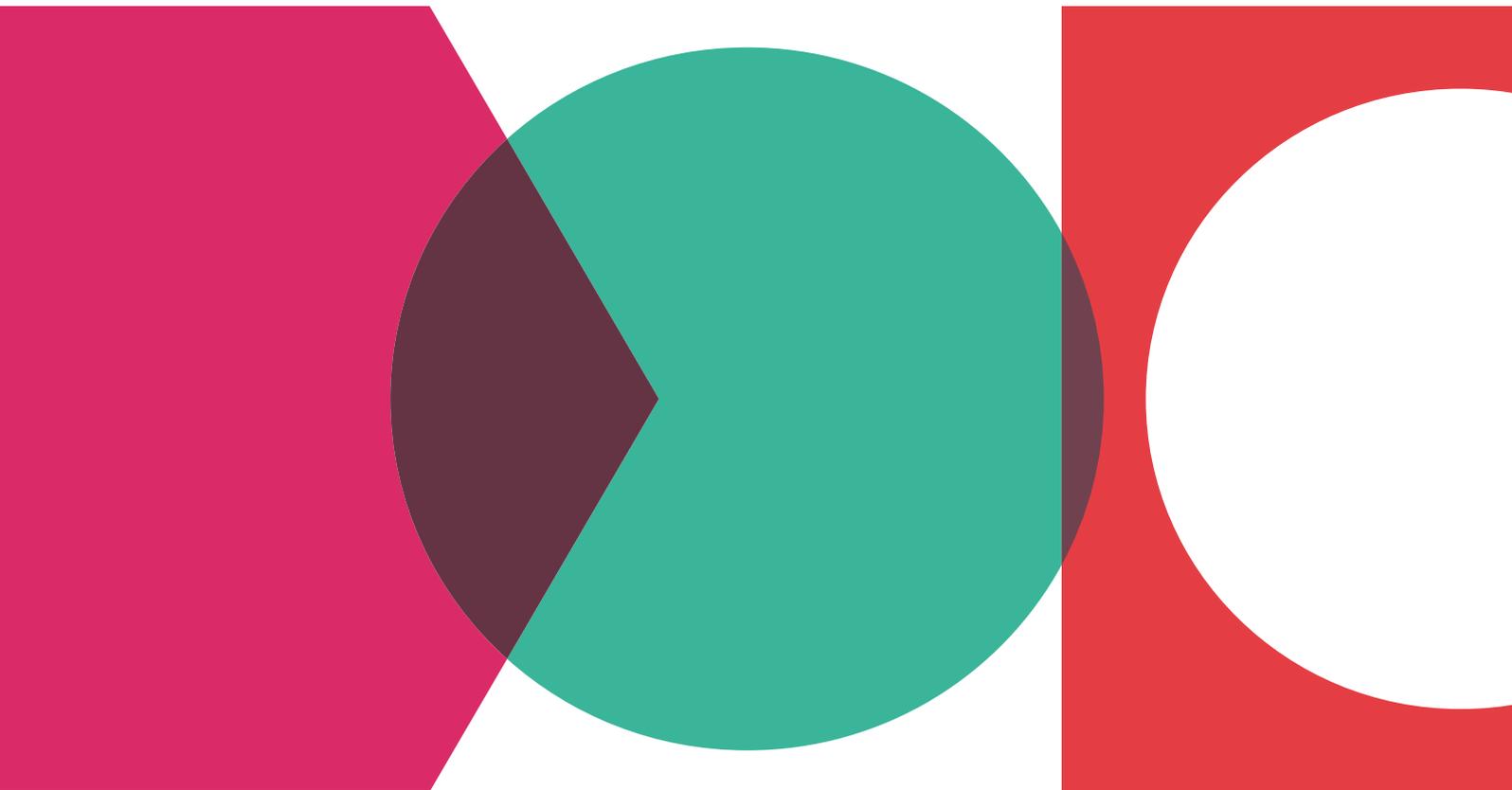# MORE THAN DECLUTTERING

INSIGHTS FROM ATTIC PROJECT VOLUNTEERS DECLUTTERING WITH OLDER PEOPLE

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Executive Summary

Background
The case for decluttering support for older people

In 2010, George Osborne, the then Chancellor of the Exchequer, announced a series of public spending cuts totalling £83bn[1], and the years that followed were also characterised by further cuts to public services. These cuts included a 26% reduction in the number of older people receiving publicly funded social care between 2011 and 2016.[2] Most professionals and commentators believe that cuts to social care services have contributed to pressures on health services, and the Care and Quality Commission for Wales has found that too often health and social care services are not joined up.[3]

There needs to be better integration between social care, the NHS, and housing. But this needs to start not at the system level, but with the individual and build up from there.
– Older People's Commissioner for Wales, 7th May 2020[4]

Clutter is an under-researched and under-reported area of concern in older people's homes, despite having broad-reaching impacts. Problematic levels of clutter can put older people at increased risk of falls, accidents, and fire-related incidents. As well as physical impacts, clutter can be a source of stress, embarrassment and discomfort, which can negatively impact upon mental well-being and lead to isolation and loneliness. Clutter can also be a major obstacle to the completion of necessary repairs, adaptations, and improvements required to make a home warmer, more comfortable, or safer.

Finally, clutter can make downsizing or the transition to supported housing more difficult and stop older people moving to more suitable accomodation.

Often space is needed to resolve housing issues. For older people who are unable to clear through their possessions themselves, either due to the physical challenge or because they feel overwhelmed at where to start, there's little service provision available to help and people find themselves trapped in unsuitable housing. There is a real need for services, such as the Attic Project, which help older people sort through their belongings in a compassionate way.
– Attic Project, 14th January 2021

Over the last two decades, there has been a substantial increase in the marketised of decluttering services, but these are relatively expensive and therefore not accessible to all. There are only four third-sector decluttering services for older people in the UK, which differ in scope and cost to the client. A handful of other services provide a collection service for the removal of items but do not assist with decluttering itself.

The rationalisation of front-line support work has meant that informal support with domestic tasks such as decluttering and sorting has been eroded, and as a result discrete decluttering services are growing in significance.

The situation of older people in Wales

- 83% of older people are owner occupiers, and the majority wish to remain living in their own homes and communities for as long as possible.[5]

- After housing costs, 20% of people over the state pension age live in relative income poverty.[6]

- Almost a quarter (24%) of people aged 70-74 are limited a lot by health issues, which rises to around a third (35%) of those over the age of 75.[7]

- Almost half of people report feeling lonely sometimes, and 11% feel consistently lonely.[8]

- It is estimated that in 2017-2018 there were 56,000 households in Wales inhabited by an older person that experienced fuel poverty.[9] This is exacerbated by old and poor-quality housing stock that is difficult to make more energy efficient.[10]

Context
The Attic Project

The Attic Project – funded by the National Lottery Community Fund – is an innovative partnership project between 4 organisations:

Partner organisation	Organisation's aims	Role in the Attic Project
Care & Repair Cymru	The national body for Care & Repair in Wales that works to ensure that all older people can live independently at home in safe, warm, and accessible housing.	Project leads, managing governance, funding, marketing, monitoring, and reporting.
Safer Wales (Attic Project partners since January 2019, when they merged with VCS Cymru, who were the project's original partners)	Community Safety Charity which supports victims of domestic violence, rape, sexual abuse, exploitation, and hate crime.	Recruit, train, and manage Attic Project volunteers and coordinate reminiscence activities.
Care & Repair Cardiff and the Vale Newport Care & Repair	Provide services which support older people to repair, adapt, and maintain their homes so they can live independently in safe, warm, and suitably adapted homes.	Receive and assess new referrals, provide Casework services, and find appropriate handyperson/removal contractors.

The project has three main aims:

1 to support older people to sort through accumulated items that prevent adaptations, repairs, or downsizing;

2 enable memories to be shared through reminiscence, in order to reduce feelings of social isolation;

3 reduce environmental impact by creating opportunities to recycle and reuse possessions.

The Attic Project relies on volunteers to provide support in decluttering and reminiscence with clients, who are referred to the service in a range of ways.

Methods

This project adopted a qualitative research design. Specifically, the research involved in-depth virtual interviews with Attic Project decluttering volunteers (n=6) which were undertaken between April and May 2020. These volunteers were involved in decluttering client's homes, although the Attic Project does also have volunteers who work with clients to do reminiscence activities. The interview participants were all aged over 50 and included two men and four women – representative of the demographics of the decluttering volunteers more broadly – and had been volunteers with the Attic Project for varying lengths of time, ranging between 9 months and 3 years. All interview transcripts were anonymised. Such a methodology helps to develop and understanding of the issues surrounding older people and clutter, but also the practicalities of addressing them.

Key findings

— Volunteers had a unique insight into the types of older people who use decluttering services and the nature of their needs and motivations for support, providing an added level of detail to caseworker reporting.

— The process of decluttering varied for volunteers from client to client, but shared experiences pointed towards the importance of methodical approaches as well as simply being a presence to catalyse the process.

— A client's route or referral to the Attic Project can have a direct impact on their motivation and therefore their mind-set towards decluttering.

— Volunteers developed supportive relationships with clients which motivated decluttering, but also provided emotional support when recounting unhappy circumstances or memories, as well as regular companionship.

— The majority of decluttering work was thought to be a lasting success at a significant point in client's lives, as their opportunities for further cluttering would be limited by their advancing age.

— Volunteers were unanimous that a decluttering service, such as the Attic Project, was needed – as indicated by its very high demand – but were unsure how it might be funded since it falls between and across areas of public service provision.

Recommendations
A joined-up decluttering service for older people

Publicising the service. Public Health Wales, Care & Repair, and Age Cymru should host information about decluttering service providers, and what to expect as a client, alongside information about the risks of clutter and unsuitable housing conditions.

Allow greater flexibility around the maximum hours of decluttering support by assessing the amount of support on a needs basis, with rolling checks on progress. Communicate these assessments to volunteers.

Continue to **work on the assumption that the maintenance of longer-term outcomes needs more than decluttering to be successful.** Encourage the commissioning/support research on the long-term outcomes of decluttering support, as well as the gaps in service provision for older people with clutter problems more broadly.

Work collaboratively with other service providers to **produce comprehensive roadmaps of client referral routes to and from the service** to further improve triaging processes into the project and integration of decluttering support with existing care plans.

Communicate signposting opportunities such as mental health support, cleaning, befriending and trusted tradespeople **more clearly to volunteers** through simple flow-chart style guides to give better awareness of available support services. Also, communicate what signposting and/or referral pathways have been made at the end of decluttering support to volunteers, to address any concerns they have about the continuing needs of clients.

Establish a system of accountability and safeguards when, on very rare occasions, volunteers do wish to provide support with small repairs or maintain social links with clients. However, organisational duty of care, especially in terms of protecting vulnerable adults, will remain of paramount importance.

Retain mix of volunteers and Decluttering Officers. Volunteers evidently foster supportive relationships with clients, so should be retained for less complex cases. However, reliance on volunteers limits it to people who can afford to do so, who may not share the same backgrounds as those seeking support, so it is also important to maintain or increase the number Decluttering Officers.

Contents

Research Context

What is clutter?

Academics define clutter as piles and accumulations of things which overflow and block up the spaces and flows into, within, and out of households.

Adverts, TV programs, self-help guides, and in-store displays bombard us with the message that mess is bad and tidiness is good. This idea influences what we consider to be the correct way to display and order our household possessions.[11] If we fail to keep our homes tidy, that image is thought to transfer directly onto the home dwellers, so they are seen to be unloving partners and parents, or unworthy tenants.[12]

In recent years a movement has started that encourages older people, along with the help of their family, to reduce the number of things they own. In Sweden, this trend is called 'death cleaning' and is framed as the responsible thing to do to spare the next generation.[13]

Clutter or hoarding?

There are blurred lines between clutter and hoarding, and the two words are sometimes used interchangeably.

In 2017 the World Health Organisation added hoarding disorder as a new category under OCD. The condition is defined by the NHS as "where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter. The items can be of little or no monetary value".[14] Those with hoarding disorder can find the idea of discarding items distressing, and their personal, social, and domestic lives impaired by the quantity of things in their possession. The main difference, then, between someone with an overly cluttered house and someone with hoarding disorder is how well they can cope with discarding their excess things – something which is difficult to observe and measure.

Research into hoarding interventions is growing very quickly but the problem of clutter is still largely unexplored, despite potentially affecting a greater proportion of the population. Housing inspections data in Canada, which has a similar population profile to the UK, indicates that problematic clutter could affect 1 in 14 people.[15]
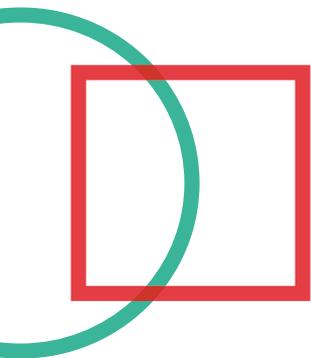
Policy Context

In the UK there is a strong policy stress upon older people 'staying put' or 'ageing in place' for as long as possible, which has been supported by extensive research drawing from the preferences and priorities of older people themselves.[16] Encouraging people to remain in their own homes has been at the centre of social care policy that promotes independence.[17]

Support for older people in their homes has been declining.[18] Home adaptations are beginning to

be discussed[19] and guides such as the Lifetime Home Design Guide and HAPPI should mean new build homes are accessible and adaptable over the life course.[20] In direct contradiction to the 'stay at home' message, policies that release family and individual capital for older people's health and care needs are also emerging.[21] A reduction in possessions could be seen both as enabling these agendas but may also be an upsetting reminder of life narrowing with age.[22]

Risks and challenges of living in a cluttered home

Much of what we know about the risk of clutter is actually based on research on people with hoarding disorder. A number of these risks are applicable to people of any age but can be worse for older people, who can find it less easy to physically and emotionally manage their possessions.

Falls and accidents

Clutter can increase the risk of falls, fire-related incidents, burns and scalds, among other accidents, and can have lasting impacts such as loss of confidence and independence. Public Health Wales has identified that 30% of people over the age of 65 fall each year, which increases to 50% of people over the age of 80, and many of these are preventable.[23]

Fire risk and damage

Data collected by the Chief Fire Officers Association shows that up to 30% of fire deaths are related to hoarding.[24] These numbers are presumably even higher when including cluttered homes. As well as increasing the risk of fire, having too many possessions can make it difficult for fire services to gain access to homes, locate casualties, reach gas and electric to shut them off, and means they need to deal with hotter fires due to the quantity of flammable materials.

Adaptations to the home

Care & Repair Cymru caseworkers have found that clutter is a major obstacle to the organisation and completion of necessary repairs, adaptations, and improvements so that older people can continue to live safely and independently in their own homes.

Clutter can delay or prevent heating repairs and access for the installation of new insulation. High fuel bills and cold homes disproportionately affects older people.[25] Adequate heating and insulation reduces risks of illness, prevents excess winter deaths, and means homes are more comfortable.

Clutter can also delay or prevent people from returning home from hospital. All 13 Care & Repair 'Hospital to a Healthier Home' schemes in Wales have encountered delayed hospital discharges due to clutter in patient's homes, and one hospital estimated having 52 cases a year.[26]

Downsizing / moving to suitable accommodation

Approximately 3.3 million 'last time buyers' were looking to downsize in 2014.[27] Not knowing what to do with belongings can make downsizing, or the transition to supported housing, more stressful and therefore stop people from moving to more suitable accommodation.

Social isolation and loneliness

Those with cluttered homes can be worried, embarrassed, or uncomfortable inviting people into their home, which can lead to feelings of isolation and loneliness. Over 1 million older people say they always or often feel lonely.[28] A high degree of loneliness can be as harmful as smoking 15 cigarettes a day, and doubles the likelihood of developing Alzheimer's disease.[29]

Well-being

There is a growing body of evidence from psychologists, who claim that clutter can negatively impact mental well-being, particularly among women. Clutter can induce a physiological response, including increased levels of the stress hormone cortisol.[30]

Decluttering services

Professional declutterers

Over the last couple of decades, there has been a substantial rise in the marketisation of decluttering services following the founding of the Association for Professional Declutterers and Organisers (APDO) in 2004, and its subsequent growth to over 270 accredited experts across the UK.

Paying for the services of a professional declutterer is expensive and therefore not available to all. For example, one service in South Wales costs £20 for the initial assessment and £30 per hour of decluttering in the home.

Some local Age UK centres advertise professional decluttering services, that they have vetted, on their websites.

Third sector services

Third sector services are offered in limited places in the UK, and differ in scope, cost, and additional support. Not all services provide support with decluttering but are a collection service for items already identified by clients for removal.
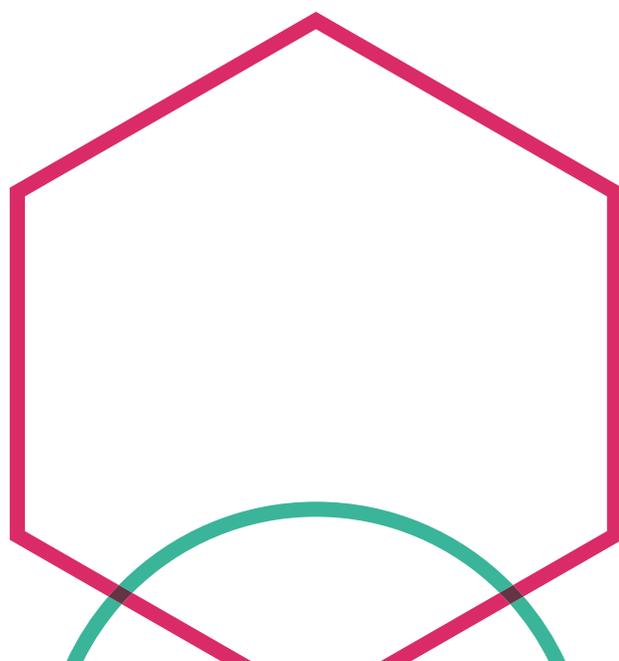
The four services which provide help with decluttering, as identified by the researcher from web searches, are summarised in the table below.

Decluttering training

Decluttering is a task many of us are familiar with in our own daily lives, but can present different challenges when doing it for and with other people and therefore can require training.

Attic Project volunteers undertake mandatory training over two days before they work with their first client. This training was initially based on that provided for volunteers of WE Care & Repair's Making Space project (which supports people with hoarding tendencies), and then subsequently adapted to reflect areas which had been identified through discussion with volunteers. Topics covered in the training include: volunteer roles, professional boundaries, lone working arrangements, visual risk assessments and safe handling, signposting, safeguarding, confidentiality, and reminiscence. Volunteers are made aware of how referrals are made to the scheme, how levels of clutter are assessed, and then techniques for approaching decluttering and how to report back. The benefits, challenges, and practicalities of undertaking reminiscence with clients is also covered.

The Association of Professional Declutterers and Organisers (APDO) provide training course called 'Starting A Professional Organising Business', run over two mornings by experienced POs. APDO members are not required to undertake the training as a condition of their membership but do receive it at a subsidised rate. This training demystifies the professional organiser role (the kinds of services, client, groups, and specific methods), presents models for consultation, and how to start, run, and end sessions, and highlights specific challenges using real scenarios as points of discussion. The training also covers professional principles including: ethics, insurance, data protection, website, branding, pricing, book-keeping, and marketing. Training participants are encouraged to set-up a WhatsApp group to continue opportunities for peer-reviewing, accountability and support.

Name	Where?	How is it accessed?	Support provided	Duration of support	Cost	Other things to note
Attic Project	Cardiff, Newport and the Vale of Glamorgan	Through Care & Repair services, hospital and community health teams, local council services, Housing Sector, Social Services, Mental Health services and Environmental Health, and client self-referral.	Following a meeting with a caseworker, decluttering is undertaken with volunteers. Contracted handy-persons are used for heavy-lifting and removing items from the home, which are taken to charity shops or household waste recycling centres.	Open ended support offered at the beginning of the project. Changed two years into the project to offer up to 20 hours of support per person (typically 2 hours a week over 10 weeks) to meet high demand. Can be undertaken over shorter timeframes/ more intensely. Extra support may be provided following additional assessment.	Free for people aged 50+.	After decluttering Care & Repair organise adaptations and minor repair works that had been identified during the initial caseworker assessment. Also provides a reminiscence service with dedicated volunteers.
Age Concern Liverpool & Sefton	Liverpool and Sefton		Decluttering			Also provide a deep clean or more routine cleaning service.
Age UK East Sussex House Clearance and De-Cluttering	East Sussex	Client self-referral	De-cluttering, removal of items and removal of rubbish.		Service cost is covered by the resale of cleared items. If cost is higher than potential resale value a donation is required. This is agreed up-front prior to decluttering.	
Age UK Devon 'decluttering package'	Devon		Sort through belongings. Removal of small agreed items to local charity shops. Can make telephone calls to auctioneers, house clearance companies, removal firms, recycling centres etc.	8 hours over 2 weeks. Minimum of two hours per session. Extra time can be added if required.	The package is subject to a 'chargeable assessment'. Invoice for the agreed package must be paid for prior to the work commencing.	If required can also complete a thorough clean of room/s after decluttering.

Findings

Ⓐ Understanding routes to/reasons for referral

Volunteers had a mixed awareness of how clients had come to the Attic Project. Some felt uncomfortable asking, whereas others felt discomfort when clients divulged 'too much' about their personal circumstances. Referral routes which were identified included:

Occupational Health and Social Worker assessments of homes **prior to discharge from hospital** identifying adaptions that needed to be put in place or health and safety issues which needed remedying.

> ❝ *Somebody assessed their home and said, 'You need these things in place', and then it came down those routes.* ❞
>
> – Volunteer T

> ❝ *The second client I was assigned to was under threat of eviction, due to health and safety issues flagged up by her elderly mother's Social Worker. My task was to assist the client in decluttering her mother's bedroom, whilst her mother was in hospital.* ❞
>
> – Volunteer Z

District nurses attending to a patient at home, who couldn't access the bathroom or kitchen to wash their hands, getting in touch with the **Fire Service** who then went in and assessed the house for risks and evacuation routes.

> ❝ *She [had] tipped hot soup over her[self] and had quite severe burns. And then she had the district nurses going in and I think they passed on the name to Cath, because she wasn't sure where it came from. But Cath said she'd had the fire service went in and they said she needed to clear the walkways through the house.* ❞
>
> – Volunteer W

Council workers needing to update amenities or install items but being unable to access the areas to do so.

> ❝ *They had been forwarded to Attic Project because the council wanted to replace their bathroom with a wet room and replace their boiler and kitchen, only small areas. But of course, nobody could get in, so that was what we were doing.* ❞
>
> – Volunteer W

> ❝ *The client was having some new shelves fitted by the Council, but they wouldn't come until they had full access to it, because his clutter, he tended to push things under tables, under chairs and you couldn't actually get access to the wall without moving these things.* ❞
>
> – Volunteer P

Even where referral routes weren't clear, either because clients did not divulge them or were uncertain themselves, volunteers sometimes could make assumptions on what had led them to the Attic Project based upon the client's medical conditions/needs, neighbour relations or family circumstances.

One client wished to make **home adaptations** to better cater for her husband, who had lost a foot to severe diabetes and was bedridden.

> ❝ *Her plan was to have that garage emptied and have a lift put in so her husband can go up and down in the lift.* ❞
>
> – Volunteer S

However, the volunteer also noted that the client's **neighbours** had complained about the state of their garden and presence of rubbish on the driveway.

Another client needed help to make her home more **comfortable**, something which was especially important as she had arthritis but had piles of clutter which made it impossible for her to access her bed.

> ❝ *When she said, oh I'd like you to do… make… make a bit of a start in my bedroom, I said, okay, show me where it is. So she showed me. I said, where's your bed? She said, it's under that. And she'd just been piling rubbish on her bed for, well, five years, she hadn't slept in her bed for five years. [She was sleeping] in a chair in the living room. And bear in mind she suffered with arthritis and couple of other complaints. And she wasn't using her bed for goodness sake.* ❞
>
> – Volunteer S

One volunteer learnt from a client that a **family member** had made decluttering her flat a condition to help with accommodation costs, and therefore this may have been a 'self-referral'.

❝ Her father decided that he'd buy the flat and then she'd pay him the same rent as she was paying to the landlord. But of course, he said I'm only going to do this if you tidy the flat. I'm not going to buy it if it's in the state it's in now. ❞
– Volunteer U

Several volunteers commented on client's **shopping habits** via online shops like QVC or from charity shops, signalling that their purchasing seemed to have got out of control, resulting in the purchased items making up the majority of clutter in some places.

❝ It took me three/four visits to clear the stairs. And all the stuff that was on the stairs was makeup stuff, you know, cleansers, washing, all these very expensive things that you get on QVC. ❞
– Volunteer W

❝ She goes to a charity shop and buys clothes and other stuff, and she never uses it. The piles of clothes on the floor are hanging up on the doors and everywhere, are just charity clothes with the labels still on them. ❞
– Volunteer T

B The decluttering process

Undertaking the decluttering process varied for volunteers from client to client but there were a number of shared experiences. Several volunteers were aware that simply being a presence in a client's home was enough to get it started, whereas for other clients a more methodical approach was needed to direct their attention.

❝ She kept saying to me, she didn't even know where to start. […] I think that's it's giving them permission to do something, rather than just keep looking at it, you know? ❞
– Volunteer W

❝ We just worked around in a clockwise fashion really and did one area the one week, one area another week. ❞
– Volunteer W

More often than not, in order to be able to complete one section of decluttering another space needed be started as the objects were put in their 'correct' place. Whilst generally not a problem, volunteers sometimes found that moving items between rooms was more a process of 'churn' than productive – something which had been covered in volunteer training.

❝ I had nowhere to put them then, because we boxed them up… and then there was nowhere for me to put them upstairs or downstairs, so we had to clear a bedroom then to do that. ❞
– Volunteer W

❝ A lot of the things did seem to end up, "Oh, that needs to go downstairs, so I'll put that downstairs now. And this one can go in the other bedroom", so that would move into another bedroom. ❞
– Volunteer T

❝ We started moving things, and he said, 'Oh, can you put that in my bedroom', and we thought, 'Well, okay, no harm', it was just down a corridor. So, we started doing that, but it quickly became clear that the bedroom was already cluttered, and we were cluttering it up even more by just moving things from A to B, whereas we wanted them to go to Z, i.e. out. ❞
– Volunteer P

For clients with limited **mobility** having a volunteer to reach, lift, or bring items to them to assess was the main benefit of the service, whilst for others the process worked best when the volunteer set particular **tasks** for the clients.

❝ We were getting him to do the paperwork, because he wasn't best on doing all the physical stuff, but he was okay with the paperwork and there's lots of papers there! So, we found a box and I got him to do like a little task every day. ❞
– Volunteer W

Volunteers described the **quantities** of things they took or arranged to be picked up from clients homes in terms of numbers of boxes, bags and, space cleared destined for charity shops or bin, and on the whole once the client had chosen what they wanted to dispose of they followed that through, although on a handful of occasions the things never made it out of the door.

" I filled this big box of shoes up and I never took them from there. I said what do you want me to do with these shoes? Oh, leave them there, she said, they're fine. "
– Volunteer S

Volunteers were able to arrange for Care & Repair **contractors** to come in and help with the 'heavy lifting' and **removal of items** from client's homes, and this was deemed by volunteers to generally work very well, only one commented that it was good that she was present when they turned up as the client was a little nervous about dealing with them herself.

On a couple of occasions volunteers needed to work in **unclean environments** and described moderating their reaction to things they unearthed to avoid embarrassing clients, as well their personal coping mechanisms in terms of hygiene, including wearing gloves, hand sanitising, and showering once home.

" I pull all this rubbish off this chair and underneath was a plastic bag with chicken portions in. And I couldn't tell you how long they'd been there. The smell was horrendous. I went, 'Oh God!', because it was such a surprise. She heard me and said 'What's the matter?' I said I don't know what that is, I think its chicken portions. They were green and they were crawling. And the smell in the room was awful. So I took it outside and put it in the garden and I bagged it later on and took it away. "
– Volunteer S

" She had rats in the house... I never told her, because I didn't want to frighten her. I said, oh you have got mice. [...] So I always wore gloves in that house. And I always use antibacterial stuff on my hands before I got in the car. "
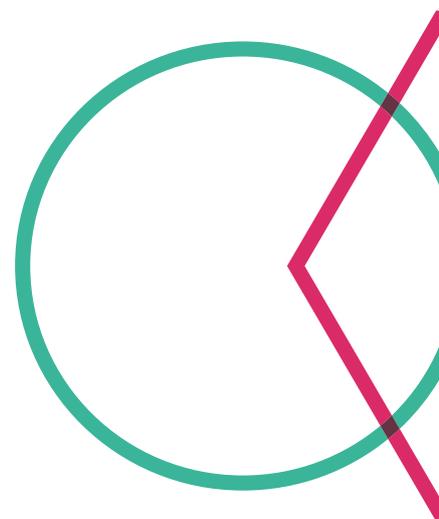– Volunteer S

" I went in one kitchen cupboard and there was tins at the back, they'd been in there so long they'd rotted through and there's no contents in the tins. [...] I used to double bag everything and put a plastic tie around the top of the bag so they didn't leak at all. Because I had a brand-new car, didn't want to mess my car up. "
– Volunteer S

" They gave us the green tops, that's my uniform, I put that on and then that's what I'm doing. And then when I come in, it goes straight in the washing machine and I get in the shower. [...] I've always got a hand sanitiser in the car anyway, so I'd always sanitise my hands. I couldn't do anything like go and do a bit of shopping or anything like that, I had to get straight home from there. "
– Volunteer W

C Supportive relationships and reminiscing

Volunteers were aware that decluttering was more than physical or practical support and also required **supportive** or **therapeutic relationships** to deal with a range of emotions which might emerge during the process. These enabled the sorting through of particular items with clients which were particularly **intimate** or bought up **sad memories**, including relating to bereavement, and this was thought to sometimes be a **cathartic** experience for clients.

" And we then went through all her clothes, and I think she'd lost quite a bit of weight. It felt like this was the first time in years that she'd allowed anybody to see inside her bedroom. And she wanted to hold clothes up against her and say, 'Should I keep this? Does it fit me or is it too big?', and I felt that she really benefitted from that. It felt quite a nice sort of way of doing the decluttering there with her, it felt quite intimate in a way, that she was trusting me to do that. "
– Volunteer T

> *My third client has spoken about not having been able to get on with sorting through all her paperwork on her own, due to painful memories it brought back for her. [...] She has repeatedly told me that she would not have been able to do it on her own. [...] I also believe, that although the lady found that coming across certain papers triggered difficult emotions for her, I was able to help my client have a somewhat cathartic experience, when disposing of the items which had brought back bad memories.*
> – Volunteer Z

> *The first lady did get emotional, sometimes, when she was talking about her husband. She still can tear up when she talks about her husband although he's been gone for 22 years. You can tell I know the dates, the number of times she talked about it.*
> – Volunteer U

As clients became more familiar with volunteer they would open up about their **personal circumstances** and **pasts**, which on a couple of occasions were of traumatic events. Knowing about these helped volunteers to understand their state of mind and how their homes had become cluttered.

> *I worked for one lady last year and she bought things and she had things still in the original plastic wrappers hanging from everywhere. [...] That was difficult that one. Because she had lots of problems, and then find out halfway through working with her, she said, 'Also, I'm an alcoholic', so that was quite interesting that one!*
> – Volunteer W

> *I didn't know the circumstances when I started. When Cath and I went to see her we didn't understand that she'd been raped in her bedroom by somebody, and that started off [the clutter]. That didn't come out until a couple of weeks afterwards. But from the start there was obviously something in the background, troubling her, but we didn't know exactly what it was until she opened up to me.*
> – Volunteer U

> *I got to learn about her background and the abusive relationships and all the rest of it and why, particularly in her bedroom, she feels safe if she's got stuff around her, because without that stuff... I mean, we've got over that bit now, but without that stuff she just feels too exposed. [...] She had to go to the doctors to tell him that we were doing this exercise and she's had some medication to help her feel less anxious as the clutter is gone.*
> – Volunteer U

The building of rapport and supportive relationships also led to clients opening up to volunteers about their memories and emotions when sorting through objects. Coming across these items provided opportunities for clients to **reminisce** about their former lives.

> *We came across some bags of papers and some of it was to do with some studying that she'd done ten years previously and perhaps some courses that she'd been involved in. And she would start looking at them and think, 'Oh, I was good at that and I wish I could do that now', and yeah, that brought back a lot of emotion really. Also, there were some musical instruments that we uncovered, and it was, 'Oh yes, oh, I used to do that' and you could see the glimpses of her former life, I think that had just become buried in all the clutter really.*
> – Volunteer T

> *We found an old tabletop in the spare room and so she told me a story about how she couldn't possibly part with it because that's where her boys used to hide under the table and play games and that sort of thing.*
> – Volunteer U

Although some volunteers commented that **informal reminiscence** was **not common**, because clutter tended to not hold many memories as it was just accumulated 'stuff' or had been recently acquired.

> *There wasn't an awful lot of that [informal reminiscence] because most of it was just life detritus, stuff that had just accumulated. [...] Generally, there's no nice memories of anything, that she's got, you know? She just wants to move on with her life.*
> – Volunteer U

> *She buys these nice designer labels more cheaply than if it was in a shop, but she brings them home and they're just left there. And they've just piled up and up and up on her bedroom floor. [...] Again, there was no reminiscence side of it or stories [because] it's just things.*
> – Volunteer U

D Noticing improvement in clients

The majority of volunteers described marked improvements in the **order** and **liveability** of client's homes as a result of their decluttering. These physical changes included returning rooms back to their intended use, clearing walkways, removing furniture and items which were no longer wanted, and organising possessions in cupboards and drawers.

Improvements did not end at the amount of clutter or space but extended to how the clients were feeling. Volunteers noticed that clients became **less embarrassed** about letting them into more rooms as progress was made and their rapport developed.

❝ *When I first went, all the doors were shut apart from the one room I was allowed to go in. […] Obviously she was very embarrassed about any of the rest of the house at all being seen. When I arrived, I had to stand in the hall by the front door and she would make sure the door to the living room was closed and the kitchen was closed. But after a few weeks, that did change a little bit and she wanted to go into her bedroom… And that felt like quite a step, that she was prepared to allow me to see another room of the house.* ❞
– Volunteer T

Volunteers also remarked that clients had a **change in attitude** towards their homes and the decluttering process as time went on. This extended to clients doing more decluttering by themselves, wanting to improve how their home looked in other ways, and being more open to having tradespeople into their homes.

❝ *She got to a point when after three weeks, she said, "Oh, I've done some on my own". And by about the fifth week I was going back and stuff was being cleared. […] So, for me, that is really important that they're actually taking responsibility.* ❞
– Volunteer W

❝ *The following week she'd been to one of the charity shops, seen a pair of curtains and she said, "Oh, when we're done now, can we hang these at the end?", and that's great, you know? So, I think when she could see that we were chipping away at it, it just made more sense in her head.* ❞
– Volunteer W

❝ *I think to her, it just felt like a massive mountain that she was never going to be able to tackle, and actually to see it go was sort of, you know, 'I can do this'. And then she would talk about, "I'm going to get somebody in… you know, a handy man to do some repairs around the house", so you could just see it starting to change her thought process, instead of being stuck in this position.* ❞
– Volunteer T

Generally, volunteers thought that following decluttering clients seemed to have **improved wellbeing** and they seemed 'better in themselves'.

❝ *I think they're grateful. It's difficult to quantify that one really, but you know by the beams on their faces and the way they talk, the way they present themselves, you know, they are a bit more upright.* ❞
– Volunteer W

❝ *I think she is in a better place now, in her mind, because she's enjoying the space now that her bed looks [clean] and the bedroom space, really.* ❞
– Volunteer U

❝ *To see their faces when you finished is unbelievable […] it's simply amazing the difference you can make.* ❞
– Volunteer S

E What contributes to decluttering 'success'?

Several volunteers identified the importance of the client's route or **referral** to the Attic Project as having a direct impact on their motivation and therefore their **mind-set** towards decluttering. They had a clear **understanding** of what decluttering entailed and also how it might improve their home life.

❝ The decision that she's taken to have that referral and the exercise done, I think supports her getting better, in terms of being able to live with herself. ❞
– Volunteer U

❝ [Apart from one], every other client I've dealt with absolutely on board, 'Just take it all away, I want it gone', that sort of attitude. And they have always been grateful, happier, keener to see it go than to stay. I mean, they put their self in the right place, I think, before I got there. ❞
– Volunteer S

However, motivation could also work the other way, and one volunteer mentioned that a client – who needed to declutter her mother's bedroom ready for her discharge from hospital – was only engaging with the Attic Project and doing the decluttering **under duress**, to avoid eviction on apparent health and safety grounds. This meant that once the condition was met the client did not wish to continue with the decluttering.

❝ I felt that she had only been prepared to attempt her mother's bedroom under duress [from the threat of eviction]. Both Catherine and I had been under the impression that her mother's bedroom was just the start, but once that room had been decluttered the lady did not want any further help. ❞
– Volunteer Z

Another volunteer described a rare scenario where a client had seemed **confused** about why the Attic Project was there and therefore did not engage in the decluttering process.

❝ 'Does he know why we're there, and what the purpose is, and let us take things away?', but if you haven't sort of like got your head around it, bear in mind he sounded a little confused at times, I'm not sure whether he thinks he needs help. I can see that, the girls [Attic Project Co-ordinator and Caseworker] can see that; I'm not 100% convinced he can see that. ❞
– Volunteer P

The presence of **family members** was also noted by volunteers, having varying success to attempts to motivate clients to declutter or having objects at client's homes which they were unable to remove.

❝ The two daughters came down from Scotland and they said to Mum in front of me, 'You've got to let him go through your stuff and get rid of it. Because after your days, Mum we're going to have to do it, and we haven't got time for it'. […] Her daughters tried to convince her to get rid of all this stuff, but she wouldn't let me get rid of anything. ❞
– Volunteer S

❝ I think his sister gets on to him a bit and says, 'Oh, this is... this should all go.' ❞
– Volunteer T

❝ She didn't want to throw away anything that belonged to her sons when they told her that they wanted her to keep it. So that did, at some stage, make me feel quite cross, because there was this old lady that desperately wanted this room cleared but her son just wasn't responding. ❞
– Volunteer U

Finally, volunteers identified that although most clients were happy to donate or throw away items some did not have **realistic expectations** of disposal channels and this was sometimes a barrier to letting go of things once they had been sorted through.

❝ She didn't want to let go of a coat that her mother owned, and I said, 'Oh, you know, it can go to Women's Aid'. 'Oh, I don't want to see a tramp on the street wearing it', she told me! ❞
– Volunteer W

❝ Everything was, 'Oh, he can sell that on eBay'. So we cleared the settee for all these boxes of toys and things that the boy [son, late 20s] was going to get rid of on eBay, but by the time we were leaving it was like head height, because that's where we had to put everything. So, this poor boy, who couldn't give a tuppence about selling it on eBay, because she was going to get so much money and we were saying; 'Well, no, you won't. You won't get that much.' ❞
– Volunteer W

F Combatting loneliness

A reoccurring theme across the interviews was loneliness and several volunteers commented that their clients were **isolated** or had very **little social contact**.

She'd lost a lot of siblings and she never had any children. The siblings that did have children didn't live in Newport anyway so there was no close contact anywhere. So, she was virtually isolated on her own.
– Volunteer S

I don't think people came back to her house and hadn't for a long time. The decorative state was very, very poor and dust that, you know, had been there a long time, cobwebs that you could tell had been there a long time. She did talk a little bit about her personal circumstances, I didn't enquire about it, but I think she'd been on her own for quite a long time.
– Volunteer T

By virtue of being regular contacts in client's lives and the intimate nature of decluttering mean that volunteers slowly **developed rapport** with clients over the course of their visits, which went some way towards alleviating their loneliness. In some cases, having the opportunity to chat took precedence in importance for clients over decluttering.

She did quite talk quite personally to me about things. […] Over this time we built quite a good little rapport between us, we always ended up with a cup of coffee and a chat and I think she was appreciating the chat, because the only other person that she saw on a regular basis was a volunteer with Age Cymru and she called in once a month to take her shopping, and that's the only other time that anybody had called for her.
– Volunteer U

The problem with that particular client was that she wanted to talk so much, I was going in and I'd be there for hours, and perhaps we'd only do an hours' work.
– Volunteer W

Whilst a testament to the rapport volunteers built with clients, these supportive relationships did occasionally put volunteers in **uncomfortable situations** when sessions extended beyond the decluttering timeslots and they needed to **negotiate leaving** visits, and where clients wanted to **stay in touch** after the support was up.

She said, 'Oh, can I have your phone number, can we stay in contact as friends?', and that was really hard, because I know that, Cath had said, you know, like the boundaries… So, yeah, I said; 'I'm really sorry, but no, that's not part of the project, we're not allowed to do that'. And I felt really mean saying that but as a volunteer I needed to say that as well. And that was quite a hard part of it, particularly because I could see how we had built up that supportive relationship, [so] it was quite hard just cutting it off. […] I feel my nature would have been to want to carry on helping but that's difficult, isn't it? […] So, it was good to have the protection of the rules around the Attic Project I think, in that situation.
– Volunteer T

Volunteers were very aware of the **gap** potentially felt by clients **after decluttering** sessions finished and worried about their well-being, acknowledging that the decluttering support they had provided but been more than that for clients.

I wonder how she's doing, is she okay, is somebody helping her getting her food? It's a difficult one, isn't it? Because you weren't there for that reason, but I think it's more than just you're there to declutter, aren't you? It's much more than that really. I think for it to be any benefit, you have to build up that sort of therapeutic relationship really. And they become quite dependent then I think. So, it's a difficult one really just to cut them off!
– Volunteer T

The Attic Project offers opportunities for clients to attend organised **reminiscence events** with other clients, but one volunteer described how this type of social situation didn't suit her client in the same way as the informal interaction through decluttering support, suggesting that her isolation had impacted upon her confidence in groups of people.

G Undertaking additional tasks

A number of volunteers mentioned instances of helping clients with **tasks beyond decluttering** support.

Several volunteers mentioned **cleaning** areas of the decluttered rooms, which was generally a matter of wiping down surfaces or hoovering, but also extended to more thorough cleaning of particularly dirty areas.

❝ We got around to the window area and, I mean, the curtains were black up to about two foot up, so we took those off. I took the net curtain down, because that was just rotten. I did clean the windows, that took me 20 minutes just to clean the windows. ❞
– Volunteer W

❝ I got the hoover out and we moved the sofa, and I cleaned behind and I could just see that this hadn't been done for years to be honest. ❞
– Volunteer T

Clients also appreciated the help volunteers gave them with **selling items** they had decluttered, including introducing them to accessible ways of doing so.

❝ She's got lots and lots of books which we were looking at, in the bedroom but also in the spare bedroom. So we spent a bit of time looking through those and in fact I sold some for her on Ziffit, the site. So we got rid of, not for much money, but at least we got a bit of money for her from that. ❞
– Volunteer U

On occasion, when the time was available, volunteers also assisted clients with one-off **administrative tasks** like renewing bus passes and signing up for book services.

❝ One occasion we were waiting for Care & Repair [contractors] to come and we couldn't do anything until they'd come to clear out some particular stuff, so we spent a bit of time just sitting and talking. And during that time, I helped her to renew her bus travel card, because it was at that stage when Transport for Wales was taking over, so we did that online for her. And I also joined her to the Institute for the Blind reading books arrangement. So she's now getting large print books in the post. That was quite a good morning we spent there. ❞
– Volunteer U

H Evaluating the need for decluttering support

Several volunteers mentioned that they had felt their clients needed **additional decluttering time** allocated beyond the 10-week cap but had to do what they could in the timeframe. A number said how they had bought up the issue with the volunteer co-ordinator, and one admitted to adding on a couple of extra weeks to make up for less productive visits.

❝ I was conscious of the time, I think it had been over to 12, but that was because a couple of weeks we didn't do much, so I added on a week. But then on the last week, [I reminded her] I could see that that was quite hard, but I felt I had to be quite firm otherwise it could have carried on and on. ❞
– Volunteer T

Whilst a few more weeks would have been enough for some clients, volunteers identified that a couple of clients would need **significantly more time** spent on decluttering or regular visits, questioning the sustainability of the changes when it had got 'that bad' in the first place and was rooted in deeply **ingrained habits**.

❝ I think realistically, it might take a few times possibly. That she could probably do with another round of 10 weeks of somebody going in and in six months' time see where it's got to. It's hard isn't it, to change habits that have gone on for a long time. I think it's very easy to see the short-term positive impact, but not longer. Particularly when somebody has let their house get to that point in the first place. ❞
– Volunteer T

❝ I went back to see the one lady, who had all the clothes hanging up everywhere, about a month after and it actually was better, because she'd done more in there. I can't say it was totally decluttered in any way, but it was safer for her, because she didn't have to climb over everything to get into [the rooms]. So, she'd kept okay. But I think she would have needed constant monthly visits really! But that's not part of what we do. ❞
– Volunteer W

In instances like these volunteers identified the **limits** of their abilities and the importance of **referrals** on to **professionals**.

❝ I think I could have gone there for a year and it still wouldn't have been done, because it just wouldn't have, you know? And I said to Cath at the time; I think it was a job that we shouldn't have gone in on, because she was a proper hoarder, not just because she needed decluttering, she was a hoarder. And I did pass on Gail's name to her and I said; It's not free, I don't know how much she charges a day, I'm sure it must be [expensive]. ❞
– Volunteer S

Many of the volunteers were aware that there had been **very high demand** for the Attic Project, and at one point they had to stop taking on clients as the waiting list was too long. Knowing this, volunteers understood that clients **could not keeping receiving support**, whether or not they were eligible to reapply.

❝ But I hope that she's sort of changed her lifestyle a little bit now she hasn't got her husband to worry about and things. I know she's asked for help again in her own right, but like as Cath has said, we've spent a lot of time at that house, you know, there are other people that need to be helped. ❞
– Volunteer S

Volunteers also identified that there was a **national need for decluttering support**. Several thought **volunteers** should provide decluttering support as they were better placed to cultivate supportive relationships. If decluttering was provided as a **public service**, they were unsure how it might be funded and were concerned it would not be **prioritised**.

❝ Certainly, I think it's a national need. It's not just going to be around here or Bristol or wherever. So certainly yes, to rolling it out. Who should do it? Well, if it's not volunteers it's going to fall on public services, I guess, and its money, isn't it? [...] I'm not sure that this is really in the same priority area as some of the other services that local authorities have got to carry out. ❞
– Volunteer U

Volunteers were aware that the alternative, **professional decluttering** services, are expensive but believed that any **free** service should be **limited** to people who can't afford that cost. Whilst some Attic Project clients evidently came from more disadvantaged backgrounds, volunteers thought that some appeared to be quite wealthy, this raises the issue of whether support should be means tested.

❝ I know there are paid decluttering services, I've seen them advertised, but I think they're very expensive and there's only certain people that could afford to use that. So I think there's a lot of people who wouldn't do it unless it was something that came from volunteers. ❞
– Volunteer T

❝ I think if it was more widely available there are always the people who will take advantage of that. Because they just can't be bothered to do stuff. But by and large, I think most people do need it. ❞
– Volunteer W

It was identified by volunteers that any future decluttering support may need to include **well-being** or **mental health support services** alongside.

❝ It would only be sustainable if done hand in hand with some type of talking therapy over a period of months, as opposed to weeks. In my opinion, if decluttering per se, is done merely as a practical task, without acknowledging the psycho-social factors, the benefits of decluttering will be short-lived. ❞
– Volunteer Z

Overall, volunteers had seen an improvement in their clients, saw a lot of **value** in the work the Attic Project did, and wanted it to **continue**.

❝ I've seen a lot of good results, and I would like to see it carry on. [...] And I hope it will go on for years to come, because I think there's a gap in society that needs these sorts of things done. You get a client-volunteer relationship that can improve their lifestyle, [and] the fact that their house is being decluttered and sorted, and cleaned even, that's a win. ❞
– Volunteer S

Conclusion
More than decluttering

As the first free decluttering service in Wales, and one of only four identified in the UK, the Attic Project – a partnership project between Care & Repair Cymru and Safer Wales and funded by the National Lottery Community Fund – occupies a unique space between housing, social care, well-being and, health service provision. Often filling in as the 'missing link' between services, helping older people to declutter has the possibility to minimise risks of falls and fires, enable adaptations and repairs needed to make a home environment safer and more age-appropriate, speed up safe hospital discharges, and improve feelings of comfort and satisfaction.

Key findings

– Volunteers had a unique insight into the types of older people who use decluttering services and the nature of their needs and motivation for support, which was ascertained through repeated contact and the development of rapport. These insights provide an added level of detail to caseworker reporting.

– The process of decluttering varied for volunteers from client to client, but shared experiences pointed towards the importance of methodical approaches, such as working around a room or towards a certain target, as well as simply being a presence to catalyse the process.

– A client's route or referral to the Attic Project can have a direct impact on their motivation and therefore their mind-set towards decluttering. In particular, the influence of family could be both welcome and hampering.

– Volunteers have had a profound impact on client's homes and lives, which is further reflected in the data collected by Care & Repair before and after decluttering, that shows improvements across a range of indicators. Large quantities of cluttering objects were sorted through and cleared from client's homes, making them safer, allowing for planned repairs/improvements to be made, and improving feelings of contentment in the home.

– Decluttering a client's home with them is an unusual scenario for a volunteer to be in, because of the intimacy of entering private spaces of the home and sorting through personal possessions. Volunteers developed supportive relationships with clients which motivated decluttering, but also provided emotional support when recounting unhappy circumstances or memories, as well as regular companionship. Having got to know clients, volunteers could identify improvements in their outlook and well-being as decluttering progressed.

– The majority of decluttering work was thought to be a lasting success at a significant point in client's lives, as their opportunities for further cluttering would be limited by their advancing age. However, some clients may need additional support to maintain their decluttered spaces.

– Volunteers were unanimous that a decluttering service, such as the Attic Project, was needed – as indicated by its very high demand – but were unsure how it might be funded in the future since it falls between and across areas of public service provision and may not, on initial inspection, appear to be a priority area.

Recommendations
A joined-up decluttering service for older people

Publicising the service. Public Health Wales, Care & Repair, and Age Cymru should host information about decluttering service providers, and what to expect as a client, alongside information about the risks of clutter and unsuitable housing conditions. Contact should be made with housing and care providers so that they are aware of this resource and can use it as a signposting tool.

Allow greater flexibility around the maximum hours of decluttering support by assessing the amount of decluttering support on a needs basis, with rolling checks on progress. Communicate these assessments to volunteers. For less challenging cases where clients are motivated and physically able to declutter, having alternating visit weeks with phone check-ins on progress with discrete tasks set by the volunteer may usefully extend support and improve client competencies and confidence.

Continue to **work on the assumption that the maintenance of longer-term outcomes needs more than decluttering to be successful**. Encourage the commissioning/support research on the long-term outcomes of decluttering support, as well as the gaps in service provision for older people with clutter problems more broadly.

Work collaboratively with other service providers to **produce comprehensive roadmaps of client referral routes to and from the service** that can be used as a shared resource, in order to further improve triaging processes into the project and linkage of decluttering support with existing care plans. A collection service could remain for clients who wish to continue decluttering after volunteer support ends.

Communicate signposting opportunities such as mental health support, cleaning, befriending, and trusted tradespeople **more clearly to volunteers**. This could be done through simple flow-chart style guides which give better awareness of available support services, whilst also avoiding information overload. Also communicate what signposting and/or referral pathways have been made at the end of decluttering support to volunteers, to address any concerns they have about the continuing needs of clients.

Establish a system of accountability and safeguards when, on very rare occasions, volunteers do wish to provide support with small repairs or maintain social links with clients. Development of the volunteer role could be undertaken through additional training if this system identifies reoccurring needs. However, organisational duty of care, especially in terms of protecting vulnerable adults, will remain of paramount importance.

Retain mix of volunteers and Decluttering Officers. Volunteers evidently foster supportive relationships with clients, so should be retained for less complex cases. However, reliance on volunteers limits it to people who can afford to do so, who may not share the same backgrounds as those seeking support, so it is also important to maintain or increase the number Decluttering Officers.

There could be scope to adequately resource these recommendations within a more joined-up provision of public services in Wales, through a combination of referrals and signposting. The Attic Project has the potential to play a key part in lobbying for such a system, as it provides a clear case for doing so.

Future research

This report is complementary to an independent evaluation being undertaken by Arad for The Attic Project, and Care & Repair Cymru's own monitoring which collectively point to the importance of free decluttering services for older people.

Arad is evaluating the effectiveness of the project's overall implementation and service model, as well as its impact on those it to support. Care & Repair monitoring, undertaken by caseworkers prior to and after decluttering support, records client's personal well-being and satisfaction with their home on a number of scales.

Future research should be supplemented with the voices of those at the other side of the decluttering equation, the clients themselves. This was included in the initial research plan but was put on hold over the course of the COVID-19 pandemic. Additionally, as reminiscence plays an informal part in the decluttering process and is also a root towards combatting loneliness after volunteers leave, it would be beneficial to collect the experiences of Attic Project reminiscence volunteers.

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