

Tenancy sustainment and mental health support: Essex County Council

Context

Essex County Council operates an innovative occupational therapy service embedded within supported accommodation for people with complex mental health needs. The service aims to address the 'revolving door' pattern of adults repeatedly returning to hospital without sustained recovery. An occupational therapist and social worker practice directly on-site at two facilities: a six-month tenancy for people transitioning from acute mental health hospital care, and an intensive six-week assessment placement functioning as a rehabilitation space to practice independent living skills.

The challenge

Before this system was implemented, adults with complex mental health needs experienced repeated hospital admissions with no sustained improvement because generic housing assessments failed to identify underlying occupational needs. Sensory processing difficulties and conditions such as dyspraxia went unrecognised, whilst coping strategies including self-harm and substance use became entrenched over the years. Overstretched community care coordinators couldn't provide intensive practical support during the critical transition from hospital to community living, leaving vulnerable individuals at risk of tenancy loss due to health-related behaviours.

The role

The occupational therapist provides a comprehensive assessment using the Vona du Toit Model of Creativity (VdTMoCA), which examines connections between life skills and mental health, and a detailed sensory assessment. This leads to individualised care plans that address triggers, calming strategies, and practical coping techniques. The occupational therapist also:

- Teaches practical life skills, including cooking, shopping, personal care, household management and community access.
- Creates detailed action plans for housing support staff, clearly delineating which activities fall within their remit and which require specific OT intervention.
- Attends weekly multi-disciplinary team (MDT) meetings bringing together NHS community mental health teams, hospital discharge teams, social care managers and housing providers.
- Supports transitions from residential care or hospital to independent living with hands-on practical assistance.
- Educates families about neurodevelopmental conditions to improve relationships and understanding.
- Delivers sensory awareness training to children's social care staff, NHS recovery services and early help teams across the county.

Benefits to the system

Housing benefits

- Reduced tenancy breakdown through addressing the root causes of housing instability.
- Decreased demand for emergency and crisis housing services by preventing tenancy loss before the crisis point.
- Clearer role definition for housing support staff through detailed OT care plans.
- Approximately 50% of residents make significant progress toward independent living.

Health and social care benefits

- Reduced hospital readmissions by tackling root causes rather than merely managing symptoms.
- Decreased reliance on coping mechanisms such as self-harm and substance use.
- Reduced pressure on overstretched community care coordinators through intensive practical support.
- Continuity for young adults transitioning from CAMHS at eighteen years of age.

Prevention benefits

- Transformed self-perception through development of an understanding that brains work differently and strategies can be learned.
- Extended preventative impact across Essex's social care system through training programmes.
- Recognition that earlier intervention with children prevents the entrenchment of mental health difficulties in adulthood.

Benefits to individuals and families

Quality of life improvements:

- Increased independence through development of practical skills and self-awareness about why activities previously felt overwhelming.
- Reduced family stress and improved relationships when neurological explanations relieved years of frustration.
- Successful maintenance of own tenancies by people previously considered in need of lifelong residential care.
- Progression to education and employment for some residents who experienced years of acute illness.
- Development of self-management capacity that reduces reliance on crisis services.

Developing the role: a practical guide

Setting up the role

- Position the OT within a partnership structure that brings together NHS mental health services, social care, and housing accommodation providers.
- Create a mini-MDT pairing the OT with a social worker to address both occupational performance and financial issues as complementary rather than overlapping skills.
- Establish weekly broader MDT meetings, including all relevant agencies.
- Secure permanent funding through social care budgets, whilst allowing flexibility during pilot development without rigid KPIs.

Building the assessment process

- Use an appropriate methodology, such as the Vona du Toit Model of Creative Ability, to examine connections between life skills and mental health.
- Investigate not just whether someone can perform an activity, but why they struggle when they do.
- Conduct sensory assessments using both generic sensory profiles and movement-based assessments.
- Synthesise assessment information into detailed action plans distributed to housing support staff, explicitly differentiating between activities within support workers' competence and those requiring specific OT intervention.

Essential skills and knowledge

- Deep understanding of sensory integration theory and sensory processing, proportionate to role and gained through training and learning.

- Deep knowledge of mental health, occupational therapy and how mental health conditions affect occupational performance.
- Strong skills in building therapeutic relationships with people who have experienced significant trauma.
- Understanding of housing pathways, supported accommodation structures and landlord relationships.
- Training and education skills to translate complex neurological concepts into accessible language for housing support workers, social care staff and families.

Overcoming challenges

- **Challenge:** Deeply ingrained maladaptive coping strategies in people accessing the service.
- **Solution:** Recognise that earlier intervention would be more effective and develop training programmes for children's social care to intervene when patterns first emerge.
- **Challenge:** Generic perception of occupational therapy as only equipment provision.
- **Solution:** Demonstrate impact through comprehensive assessments, detailed care plans and tangible outcomes to gradually shift understanding among partner agencies.
- **Challenge:** Residents are not ready for goal-setting.
- **Solution:** Use interest checklists to explore activities that might provide structure rather than forcing premature goal-setting.
- **Challenge:** Limited family understanding.
- **Solution:** Provide neurological explanations that enable family members who could not accept mental health diagnoses to understand and support their relatives.
- **Challenge:** Two-stage housing approval process with landlord rejection risks.
- **Solution:** Ensure comprehensive risk assessment and mitigation plans whilst educating landlords about how OT intervention reduces risks.

Demonstrating impact

- Track hospital readmission rates compared to historical revolving door patterns.
- Monitor successful move-on to independent or lower-support accommodation and sustained tenancies.
- Conduct outcome measurement reassessment demonstrating progress in occupational performance.
- Document reduction in maladaptive coping behaviours and the development of independent living skills.
- Collect qualitative evidence, including changes in self-perception, family relationship improvements and housing support staff feedback.
- Measure demand for training programmes across children's social care, NHS recovery services and early help teams.

Top tips for managers

- Recognise that occupational therapy offers far more than equipment provision in connecting life skills, sensory processing, neurology and mental health.
- Embed occupational therapy within housing services rather than relying on referral pathways to separate community teams.
- Allow freedom from rigid KPIs during pilot service development, whilst maintaining outcome measurement.

- Invest in training, including sensory processing and occupational therapy approaches to mental health.
- Support occupational therapists to deliver training across the wider system to extend impact beyond direct client work.
- Think preventively about extending successful adult models into children's services to intervene when young people first withdraw from activities.
- Value the insight-focused approach that transforms residents' self-understanding alongside practical skills teaching.
- Recognise that success rates around 50% represent excellent outcomes with adults with deeply entrenched difficulties and should drive earlier intervention rather than be viewed as service failure.