

Working with Hoarding & Squalor



A guide to best practice
management in the
Wide Bay Region

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This document was prepared by SEO Group Consulting.



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Acknowledgements

We thank the following people and organisations for their contributions to this resource.

- Queensland Government Department of Housing and Public Works
- Queensland Government Department of Child Safety
- Queensland Fire and Emergency Services



Hervey Bay Housing Coalition Inc



About This Resource

Who is this resource for?

- Workers engaging clients who present with hoarding and/or squalor issues.
- Carers of people living with hoarding and/or squalor.
- Anyone who believes they may be living in a hoarding and/or squalor situation.

Where can you obtain copies of this resource?

Copies can be obtained from...

- Fraser Coast Regional Council.
- Bundaberg Regional Council.
- Wide Bay Partners in Recovery (via Primary Health Network Central Queensland, Wide Bay, Sunshine Coast).
- My Community Directory.

Useful Icons



Highlighting helpful information

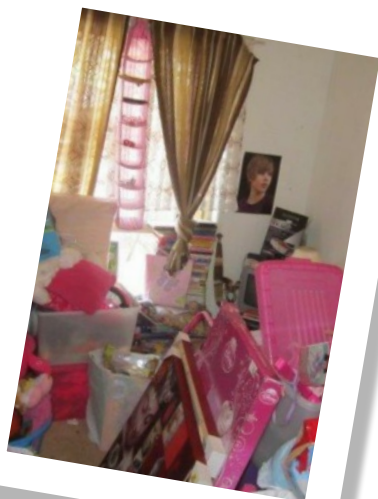


Technical information & definitions

Section 1 - Introduction To Hoarding & Squalor

Hoarding disorder was included in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013, in a new chapter on Obsessive-Compulsive and Related Disorders in order to assist clinicians better identify and treat people living with this disorder.

Figure 1 - An example of hoarding resulting in clutter.



It is important to make a distinction between the terms 'Hoarding' and 'Squalor' as they are two separate issues. Hoarding may often exist without the presence of squalor, however, prolonged or extreme hoarding may eventually lead to squalid living conditions.

Hoarding disorder is the prolonged and progressive accumulation of excessive amounts of items or live animals with a perpetual difficulty with discarding or parting with the possessions they have accumulated, resulting in a variety of negative impacts on the person's day to day living.

There is a definitive distinction between a generally messy or untidy environment and squalor. Squalor arises from extreme and prolonged neglect of a person's environment where their living conditions pose substantial health and safety risks to themselves, and all those in contact with that living environment.

The onset of hoarding behaviour may present very early in life, and has been seen in children as young as three years of age. However, Hoarding Disorder is not typically diagnosed until there is obvious evidence of severe hoarding, which is often later in life (Frost, 2015).

People living with Hoarding Disorder and/or with squalor may often also be living with a variety of physical and/or mental health conditions that may include, but are not restricted to; acquired brain injury, other mental health issues, physical disabilities, be victims of domestic violence, have substance abuse issues, or be at risk of homelessness. Ideally taking a collaborative approach between care service providers as well as family members will result in the best outcomes for the person (Brakoulas & Milicevic, 2015).

Figure 2 - An example of hoarding resulting in clutter.

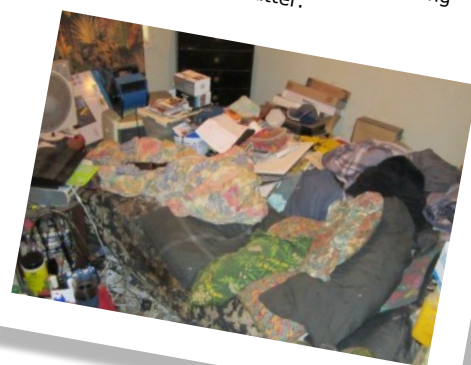


Figure 3 - An example of hoarding resulting in clutter.



The prevalence of squalor has been estimated to be as high as one in 700 community-dwelling older persons living alone, making this a major public health issue (Snowdon, 2014).

Imperative to the success of any intervention strategies being implemented is an overall focus on keeping the person at the centre of their own recovery.

Encouraging the person to actively participate in their own journey toward recovery at their own pace is a key component of achieving the best possible outcomes.

Simply asking a person to discard their belongings in order to 'help' the person 'get over' their disorder is a most inappropriate course of management that may greatly hinder the process of their recovery.

This document aims to provide a practical resource for people working with clients living with hoarding and/or squalor, as well as their families and the community at large.

In this resource kit, particular attention has been paid to include a clear, concise, yet comprehensive insight into a variety of aspects to consider when engaging with a person living with hoarding and/or squalor.

The topics included in this resource kit include;

- Defining Hoarding and Squalor
- Client Referral Flow Chart
- Care Co-Ordination
- Risk Management
- Client Engagement

Section 2 - Defining Hoarding & Squalor

Although the terms 'Hoarding' and 'Squalor' are often used interchangeably, they are in fact two separate issues. However, prolonged or extreme hoarding may lead to squalid living conditions.

Although these two conditions are separate issues, they intertwine and intersect in many situations.

Hoarding and squalor can have significant negative outcomes where these conditions impact on the general day to day functioning of the person.



HOARDING

Hoarding Disorder

Source: American Psychiatric Association, (2013).

- A.** Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- B.** This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
- C.** The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., Family members, cleaners, authorities).
- D.** The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
- E.** The hoarding is not attributable to another medical condition (e.g., Brain injury, cerebrovascular disease, Prader-Willi syndrome).
- F.** The hoarding is not better explained by the symptoms of another mental disorder (e.g., Obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, delusions in schizophrenia or another psychotic disorder, cognitive deficits in major neurocognitive disorder, restricted interests in autism spectrum disorder).

2.1 Hoarding Disorder Overview

Hoarding disorder is the accumulation of excessive amounts of items or live animals resulting in a variety of negative impacts on the person's day to day living. Items hoarded usually have perceived (and not necessarily real) value to the person.

The person with this disorder has perpetual difficulty with discarding or parting with these possessions and often develop high levels of distress even at the thought of getting rid of any of the items.

The process of hoarding often begins with collecting items that are perceived to be important and saving them just in case they may be needed sometime in the future.

Any space available to the individual may be filled with hoarded items. This can include any or all the rooms in the person's house, outdoor areas, shed, car, and even the homes of relatives. The affected areas can be quite large.

2.2 Cognitive Processes Fuelling Hoarding

The cognitive processes fuelling hoarding disorder are usually displayed as four distinct behavioural characteristics;

2.2.1 Compulsive Acquisition

Although there may not be a need for specific items, they are compulsively and persistently acquired from different sources, ie. from stores, garage sales, rubbish tips etc. in case they may be of use later.

Feelings of stress, anguish and grief can arise if a desirable item is not acquired.

2.2.2 Inability To Discard Possessions

As a result of the enormous value placed on possessions they can often be regarded as an extension of the person. The acquisition and subsequent hoarding of these possessions are intrinsically linked with feelings of comfort, security and well being.

In the event that any of these possessions are removed or discarded by an outsider, the person may feel a loss of their own identity and self worth. This is likely to lead to severe anxiety and distress as each item is cherished in its own right. It is important to understand that even inanimate objects are given the same respect and value they give to the people who are important to them.

2.2.3 Poor Organisational Skills

Despite the great value placed on each item, people often find it extremely difficult to organise the multitude of items they own. Hence items are often placed in random piles throughout living areas resulting in severe clutter. Some people prefer to place items where they are visible so they can find them later.

Unfortunately, the extent of this clutter often severely infringes upon entire living spaces that are important for everyday functioning. For example, the entire bedroom including the bed may be filled with clutter to the point that they cannot sleep in their own bed.

2.2.4 Avoidance Behaviours

Individuals who hoard are often perfectionists and fear the negative consequences of wrong decisions such as discarding an item which has not been used.

Due to the enormous amount of hoarded possessions, people often have a lot of trouble making decisions about where and how to store all of these items, or whether or not they should be discarded. This dilemma often results in no decisions being made at all. Avoidance to address this issue is seen as a better alternative than making a wrong decision.

Avoidance behaviour also extends to the person being unwilling to leave their home as they fear the temptation of acquiring more possessions.

Often times people with a hoarding disorder know they have a problem but are not willing to seek help because of the shame and embarrassment that may be caused in uncovering their problem. Unfortunately many people live in total social isolation for many years as they distance themselves from family and friends (Victorian Department of Health, 2013).

2.3 Animal Hoarding

Animal hoarding is where individuals accumulate large numbers of animals for which they are unable to provide adequate care, minimum standards of sanitation, space, nutrition or veterinary care.

This type of hoarding typically begins as an innocent act of compassion. However, once the behaviour develops into compulsive care-giving, it is pursued to fulfil complex unmet needs of the person. The animals may be individually acquired or previously acquired animals are left to breed.

People with hoarding behaviours often care about their animals deeply but they don't see or understand that their behaviour actually results in animal neglect. This neglect can involve cramped, poor living conditions and in extreme cases, starvation, illness or death (RSPCA, 2015).



"In order to achieve the best outcome for owners and their animals, it is important to take a collaborative approach between government, animal welfare, community and mental health organisations." (RSPCA, 2015)

2.4 What Are The Causes Of Hoarding?

Although hoarding has been seen in children as early as the age of 3 years, hoarding behaviours typically present at around the age of 13 years. At this stage symptoms are normally quite mild so it is not considered a disorder.

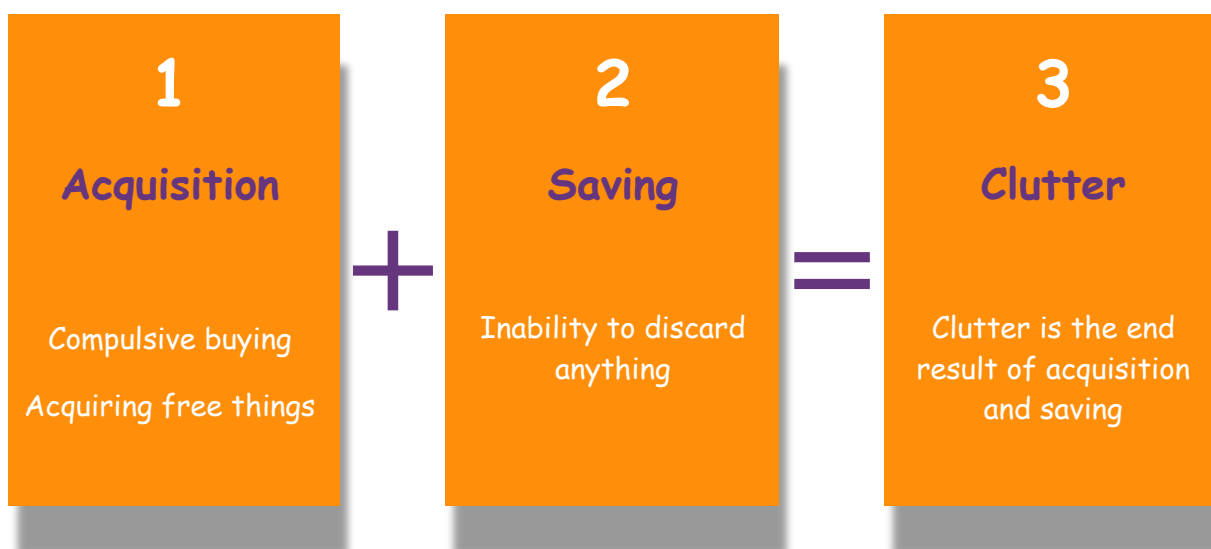
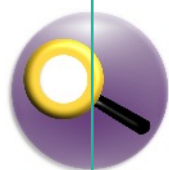
Hoarding typically becomes a moderate problem in the 20's and 30's and progresses to become severe in the 40's and 50's. Onset of hoarding after the age of 40 is very rare (Frost, 2015).

Hoarding may be hereditary as up to 85% of people affected by a hoarding disorder are able to identify a close family member who also displays this behaviour.

Organic causes should be suspected if hoarding disorder develops later in life. Common organic causes include psychological trauma, acquired brain injuries, dementia and alcohol-related brain damage.

Hoarding due to organic causes or other mental illnesses (i.e. schizophrenia), is usually characterised by excessive mess, lack of hygiene and gross disorganisation (Brakoulas & Milicevic, 2015).

2.5 Three Basic Components of Hoarding



"...Clutter... is a symptom of the disorder. Clutter is not the problem, so simply cleaning out the clutter will not solve the problem." (Matthews, 2015)

2.6 Underlying Characteristics Of Hoarding

Hoarding disorder is believed to be associated with four underlying characteristics:



1

Core Vulnerabilities;

Including;

- Emotional dysregulation
i.e. Anxiety and/or depression
- Family history of hoarding
- Generally high levels of
perfectionism

2

Difficulties with cognitive processing of information;

In particular in the areas of;

- Attention
- Memory
- Categorisation
- Decision-making

3

Forming intense emotional attachments to inanimate objects;

- Attaching human-like qualities to
inanimate objects
- Feeling grief at the prospect of
getting rid of objects
- Deriving a sense of safety from
being surrounded by possessions

4

Solid beliefs about not wasting objects or losing opportunities that are represented by objects;

- Saving things to facilitate
memory
- Fears about losing important
information
- An appreciation of the aesthetic
beauty of objects

2.7 Most Commonly Hoarded Items



Most Commonly Hoarded Items

Source: Victorian Department of Health, June 2013.

In order of priority

1. Clothes
2. Greeting cards, letters, bills and statements
3. Books
4. Magazines
5. Knick-knacks, mementos and souvenirs
6. Records/Tapes
7. Pictures
8. Sentimental objects and recipes
9. Wrapping paper, materials, paper, pens, gifts
10. Stationery and old things

Other items may include:

- Hobby/craft materials
 - i.e. art materials, rocks & wool
- Information
 - i.e. old diaries, assignments & business cards
- Personal
 - i.e. perfume bottles, jumpers & toothbrushes
- Sentimental
 - i.e. baby clothes, blankets from grandma, child art
- Useful Things
 - i.e. broken things that could have other uses,

2.8 Squalor

People living in severe domestic squalor present a range of clinical, ethical, social and management challenges.



SQUALOR

Squalor arises from extreme and prolonged neglect of a person's environment where their living conditions pose substantial health and safety risks to themselves, and all those in contact with that living environment (Tolin, Frost & Steketee, 2014).

Most people residing in squalid conditions are not open to seeking help, despite knowing they have a problem. They normally turn down offers of any assistance with cleaning up the mess, sanitising or removing garbage.

The prevalence of squalor has been estimated to be as high as one in 700 community-dwelling older persons living alone, making this a major public health issue (Snowdon, 2014).

Whether squalor has arisen via a passive decline in functioning or through an accumulation of material through hoarding, recent research suggests that impaired frontal lobe function is almost invariably present (Sutherland & Macfarlane, 2014).

2.9 The Differences Between Untidiness And Hoarding & Squalor

There is a definitive distinction between mess, general untidiness, hoarding and squalor.

Hoarding without squalor exists when large amounts of items are stored without impacting on the health and safety or everyday functioning of the person.

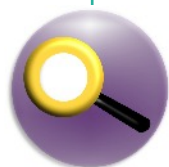
Although the level of cleanliness is subjective, the term 'squalor' refers to people living in an environment that is severely unclean, unsanitary or dangerous. For example, squalid environments often pose high levels of fire risk, and are often found to have insect, rodent, bacterial and fungal infestations.

2.9.1 Three Major Types Of Domestic Squalor

The 3 main types of domestic squalor include:

1. **General neglect** - a failure to remove household waste and other rubbish from the living areas. Leaving papers, wrapping, food, cooking waste, containers and discarded household items to accumulate over time.
2. **Multifaceted self-neglect** - severely and chronically failing to maintain multiple aspects of personal care such as bathing, eating adequately or failing to take medications as prescribed.
3. **Deliberate hoarding** - the excessive accumulation of items such as clothing, newspapers, electrical appliances, animals etc. (Partnership Against Homelessness, 2007).

Section 3 - Client Referral Flow Chart



Section 4 - Care Coordination

Despite Hoarding Disorder being recognised as a distinct psychiatric condition in 2013, there remains a lack of an integrated national strategy to address the problem (American Psychiatric Association, 2013).

Among a multitude of environment related issues normally associated with hoarding and squalor, often the person may also be living with multiple health and safety related issues. These may include, but are not restricted to; acquired brain injury, other mental health issues, physical disabilities, be victims of domestic violence, have substance abuse issues, or be at risk of homelessness.

Ideally, any complex needs the person may have would be identified and managed by the relevant specialist/agency of each presenting field. The person would then be referred to other appropriate specialists and the entire care team would work together in a collaborative approach in order to address the person's needs in a more holistic manner.

4.1 A Collaborative Approach

Effective management of a person living with hoarding or squalor may require a collaborative approach across a number of services including those from regulatory as well as support frameworks in order to utilise the skills and experience of a variety of service providers.

A wide array of both government and non-government service providers may be involved in the assessment or intervention phases in order to assist people living with hoarding and/or squalor.

Ideally all service providers involved should have a consistent approach in regard to the care and management of the person (NSW Hoarding and Squalor Taskforce, 2014).



As people living with hoarding and/or squalor often have a myriad of complex needs, some of the following agencies, government departments and service providers may need to be considered for referral:

- Specialist clinical mental health services
- Non clinical mental health services
- Psychiatrists
- Psychologists
- Social Workers
- Mental health nurses
- Peer support workers
- Employment services
- General practitioners
- Disability support services
- Youth/Family services
- Cleaning services
- Local Council
- Pest control
- Skip bin providers
- Yard maintenance
- Animal welfare associations
- Fire services
- Police
- Ambulance
- Carer support services
- Centrelink
- Housing providers
- Adult Guardian
- Public Trustee
- Home and Community Care (HACC) services
- Council Recycling services
- Waste Management services

4.2 Service Coordination

Currently there are a variety of existing services that respond to hoarding and squalor situations, often independent of one another. By adopting a coordinated service approach there is great potential to provide more comprehensive and flexible services for the benefit of the clients involved.

The first step in a cohesive multidisciplinary approach is to identify and appoint a lead agency able to provide a primary case manager who can oversee all aspects of care.

The primary case manager role is often filled by the service provider that had initial contact with the client, providing they / their organisation is able to offer the appropriate level of support to fulfil this role.

Ideally the lead agency would be an existing service that has specialist skills and expertise in care coordination.

As establishing good rapport, trust and open communication with clients who live with hoarding or squalor is often challenging, it is important to appoint a primary case manager as early in the intervention process as practicable.

As well as referring the client to other appropriate services as necessary, the case manager has the role of being the central connection between all agencies and support workers that the client may need.

The case manager then becomes the central service coordinator who is able to gain a more comprehensive understanding of the person's overall situation through liaising with the person's other service providers.

The case manager needs to be able to initiate action plan review meetings between service providers, as well as coordinate informal support network meetings with the person's family or friends.

4.2.1 Delivering A Co-ordinated Approach

The main objectives of delivering a co-ordinated approach to a person living with hoarding and/or squalor are to:

- Give the person with hoarding or squalor access to a broader spectrum of appropriate agencies and service providers.
- Increase response times to various services.
- Provide efficient and timely delivery of information between services.
- Determine the appropriate course of action via a multidisciplinary approach.
- Identify required interventions through joint care planning and consultation with appropriate agencies (NSW Hoarding and Squalor Taskforce, 2014).

4.3 Action Plans

Action plans help to define the situation, as well as set goals and provide a basis for regular review.

Vital to the success of any action plan that has been developed to assist a person living with hoarding or squalor is the consistent communication between all participating agencies, carers and clients.

4.4 The S.M.A.R.T. Approach to Goal Setting

Setting goals in order to make any changes the person desires is an effective way to increase motivation to take action.

The acronym SMART (Specific, Meaningful, Achievable, Realistic, Timed) model for goal setting can be an effective tool used to set both short-term as well as long-term achievable goals.

Short-term goals are those that the person can achieve in a day, a week or a month. By working through smaller achievable tasks the person is empowered to take an actionable role in their own recovery. As these goals are met and the person is able to see progress, they are more likely to strive to achieve their long-term goals in regard to their recovery from living with hoarding or squalor.



SPECIFIC

Set specific goals and targets that have to be reached.

To make specific goals very clear, try to include the... 'who, where, when, why and what'.



MEANINGFUL

Any goals that are set need to be congruent with the person's values, beliefs and desires.



ACHIEVABLE

Set goals to meet the person's capacity and capability.

All parts of the goal need to be achievable, including the task as well as the timeframe.



REALISTIC

A realistic approach to achieving a goal is to break it down into smaller tasks that don't become overwhelming.



TIMED

Setting a specific timeframe in which to achieve goals often increases the possibility of a successful outcome.

4.4.1 Defining The Smart Approach To Goal Setting

- **Specific** - Write a clear and specific checklist of what needs to be done, e.g. "I want you to deal with the clutter on the dining table but not the chairs or the floor."

Set specific goals and targets that have to be reached so the person feels a greater sense of achievement, e.g. "Between now and next Friday I need you to clear the dining room table by sorting everything into three boxes. One box is to throw away, one box is to give away and the third box is for the things you want to keep."

Vague goals do not work as they can be confusing and therefore very hard to achieve, e.g. "It would be nice to get rid of all this clutter."

In order to make specific goals very clear, try to include the 'who, where, when, why and what'.

- **Meaningful** - Any goals that are set need to be congruent with the person's values, beliefs and desires in order to be effective.

Ask the client what their priorities are. For example it would be futile to set a goal for the person to clean out their kitchen so they can cook meals if the client doesn't like cooking or intend to use their kitchen.

- **Achievable** - Set goals to meet the person's capacity and capability.

All parts of the goal need to be achievable, including the task and the time frame. For example, "I need you to sort through everything on the dining table from 10.00am to 10.05am from Monday to Wednesday."

If the set goals are too difficult or unachievable the person may become overwhelmed and give up altogether.

- **Realistic** - When people are committed to making changes in their lives they sometimes have unrealistic expectations of what they are able to achieve when setting goals. This could easily lead to becoming overwhelmed and giving up altogether.

A more realistic approach to achieving goals is to break them down into smaller tasks that do not become overwhelming, e.g. "I need you to clean this one corner of the lounge room."

- **Timed** - Setting a specific timeframe in which to achieve goals often increases the possibility of a successful outcome, rather than working on a goal "when I have time."

The timeframe should be achievable, e.g. "I need you to work on this for 30 minutes each day, for the next 3 days, do you think that is achievable?" (Department of Health, 2015).

4.5 Care Coordination and Client Privacy / Confidentiality

It is important to be aware that when adopting a care coordination framework, information will likely need to be shared between organisations. This sharing of information allows clear communication between all parties involved in the clients care, and prevents duplication of supports and services.

Confidentiality policies will often vary between organisations, particularly where mandatory reporting may be required. It is recommended that each organisation involved in the clients care be clear with the client and other organisations about their policies and procedures with regard to confidentiality.

Each organisation will usually have its own policies and procedures regarding the sharing of information between services; particularly in instances where the client is not present during the sharing of their personal information. This may require a written consent form be completed by the client authorising the release of their information to others. It is recommended that workers refer to their organisations policies prior to engaging in case planning meetings with other service providers, or in joint action planning activities where client information may be shared.

Section 5 - Risk Management

Identifying risk factors when dealing with a person living with hoarding or squalor is a key element to being able to provide appropriate services.

Risk management strategies should be aimed at the safety of all residents of the property including more vulnerable groups such as the elderly, children and any pets.

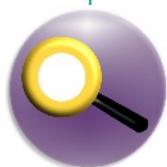
Organisations providing services that involve visiting the property have a responsibility to ensure a safe working environment for their employees. Providing employees with a checklist in order to be able to identify and assess the level of hazard prior to entering a property may further minimise risk.



"...The greatest concerns arising from hoarding disorder are its associated risks. People with hoarding disorder, and their partners, have been found dead weeks after being trapped by falling items in what has been termed a 'clutter avalanche'. Clutter poses significant tripping hazards for elderly people; and the difficulty cleaning cluttered areas can lead to insect and rodent infestations and associated health hazards... (Vlasios, Milicevic, 2015)."

5.1 Risk Management Q&A's

5.1.1 How do I broadly assess the level of risk at the property?



Low Risk

No immediate threat
to people or animals
on the property

Medium Risk

Impending threat
to people or
animals, but no
immediate threat

High Risk

Imminent threat
of harm to people
and animals

5.1.2 What sort of risks do people living with a hoarding disorder face?

Fire - Especially for those who hoard highly combustible materials such as newspapers, gas bottles, fabrics, and generally high fuel levels from excess stuff.

Physical Injury - Manoeuvring around piles of clutter can present a high falls risk as walkways are blocked.

Poorly organised stacks of items can easily fall onto the person, trapping them under the clutter, this is called a 'clutter avalanche.'

Illness - From excessive dust build-up, disintegrating debris, insect infestation, rodent infestation, mould spores, etc. Poor air quality can also result from these factors.

There is also a reduction in capacity for emergency services staff to enter a property and then find a person amongst the clutter. This is further complicated if the person needs to be carried out on a stretcher.

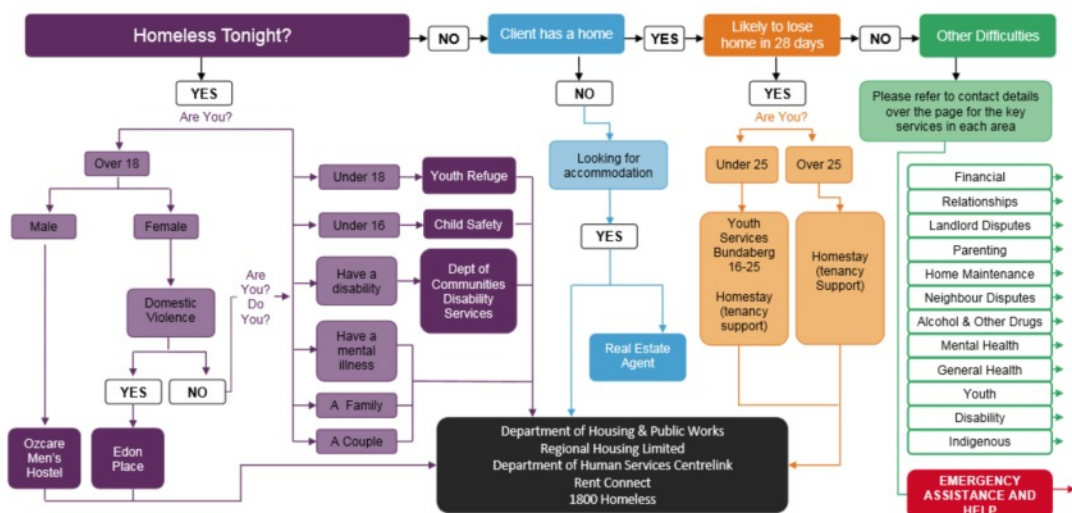
Personal Hygiene - Not having access to toilet, bathroom and laundry facilities due to overcrowding of clutter.

Malnutrition - Due to highly cluttered kitchen facilities, including lack of access to the refrigerator.

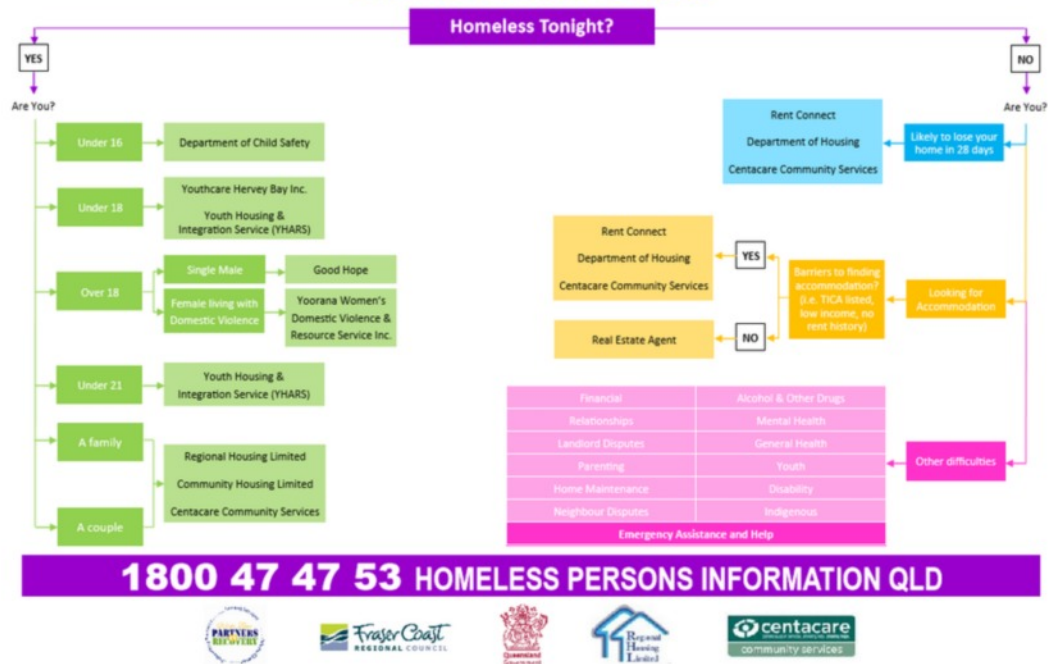
Misplacing Important Items - Misplacing important items such as medication, keys, money, bills, telephones etc. (NSW Hoarding and Squalor Taskforce, 2012).

Eviction from Rental or Social Housing Property - People with a hoarding disorder or who are living in squalor are at high risk of eviction from their rental or Social Housing property.

If a tenant or resident breaches their tenancy agreement through the accumulation of hoarded items, the property manager/owner or provider can issue them with a "Notice To Remedy Breach" form. Any breaches must be remedied within 7 days. If after 7 days the breach has not been remedied, the tenant may be issued with a "Notice to Leave" form (Residential Tenancies Authority, 2015).



Homeless or at risk of homelessness on the Fraser Coast?



5.1.3 Are there any useful resources for people at risk of homelessness?

There are a number of useful resources and services available to a person who has become homeless or is at risk of losing their tenancy. An example of this are flowcharts developed for the Bundaberg and Fraser Coast regions (Bundaberg Regional Council, 2015).

5.1.4 What sort of risks do people living in squalor face?

Along with all of the risks associated with hoarding, people living in squalor also face an increased level of isolation.

Research suggests that a minimum of half of all people living in severe domestic squalor suffer from dementia, alcohol related brain damage, or a mental disorder.

This group of people also experience moderate to high rates of medical issues such as diabetes, obesity, incontinence, visual impairment and reduced mobility (Victorian Department of Health, 2013).

5.1.5 What sort of risks do hoarded animals face?

Malnutrition - Animal hoarding may result in considerable animal suffering due to inadequate food and fresh water supplies.

Illness & Disease – Along with illness and disease, animals are at risk of developmental disabilities due to being kept in confined spaces.



Mental Suffering - Usually caused by maltreatment of the animal.

Hygiene - A lack of appropriate toileting facilities may result in bacterial infections (NSW Hoarding and Squalor Taskforce, 2014).

5.1.6 In what way are the neighbours of people living with hoarding and squalor at risk?

Pest infestation - may spread to adjacent homes or apartments.

Burst pipes - Flooding may occur if the hoarded items are covering the problem area to the point that it has become inaccessible for repair.

Fire - Resulting from electrical wiring that has become inaccessible for repair.

Structural integrity of walls and floors - Neighbours are particularly at risk in apartment style living as walls or floors of adjoining apartments may deteriorate or collapse from years of built up clutter (NSW Hoarding and Squalor Taskforce, 2014).

5.1.7 What are the public health risks of hoarding & squalor?

The Fraser Coast Regional Council has determined the following to be public health risks in regard to hoarding and squalor:

"An animal, structure, substance or other thing that is, or is likely to become, a breeding ground, source of food, harbours or is likely to harbour designated pests (Fraser Coast Regional Council, 2015)."

5.1.8 Are there local laws in regard to hoarding and squalor?

The Fraser Coast Regional Council's Local Law No. 3 Community and Environmental Management, 2011, has provisions to protect the environment, public health, safety and amenity of the community within the local government area (Fraser Coast Regional Council, 2011).

In other areas throughout Australia please contact your local council for any laws that are relevant to your particular area.

5.2 Tools which can be used to help with risk assessment and management

5.2.1 What is the 'Clutter Image Rating Scale'?

Developed by Randy Frost, PhD, the Clutter Image Rating Scale is a visual rating system that helps determine a realistic sense of whether or not a hoarding problem exists.

This is achieved through a series of photographs of three rooms in various stages of clutter; the living room, kitchen and bedroom.

As clutter is fairly subjective, this tool can greatly assist by simply comparing the photographs to the room being assessed. Given that no two rooms are exactly the same, choosing the picture in the sequence that comes closest to what is being seen in the room gives a good indication of the level of hoarding (New South Wales Government, 2014).

Example of Frost's clutter image rating scale for living room



5.2.2 What is the Cleanliness and Clutter Scale?

The Cleanliness and Clutter Scale is a useful tool developed to assess and rate various aspects of domestic uncleanliness and clutter in cases of domestic squalor.

This is an effective tool that can assist in determining the degree (if any) of squalor by assessing items such as accessibility to a dwelling, accumulation of refuse or garbage, cleanliness of floors, walls, furniture, kitchens, bathrooms, sleeping areas.

Risk factors such as personal cleanliness, vermin and strong odours are also assessed (Victorian Department of Health, 2013).



5.3 What are some considerations in assessing the level of risk in a hoarding or squalor situation?

When entering a property it is important to evaluate any risk to residents, neighbours and support workers.

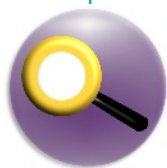


Risk Assessment	Questions to Consider
Access to the property:	Is there... <ul style="list-style-type: none">■ Easy and adequate access to the property?■ Clutter impeding exits and entrances?■ Accumulation of large amounts of possessions resulting in severe clutter?■ Overgrowth of plant matter?■ Unsocialised animals?■ Abusive behaviour?■ Is the property structurally safe?
Utilities:	Is... <ul style="list-style-type: none">■ The electricity and/or gas connected, and in good working order?■ There evidence of improvised heating or cooking facilities?■ The mains water connected?■ The sewerage functional?
Environment:	Is there... <ul style="list-style-type: none">■ Strong and/or offensive odour?■ Evidence of pest infestation?■ Evidence of rotting food?■ Evidence of faeces or urine?■ Evidence of hypodermic needles?■ Evidence of firearms and/or ammunition?
Children:	Are there... <ul style="list-style-type: none">■ Secure and safe living environments protecting any children from unnecessary exposure to inclement weather or other environmental or social hazards?■ Clean and accessible areas to eat?■ Safe play areas inside or outside?■ Clean bedrooms?■ Appropriate bathroom and toilet facilities? Are the children provided with... <ul style="list-style-type: none">■ Access to food and water?■ Adequate clothing including footwear?■ Access to any form of education or schooling?

5.4 Animal Hoarding

5.4.1 *When is it appropriate to seek help from the RSPCA or the local Council's Animal Investigations Officer in regard to hoarding of animals?*

If the hoarded animals appear neglected, weak, malnourished, abused or there is overcrowding it is important to seek professional help from either the RSPCA or your local Council's Animal Investigations Officer.



During assessment of the living conditions of hoarded animals the following should be taken into consideration:

- The number of animals on the property.
- The condition of the animals.
- The condition of the environment in which the animals are being kept.
- Are the animals being provided with adequate food and fresh water?
- Are they provided with sufficient shelter?
- What is the state of their hygiene and general body condition?
- Do the animals need treatment for any obvious medical conditions?

Despite any evidence of animal abuse or neglect, it is important to be mindful that the person hoarding the animals may have little or no awareness that their actions may be harmful to the welfare of the animals in their care.

5.4.2 *Is animal hoarding always intentional?*

In some situations, animal hoarding may arise as a result of a person initially providing genuine care or refuge to animals. Unfortunately in some circumstances the person progressively accumulates more animals than they can physically or financially provide care for.

The person may not be the only contributor to animal hoarding. In cases where, for example, a person has set up an animal rescue service to keep and care for unwanted animals at their home, the community as a whole may unwittingly be contributing to the problem by dropping off unwanted animals. This can impact on the person's ability to afford appropriate food, veterinary care and shelter for the animals in their care.

5.4.3 *How does animal hoarding impact on a person?*

Whilst the animals are at obvious risk, this also becomes a problem for the person when it impacts on their finances and quality of life. These situations often result in a decline in the person's ability to function normally due to the lack of finances, as most of their money is being spent on looking after the animals. Hence, their ability to pay bills, buy food, medication, clothing etc. are significantly impaired and reduced.

5.4.4 Is there specific Queensland legislation governing the welfare of animals?

The Animal Care and Protection Act 2001 protects the welfare and safety of all animals in the state of Queensland.

As there are no national animal welfare laws, each state has adopted its own legislation to protect animals in their own jurisdictions (The Royal Society for the Prevention of Cruelty to Animals, 2015).

5.4.5 What powers do the RSPCA have?

Although officers of the RSPCA have the power to enter private property to remove any animal suspected of being maltreated, their primary focus is on liaising with pet owners in order to rectify any undesirable conditions before they consider removal of the animal from its owners.

The RSPCA generally reserve the initiation of prosecutions and the seizure of animals for serious cases of animal mistreatment. (The Royal Society for the Prevention of Cruelty to Animals, 2015)

5.4.6 Are there local laws in regard to how many animals can be kept on a property?

The keeping of animals in the Fraser Coast region is governed by "Local Law 2 - Animal Management".

The number of animals, type of animals and minimum standards of keeping animals on residential or rural premises is regulated by this law (Fraser Coast Regional Council, 2014).

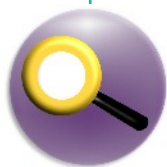
For all other areas in Australia, please refer to your local council for any laws or by-laws that may be in effect in relation to the keeping of animals.

5.4.7 Are there local laws in regard to breeding of domestic animals?

Breeding of your dog or cat, even just once, will require approval by Council. Penalties may apply for people breeding animals without a permit.

5.5 Fire Risks

5.5.1 What are the best ways of reducing the risk of fire?



Install Smoke Alarms

- By law, all homes and units in Queensland must be fitted with working smoke alarms.
- Queensland Fire and Emergency Services recommend all homes are fitted with photoelectric smoke alarms (not ionisation types).
- Smoke alarms need to be either hard-wired or powered by a 10-year lithium battery.
- Keep smoke alarms clean. Dust can interfere with their operation.

Check Smoke Alarms

- Check the battery once a month by pressing the test button and replace the battery when the unit emits a beeping noise indicating a low battery.

Smoke Alarms In Rental Properties

- Smoke alarms must be tested, cleaned and any flat or nearly flat batteries must be replaced inside of 30 days prior to commencing a new lease or renewing an existing lease.

Exits

- Unblock exits and keep clear pathways to all exits for ease of evacuation.

Utilities - Gas & Electricity

- Ensure utilities such as gas and electricity are connected and safe.
- Remove any gas cylinders intended for outdoor use.

Cooking Appliances

- Leave a one metre clearance around:
 - All fixed cooking appliances (stoves, ovens etc.).
 - Portable appliances (toasters etc.)
- Never leave unattended.

Heaters & Open Fires

- Leave a one metre clearance around all fixed and portable heating devices.
- Never leave unattended.
- Do not dry clothing in front of heaters.

Electrical Appliances

- Keep all electrical appliances in good working order.
- Disconnect any electrical appliances not in use. Clean lint filters in clothes dryers after every use and always let dryers complete the cool-down cycle.



Electrical Cords

- Switch off and unplug any electrical cords not in use.

Power Boards

- Don't overload power boards by using double adaptors or plugging one power board into another.

Candles

- Never leave unattended and follow specific directions printed on candle packaging regarding appropriate clearances.

Fire Extinguishers

- Keep a fire extinguisher and fire blanket easily accessible in the property and know how to use them.

Ammunition and Firearms

- Remove any ammunition and firearms from the property.

5.5.2 What are some dangerous and unexpected hazards during a fire?

- A higher density of accumulated materials increases the rate at which the fire spreads.
- Explosive conditions can arise from hoarded items such as gas cylinders, ammunition, batteries etc.
- Piles of hoarded items can become "collapse hazards". This increases the risk to both residents and fire fighting staff.
- The more hoarded items that are present, the longer a fire can burn at maximum intensity.
- Higher smoke toxicity.
- The evacuation time of people who hoard may be increased as they make futile attempts at extinguishing the fire that is destroying their treasured items. (New South Wales Government, 2014).

5.5.3 What groups of people are most vulnerable?

Children and Young People

- Child abuse and neglect of children's health, safety, hygiene and general wellbeing are major concerns for children living in severe domestic squalor.
- Children can experience elevated levels of distress causing difficulties with relationships and communication in many areas of their lives including at school and at home (South Australian Department for Health and Ageing, 2013).

Elderly People

A study of elderly people living in moderate to severe domestic squalor in Central Sydney from 2000 to 2008 found;

40% suffered dementia.

20% had alcohol related brain damage and/or alcohol abuse.

13% suffered from schizophrenia.

As well as obsessive compulsive disorder, depression, frailty and medical illness (Government of Western Australia, 2013).

5.5.4 How does the "Child Protection Act" protect children from harm?

The law provides protection to any child, under 18 years of age, who is found to have suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm, and does not have a parent able and willing to protect the child from harm.



WHAT IS HARM?

Source: Queensland Government, 2015.

- “(1) Harm, to a child, is any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing.
- (2) It is immaterial how the harm is caused.
- (3) Harm can be caused by—
 - (a) physical, psychological or emotional abuse or neglect; or
 - (b) sexual abuse or exploitation.
- (4) Harm can be caused by—
 - (a) a single act, omission or circumstance; or
 - (b) a series or combination of acts, omissions or circumstances.”

5.5.5 How do I make a notification to the Department of Child Safety (DOCS)?

Prior to contacting DOCS, personal judgements must be put aside when assessing any potential impact that the hoarding or squalid environment may have on the child.

Intervention has little to do with the state of the property, and everything to do with the impact on the child.

5.5.6 Preparation prior to making a notification

Consideration must be given to including any information that may make your report more useful to DOCS.

When preparing to make a notification, review all of your information to ensure you are not either under-reporting or over-reporting.



Children’s Details	Have the names, ages, dates of birth.
Family Structure	Have a good description of the family structure and situation, e.g.; How many children reside at the property? How many parents/caregivers are living at the premises? Background about the family situation. Do the children have adequate adult supervision? What other adults/relatives are involved in the children’s care?
Environmental Observations	Write down your observations; What did the environment look like? What did the environment smell like?
Behaviour Observations	Write down your observations; How were the children behaving? How were the adults behaving? Did you observe any cognitive deficits with the children?

Be mindful that DOCS are required to obtain specific information from a person making a report, and this may be perceived as though the reporter is being 'interrogated' during the assessment process.

5.5.7 Who is required to carry out Mandatory Reporting?

Any person in the community can make a report to the Department of Child Safety (DOCS) if they reasonably suspect that a child may be in need of protection from imminent or potential harm.

However, in Queensland, mandatory reporting is only required by people engaged in particular types of work such as doctors, registered nurses, teachers, police officers and child advocates under the Public Guardian Act 2014.



MANDATORY REPORTING

Source: Queensland Government, 2015.

"Mandatory reporting by persons engaged in particular work

(1) This section applies to a person (a relevant person) who is any of the following —

(a) a doctor;

(b) a registered nurse;

(c) a teacher;

(d) a police officer who, under a direction given by the commissioner of the police service under the Police Service Administration Act 1990, is responsible for reporting under this section;

(e) a person engaged to perform a child advocate function under the Public Guardian Act 2014."

5.5.8 Can I expect a person at risk to readily accept help?

People with Hoarding Disorder are generally aware and often distressed by their hoarding behaviour, however many are reluctant to seek or accept help.

There is often poor or variable insight into recognising the cause of their hoarding behaviour, hence they will often cite external causes for their hoarding such as having limited space, being disorganised or that they may possibly need the items at a later date (Mathews, 2014).

5.5.9 What are the psychological implications?

People often experience family breakdown through their own frustration and anger toward their living situation.

People can feel as though they have been marginalised, have lost all normality in their lives and can be embarrassed about their living conditions, resulting in social withdrawal and isolation.

High levels of stress can also develop from the risk of eviction, forced clean-ups, fire, falls and injuries. (South Australian Department for Health and Ageing, 2013).

5.6 Work, Health and Safety considerations for staff

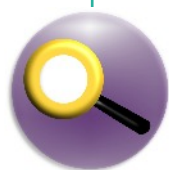
Any Work, Health & Safety (WH&S) risks identified within a hoarding or squalor environment must be carefully considered before conducting a home visit.

Agencies and staff need to be mindful that if the risk to themselves is too great they may not be able to enter the premises. This may include incidents of unstable walls, buildings or structures, unsocialised animals, venomous animals, contamination, infestation, threatening or abusive behaviour from residents etc.

In these cases referral to emergency services may be more appropriate.

5.6.1 What are some common risk factors for workers entering a hoarding or squalor property?

Constantly assess personal safety risk factors during a visit, paying particular attention to the presence of;



Common Risk Factors	Possible Actions To Take	Possible Additional Actions
Vermin - Mice and rats	Use appropriate Personal Protective Equipment – particularly closed footwear and long pants. Masks to protect breathing may be required when severe infestation is present	Pest Exterminators may need to be involved to resolve infestation.
Insects - spiders, ants, mosquitos, lice/mites, etc.	Use appropriate Personal Protective Equipment – particularly closed footwear, long pants and long sleeved shirts. Consider using a personal insect repellent.	Pest Exterminators may need to be involved to resolve infestation.
Reptiles - Snakes, lizards	Use appropriate Personal Protective Equipment – particularly closed footwear, long pants and long sleeved shirts. Avoid standing or walking in spaces with limited visibility (i.e. long grass, heavily cluttered spaces where reptiles may be hiding – particularly outdoors)	Report to RSPCA or Local Council. Consider involving a professional snake / reptile removal service

Common Risk Factors	Possible Actions To Take	Possible Additional Actions
Animals - Dogs, cats, birds, native animals etc. some of which may be sick, infected or feral	Avoid contact with any animals in the property. Use appropriate Personal Protective Equipment – particularly closed footwear, long pants and long sleeved shirts. Masks to protect breathing may be required when severe contamination is present, or animals (particularly excessive birds in indoor spaces) are present who may be sick or infected. Avoid standing or walking in spaces which are contaminated with animal urine / faeces. If this occurs, remove footwear and place in a plastic bag before entering your vehicle.	Report to RSPCA or Local Council if there is concern about excessive numbers of animals, or concern for the safety or welfare of animals.
Ammunition & Weapons	Report to Police. *Do not discard.	

5.6.2 What are some of the ways to reduce risk to workers entering a hoarding and/or squalor environment?

Whilst attempting to maintain the overall integrity of the person living with hoarding or squalor, it is vital that staff be provided with the necessary tools and equipment when dealing with hoarding and/or squalid environments. Workers should be encouraged to take any necessary steps toward reducing risk to themselves in order to ensure their own health, safety and well being.

Dependent on the environment being entered, some risk reduction techniques include;



Risk Reduction	Recommendations
Personal Protective Equipment (PPE) PPE must be used prior to touching or handling any items within the property, or when entering a property where severe infestation or contamination may be present.	<ul style="list-style-type: none">• Steel capped boots (or gum boots if wet) Boot covers Cotton drill or denim pants Ventilated polo shirt• Overalls• Old clothing• Safety goggles• Masks• Disposable gloves• Hazard suits• Skin barrier creams• Anti-bacterial skin gel• Anti-bacterial skin wipes
General Safety	<ul style="list-style-type: none">• Attend the property in pairs where the potential risk is unknown.• Avoid sitting down on any surfaces, particularly soft furnishings such as couches etc.• Take as few belongings in with you as you can. i.e. leave handbags etc. in your car.• Don't put your belongings down, e.g. phone.• Do not use amenities.• Do not accept food or drinks.• In some instances clients will set "booby traps" in their homes to either prevent someone entering their home or to stop anyone taking their belongings.

Risk Reduction	Recommendations
Slips & Falls -Stepping over organic matter is likely. -When walking over cluttered items, it is unknown what you may be walking on.	<ul style="list-style-type: none"> • Use PPE. • Always walk on the ground, not on scattered items that have fallen to the ground.
Clutter Avalanche -If piles of hoarded items are poorly stacked they may collapse, causing injury to workers and residents.	<ul style="list-style-type: none"> • Do not lean on piles of stacked hoarded items for support, no matter how small the pile.
Contamination of Work Vehicles -Getting into vehicles whilst wearing any contaminated clothing is likely to contaminate the vehicle. -Wearing contaminated clothing when going back to the workplace is likely to contaminate the workplace.	<ul style="list-style-type: none"> • Remove protective clothing and shoes and place in plastic bag prior to entering your vehicle, then place in the boot of the car. • Wear layers of clothing that can be removed over your own clothes, i.e. t-shirts, pants etc. You can then take the top layers off and place in plastic bag in the boot of your car, prior to entering the vehicle. • Carry disinfectant spray (i.e. Glen20) in the car, and spray the car and your clothes before getting in to your vehicle. • Use a disinfectant, alcohol based hand sanitizer before entering the vehicle.
Insect Infestations -Minimise hair exposure to fleas, lice etc. -Prevent insect bites	<ul style="list-style-type: none"> • Wear a hat, baseball cap or other head protection. • Use personal insect repellent. • Wear long pants, long sleeved shirts and closed footwear.
Poor Air Quality -An increase in ammonia levels - if human or animal excrement is present. -An increase in mould spores, bacteria, dust and other allergens are likely to be present.	<ul style="list-style-type: none"> • Use appropriate face mask to enable easier breathing. Be mindful that surgical face masks should not be worn for more than 10-20 minutes before they become ineffective and carbon dioxide inhalation becomes a risk. • Specialty masks are available for a number of air quality issues, and can be worn for longer periods of time
Electricity, Gas, Water & Sewerage	<ul style="list-style-type: none"> • Identify that electricity and gas are connected and safe. • Check for unsafe extension cords (that are still plugged in), power boards plugged in to other power boards etc. • Check there are no burst water or sewerage pipes.

5.6.3 Is it possible to use some level of discretion with PPE when entering a property?

Where possible, it is important to use discretion in regard to the wearing of safety clothes and equipment so as to reduce the stress impact on the resident as well as any children and neighbours.

The level of discretion used is determined by factors such as your role in supporting the person, and the relationship you have or need to have with the person. For example, if you are the person's support worker then a higher level of discretion may be desirable; if you are a commercial cleaner, then a lesser amount of discretion is acceptable.



Tips for using discretion when entering a property

Depending on the severity of the circumstances, the following tips may be helpful in taking a more covert approach:

- The use of a skin barrier cream instead of gloves.
- Take a jar of menthol chest rub to put around the nose area instead of wearing a mask.
- Keep a disinfectant spray in your vehicle to spray yourself as well as your vehicle after the visit – park away from the property to increase discretion.
- Wear safety shoes/boots under long pants.
- Spray personal insect repellent prior to arriving at the premises.

Please note: use these tips discreetly, out of sight of the occupants of the premises.

5.7 What are some safety tips after a home visit to a hoarding or squalor environment?

5.7.1 What to do immediately after leaving the premises, before you get into your car.

- Remove protective clothing, shoes, hat etc. and place in plastic bag.
- Place the plastic bag in the boot of the vehicle.
- Spray your clothes with a disinfectant spray.
- Wash your hands if possible, or use an anti-bacterial hand gel or antibacterial skin wipes.
- Spray the interior of the vehicle with a disinfectant spray once you arrive at your destination and exit the vehicle.
- What to do before getting back to your office.
- If you suspect you may have been exposed to insect, bacterial or other infestation, go home to shower and change clothes and footwear.

5.7.2 What to do when you get home?

In order to minimise the risk of contaminating your home, family and any pets, please use the following precautionary measures;

- Try to avoid contact with any people or animals until you have changed clothes and showered.
- Remove any clothing, shoes, socks, hair ties etc. (preferably in a neutral space such as a garage).
- If possible, wash all your clothes in the washing machine at 60°C or higher. Use an appropriate washing detergent along with a hospital grade disinfectant additive that is suitable for washing machine use. Ideally anti-bacterial and anti-fungal (Ackerley, 2013).
- You may prefer to soak clothes first with a hospital grade disinfectant prior to washing. After soaking, wash clothes as recommended above.
- Wash your clothes separately. Do not wash clothes with ordinary household items such as your family's clothes, towels, pet bedding etc.
- Wash hands with soap and a nailbrush after handling clothes.
- After washing your clothes, run the washing machine empty with disinfectant at 60°C or 90°C prior to using it for any other washing.
- Shoes - clean outside with disinfectant, soak the soles in bleach.
- Ideally have a shower & wash hair.

5.8 Mental capacity considerations

"All adults are presumed to have the capacity to make their own decisions unless it is established they are unable to (Queensland Civil and Administrative Tribunal, 2015)."

People with impaired decision making capacity have a right and should be encouraged to participate in their own decision making to the best of their ability.

They also have a right to adequate and appropriate decision making support.

5.8.1 Impaired Decision Making Capacity

People who have impaired capacity to make their own decisions can have several different advocates appointed such as an Administrator, Guardian or Enduring Power Of Attorney (EPOA) in order to help them make decisions. In cases of severe decision making impairment, these appointed people are able to make decisions on the person's behalf.

Impaired decision making capacity does not imply ignorance, eccentricity, different ethical views, cultural diversity, poor communication, poor judgement or poor decision making.



Impaired Decision Making Capacity

Questions to Consider

- Does the person have impaired decision making capacity about the management of their health, personal safety and home?
- Is the person able to reach a decision and then put it into effect?
- Does the person have the capacity to understand the nature and consequences of their decisions?
- Can the person freely and voluntarily make a decision and then communicate the decision in some way?
- The person may become involuntary to the treatment of their hoarding disorder because of their lack of decision making capacity. (Queensland Civil and Administrative Tribunal, 2012).

5.8.2 What is the role of an appointed Administrator?

An administrator is a person appointed by Queensland Civil and Administrative Tribunal (QCAT) to act on the person's behalf in order to ensure the person's financial interests are protected when there is no Enduring Power of Attorney in place.

Administrators have the authority to make decisions and fulfil obligations in the following areas:

- Managing bank accounts and investments
- Maintaining property
- Paying bills

The Administrator is not able to make healthcare or personal decisions for the person unless they have also been appointed as a Guardian, Enduring Power of Attorney (EPOA), or Statutory Health Attorney (Queensland Civil and Administrative Tribunal, 2015).

5.8.3 What is the role of an appointed Guardian?

A guardian is a person appointed by QCAT to act on the person's behalf in order to ensure the person's health care needs as well as personal needs are met and protected.

Guardians have the authority to make decisions on behalf of the adult in areas such as:

- Where the person lives
- What support services they receive
- With whom they have contact or visits
- General health care matters
- Other day-to-day issues

Guardians are not able to make any decisions about;

- Special health care matters including sterilisation or tissue donation,
- Special personal matters such as making or revoking a will or consenting to marriage or relinquishing a child for adoption, or
- Financial decisions on the person's behalf unless they have also been appointed as an Administrator and/or EPOA (Queensland Civil and Administrative Tribunal, 2015).

5.8.4 What is the role of an Enduring Power Of Attorney (EPOA)?

EPOA's are appointed by people at a time when they still have full cognitive capacity. The EPOA usually comes into effect once the person has lost decision making capacity.

An EPOA has the authority to make decisions and act on behalf of the adult in regard to their financial and personal affairs.

The person can nominate whether or not they wish their EPOA to begin making financial decisions for them immediately or only once they've lost capacity (Queensland Government, 2015).

5.8.5 Advance Health Directive (AHD)

An Advance Health Directive (AHD) allows a person to give instructions about their future health care. The AHD comes into effect only once the person has lost their decision making capacity.

If a person has impaired decision making capacity and they have an AHD then the person listed as their EPOA would be contacted (Queensland Government, 2015).

5.8.6 Duty of Care

Workers are required to take steps to eliminate or minimise any risks to health and safety, so far as is reasonably practicable. This includes any physical actions as well as advice that is given or failed to be given.

The Queensland 'Work Health And Safety Act 2011' provides a framework to protect the health, safety and welfare of all workers, any other people who might be affected by the work, as well as providing protection for the general public so that their health and safety is not placed at risk by work activities (Queensland Government, 2014).

Any person using services either by their own free choice or by statutory or non-voluntary means must be supported. Their safety, well being, human rights, legal rights and a willingness to participate in any services must be protected and promoted (Department of Communities, Child Safety and Disability Services, 2015).

Section 6 - Client Engagement

Positive engagement with clients with a hoarding disorder and/or living in squalor is built on the fostering of relationships based on trust, patience and empathy.

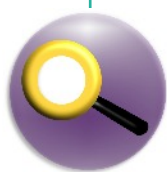
Far better outcomes can be expected when taking a facilitative approach where the client is encouraged to actively participate in their own recovery, rather than an authoritarian approach where the client is told what to do and their perspective is not taken into account.

Also, consider suggesting a trusted family member of the person attend any counselling sessions or group meetings etc. with them so as to provide support and encouragement.

6.1 Client Engagement Q&A's

6.1.1 What are some considerations prior to engaging with a new client?

Prior to initial engagement with a person living with hoarding disorder or squalor there are a variety of elements to consider.



The person may...

Not welcome service providers into their home

Be too fearful to open the door to strangers

Use obstructionist tactics

Things to Consider

- A lot of people living with hoarding and squalor have probably not had outsiders or even their own families in their home for many years.
- They may be living with guilt, shame and self-blame in regard to their circumstances.
- Can the initial assessment be completed at a place outside the client's home?
- Is there a service already involved with the client that may be able to facilitate a meeting at their offices or in a community space?
- A face-to-face introduction to the service provider from someone who the person knows and trusts could be of benefit.
- Leaving a note in the person's letter box, inviting them to contact you may alleviate their fears.
- The person may refuse to schedule a home visit.
 - Whilst they may have agreed to a home visit, they might refuse to open the door at the time of the visit.
 - They may become hostile, argumentative or confrontational.
- These tactics are often used by people as a form of self-protection against uncomfortable or painful feelings.

The person may...	Things to Consider
<p>Have a language barrier</p>	<p>The person's primary language may be a language other than English.</p> <ul style="list-style-type: none"> ■ For people from Culturally and Linguistically Diverse (CALD) backgrounds, or Indigenous people who have a language barrier, if at all possible, arranging an interpreter or worker from the particular background of the person may be of great benefit. ■ Gaining the person's consent to an interpreter prior to making any arrangements is vital. ■ Check with your organisation's policies in regard to the engagement and use of interpreters.
<p>Reject any intervention</p>	<p>The person's initial reaction to any intervention may be very negative.</p> <ul style="list-style-type: none"> ■ A person living with hoarding or squalor may not realise that their environment is actually unsafe. ■ Try not to overwhelm the person; rather, try to be sensitive to their needs. ■ Be gently persistent in your efforts to engage the person, it may take some time for the person to trust you enough to engage in conversation with you. ■ In order to try to establish a trusting relationship with them, be consistent in your approach. ■ Avoid imposing your own values and judgments on the person. ■ Address any vital needs that the person feels they may have first, such as attending any medical appointments, paying bills etc., before attempting to address any cleaning or de-cluttering issues. ■ An immediate focus on cleaning strategies may cause distress, and therefore distrust toward the service provider.
<p>Feel they are being intruded upon</p>	<ul style="list-style-type: none"> ■ Try to include the person in any decision making processes as much as possible. ■ Identify and address their own needs (whether real or perceived). ■ Ask the person how they feel they could benefit from any help (NSW Hoarding and Squalor Taskforce, 2014, Partnership Against Homelessness, 2007).

6.2 Engaging With the Client

6.2.1 *What are some general principles to guide conversations?*

When engaging with the client it is most helpful if conversations are approached with a view to upholding the person's dignity and self respect.

A sensitive and respectful approach will likely lead to development of good rapport and trust with the person.

The following are some useful tips for workers in guiding conversations with the client:

- **Show Empathy Not Sympathy**

Showing empathy means that you are willing to actively listen, put your own judgments aside and embrace the situation from the person's perspective.

Showing sympathy is unhelpful in these types of relationships as sympathy can be perceived as a show of "pity" for the person.

- **Avoid Arguing, Threatening and Blaming**

Even if you don't agree with the person's living conditions, arguing, threatening or blaming them will not change their perspective. Quite the opposite will most likely occur. They are likely to become defensive and distrustful of you which can cause major setbacks in your relationship development.

Try to engage the person in discussion rather than argument.

Try to remember that people living with hoarding are already experiencing a lot of guilt, shame, and self-blame.

- **Respect Autonomy**

If you are in a role where you are trying to help the person work through their hoarding or squalor, it is important to remember that everyone has the right to freedom of will. All people are entitled to make their own decisions and choices about every aspect of their own lives.

Rather than just telling the person what to do, ask them what they feel they want to do, or can do. For example you could ask the person "What do you think you would like to do about the clutter in your home?"

- **Help the Person Come To Their Own Conclusions**

Rather than telling the person how you think they feel, help them come to their own conclusions about whether or not they believe their actions are consistent with their greater goals or values.

Ask them about their own goals and values: "What's really important to you in life?"; "How would you like your life to be five years from now?"; "What are your hopes and goals in life?"

Discuss with the person whether or not their acquiring, difficulty organizing, or getting rid of things fits with those goals and values; "You've told me that friendships are very important to you, how well can you pursue that goal given the way things are right now?"

The person is more likely to be successfully engaged if you show an interest in them and their own particular reason for needing help (Hartford Hospital, 2015).

6.2.2 How do I explain "De-Cluttering"?

- The term "De-Cluttering" is preferred over the term "Clearing It Out".
- When discussing de-cluttering, it may be useful to frame your conversations in the following context:
 - 'De-cluttering doesn't mean getting rid of everything, it means prioritising so that you're left with only your favourite possessions and room to enjoy them'.
 - 'The goal of de-cluttering is to make your home more comfortable, safe and functional so you can enjoy your space again' (Shuer, Frost, 2014).

6.3 Primary Obstacles to Recovery from Hoarding

Once a good level of rapport and trust have been established with the person, it may be useful to address some of the following thoughts with them in order to facilitate their own contemplative process toward change.

■ Making De-Cluttering a Priority

Encouraging the person to express their views, challenges and goals toward de-cluttering will help keep it in the foreground of their thoughts and plans.

Thought provoking questions...

- Is de-cluttering your home a priority for you?
- Have you thought about how you would feel if you were not living with clutter?
- Do you feel you have more reasons to make a change in your life, than not to make a change?

■ Addressing Unhelpful Beliefs

Beliefs surrounding perfectionism, responsibility, attachment, memory, and control usually play a significant role in the person's decision making process, and may be quite unhelpful in terms of de-cluttering.

Initiating conversations about how their beliefs toward their possessions affects their decisions to save things may open new pathways of self discovery and possibilities for the person.

Thought provoking questions...

- Do you feel responsible for saving something that may be of use to someone else?
- Even if you can't use an item now, do you tend to save it in case you may need it sometime in the future?
- Do you keep items to remind yourself of activities you hope to do someday?
- Would you be comfortable with other people handling your possessions? If you were to throw away a possession, how would that make you feel?
- What kinds of thoughts get in the way of you de-cluttering your home?

■ Addressing Over-Thinking

Overthinking the categorisation of objects is common among people with hoarding disorder.

For example, they may battle with too many alternatives about how they should organise their belongings before they can even begin to think about discarding or donating them.

Some of the thoughts people may have during their sorting process may be: "should all the department store flyers go together in one bundle?", or "should all the flyers be the same size in that bundle?", or, "I'm not sure if I can put the flyers with the newspapers in the same bundle, they're a completely different texture?" etc.

The process of over-thinking can become so overwhelming that even with all good intentions of de-cluttering, the person may give up.

The process of over-thinking is also referred to as;

- **Complex categorisation** – focus is placed on categorising each item rather than putting them into broader categories.

For example, having separate pencil cases for each coloured pencil; one case for red pencils, one case for green pencils etc. But in fact, all the

coloured pencils could have been put into one pencil case under the broad category of "coloured pencils".

- **Over-creativity** – people who hoard tend to be highly creative and can therefore come up with many uses for seemingly useless items that most people would discard without much thought.

For example, the outer box containing tea bags. Once the tea bags are all used, most people would normally throw the box out without giving it much thought. However, creative hoarders may save these boxes in case they want to use them to store smaller items, make drawer dividers, use them for art projects etc.

Thought provoking questions...

- If two things are different, for example a spoon and a fork, should they go in different categories?
- Do you tend to save things for spare parts?
- Do you save things that can be taken apart and used for an entirely new project?
- Name some ways in which you could use this item?
- What are the steps you would use if you were to dispose of this item?

■ **Addressing Avoidance and Excuse Making**

As people with hoarding disorder place great value on each item they have collected, even the mere thought of discarding just one object may evoke a state of anxiety and discomfort. As this can be overwhelmingly unpleasant, all activities and thoughts of de-cluttering are abandoned in order to avoid having to deal with these feelings.

Hoarding is not the result of avoidance, excuse making or trying to get out of the work involved in de-cluttering. Rather, these are strategies used by people as coping mechanisms to avoid the negative feelings associated with discarding or making a mistake about items that may be discarded.

Thought provoking questions...

- Do you think you're avoiding the work it takes to de-clutter?
- Do you feel you would rather be doing anything else than trying to reduce your clutter?
- Are there reasons why you haven't been able to do this up until now?

■ Addressing the Short-Term Payoff

The acquiring of possessions is often the only source of happiness and pleasure for people that hoard. When they find items that are desirable to them, they are not thinking of the long term effect of how this behaviour will result in clutter. Instead, they are usually enjoying the short-term benefit of the excitement and delight at finding a 'treasure' or 'bargain'.

The feelings of pleasure are usually short-lived in comparison to the long-term effects that hoarding has on people's lives.

Thought provoking questions...

- How do you feel when you find something new to collect?
- How do you feel if you pass up an opportunity to collect something?
- If you weren't able to acquire any more things, how do you think you'd feel?

6.3.1 Creating a Focus on Discarding and Non-Acquiring

■ Focus On Your Goals

Once the person has identified the goals that now motivate them to want to change their life through improving their environment, and are now willing to work toward recovery, it is important to keep them focused on those goals.

Being reminded of their own goals will keep them going when they become discouraged in the process of recovery.

Thought provoking questions...

- How will your life change when you have achieved your goals?
- Can any of your belongings help you to achieve your goals?

■ Testing/Challenging Unhelpful Beliefs and Attachments

As there are often great fears and concerns around discarding objects, it can be helpful to explore the worst case scenario prior to discarding, by asking a series of "what if" questions and then testing the belief by actually discarding the object. This is followed by having the person assess their feelings over the next 24 hours to see what actually happened.

At the end of this exercise the person will hopefully be able to come to their own conclusions about whether or not the action of discarding an object had as severe of an impact as they first thought it could have.

Thought provoking questions...

- Are the beliefs reasonable or have they been blown out of proportion?
- What's the worst thing that can happen if you throw out an item?
- Have you ever thought something would turn out badly, but then it didn't? How did that feel?



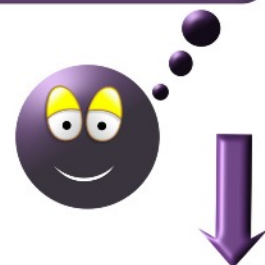
Thoughts of "What if?"

What if I throw this item away?
Then.. I'll be upset forever and won't be able to function normally!



Action

The person then throws the item away and pays attention to their feelings and function over the following 24 hours...



Conclusion

I was actually able to function even while feeling upset.
Even when I do feel upset, I can see that I won't feel that way forever!



Outcome

When I first threw the item out I was pretty upset, but within a couple of hours I was fine. I was able to get through my day as I normally do!



■ **Contemplating Before Taking Action**

During the process of deciding which items a person will discard, or when tempted to acquire more belongings it may be helpful for the person to ask themselves a series of questions before taking any action. (Shuer & Frost, 2014; Tolin, Frost & Steketee, 2014).

Thought provoking questions...

- Do I actually need this item for a specific purpose?
- How many of these do I actually have, and how many do I need?
- Will I use this item soon?
- Is the item of good quality?
- Would discarding this item help me with my hoarding problem?

6.4 Tips for Sorting Through The Clutter

- **Create 4 piles** – An effective way of sorting clutter is to designate 4 large areas into which each item in the household has to be put;

The first pile is to - throw out,

The second pile is to - give away to charity,

The third pile is to - sell,

The fourth pile is for - things you want to keep.

- **Also create a 'maybe' pile** – This pile is exclusively for any items that the person is clearly agonizing over discarding. By putting these items into a 'maybe' pile they can then move on with sorting the rest of their belongings, and then return to this pile later so that they can sort through all the 'maybes' in one go.
- **Build stamina** - If a person is only just beginning the task of sorting through their clutter, they may need to build up their stamina slowly so as not to become overwhelmed by the enormity of the task as a whole. It is important to be consistent by tackling the task daily, but start slow.
- **Make it achievable** - Asking someone to de-clutter their home in, say, a week, is probably unachievable for most people. It is better to break the task down into smaller, more achievable sessions.

For example, allocate a 5 minute slot every day purely dedicated to sorting, then maintain this for a few days. Then do 10 minutes every day for a few days, then 20 minutes, 30 minutes etc.

Any amount of time spent sorting through the clutter each day will still have visible, positive results.

By making this a daily routine the person is more likely to make longer term sustainable behaviour changes.

6.5 What is the "Structured Interview for Hoarding Disorder (SIHD)?"

The "Structured Interview for Hoarding Disorder (SIHD)" contains a series of questions in six specific criteria that clinicians or trained interviewers can use to evaluate the presence of Hoarding Disorder. It also provides an opportunity to carry out an initial risk assessment.



HOARDING DISORDER

Source: Nordsletten, Fernández de la Cruz, Pertusa, Reichenberg, Hatch, Mataix-Cols, 2013.

For a diagnosis of Hoarding Disorder, all six criteria must be met.

CRITERION A - Persistent difficulty discarding or parting with possessions, regardless of their actual value.

CRITERION B - Perceived need to save items and distress associated with discarding them.

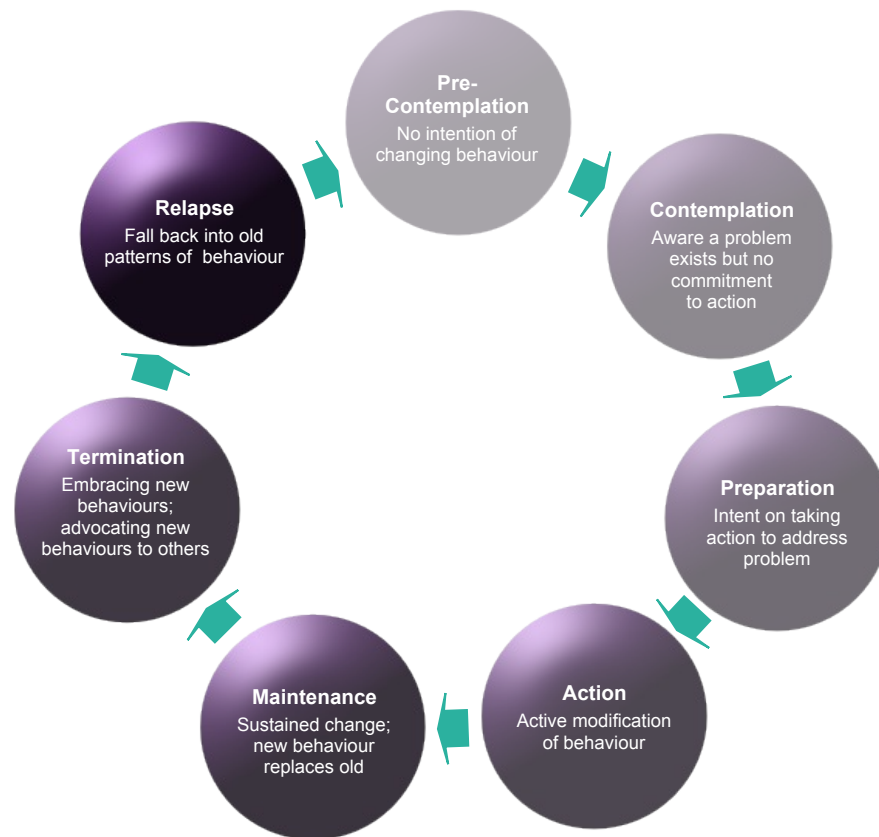
CRITERION C - Accumulation of possessions resulting in congestion and clutter of active living areas.

CRITERION D - Clinically significant distress or impairment in social, occupational, or other important areas of functioning.

CRITERION E - Hoarding is not attributable to another medical condition, i.e. brain injury.

CRITERION F - hoarding is not the result of another mental disorder, i.e. obsessions in obsessive-compulsive disorder.

6.6 The 7 Stages Of Behaviour Change



6.6.1 What are the 7 stages of behaviour change?

The 7 stages of behaviour change make up the complex processes a person uses to change behaviours and habits in order to make changes to their lives. They are as follows:

- 1. Pre-contemplative/unaware**
- 2. Contemplative**
- 3. Preparation**
- 4. Action**
- 5. Maintenance**
- 6. Termination/advocacy/transcendence**
- 7. Relapse**

6.6.2 How do people move through the stages of change?

Normally change begins at the 'contemplation' stage. This is where the person is aware of a problem they are experiencing and is thinking about how making any changes in their life would help them regain a better level of comfort.

Each step is a learning process necessary to facilitate lasting changes in behaviour, leading to lasting life changes.

Stage 1 - Pre-contemplative - Not interested in change

In the pre-contemplative stage people are unaware that they have a problem. They don't feel any kind of change is necessary in their lives. They can't see the need for change, are not interested in change and have no intention of changing anything about the way they live.

While family, friends and neighbours may be aware that the person's living conditions are undesirable, the person is not only unaware that any change is necessary, they are not open to information or discussion about change.

The person may say: "There's nothing wrong with the way I live, and I certainly don't need to change anything".

Stage 2 - Contemplative - Thinking about how to change

In the contemplative stage a person has become aware that they have a problem and are starting to think about overcoming it, but haven't made a commitment to do so just yet.

A person can remain in this stage for long periods without taking any action toward change. This is usually due to the process of weighing up the benefit of change against the loss of a particular behaviour and the effort and energy it will take to commit to change.

While this group may be considered as "procrastinators", they are open to discussion and information about change.

The person may say: "I've got a problem with hoarding, and I'd love to do something about it" but this is not yet necessarily reflected in actions to address the problem.

Stage 3 - Preparation - Preparing to change

In the preparation stage a person has made a decision to change and is intending to take action within the next month. They may already be making some small behaviour changes such as acquiring fewer possessions than when they were in the pre-contemplative or contemplative stages.


This is a relatively short stage marked by intent to change as well as small behavioural modifications toward change.

The person may say: "I'm not happy with the way I'm living and have every intention of changing".

Stage 4 - Action - Taking positive steps toward change

In the action stage the person is doing something to actively change their lives. They are now changing their behaviour and/or environment in order to overcome their problem.

This stage is marked by the input of great commitment and energy by the person in order to change. They are now not acquiring any new items to be hoarded, and may be beginning the sorting and de-cluttering process.



While the person is open to help and support, the temptation to revert back to old behaviours is very strong and there is a good possibility of relapse.

This stage usually lasts about six months, after which the person moves to the maintenance stage.

The person may say: "I'm working really hard to change the way I've been living".

Stage 5 - Maintenance - Behaviour has changed, now to keep up the good work

In the maintenance stage the person has successfully changed their behaviour and is now working hard to maintain their "new" behaviour and not succumb to the temptations of their "old" behaviour.

Although their behaviour has changed and may appear to be stable, they will often continue to need support in order to stay in the maintenance stage.

This stage usually lasts from six months to an indefinite period of time.

The risk of relapsing is far lower at this stage than in earlier stages.

The person may say: "I need to work on maintaining the changes I've already made" (Prochaska, Norcross, Diclemente & Carlo 2013).

Stage 6 - Termination/advocacy/transcendence - Behaviour has changed, now to spread the word

This is a relatively 'new' stage added to include the understanding that once a person has been in the maintenance stage for more than six months, going back to 'old' behaviours would feel strange as those behaviours are no longer desirable by the person.

This is a stage of embracing the more desirable 'new' behaviours that the person has achieved and maintained. This stage can lead to the person becoming advocates of their new behaviour.

In terms of hoarding, people may begin sharing their knowledge and information with their family and friends or the public at large about how they managed to overcome their own hoarding disorder. They may take on a role where, for example, they get involved with helping others achieve the same success as they did.

Stage 7 - Relapse

As people move through the stages, the path from contemplation to preparation to action to maintenance is not usually linear, nor is it a simple path, as most people will relapse to a previous stage several times before they can move forward again.

During each relapse the person is likely to feel ashamed, embarrassed and guilty about their failure to move forward. As they become overwhelmed they may completely abandon any thoughts of change, hence going back to the pre-contemplative stage. The cycle then begins all over again.

6.6.3 How long does it take for people to move through each stage of change?

People can be expected to move through the stages of change at their own pace. They can only move forward when they are ready to accept change.

As there is no time limit, people can move through the stages rapidly or they may stay in a certain stage, e.g. pre-contemplative, for their entire lives.

Each stage requires much contemplation and assessment by the person in regard to what they could gain by making any changes to their life, as well as what they could lose by making any changes.

6.6.4 At what stage of the behaviour change model should intervention be applied?

It is important to establish which stage that the person is in before they can participate in the process of behaviour change.

If intervention is applied at the pre-contemplative stage where the person does not feel any change is necessary, most attempts at even getting them to participate in conversations about making changes to their life will be futile.

Once the person is in the contemplative stage, where they are now aware they have a problem and may be considering finding out about how they can make changes to their life, they will more readily accept information as well as conversations about options that are available to them.

Change cannot be imposed on a person; it must come from within the person and at their own readiness (Queensland Health, 2007).

6.6.5 What approach could be used for a person hoarding animals?

Any discussions with the person regarding intervention for their hoarded animals could be framed in the following ways;

- 'It is obvious that you care about your cat/dog/animals, when was the last time you had them checked by a vet?'
- 'I am concerned about your cat/dog/animals, so I'd like to get someone to give them a check-up'.
- 'Your cat/dog/animals might be really unwell, and could be making your other animals unwell too. How about we get someone to come out to give them a health check.'

If there is a possibility that the animals may have to be surrendered to a shelter, it is important to be mindful of the tone being used when discussing this with the client.

Whilst the living conditions of the animals may be unsatisfactory, most people that hoard animals actually have the animal's best interest at heart. It is therefore beneficial to not come across as though the person is being punished in any way (Victorian Department of Health, 2013).

6.7 Human Rights Considerations

In Queensland, the Anti-Discrimination Act 1991 promotes and protects equality of opportunity, anti-discrimination and the upholding of human rights for everyone in the state. (Anti Discrimination Commission Queensland, 2015)

Human rights are about promoting and protecting the values of respect, dignity and equality for every person, irrespective of their race, sex, religion, impairment, political belief, sexuality, age or any other characteristic.

The United Nations adopted the Universal Declaration of Human Rights in 1948 in order to encourage participating nations to apply basic human rights and freedoms to all people.



Anti-Discrimination Act 1991

The Anti-Discrimination Act 1991 prohibits Discrimination, Sexual Harassment, Victimisation and Vilification whether direct or indirect in;

- The workplace,
- An educational facility,
- Through the provision of goods and services, superannuation or insurance,
- The deposition of land,
- Accommodation,
- Club memberships and affairs,
- Administration of state laws and programs,
- Local government, (Anti Discrimination Commission Queensland, 2015).

Appendix 1 - Hoarding or Squalor Fire Risk Report



Fire &
Rescue NSW

Hoarding or Squalor Fire Risk Report

1. Details of Residence

Address of residence: _____

Suburb: _____ Council (if known): _____

Type of residence: ☐ Single dwelling (i.e. house)
☐ Boarding house, guesthouse or hostel (Class 1b ≤ 300 m² and ≤ 12 residents)
☐ Building containing 2 or more separate Sole Occupancy Unit (SOUs) (Class 2)
☐ Boarding house, guesthouse, hostel, hotel or backpacker accommodation (Class 3)

Type of construction: _____ Approximate size: _____ m x _____ m

What fire protection equipment (if any) is installed in the residence?

☐ Smoke alarm (battery operated) ☐ Smoke/heat detector (hard wired) ☐ Fire Sprinklers

Which of the following utilities are connected in the residence?

☐ Electricity ☐ Gas ☐ Telephone

2. Fuel Load Hazard

According to Frost's clutter image rating scale (see overleaf), how would you rate the fuel load hazard?

Living room	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Bedroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Kitchen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

How does the fuel load hazard impact on access and egress to the residence?

☐ Easy to enter ☐ Slightly impaired ☐ Moderately impaired ☐ Severely impaired

Please provide details: _____

3. Submitted by (optional)

Name: _____

Address: _____

Telephone: _____ Email: _____

If you are a fire fighter please provide: Service no.: _____ Rank _____ Stn no.: _____

Contact us:

Community Safety Directorate
Community Engagement Unit

Locked Bag 12,
Greenacre NSW 2100

T (02) 0742 7170
F (02) 0742 7183

Version 03

Issued 9 May 2014

Print Form

Submit by Email



Example of Frost's clutter image rating scale for living room



Example of Frost's clutter image rating scale for bedroom



(New South Wales Government, 2014).

Appendix 2 - Saving Inventory

Saving Inventory – Revised (Modified Format)

For each question below, circle the number that corresponds most closely to your experience
DURING THE PAST WEEK.

0	1	2	3	4	
None	A little	A moderate amount	Most/ Much	Almost All/ Complete	
1. How much of the living area in your home is cluttered with possessions? (Consider the amount of clutter in your kitchen, living room, dining room, hallways, bedrooms, bathrooms, or other rooms).	0	1	2	3	4
2. How much control do you have over your urges to acquire possessions?	0	1	2	3	4
3. How much of your home does clutter prevent you from using?	0	1	2	3	4
4. How much control do you have over your urges to save possessions?	0	1	2	3	4
5. How much of your home is difficult to walk through because of clutter?	0	1	2	3	4

For each question below, circle the number that corresponds most closely to your experience
DURING THE PAST WEEK.

0	1	2	3	4
Not at all	Mild	Moderate	Considerable/ Severe	Extreme
6. To what extent do you have difficulty throwing things away?			01234	
7. How distressing do you find the task of throwing things away?			01234	
8. To what extent do you have so many things that your room(s) are cluttered?			01234	
9. How distressed or uncomfortable would you feel if you could not acquire something you wanted?			01234	
10. How much does clutter in your home interfere with your social, work or everyday functioning? Think about things that you don't do because of clutter.			01234	
11. How strong is your urge to buy or acquire free things for which you have no immediate use?			01234	

DURING THE PAST WEEK:

0	1	2	3	4
Not at all	Mild	Moderate	Considerable/ Severe	Extreme
12. To what extent does clutter in your home cause you distress?			0 1 2 3 4	
13. How strong is your urge to save something you know you may never use?			0 1 2 3 4	
14. How upset or distressed do you feel about your acquiring habits?			0 1 2 3 4	
15. To what extent do you feel unable to control the clutter in your home?			0 1 2 3 4	
16. To what extent has your saving or compulsive buying resulted in financial difficulties for you?			0 1 2 3 4	

For each question below, circle the number that corresponds most closely to your experience **DURING THE PAST WEEK.**

0	1	2	3	4
Never	Rarely	Sometimes/Occasionally	Frequently/ Often	Very Often
17. How often do you avoid trying to discard possessions because it is too stressful or time consuming?			0 1 2 3 4	
18. How often do you feel compelled to acquire something you see? e.g., when shopping or offered free things?			0 1 2 3 4	
19. How often do you decide to keep things you do not need and have little space for?			0 1 2 3 4	
20. How frequently does clutter in your home prevent you from inviting people to visit?			0 1 2 3 4	
21. How often do you actually buy (or acquire for free) things for which you have no immediate use or need?			0 1 2 3 4	
22. To what extent does the clutter in your home prevent you from using parts of your home for their intended purpose? For example, cooking, using furniture, washing dishes, cleaning, etc.			0 1 2 3 4	
23. How often are you unable to discard a possession you would like to get rid of?			0 1 2 3 4	

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SI-R (Modified) Scoring Subscales:

Clutter Subscale (9 Items):

Sum items: 1, 3, 5, 8, 10, 12, 15, 20, 22

Difficulty Discarding/ Saving Subscale (7 items):

Sum items: 4 (reverse score), 6, 7, 13, 17, 19, 23

Acquisition Subscale (7 items):

Sum items: 2 (reverse score), 9, 11, 14, 16, 18, 21

Total Score = sum of all items

Interpretation of Scores - Cutoff scores for significant hoarding problems:

Acquisition	9
Difficulty Discarding	14
Clutter	17
Total	41

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