



Session 701: Clearing the air on hoarding -A panel discussion

Presented by: Cheryl Perera, VHA Home HealthCare, Richard Grotsch, TCH and James Hind, Fire Prevention Inspector, City of London



Overview

- Housing Provider Perspective
- Service Provider Perspective
- Fire Inspector Perspective
- Questions

Our Communities:

- 58,500 units, 164,000 tenants
- Low to moderate- income families or single
- Diversity of cultural background and over 70 different languages
- 26,000 seniors, 6,500 over 80
- Varying ability, mental illness



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Our challenges:

- Funding, structure and resources
- Frustrated staff
- Varying rules and enforcement
- What is urgent and what is not? Where is the risk?
- Tensions in the system
 - We don't want to evict, but...
 - Supports aren't always available or accepted
 - Agencies are not always equipped to help



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Supporting Residents:

- 23 Community Service Coordinators (CSCs) work to connect residents to community support services
- Vulnerable Seniors Action Plan adopted
- Partnering with community partners to provide services in TCHC communities
- Consult and coordinate responses through City cross-sector situational tables (e.g., SPIDER, FOCUS Rexdale)



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The Plan:

- Improve identification of problem units
- Develop follow-up tools for staff
- Training for front-line staff
- Building relationships with municipal enforcement and community partners



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Hoarding and other unit conditions

- “Excessive Clutter”
- Why are we concerned about excessive clutter?
- What about other unhealthy or unsafe unit conditions?



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Annual Unit Inspections:

Inspection tools

Categories:

- Clutter (none, minor, major)
- Fire code violations (combustibles/heat source, faulty wires, etc.)
- Human or animal waste
- Poor cleanliness
- Pests



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Clutter Image Rating Tool

Clutter Image Rating

 1	 2	 3	1 to 3 = NONE	
 4	 5	 6		4 to 6 = Minor
 7	 8	 9		



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Inspection Results:

Unit Number	Pest Infestation	Unit Mould	Unit Clutter	Unit Cleanliness	Balcony Clutter	Human/animal waste in unit (not in toilet/kitty litter)	4 ft wide path from unit/balcony doors to unit rooms	Flammable items near/on stove/space heater	Other fire hazards in unit (e.g. electrical BBQ)
2	None	None	Major	Fair	N/A	No	No	No	No
10	Minor	Minor	Major	Poor	N/A	No	Yes	No	No
8	Major	Minor	Major	Poor	N/A	No	Yes	No	No
7	Minor	Minor	Major	Poor	N/A	No	Yes	No	No
421	None	None	Major	Poor	Major	No	No	No	No
520	None	None	Minor	Poor	Minor	No	Yes	No	No
411	None	None	Minor	Poor	N/A	No	Yes	No	No
211	None	None	Major	Poor	N/A	No	Yes	No	No
111	None	None	Minor	Poor	N/A	No	Yes	No	No



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Developing a process and tools:

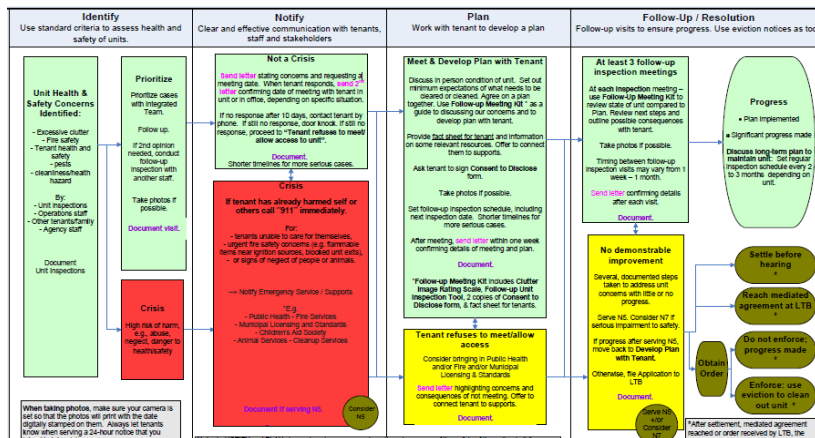
- Needs assessment and staff interviews
- Consultation with stakeholders:
 - Partners
 - Tenants
 - Legal clinics
 - Toronto Public Health, Fire and MLS



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Our Process:



What does not work?

- Forced clean-outs are ineffective beyond the immediate short-term
- They have been shown to 'worsen' and intensify hoarding behaviour

Intervention Roles:

Two basic roles can help motivate a change process:

1. **Enforcement** clarify the conditions that would lead to a negative outcome and enforce the consequences of not meeting these conditions; and
2. **Support** provide assistance in meeting the conditions to avoid a negative outcome



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The Roles:

Enforcer Role:

- Non-judgmental
- Active listening
- Sets limit
- Clear
- Firm
- Can offer support

Supporter Role:

- Non-judgmental
- Active listening
- Provides assistance with ideas, hands-on work
- Understands limits and reminds but does not enforce
- Acknowledge what tenant is going through



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Developing a Plan with Tenants:

- Work together: agree on goals, next steps and timelines
- Non negotiable
- Clear expectations and consequences. Use of progressive steps.
- Letter after every meeting
- Acknowledge efforts



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Building Relationships:

We can't do it all ourselves. Who else can help?

- Build relationships with community agencies and support services
- Be creative about accessing resources and funding through partners
- Get on-side with municipal partners



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The Results:

- Stronger internal coordination between the Asset Management and Resident and Community Services Divisions
- Enhanced collaboration with city and other external resources
- Increased effectiveness of interventions
- **Improved service levels to Residents**

Year	Units with "Major" Pest Infestation	Units with "Major" Level of Clutter	Units Requiring High Priority Follow Up
2012	1216	717	46
2013	1537	749	66
2014	1178	547	46



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Thank You

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Service Provider Perspective

- Beyond Hoarding 101 – Practical tips for identifying and understanding hoarding behavior
- Understanding Service Intervention
- Resources/Services



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VHA Home HealthCare

- Non-profit, charity, accredited
- Provides home health care (nursing, PS, rehab)
- Community support services (homelessness prevention, caregiver support, health and wellness)
- Provincial – GTA, London/Middlesex, Chatham/Kent/Sarnia/Lambton, Ottawa
- Founded in 1925



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Clutter vs Hoarding

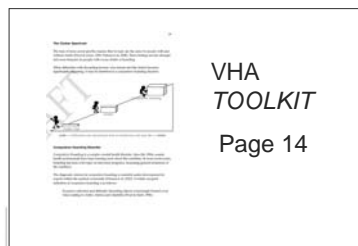
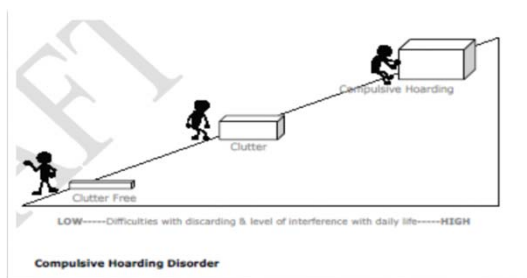
- Most of us have some clutter
- We see clutter and hoarding on a continuum
- At the low end of the continuum, clutter does not interfere with our lives



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The Clutter Spectrum



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TOOLKIT
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As with any human behaviour, accumulating possessions can range from adaptive to excessive

Petrusa et al. (2010). Refining the Diagnostic Boundaries of Compulsive Hoarding. Clin Psychol Rev, 30: 371-186]

Definition of Hoarding

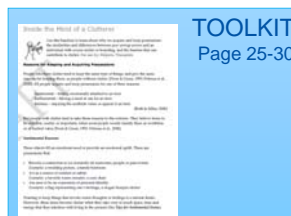
1. Excessive acquiring
2. Inability to let go
3. Inability to use spaces as they were meant to be used
4. Mental distress



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Inside the Mind of Someone Who Hoards



1. Sentimental



1. Instrumental



2. Intrinsic



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Squalor vs Hoarding

- People assume someone living in poor conditions and has excessive clutter hoards
- Reasons someone might be living in squalor – mental health issues (not related to hoarding disorder), age-related declining physical ability, chronic illness
- Hoarding behaviour adds another dimension and changes the dynamic of how you will address home condition



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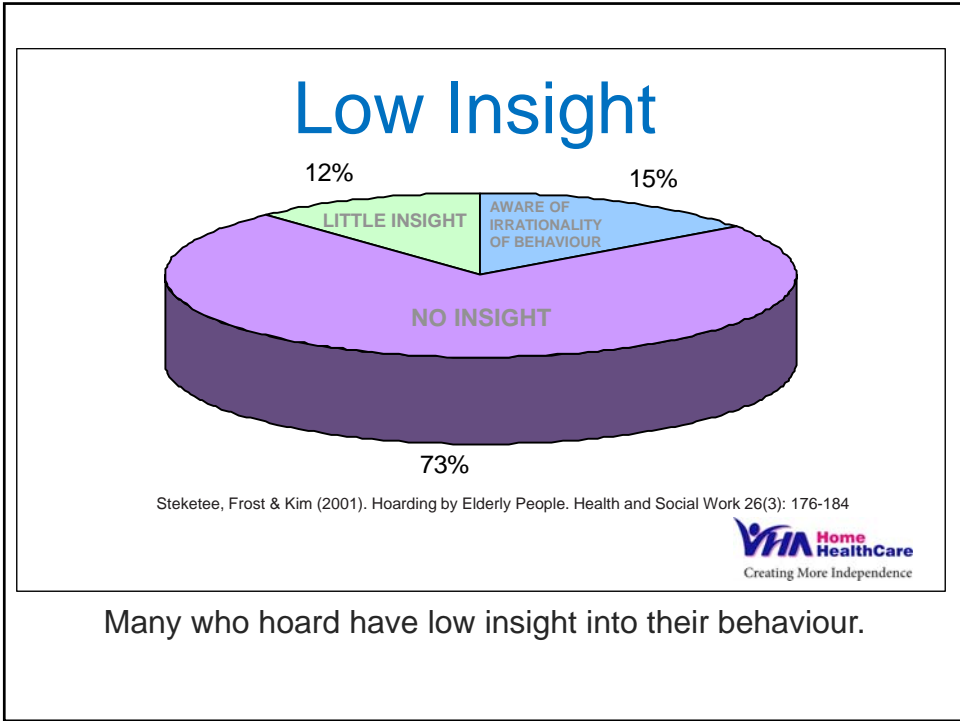
Practical Signs Someone may be Hoarding

- Difficult gaining entry (not answering the door, saying it's a bad time)
- Denial/minimizing/rationalizing
- Length of time person has lived with excessive clutter
- Significant distress during conversations related to cleaning out the clutter
- Other?



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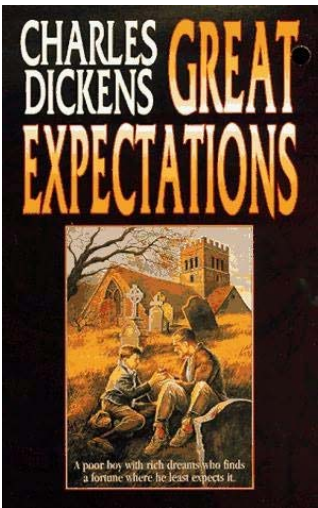
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Intervention

Chronic

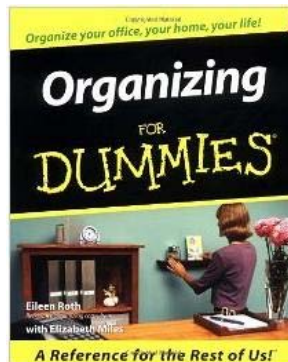
Progressive



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Intervention

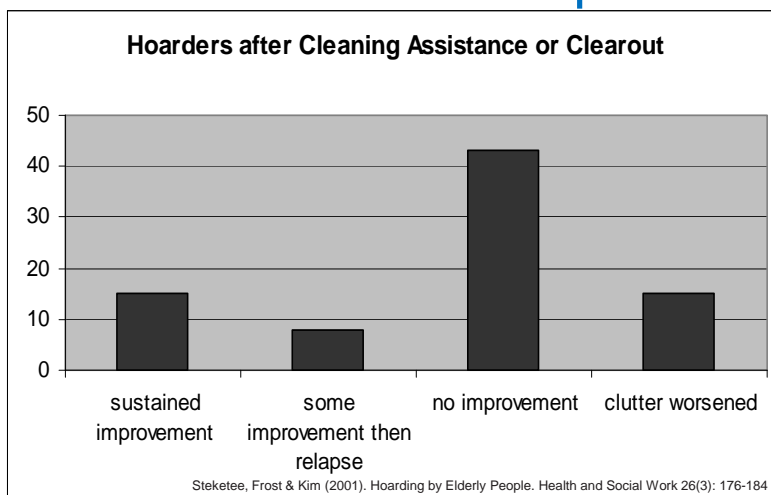
Realistic goals



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Cleanouts are not a quick fix



Clearing out belongings solve a symptom, not the problem



Successful Interventions

- Identification
- Good assessment
- Respectful and client-centred
- Reliant on partnerships and communication
- Measured and not focused on quick fixes
- Creative but realistic
- Ongoing support (ranging from informal to group support etc.)



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Treatment Basics

- Consent-based services only – clients can refuse service at any time
- We can work with community partners, landlords and enforcement within limits
- Privacy laws – client can restrict our ability to speak to others – we may not be able to give you an update if you refer a client to us

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Assessment

- Understand where the client is at
- Helps in goal-setting
- May reveal client isn't ready for change – may have to focus on harm reduction
- Determines if client is ready for change – treatment group, individual CBT, sorting coach
- May rely on enforcement services when client has no insight or unwilling

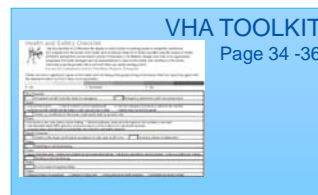


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Assessments

1. Health & Safety Checklist
2. Function Checklist
3. Saving Inventory
4. Clutter Beliefs Checklist
Page 31
5. Clutter Image Rating
[Frost, Steketee, Tolin, Renaud, 2008]



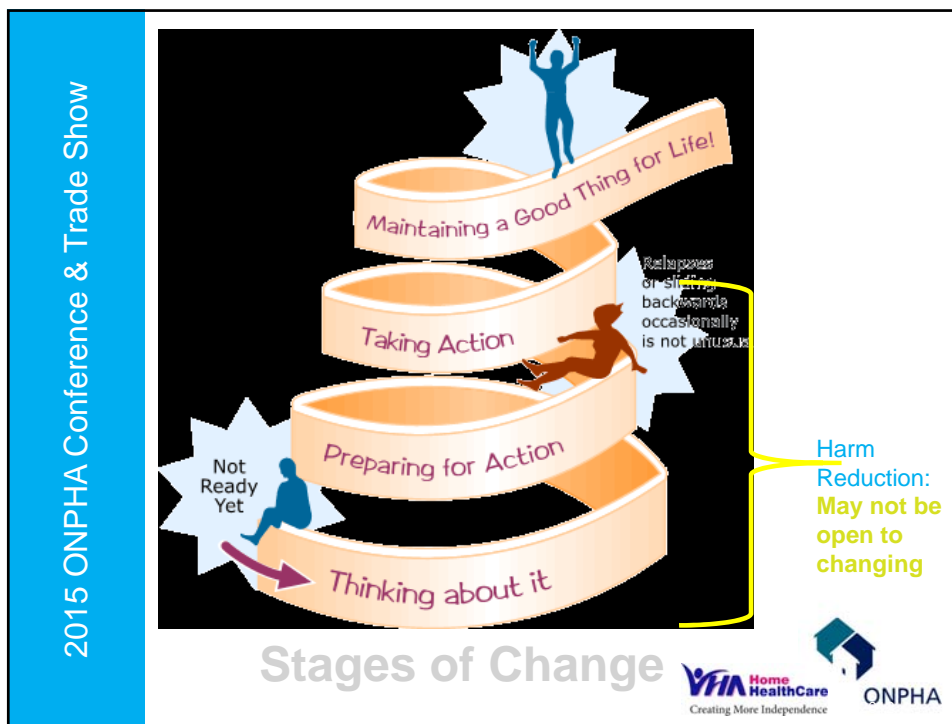
Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



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Harm Reduction

- Engage service providers to help with practical solutions where none exist e.g. pathways
- Sometimes if successful the client will engage for ongoing work
- Extreme Cleaning – not ideal but client's choice to go this route
- Try negotiating with landlord for extra time

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Treatment vs. Enforcement

- Enforcement sometimes only option when clients non-compliant and home condition puts themselves and others at risk
- Duty to accommodate—give clients some time. Engaging with a service provider or anyone they trust is a first step
- Clients further along in stages of change model often more open to treatment and steps to address the state of their home.



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The Power of the Uniform

- Some clients are motivated to do something different when someone in a uniform makes a suggestion or referral
- BUT this population can be ambivalent and often doesn't follow through
- Visiting a client together can be effective but takes coordination



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Engaging a Client

- Supportive family members/ friends can help gain access to a client
- Other professionals who have a good relationship can provide an entry point
- Staff often visit client with no support—use skill, compassion, and a non-judgemental approach to engage
- Client who hoards may feel fear, mistrust, etc. and be hard to engage



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Creative Solutions

- Harm reduction strategies:
 - A slower extreme clean – giving the client control over staff number and offer a slower clean. Not ideal but better than eviction
 - Clear pathways and focus on safety
 - Follow-up with using volunteer coaches to sort with clients
 - Using paid Personal Support Workers to sort with complex clients
- Case Example



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Do



- Refer clients for support services early on
- Give us more time
- Support us to get in the door without forcing the client—our services are consent-based
- Assist by staying in touch with client to check in on progress. Follow through on consequences of non-compliance
- Provide other supports as necessary



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Refer Clients who are Hoarding:

Toronto:

- The Hoarding Support Services Network – 416-482-4622
- VHA Home HealthCare 416-489-2500 x4192
- 211 for information re. local services
- Sunnybrook Health Sciences Centre (groups and psychiatric assessment) – doc referral required

London:

- VHA Home HealthCare – Volunteer Hoarding Support Program (waitlist)



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Referrals

York Region

- CHATS 1-877-452-4887
- York Support Services Network – 1-888-695-0070

Durham

- CMHA, Durham
- VHA Home HealthCare – Extreme Cleaning
1-888-314-6622 x4349

Durham

- Champlain Rehab Solutions –
Extreme Cleaning 1-888-314-6622 x4349



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Thank you

VHA Home HealthCare (VHA)—a not-for-profit charity—has provided care since 1925. With over 2,000 staff and service providers VHA offers home and community services that support Ontarians' independence including: **homemaking, nursing, personal support and rehabilitation services.**

VHA is:


- Accredited with **Exemplary Standing** by Accreditation Canada
- An RNAO **Best Practice Spotlight Organization** designate and;
- A founding member agency of **United Way Toronto.**

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Questions?