



PEOPLE  
POTENTIAL  
POSSIBILITIES

**P3 Specialist Hoarding Support Service**

**Huntingdonshire**

**End of Service Report**

**16th November 2020 – 15<sup>th</sup> November 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.

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 Support service](#) (Floating Support), the [Fenlands Teenage Parent Project](#), our [Street Outreach Service](#) and our [Tenancy Sustainment Service](#) for Hyde Housing Association.

## Summary of Key Data

### Referrals

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

We communicated the service description and asked that any referrals were made with the consent of the person. The eligibility was set for people who are negatively impacted by their own hoarding behaviours and who felt ready to receive support.

Referrals	Referral Source	Referral Outcome	Current Status
	Huntingdon Older People's Team, Cambridgeshire County Council.	Accepted	Closed due to service end
	Huntingdon Older People's Team, Cambridgeshire County Council.	Accepted	Closed - Individual did not engage with service
	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	Closed due to service end
	Cambridgeshire Fire and Rescue Service	Accepted	Closed – Diagnosed with terminal illness
	Longhurst Group Housing association	Accepted	Closed due to service end
	Physical disabilities team Cambridgeshire County Council	Accepted	Closed due to service end
	Chorus Homes housing association	Accepted	Closed (Advice and Information given only). Person refused the service.
	Cambridgeshire Fire and Rescue Service	Accepted	Closed – Needs Met
	Cambridgeshire Fire and Rescue Service	Accepted	Closed due to service end
	Cambridgeshire Fire and Rescue Service	Accepted	Closed – Needs Met

	Cambridgeshire County Council	Accepted	Closed due to service end
	Housing 21	Accepted	Closed due to service end
	Cambridgeshire Fire and Rescue Service	Accepted	Closed due to service end
	Chorus Homes housing association	Waiting list	Waiting list
	Chorus Homes housing association	Waiting list	Waiting list
	Self-referral	Waiting List	Waiting List

### Caseload capacity

**10** The service had a capacity to work with 10 people at any given time which was achieved throughout. We had 3 people waiting on support vacancies to become available which were unable to be fulfilled.

### Assessments

**15** assessments were completed within the first 9 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 received weekly support visits.

### Closures

<b>2</b>	Closed prior to an assessment taking place
<b>1</b>	Closed following an assessment. Did not wish to engage with a support plan.
<b>1</b>	Disengaged, whereby progress made was quickly reversed and individual disengaged
<b>1</b>	Closed after receiving advice and information and deciding they do not require practical support from the service
<b>2</b>	closed following completion of their support plan and being removed from the register of concern (CFRS) – Needs Met.
<b>1</b>	closed following a diagnosis of a terminal illness.
<b>7</b>	Closed due to service ending

### Lead Times

Average No. of days between a referral being accepted for support and allocated to a support worker	<b>1</b>	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.	<b>8</b>	Telephone calls, letters, e-mails and contact via the referring service are all used to engage with those referred into the service.

## [Onward Referrals](#)

6 Onward referrals have been made to the **P3 Cambridgeshire & Peterborough Floating Support Service 1** onto **Citizen Advise Bureau**.

## [Milestones and Successes](#)

### [Demand v's capacity.](#)

The service launched in November 2020 and despite restricted publicity, it received lots of positive interest and **19 referrals** in the first 9 months.

We continued to receive referral requests and enquiries from outside of the Huntingdonshire area. 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 to those ineligible for the service, or where the service was at capacity.

### [Partnership working](#)

We attended and contributed 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.

### [Training and Development](#)

Internal training has been provided to our Floating Support Services across Cambridgeshire, which has received positive feedback and enhanced the knowledge of hoarding behaviours within P3.

### [Practical support and progress](#)

During the first quarter Covid restrictions meant that support was largely provided remotely. Although this impacted on overall progress, we successfully supported 4 individuals to remove items from their properties, collecting items and donating them to clothing **banks** and **recycle centres**.

As restrictions lifted, we provided practical support in peoples homes, using a person-centred approach and pace to encourage independent goal setting and motivation for people to complete their own tasks in between support visits. Routines became established and support was provided to promote long term behaviour change to enable people to stay safe and manage their home environment.

### [Environmental Impact](#)

People have found it motivating that their items are being recycled or reused and can help someone else. Regular donations are now being made to **charity shops** and the **collection of large items** has been facilitated with the support of the **British Heart Foundation and Huntingdonshire District Council**. 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.

2 individuals have **been removed from the register of concerns** with Cambridgeshire Fire and Rescue Service.

### Outcomes

#### Clutter Ratings

P3 support people to periodically complete a Clutter Rating Scale **together** to celebrate progress and achievements and help plan to move forward.

The below tables show a percentage **reduction** in clutter ratings for **8 people** from their initial ratings and their final ratings.

Below is an average progress score for each room. Priority was given to clear red route exits.

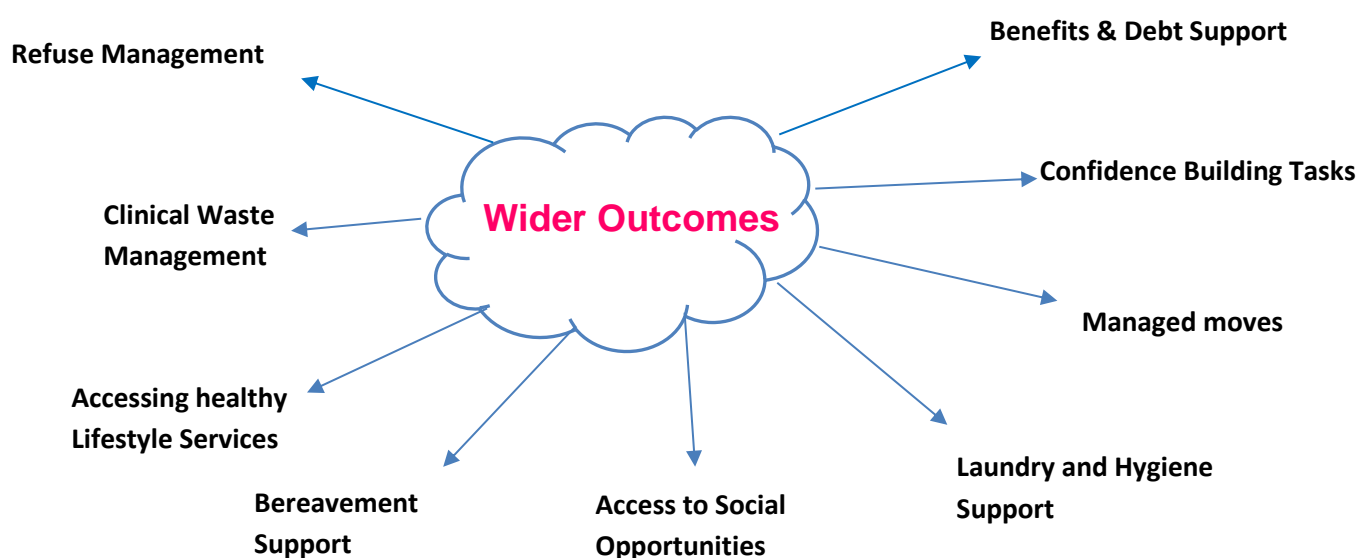
Area or property	% Reduction in Clutter Rating
Hallway	50%
Bedroom 1	45%
Kitchen	48%
Living Room	24%
Bedroom 2	8%
Bathroom	38%

The **Clutter Ratings Scale** has been used throughout the service to help people recognise their situation, motivate them and measure progress.

***‘All rooms showed an improvement on the clutter rating scale’***

#### Holistic Support

The **holistic approach** of the service aims to support people in various aspects of their lives and improve their overall **quality of life**. Staff **encourage and empower** individuals to make positive changes and have supported individuals with:



## Emotional Support

The service ensures that individuals receive emotional support as well as practical advice and assistance. We have taken the time to get to know the people we are working alongside and help build their independent living skills and confidence. We have offered support and advice to link into services such as **mental health, bereavement counselling, social care** and other **community 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 have worked collaboratively with all agencies to ensure the person is getting the right help to meet their longer-term needs.

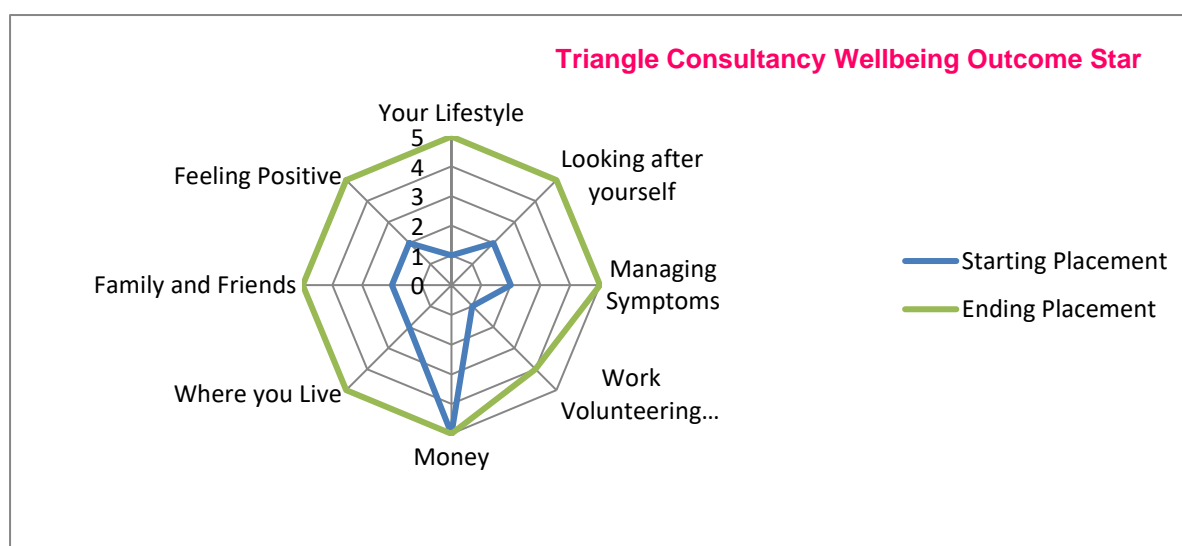
To ensure the service had a **person-centred approach**, we aimed to ensure people have autonomy and are involved and invested in their own support. We worked with people at their own pace, using motivational interviewing techniques and communication skills to promote independence and support longer term behaviour change. We created tools to provide visual aids such as action planning worksheets, providing tips for decluttering, and organising different areas of the home.

[Case study \(Full Case Study can be found in Appendix A on page 11\)](#)

### 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 score achieved
- Dramatic change in the condition and presentation of her home
- Feelings of improved well being
- Improved motivation
- Coping mechanisms and tools in place

The below 'self-scored' outcome results were taken at the start and end of the service. The maximum possible score using this tool is 40. The average total outcomes score for this person was **17** at point of needs assessment, and **39** at discharge. (129% increase).



## Feedback

### Feedback from those who have received support from our service:

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

'Really happy, couldn't have done it alone and would have been stuck without support from S and G. Wouldn't have been able to have made a start. Plus having someone to phone encourages you to carry on and keep in touch. Even when you couldn't come round because of restrictions it was nice to have someone who understands at the end of the phone. There was too much stuff to do alone. That long day we did was exactly what I needed and S staying the extra time was really appreciated. I think the service is really needed. Most people need more mental health help as well as support from people like you. I just can't believe I was so lucky to get help and I asked for it at the right time, I am so grateful. Once the bed is up then it is the end of this chapter of my life, and I can move on to other things.'

'Happy with the service. Found it very much helpful, pleased to have got rid of boxes, hallway still clear, happy, and comfortable with the clear hallway, only have clothes airer in the way. Floors clear, only dry's clothes on the radiator. Just the incentive to clear and keep on top of everything including the kitchen. Cupboard by the sink is now clear. I just keep cereal in there.'

'I think I can blame you for making me feel happier. Really pleased with the service, you have changed my life. Didn't expect to do what we have done when you first got involved. Really happy.'

'I originally declined support as I was nervous and didn't want to be told what to do. My experience of the service has been great. S has not been strict, and never been angry and getting on at me. She has been kind, nice, friendly, and supportive. I am happy with what we have achieved, and I now sleep on a sofa instead of the floor.' (PWWA choices to sleep in lounge, has done for years and does not wish to sleep in a bed in a bedroom)

'The service has been very supportive of my needs and clearance of my flat to make it safer. They have ascertained the difficulties I have been facing. They have improved the welfare of myself and other residents of the block of flats. I am finally receiving the support I need. Thank you for improving my safety.'

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

### Feedback from other professionals we have worked alongside.

*'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.

I am writing in support of P3's hoarding service. I have a tenant who is currently supported by P3 and the impact this has had on the tenant is huge. Not only is the property safer because of their intervention but also, they have been able to build a relationship which has had a positive impact on her mental health. Half of this support was during the midst of the

pandemic when support was over the phone so still to have been so successful during a time when restrictions were in place is testament to how fruitful the service is. As a front-line worker, myself I cannot stress enough how vital this service is, there is no other service that I know of that supports hoarding in such a way, and how much of an impact it could have. I work all over Peterborough and have seen how this service is needed and could be expanded to other areas as well, there is a huge demand and many tenants that could utilise this support service. - *Tenancy Sustainment Officer – Housing Association*

### **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 a genuine interest in supporting those exhibiting hoarding behaviours for a number of years and is 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 included telephone calls, doorstep visits to talk and collect items, walk, and talk. 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 has been offered to all active cases with the service, However, we have recently had staff who were required to isolate, and changes within P3 measures which had delayed some home support visits being provided.

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.

The project has recognised 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.

### Thank you



The funding we received from the Cambridgeshire Community Foundation to deliver this service completed on the **15th of November 2021**.

We have really enjoyed being able to deliver such an exciting, interesting, and valuable project to the people of Huntingdonshire.

**We would like to take this opportunity to thank the Cambridgeshire Community Foundation for their belief in P3 and support in making this project possible. 'Thank you'**

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

**Sophie High – Project Development Lead**

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**07817168525**

## Appendix A

### 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
- Dramatic change in the condition and presentation of her home
- Feelings of improved well being
- Improved motivation
- Coping mechanisms and tools in place

#### 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 no 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 was keen to sort out her property and access her bedroom once again. She had 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 sent photos of 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 it 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	0

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 it a usable room for sleeping in	Achieved
To decorate the bedroom to make it fit for purpose and to improve sleep hygiene	Achieved
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 has been able to independently decorate her bedroom and furniture. After almost 6 years of sleeping on the floor in her lounge B is now sleeping in her bedroom.

CFRS have visited and B has been removed from their register of concern.

## 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

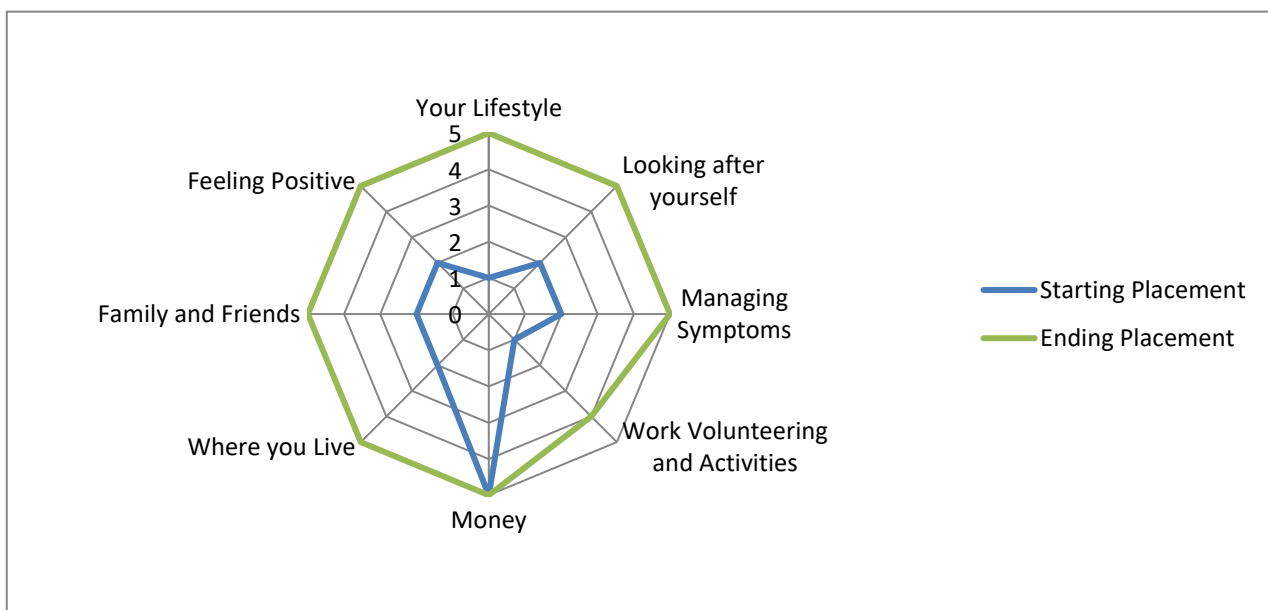
Home visits and practical support was not possible initially due to covid restrictions, although progress was made through goal setting, phone support and meeting outside of the home the speed at which progress could be made was slowed. B experienced difficulties in letting go of belongings, in particular 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**



The maximum possible score using this is 40. The average total outcomes score for this person was **17** at point of needs assessment, and **39** at discharge. (129% increase).