



Hoarding Self Neglect and Complex Living Environments Consultancy Prospectus

Trauma informed consultancy for organisations services and multi agency systems

Review Redesign Implementation Reflective practice Partnership development



Rachel Murphy

Hoarding Specialist and Complex Living Environment Consultant

Consultancy overview

This consultancy offer provides independent, psychologically informed review and practical system development across hoarding, self-neglect, chronic disorganisation and complex living environments. Work can begin with one service, one pathway or one pressure point, or extend to a whole-system review and multi-agency redesign.

Each commission is bespoke to organisational responsibilities, policies, workforce, data, local partnerships and the needs of service users, residents or tenants. The aim is to create trauma-informed, psychologically safe practice that strengthens staff support, organisational systems and processes, and the experience of people who use or are affected by services. The work supports clearer, more consistent and more defensible practice while preserving person-centred and proportionate responses.

Who this is for

- Housing providers and tenancy sustainment services
- Local authorities, adult social care and safeguarding partnerships
- NHS, mental health, public health and community services
- Fire and rescue, environmental health and community safety partners
- Homelessness, voluntary-sector and commissioned support services
- Integrated multi-agency boards, working groups and local partnerships

Ways of working

Consultancy can be commissioned by one organisation or jointly funded across partners. It may be delivered as a defined review, a facilitated development project, implementation support or a longer retained relationship combining advice, reflective practice and evaluation. Depending on the selected package, priorities and findings, clients may also add a bespoke staff training programme. Any training element is agreed and scoped separately, with full programme options set out in the dedicated training prospectus.

Consultancy services

The following areas can be commissioned independently or combined into a staged programme.

Consultancy area	What this can include	Potential outputs
Reflective practice infrastructure	Design, launch or recalibrate psychologically safe reflective spaces for frontline staff, managers or multi-agency groups.	Reflective-practice framework, group agreement, facilitator guidance, pilot sessions and review.
Policy and procedure review	Examine whether policy translates into safe, lawful and usable frontline practice, including role clarity and escalation.	Gap analysis, redrafted policy, procedural flow, practice guidance and implementation recommendations.
Case and practice audit	Review anonymised cases, decision points, delays, repeated interventions, engagement and proportionality.	Thematic audit, learning report, case-review workshop and priority actions.
Pathway and referral design	Map referral, triage, allocation, lead roles, information sharing, case forums and closure or re-entry.	Referral pathway, triage framework, escalation route, roles matrix and governance map.
Whole system review	Test how strategy, policy, workforce, commissioning, data and partnerships operate together in practice.	Diagnostic report, system map, risk and opportunity analysis and phased improvement plan.

Consultancy services continued

Consultancy area	What this can include	Potential outputs
Testing and recalibration	Stress-test policies and pathways against real or constructed cases; identify friction, unintended consequences and drift.	Tabletop exercise, test findings, revised process and implementation checkpoints.
Multi agency partnership development	Bring partners together to agree purpose, scope, decision-making, referral criteria, accountability and working arrangements.	Facilitated workshops, partnership terms, action plan, forum design and implementation support.
Complex case facilitation	Provide an independent, structured space for stuck cases without taking over statutory or case-management responsibility.	Case formulation, shared risk picture, agreed actions, role clarity and learning themes.
Workforce roles and practice infrastructure	Assess role clarity, decision-making authority, caseload pressures, management oversight, reflective support and specialist access.	Role and capability framework, gap analysis, support model and supervision recommendations.
Commissioning and provider development	Support specifications, standards and interfaces for practical support, environmental work or specialist services.	Service specification, provider expectations, quality measures and mobilisation advice.
Evaluation and outcomes	Define meaningful indicators beyond items removed, including engagement, safety, wellbeing and system functioning.	Outcomes framework, evaluation plan, reporting template and review findings.

A staged consultancy approach

Larger commissions are usually most effective when the work moves through clear stages. The scale and sequence are agreed during scoping.

Stage	Purpose	Typical activity
1 Discover	Understand the current system	Document review, interviews, listening sessions, data review, case sampling and process mapping.
2 Diagnose	Identify what is helping or obstructing practice	Compare policy with lived workflow; identify duplication, gaps, risk, thresholds, culture and capability needs.
3 Design	Build the future approach with stakeholders	Co-design pathways, policies, roles, tools, governance, reflective support and outcome measures.
4 Test	Check the design under pressure	Use case simulations, pilots and feedback to identify ambiguity, unintended effects and operational barriers.
5 Implement	Move from agreement to practice	Support launch, communication, leadership ownership, workforce preparation and early problem-solving.
6 Review and recalibrate	Sustain improvement	Review evidence, practitioner experience and service-user impact; refine processes and agree the next cycle.

Lived experience and frontline reality

Where appropriate, consultancy can include structured input from people with lived experience, family members, residents, tenants and frontline practitioners. Participation is planned carefully, with clear consent, purpose, boundaries and feedback so that involvement is meaningful rather than tokenistic.

Multi agency partnership facilitation

Multi-agency work becomes effective when partners have a shared purpose, shared language and a practical way to make decisions together. Facilitation can support a new partnership, unblock an existing one or move a working group from discussion into implementation.

Partnership development can include

- Stakeholder mapping and partner engagement
- Shared vision, principles and definitions
- Governance, decision-making and accountability
- Referral, triage and complex-case forum design
- Information-sharing expectations and documentation
- Strategic and operational links
- Specialist roles and organisational points of contact
- Commissioning priorities and shared funding options
- Meeting design, facilitation and action tracking
- Implementation milestones, evaluation and review

Independent facilitation

Independent facilitation provides enough challenge to surface differences in thresholds, language, risk tolerance and organisational expectations without allowing one service to dominate. The emphasis remains on practical agreements, named ownership and what will change for practitioners and people using services.

Reflective practice and implementation support

Reflective practice is often the missing infrastructure between policy and consistent delivery. It gives practitioners space to examine complexity, uncertainty, emotional impact, professional responses and system pressure. It can also reveal recurring organisational barriers that would remain hidden in individual case supervision.

Consultancy support can establish

- Purpose and boundaries for reflective practice
- Group size, frequency, membership and referral arrangements
- Psychological-safety agreements and confidentiality limits
- Facilitator selection, preparation and ongoing support
- Links between reflection, supervision, case forums and management oversight
- Routes for anonymised themes to inform policy and system improvement
- Evaluation of participation, learning, workforce impact and practice change

From document to practice

Implementation support can include leadership sessions, team briefings, pilot delivery, manager guidance, practice tools, feedback loops and scheduled recalibration. The work is designed to prevent a new policy or pathway becoming another document that staff cannot apply under real operational pressure.

Potential consultancy outputs

Outputs are agreed to match the purpose of the commission. They may include:

- Independent diagnostic or thematic review report
- Policy, procedure and frontline practice guidance
- System, pathway or process maps
- Referral, triage, escalation and closure frameworks
- Roles and responsibilities matrix
- Multi-agency terms of reference and governance structure
- Complex-case forum or reflective-practice model
- Role and capability framework with practice-support recommendations
- Commissioning specification or provider standards
- Implementation plan with named actions and milestones
- Evaluation framework, measures and reporting templates
- Board, leadership or partnership presentation and facilitated action session

Principles that guide the work

- Trauma-informed and psychologically safe
- Person-centred and engagement-led
- Proportionate, risk-aware and defensible
- Curious about context rather than driven by assumptions
- Grounded in frontline reality and organisational responsibility
- Focused on implementation, learning and sustainable change

Commissioning consultancy support

An initial conversation identifies the presenting issue, intended outcomes, stakeholders, available evidence and preferred timescale. A written scope then confirms the work, boundaries, methods, outputs, governance and review points. This prospectus is intentionally unpriced because each commission is shaped around its scale, complexity and required level of involvement. Where the consultancy identifies a workforce learning need, a relevant bespoke training programme may be added by agreement and scoped separately.

Useful information at the scoping stage

- What has prompted the request and why now
- Which services, teams or partners are involved
- What has already been attempted
- Relevant policies, pathways, audits, data or case themes
- Known pressure points, risks or areas of disagreement
- Who can make decisions and sponsor implementation
- What would be observably different if the work succeeds

About the consultant

Rachel Murphy is a Hoarding Specialist and Complex Living Environment Consultant. She works with housing, adult social care, safeguarding, mental health, homelessness, fire and rescue and community partners to strengthen responses to hoarding, chronic disorganisation and self-neglect. Her work combines psychological understanding with practical frontline application, trauma-informed practice, motivational interviewing, harm reduction and reflective learning.

Rachel holds a BSc in Psychology, a PGCE with Qualified Teacher Status and a qualification as a CBT Practitioner. Through The Hoarding Hub and Frontline Insight Consultancy, she provides specialist consultancy, system review, policy and pathway development, reflective-practice design and multi-agency facilitation.



To discuss a consultancy brief or arrange an initial scoping conversation contact Rachel Murphy at The Hoarding Hub.