

Assessment

An assessment should be an opportunity for open discussion between the person experiencing hoarding and/or squalor and the service provider. It identifies the extent of the presenting issues and potentially some of the underlying reasons for the behaviours and leads to a case plan being created. This process can be highly confronting for both parties but is an integral part of making positive change.

There are instances when a person who displays hoarding and/or squalor behaviours may be opposed to assessment and assistance, and possibly unaware that there is a problem. The person may be suspicious or evasive, perceiving the assessment as a potential threat to their independence. Reasons for this vary. In some cases it results from apathy associated with an underlying mental disorder. In others, longstanding habits and the individual's personality traits, including rigidity, unfriendliness, anxiety, suspiciousness or avoidance could be the cause. Cultural and language barriers may also contribute to opposition to assessment and assistance.

Hoarding and Squalor are extremely complex issues which require an integrated and collaborative approach. Furthermore, assessments with an overall holistic view should also be conducted, and not restricted to only investigating the state of the home and possible risks. It is important to seek to understand a person's background and gain knowledge of the multiple issues that may be contributing to the persons Hoarding and Squalor behaviour. Without this knowledge it is unreasonable to believe an intervention will be successful. Be cautious of wanting a 'quick fix', it is important to remember that there is no quick fix to Hoarding and/or Squalor. In fact quick fixes are proven to do more harm than good and further exacerbate the individual's Hoarding and/or Squalor behaviours. Therefore adequate time should be taken to conduct assessments into each case.

An Initial Visit

The purpose of conducting home visits to clients where Hoarding and/or Squalor occurs is to:

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| 1 | ASSESS | If the individual is living in Squalor and assess the severity of the Squalor |
| 2 | ASSESS | If the individual is exhibiting Hoarding behaviour and assess the severity of the Hoarding behaviour. If the individual is showing self-neglect and lack of self-care and hygiene and assess the severity of this condition |
| 3 | ASSESS | If there are any health and or lifestyle issues present and if so gain understanding of their severity |
| 4 | ASSESS | Identify initial strategies and approaches that may be necessary to address the issues and barriers identified |

When home visits and assessments are not possible, other information available to the organisation and service provider may be useful in identifying issues that can be addressed. In this instance case management plans would aim to lead towards the eventual entry of the home. It is desirable that this occurs with the consent and participation of the occupant. The need for client consent differs depending on the organisation and therefore service providers should refer to their own agency's consent procedures.

Approaches to Contact

Individuals living in severe domestic Squalor and those who hoard can differ (just like everyone) in their personality, nature, willingness to cooperate and also in the level of insight they have into their situation. Therefore as service providers it is necessary to approach each individual differently and be flexible to different approaches. Some people may respond to a series of different casual and brief meetings at unexpected times, while others may be more likely to respond to set agreed times that are consistent. Some people may respond to key workers that are authority figures such as police or firemen and others may be resistant as it could intensify their fear of authority and suspicion regarding the workers intention. At all times service providers must recognise the individual before the Hoarding or the Squalor and also remain culturally sensitive when working with a range of different clients.

Generally, the person will be easier to engage if an interest is shown in them as a person and their specific reasons for requiring support. When an individual agrees to accept support, the possibility of achieving significant change and improving conditions is much greater.

| DO or DON'T | ACTION |
|-------------|---|
| DO | Try asking them to make contact, leave a note under their door or in the mailbox |
| DO | Repeat visits by a key worker. Try varying the time and days of visits to engage the person if set times are not working |
| DO | <p>If the person is of Aboriginal or Torres Strait Islander or CALD background, try visiting with a worker from the same background or with an accredited interpreter. Check with the client as to their preference and consent prior to making any arrangements.</p> <p>If the person requires an interpreter or has limited communication skills arrange an interpreter or the support of a family member/friend who could assist</p> <p>Cultural and linguistic factors can impact on the outcomes of consistent support and a sustained positive change</p> |
| DO | Ask the individual how they think/feel they could benefit from support, identify with them their perceived needs |
| DO | Try to continue to establish a relationship, even if the individuals initial reaction is to reject a service and deny the need for intervention. Be persistent, patient and sensitive. |
| DO | Take your time. Cleaning should take place under the persons own perceived need and abilities to clean. This may happen as part of an area by area process. Small goals that can be sustained. |
| DON'T | Place your own values and judgement on the individual's situation. Often persons living in Squalor or who hoard do not realise there is a problem. Judgments will make it difficult to form strong relationships. Remember that an objective assessment as to the existence and severity of Hoarding and Squalor behaviour is different to a negative value judgement. |
| DON'T | Rush. An instant focus on the need for cleaning can cause distress, and damage client-worker relationships. |

Assessment Tools

To aid service providers in ensuring a holistic assessment is conducted while also gaining the true facts about the state of the property there are a variety of assessment tools available. These include:

- [The Severe Domestic Squalor Assessment Scale](#)

(SA Health, 2013)

- Developed to take into account medical, functional, psychiatric, social, legal and financial implications of Squalor and Hoarding. This scale gives an easy to use rating system to allow service providers a way in which to objectively document what they are seeing without necessarily gathering a large amount of information from the resident as this can often be quite difficult.

- [Clutter Image Rating Scale](#)

(Frost, Steketee, Tolin, & Renaud, 2008)

- The Clutter Image Rating Scale (CIR) uses pictures to measure the amount of clutter present in an individual's home and shows three main rooms as guides (kitchen, living room and bedroom). Each room shows 9 pictures with a rating scale from 1= Not cluttered to 9= severely cluttered. This assessment tool can be used by both service providers and by the client. It is helpful for both parties to use the rating scale and then compare scores. This may aid service providers in understanding how much insight the client has into their level of Hoarding. To use the CIRS clients and service providers match the level of clutter found in each room in the client's home to the picture that best represents the level of clutter.
- Although photographs are only shown for the kitchen, living room and bedroom service providers and clients are encouraged to use the living room as a comparison to rate additional rooms in the house. A Score of 4 or more on any particular room would indicate the client has clinically significant clutter problems. It is important to note that this does not mean the client would meet the criteria for diagnosis of Hoarding as this diagnosis requires the client to not only have an extreme clutter problem but also difficulty discarding and impairment in functioning. This can be best determined with the combination of other assessment tools such as the Hoarding Rating Scale.

- [Hoarding Rating Scale](#)

(Tolin, Frost & Steketee, 2010)

- The Hoarding Rating Scale (HRS) comprises of 5 simple questions that address the severity of the main features of Hoarding. These areas are trouble discarding items, acquisition of items, functional impairment, clutter and emotional distress. The HRS can be used either as an interview tool conducted by a service providers or as a questionnaire. To qualify for a clinical diagnosis of Hoarding the client would score 4 or above in both areas of clutter and difficulty discarding and on either distress or functional impairment. In total clients can score anywhere between 0-40 as an overall rating. Those with mild but yet still significant Hoarding may score as low as 16 and a score of 30+ would exist when symptoms are extremely severe.