit/?&msg=0&parent=1001&child=1508

¹⁴ Department of Health (2014) *DH Health Building Notes*

<https://www.gov.uk/government/collections/health-building-notes-core-elements>

¹⁵ DSD/DHSPS (2014) *Adaptations Design Communications Toolkit*

www.nihe.gov.uk/adaptations_design_communications_toolkit.pdf

If we are aiming to create homes that people want to live in we should avoid forests of rails and cavernous spaces lined with white tiles. Of course we need to ensure that spaces are safe and hygienic, but it should be about striking a balance.

Funding streams: the real cost of adaptations

Many older people who are entitled to the means tested Disabled Facilities Grants (DFGs), are able to have stair lifts installed, and bathrooms converted to wet rooms, making it easier and safer to use their own homes for as long as possible. The increase in funding that has been made available in recent years for these grants is a welcome development. However, there are limited resources to assess and deliver these grants, and waiting times can be significant.

A large proportion of the work of occupational therapists in Social Care is carrying out assessments for DFGs. For those who are not eligible for grants the difference in cost of a straight or curved stairlift can make it unaffordable, especially for people planning for long term care needs. If it is feasible to design homes with straight stairs and bathrooms with a wet floor built in, this can make adaptability more affordable.

Knowledge exchange in the design and build process

For those of us involved in specialist housing design and build projects, we are familiar with how each scheme presents a new set of variables. Commissioners and project managers are tasked with balancing a number of potentially conflicting priorities. The challenge is to deliver the best solution within real constraints: budget, size, and location, whilst complying with regulations. Giving occupational therapists the opportunity to work together with architects, surveyors, interior designers and contractors on projects at an early stage can help to ensure that schemes are fit for purpose.

Before and after the drawing board

Working in collaboration with commissioners, housing developers and architects at the outset is key to ensuring the end result is fit for purpose. Often occupational therapists are consulted late in the process, when many key decisions have already been made. Making changes to specifications during a build can incur significant costs. It can be cost effective for a project to consult occupational therapists throughout the process. They can:

- Conduct design evaluations of user experience to inform design briefs
- Appraise sites in terms of size, location and proximity to facilities and transport
- Cost specialist requirements to inform the business case and/or applications for grant funding
- Review design detail on Employers Requirements documents in preparation for tenders.
- Act as interpreters for access regulations where compromises have to be made, and to justify that alternatives are still fit for purpose
- Review products schedules to ensure that they are simple to use and operate and are compatible with specialist equipment.
- Appraise interior design, way finding, furniture, fixtures and fittings to enhance orientation and ensure usability.
- Contribute to allocations processes and support smooth transitions for people moving into new schemes, e.g. Supported Housing or Extra Care housing.

Aiming for the best: what we should do and what we can do

Commissioners, architects and surveyors may question the need for an occupational therapist when there are building regulations and best practice guidelines readily available. However, working with older people, occupational therapists can bring insights about the lived experience of the end users and how key design features can enable people to continue to do things for themselves. They can help to inform decisions on prioritising key requirements, in terms of safety, prevention, and quality of life.

HAPPI has advocated the need for homes that are 'care ready' with generous space, flexible layouts.¹⁶ But, how is this interpreted in the design detailing? Occupational therapists can play a key role by interpreting these recommendations in the detailed design specifications, to meet these aspirations.

Most recently many of us have been preoccupied with making sense of new Part M and this again highlights that occupational therapists can contribute by explaining the original intentions of the access regulations and best practice guidelines. Where compliance is not mandatory occupational therapists can help to explain and prioritise the value of including requirements above minimum standards and evidence potential cost savings for effective delivery of care.

Telling the story: Every picture tells a story

Occupational therapists are programmed to spot hazards and obstacles, and are reminded constantly by the people we are working with about how much what seems like a detail can make the difference between being usable or unusable. In housing design our responsibility is also to act as an advocate for the end users. This means being able to tell the story, such as being able to demonstrate how heavy doors with awkward locking systems and high thresholds can actually imprison people.

I am always on the lookout for the best examples of inclusive design. Being able to show how the access regulations can be interpreted to create facilities that are both usable and attractive helps to make a convincing case. Working with architects, surveyors and contractors on new build projects I also find the use of pictures helps to get my message across.

Developing Evaluation tools

A design evaluation that I conducted with residents of a recently completed Extra Care housing scheme has provided me with invaluable insights that can inform the development of design briefs. This initial pilot demonstrated that the key to an effective evaluation process is how to ask the questions that can reveal the most useful information. Increasingly a participatory or co-design approach is advocated. There are now some really useful tools and guidance available ready to be tried and tested to develop effective methods for evaluating housing design.¹⁷

I look forward to working closely with the Housing LIN to promote these and develop a range of learning and improvement services that can help commissioners, developers and providers of housing with care to design and create more inclusive environments for our ageing population.

I would be really interested to hear from you if you wish to share experience of working with occupational therapists in the design and build process or if you are an occupational therapist with experience in this field. Email the Housing LIN at: info@housinglin.org.uk

¹⁶ HCA, (2009) *Housing our Ageing Population: Panel for Innovation (HAPPI) Report*

¹⁷ Mobility, Mood and Place (2016) *The A-Z of Co-Design: a brief introduction to participatory design*

About the author

Marney Walker is an independent Occupational Therapist with specialist expertise in housing design for older people. She has a unique combination of experience, and training in occupational therapy, design and teaching at post-graduate level on disability issues. With 25 years experience as an OT spanning health, social care and housing, she has been advising on new build and refurbishments of Extra Care and Supported Housing since 2003.

Further useful reading

College of Occupational Therapy Specialist Section in Housing COTSSH
www.cot.co.uk/sites/default/files/ss-housing/public/Housing-SS.pdf

Conway, M (2008) *Occupational Therapy and Inclusive Design: Principles for Practice*. Wiley-Blackwell

Department for Work and Pensions (DWP) (2016) *Built Environment Professional Education Project: Report of Progress*
<https://www.gov.uk/government/publications/built-environment-professionaleducation-project-updates>

Foundations (2015) *Linking Disabled Facilities Grants to Social Care Data*
<http://foundationsweb.s3.amazonaws.com/4210/foundations-dfg-foi-report-nov-2015.pdf>

Foundations (2016) *The Disabled Facilities Grant Before and After the Better Care Fund*
www.foundations.uk.com/media/4665/dfg-report-final-interactive-converted-draft-6-small.pdf

Habinteg (2016) *Accessible homes: local authority scrutiny toolkit*
<https://www.habinteg.org.uk/scrutinytoolkit>

Housing Association Forum for Occupational Therapists (HAFFOT)
www.haffot.org.uk

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Joseph, G, Perry, A, Watson, L and Vickery, L (2010) *Mind the Step: An estimation of housing need among wheelchair users in England*. Habinteg Housing Association and London South Bank University.

Leonard Cheshire Disability (2014) *No Place Like Home*
<https://www.leonardcheshire.org/sites/default/files/no-place-like-home-leonard-cheshire-disability.pdf>

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<https://www.cot.co.uk/sites/default/files/public/Home-adaptations-Care-Act2014.pdf>

RNIB Visibly Better
www.rnib.org.uk/wales-cymru-how-we-can-help/designing-accessible-housing-and-buildings

Walker, M (2014) *Before and after the drawing board: establishing the role of an OT in the design and build process – a voice in the wilderness?* College of Occupational Therapy Annual Conference 2014

Walker, M (2016) *Effective communication methods for Housing OTs: Getting your message across*. OT Magazine

Note

The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network.

About the Housing LIN

The Housing LIN is a sophisticated network bringing together over 40,000 housing, health and social care professionals in England and Wales to exemplify innovative housing solutions for an ageing population.

Recognised by government and industry as a leading 'knowledge hub' on specialist housing, our online and regional networked activities:

- Connect people, ideas and resources to inform and improve the range of housing choices that enable older and disabled people to live independently
- Provide intelligence on latest funding, research, policy and practice developments, and
- Raise the profile of specialist housing with developers, commissioners and providers to plan, design and deliver aspirational housing for an ageing population.

And to access further information and resources on accessible and adaptable housing design, visit the Housing LIN's dedicated web pages at:

www.housinglin.org.uk/Topics/browse/Design_building/AccessibleDesign/accessibility-adaptability/

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