



PEOPLE
POTENTIAL
POSSIBILITIES

P3 Specialist Hoarding Support Service

Huntingdonshire

Q1 Summary

16th November 2020 – 16th May 2021

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Introduction

P3 were successful in their application for an innovate and cultivate grant to fund a one-year pilot service, the service was mobilised in November 2020. This service affords 1 part time Project Development Lead (30 hrs per week) and 1 Part time Support Worker (15 hrs per week).

P3 is a charity and social enterprise. We provide a range of services across the UK in housing support, homelessness and street outreach, criminal justice services, young people, and health. We employ 750 people and are supported by over 300 amazing volunteers.

Within Cambridgeshire and Peterborough this service joins P3's existing countywide tenancy and housing related support service (floating support), the Fenlands Teenage Parent Project, our Street Outreach service and our tenancy sustainment service for Hyde Housing Association.

This report will detail the first 6 months of the specialist hoarding service from

16th November 2020 to 16th May 2021

Summary of Key Data

Referrals

The referral form was made available to all that attend the countywide hoarding panel on 26/11/20.

Referrals		Referral outcome	Current Status
16	Huntingdon Older People's Team, Cambridgeshire County Council.	Accepted	Open
	Huntingdon Older People's Team, Cambridgeshire County Council.	Accepted	Open
	Huntingdon Older People's Team	Individual refused	Closed
	Adult Early Help	Individual refused	Closed
	Huntingdon Older People's Team, Cambridgeshire County Council.	Individual refused	Closed
	Chorus Homes housing association	Accepted	Open
	Cambridgeshire Fire and Rescue Service	Accepted	Open
	Longhurst Group Housing association	Accepted	Open
	Physical disabilities team Cambridgeshire County Council	Accepted	Open
	Chorus Homes housing association	Advice & information	Closed
	Cambridgeshire Fire and Rescue Service	Accepted	Open
	Cambridgeshire Fire and Rescue Service	Accepted	Open
	Cambridgeshire Fire and Rescue Service	Accepted	Open
	Cambridgeshire County Council	Accepted	Open
	Housing 21	Waiting list	Waiting list
	Cambridgeshire Fire and Rescue Service	Waiting list	Waiting list

Caseload capacity

10 The service is currently at 100% capacity with 10 people currently receiving support. We have 2 people waiting on support vacancies to become available.

Assessments

13 assessments have been completed within the first 6 months of the service.

Within P3's secure database **CRIS** (Client Record Information System) the **PHISP** (Person and Home Information Safety Profile) was created to record information around a person's lifestyle, health and wellbeing, social networks, housing situation, access to amenities, safety, and any risks.

Individuals active to the service are currently speaking/seeing their support worker weekly or bi-weekly.

Closures

1 referral has been closed prior to an assessment taking place.

2 individuals have been closed following an assessment as they did not wish to engage with a support plan, contact details have been provided should they wish to receive any future support.

1 individual has been closed after receiving advice and information and deciding they do not require practical support from the service.

Initial efforts were made to communicate the service description and to ask that any referrals were made with the consent and full understanding of the person referred. It was also asked that referrals were only considered for those who feel ready to receive support around hoarding behaviours and the condition and safety of their home. The criteria is based on the size of the service, its capacity and the funding for the service being secured for just one year.

The closures within the first 6 months, along with the proactive engagement techniques that have been required so far in this project, suggest that closer work with referrers would be required to ensure that the service can focus its full resource on working alongside those who are ready to engage with support.

Lead Times

Average No. of days between a referral being accepted for support and allocated to a support worker	1	Due to the size of the team once a referral has been accepted for support a support worker is immediately assigned.
Average No. of days between a referral being allocated to a support worker and the referred person being contacted.	8	Telephone calls, letters, e-mails and contact via the referring service are all used to engage with those referred into the service.

Onward Referrals

3 Onward referrals have been made to the **P3 Cambridgeshire & Peterborough floating support service 1** onto **Citizen Advise Bureau**.

Milestones and Successes

The service launched in November 2020 and despite restricted publicity, it received lots of positive interest. Within **1 month we received the first 7 referrals and a high number of enquiries from people who were keen to refer to the service**. As support vacancies have become available further referrals have been received totalling **16 referrals in 6 months with many more enquires**.

We continue to attend and contribute to the **Countywide Hoarding Panel meeting** facilitated by The Adult Early Help service. The panel meeting is attended by many professionals from a variety of; housing associations, social care services, Cambridgeshire Fire & Rescue service, Woodgreen animal shelter, among others. Each month updates on service progression and development are provided.

We continue to receive referral requests and contact from people outside of the Huntingdonshire area requesting support, advice, and information. This suggests that the demand for the service far outweighs its capacity. We have been able to support professionals with advice, information, and informal training so those who are not eligible for the service, or where the service is at capacity and unable to take a referral, are still able to benefit.

Practical support and progress

During the first quarter Covid restrictions had meant that support was largely provided remotely. 4 individuals sorted items for removal and staff supported them by picking items up and donating them. Items were donated to **clothing banks** and **recycle centres**. Since shielding has ended this has allowed for home visits. Individuals have received practical support along with goal setting and independent tasks to be achieved in between support visits. Routines are becoming established and discussions taking place to ensure people feel able to manage their home environment and to build longer term independence.

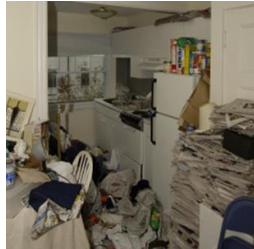
Individuals have found it motivating that their items are being recycled or reused and can help someone else. Regular donations are now able to be made to **charity shops** and the **collection of large items** has been facilitated with the support of the **British Heart Foundation**. Arrangements have also been made for the **delivery of extra bins** to facilitate the ease in removal of waste and items that are not suitable for donation.

Outcomes

We have chosen to use the **clutter index rating**, which we request at referral stage to provide an indication of how the persons was living. The scale will be used throughout the service to help people recognise their situation, motivate them and measure progress.

The below pictures illustrate the average clutter rating scores at the point of their referrals.

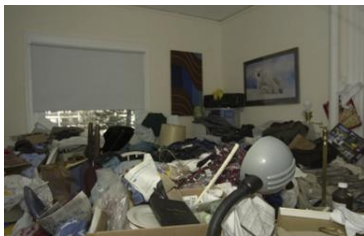
Kitchen 5



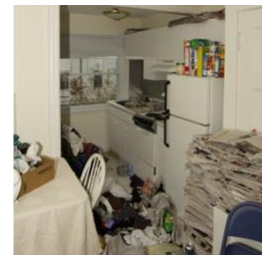
Bedrooms 6



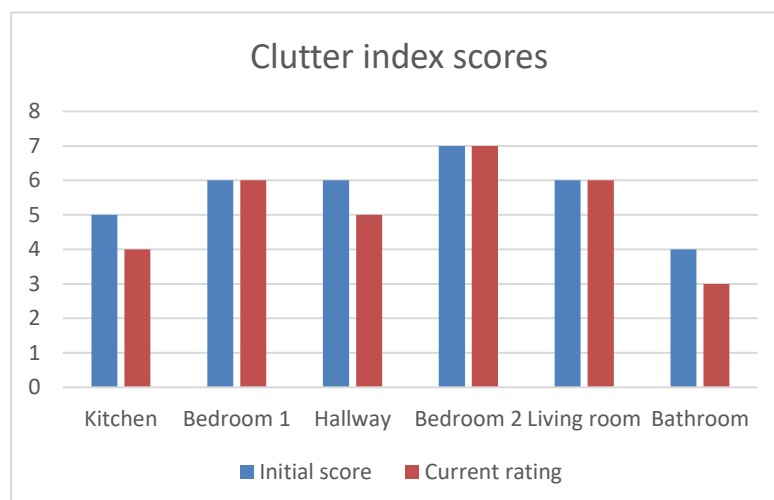
Living room 6



Bathroom 4



Below illustrates the average improvements across the service in reference to clutter index scores



Progress and a decrease in the clutter index scores have been seen in the **Bathrooms, Kitchens and Hallways** of the people we work alongside. Most individuals have set goals and focused on the downstairs areas of their home, recognising the need to improve safety and exit routes within the property. We would expect to see further progress in these areas over the next 6 months and to also start seeing a decreased clutter rating in the upstairs rooms of their homes. There has been no increase in the clutter rating scores of people actively engaging with the service.

Emotional Support

The service ensures that individuals receive emotional support as well as practical advice and assistance. We will take the time to get to know the people we are working alongside and help build their independent living skills and confidence. We will support to link into services such as mental health, bereavement counselling, social care and other community or support groups if needed to tackle the underlying issues that may be contributing to their hoarding behaviour. Communication and listening skills are a vital part of the service and we will work collaboratively with all agencies to ensure the person is getting the right help to meet their longer-term needs.

To ensure the service has a **person-centred approach**, we aim to ensure people have autonomy and are involved and invested in their own support. We will work with people at their own pace, using motivational interviewing techniques and communication skills to promote independence and support longer term behaviour change. We are creating tools to provide visual aids such as action planning worksheets, providing tips for decluttering, and organising different areas of the home. We will access grants for required items such as skips if or when the time is right.

Feedback

'I was anxious but excited..... I could not do it without your help'

Individual currently active to the service.

'Thank you so much for your help I would never have been able to start without you both'

Individual currently active to the service

'I just wanted to say thank you for all the support you have given me over the last few months. Your service has been invaluable to us at Cambridgeshire Fire and Rescue service. You and the team are always on hand to give help and advice to us even if the hoarder is not in an area you cover. With hoarding being such a huge problem in our county you are the only service that is available to us, to turn to for help. You and the team have such a can do attitude and go out of your way to help in any way you can. You always keep me updated on cases I have referred which is fantastic, this also allows us to update our records and make sure that resources can be adjusted. The progress you have made with some of the referrals has been amazing. Thank you from the team at CRCS.'

Cambridgeshire Fire and Rescue Service.

Case Studies

- Referral from the Cambridgeshire Fire and Rescue
 - Inaccessible bedroom
 - Sleeping on a mattress on the floor downstairs
 - Experiencing poor mental health, social exclusion and isolation and difficulty in coping
 - Reduced clutter ridding has been achieved
 - Dramatic change in the condition and presentation of her home
 - Feelings of improved well being
 - Improved motivation
 - Coping mechanisms and tools in place
- Going plan for independent living

Full case study can be found as Appendix A

Staffing / Recruitment

1 Project Development Lead (30 hours per week)

1 Support Worker (15 hours per week)

The Project Development Lead has experience in delivering tenancy related support and working alongside people with learning disabilities and mental health diagnosis. Additionally, personal experience in supporting a family member who struggled with hoarding has provided invaluable experience in working alongside those exhibiting hoarding behaviours and their families. The appointment to this role was an internal promotion which has minimised induction and system training needs.

The support worker has held a genuine interest in supporting those exhibiting hoarding behaviours for a number of years and was keen to explore a career working within this area and supporting people to improve their quality of life.

Summary of safeguarding referrals

0 safeguarding referrals have been made; the Adult Social Care team are already involved with **3** individuals that accepted our support. Self-neglect, which is often associated with hoarding behaviours, is a recognised safeguarding concern therefore in some cases professionals have raised safeguarding concerns and referred to P3 for tailored support. Concerns raised to safeguarding include access to welfare facilities, use of welfare facilities and health and safety risks caused by excessive items in the property. P3 are working closely with adult social care and regular updates are provided between the services to ensure individuals receive consistent support.

Quality Standards

The service aims to achieve optimum quality standards and will continue to monitor this with the Project Development Lead completing monthly CRIS Database audits.

We work closely with our People Shaping P3 team to ensure service delivery meets the quality standards and values set by P3 Charity.

Staff work closely with referrers and partners to ensure a multidisciplinary approach.

P3 also have a Specialist Hoarding Service in Buckinghamshire which mobilised in October 2020. The services work closely together sharing knowledge and best practice.

Challenges and Risks

Covid-19

Launching a service in the middle of a global pandemic meant staff had to make alterations to follow government guidelines and ensure safety. Staff have ensured that all individuals received regular support despite the restrictions, this includes telephone calls, doorstep visits to talk and collect items. 5 individuals were only accepting telephone support initially due to shielding. 2 individuals have had hospital admissions which delayed our support. Face to face and practical support is now being offered to all active cases with the service.

With a high number of people known to be hoarding across Cambridgeshire and no other specialist service available, we have seen the struggles and desperation of statutory services and housing providers in getting people help and support. This has led to referrals being made for people who are not yet ready to receive support and do not meet the service brief and criteria provided. The increased time and efforts required in seeking engagement from these referrals reduces the time available to provide the specialist support. Additionally, we have provided support, guidance and information to those outside of the service which has impacted on the available resource of what is a small team and service which is difficult to quantify and record.

6 months into the project we recognise that 1 year's funding will not allow the in-depth work and support required by people impacted by hoarding behaviours. There are no quick fixes, the complexities associated with hoarding disorder require time and specialist input for any progress to be made.

Should you wish to discuss the service, or this report further please contact

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Specialist Hoarding Service

Case Study



Hoarding Support Worker: Sophie High

Date of case study: May 2021

Pseudonym: B

Headlines

- Referral from the Cambridgeshire Fire and Rescue
- Inaccessible bedroom
- Sleeping on a mattress on the floor downstairs
- Experiencing poor mental health, social exclusion and isolation and difficulty in coping
- Reduced clutter rating has been achieved
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Referral Details

A referral was received from Cambridgeshire Fire and Rescue service via attendance the countywide hoarding panel. The referral referenced struggles with mental health including obsessive compulsive disorder. It noted that there have been complaints from the referred person around anti-social behaviour from the neighbours and feelings of social isolation.

The clutter rating for the bedroom was high and of concerns and B felt unhappy about the condition of the rest of her property. B had contacted her GP and referenced her concerns around hoarding but until the referral was made had received not support with this.

Initial Conversation

B was aware that the referral had been made and was happy to hear from the service. B showed a good level of insight into her hoarding behaviour but explained that she does not know how to improve the condition of her home, her compulsion to buy and collect things or her difficulties in letting items go.

B used the term hoarding to describe how she was currently living. She explained that she had been sleeping on the floor in her living room for 5 years and that her bedroom was inaccessible due to the volume of items in there. B also felt unhappy about the current condition of her kitchen and lounge but was lacking in motivation and experiencing feeling of hopelessness about the situation.

B presented in low mood when discussing her home and her current lifestyle but showed interest in accessing support in making changes to improve these.

Initial Person Profile

B is keen to sort out her property and access her bedroom once again. She has not slept in her bedroom since moving in 5 years ago. She is engaging with CFPT and has a social prescriber. B uses the words hoarding and recognises the problems it is causing her life and wants support to make changes. She has long term goals of

volunteering and starting a new course. In 2009 her partner died and her daughter was taken into care in the same week. This is when B's hoarding behaviours started although she said she has always been swinging from tidy to messy. B has said that she is used to spending her time alone and does not feel lonely, the only support she has is her mum who she does not see very often but talks to on the phone.

B told us that she does not really have a routine, she sleeps on a mattress in the living room and stays there all day. She often only bathes once a fortnight. She sits on the mattress drinking coffee and smoking day in day out. Sometimes she gets "hyper" and has lots of ideas and tidies the house and makes it look immaculate.

B has recently started going for a walk every evening for half an hour. B told us she likes to be creative and enjoys painting and decorating. She painted the kitchen and bathroom when she moved in and has plans for her bedroom once it is accessible. B also enjoys gardening but has problems with anti-social behaviour from a neighbour. B also enjoys sewing but told us she got an obsession with it and bought 40 vintage sewing machines, she told us she does not like this behaviour and is not sure why she does it. B has depression and shows OCD behaviours, she thinks she might have bipolar.

Initial Home Profile

Covid-19 had prevented us from visiting B's home initially and phone support was provided. B send photos on her home to help us to understand the current condition and where she wanted to make changes. It was also agreed that these would be helpful in measuring progress and as a motivation tool.

B's priorities were the living room, the kitchen, and her bedroom.

B confirmed that her home has heating, running water and electricity. She also confirmed that Cambridgeshire fire and rescue had provided a fire safety check and confirmed that the smoke alarms are all working.

Identified Risks

B's bedroom was initially inaccessible. From the photos, description and B's input, it was established that the clutter index score at point of assessment was 8.

The clutter index score for the living room and Kitchen was described by B as changeable but at the point of assessment was a 6.

Risk was noted in the area of self-neglect, indicated by low mood and lack of self and personal care. Poor sleep hygiene was noted in reference to mental health and sleeping on the floor in the living area.

Goal setting

- To make the bedroom accessible
- Clear contents of the bedroom to make is a usable room for sleeping in
- To decorate the bedroom to make it fit for purpose and to improve sleep hygiene
- To clear and clean the kitchen
- To clean and clear the living room and make it fit for purpose and not a sleeping area
- To develop tools, techniques and routines ensure longer term improvements in the condition of the home
- To look at educational course options
- To access volunteer opportunities

External Services

- Social prescribing service
- GP
- Cambridgeshire Fire and Rescue

Reviewed Home Profile

During the initial contact with the service, whilst Covid-19 related restriction remained in place there was improvement seen in both the kitchen and living area which now have a reduced clutter index score following goal setting, motivational work and emotional support provided over the phone and in appointments held outside of the home.

B considered her financial situation by looking at income and expenditure and was able to access a skip to support with the clearance of her bedroom. At this stage, home visits were able to take place and practical, as well as emotional support from P3 could be provided. B stated that this was an easier process than she had anticipated as a result of the rapport and relationship that had been built whilst working on the other areas of her home. B

commented that she had actually enjoyed the process and developed tools and techniques to help her in the future.

A plan has been agreed for B to continue to reduce the amount of clothing she has, she feels confident, motivated and committed to the plan. B intends to donate further clothing to charity shops.

Reviewed Risks

Room	Initial clutter index score	Current clutter index score
Kitchen	6	0
Livingroom	6	0
Bedroom	8	4

B reports improved mood, improved routines, self-care, wellbeing, personal hygiene, and sleep hygiene.

Goal Outcomes

Goal set	Update
To make the bedroom accessible	Achieved
Clear content of the bedroom to make is a usable room for sleeping in	On going
To decorate the bedroom to make it fit for purpose and to improve sleep hygiene	Remains a goal
To clear and clean the kitchen	Achieved
To clean and clear the living room and make it fit for purpose not a sleeping area	Achieved
To develop tools, techniques and routines ensure longer term improvements in the condition of the home	Achieved
To look at educational course options	Remains a goal
To access volunteer opportunities	Remains a goal

Overview

B engaged well with the service and support from the point of referral and has made fantastic progress. An increase in motivation was observed very early on and prior to any practical support being available B was able to dramatically reduce the clutter index rating and improve the condition and safety of her home.

No further work is needed to clean or clear the kitchen or living areas. Tools, techniques, and routines have been developed to ensure this can be maintained independently.

B was in the financial position to order a skip, easing clearance of her bedroom. At this stage, practical support could be provided by P3. A full day with both P3 hoarding specialist workers was undertaken to ensure maximum impact.

There has been a dramatic improvement in the clutter rating of the bedroom which is now accessible. B would like to make further progress with this, and a clear plan has been agreed.

Reflections

The referral of someone who had been provided with an accurate description of the service and felt prepared to meet new people and discuss hoarding and her home was key to the progress made.

Taking the time to build rapport before providing practical support worked in this situation and B responded positively to the motivational interviewing and goal setting. This allowed her to make progress independently outside of contact and appointments.

In this situation, the flexibility to dedicate a full day from both members of the team was of benefit to B. She felt prepared for this to happen and was motivated by what was achieved.

Challenges

Home visits and practical support was not possible initially due to covid restrictions, although progress was made through goal setting, phone support and meeting outside of the home the speed at which progress could be made was slowed.

B experienced difficulties in letting go of belongings, in particular items of clothing, it was important to explore and work on this to ensure that B could manage independently in the future and her home did not return to a hoarded condition it was at point of referral.

Outcomes

We decided to use The Triangle Consultancy Wellbeing Outcome Star to measure outcomes. The star aims to evidence the service's holistic approach and measure the impact the service has on a person's overall wellbeing. The star was used at first meeting and reviewed throughout engagement to be used as a motivational tool and to track progress.

Below illustrates B's outcomes scores showing improvement in all areas.

Stuck – 1 Accepting help – 2 Believing – 3 Learning – 4 Self-resilience – 5

