

**MISSION**  
**AUSTRALIA** | together  
we stand



## Room to Grow Program

AES Conference – 5 September 2017



**Mission Australia is a Christian community service organisation that helps people to regain their independence.**

**We reduce homelessness and strengthen communities through homelessness initiatives and affordable housing, early learning and youth services, family support and employment and skills development.**

**Together, we stand with Australians in need until they can stand for themselves.**

## Background

From July 2015 to June 2016 Mission Australia implemented and evaluated an intervention for hoarding disorder and domestic squalor across metropolitan Sydney. The Room to Grow program was designed to address the physical, cognitive and psychological factors contributing to situations of severe domestic squalor and compulsive hoarding disorder. This intervention was developed with the aim of reducing risk of homelessness due to eviction and tenancy loss.

### 12 month pilot incorporating:

- Case management
- Cognitive rehabilitation
- Cognitive behavioural therapy
- Peer support group

### Participants included:

11 clients from Common Ground Camperdown Support Services (Mission Australia)

13 clients from Housing New South Wales properties (Central and South West Sydney Districts)

5 clients from Eastern Sydney Partners in Recovery (Central and Eastern Sydney Primary Health Network)

# Definitions

## Severe domestic squalor

Refers to an environment in which the living conditions are so unhygienic and disorderly that extensive cleaning would be considered critical by a person of the same or similar culture and background.

Occurs due to a combination of factors including psychiatric illness, cognitive and affective disorders – particularly dementia (in older adults)

## Compulsive hoarding disorder

Compulsive hoarding disorder is a mental health diagnosis. Hoarding disorder usually manifests in the accumulation of personal possessions and a difficulty or refusal to discard these items. Three main factors have been identified as contributing to this:

- Information-processing deficits
- Erroneous beliefs about, and emotional attachment to, possessions
- Behavioural avoidance and emotional distress

## Participant demographics

- 29 participants in total. Majority (66%) were male and the average age was 52 years old
- Close to half (45%) of participants were diagnosed with compulsive hoarding disorder on program entry by consultant neuropsychologist
- A significant majority (90%) were identified as having a pre-existing mental health diagnosis on referral and just over half (55%) of participants had current substance abuse issues. Around one in ten participants had an acquired brain injury or intellectual disability.
- Almost all participants (97%) were living alone and experiencing some degree of social isolation

# Intervention details

## Cognitive rehabilitation

- 2x 2hr sessions per week for 6 weeks
- Each session comprises cognitive strategy training, education about cognitive functioning and computer assisted practice
- Two 6 week programs, one with Common Ground participants, one with ESPIR & HNSW participants

## Cognitive behavioural therapy

- 1 hr per week for 10 weeks
- Assist participants with emotions and cognitions associated with hoarding behaviour
- Two 10 week programs, again split by participant groups – Common Ground & ESPIR/HNSW

## Cleans and home visits

- Forensic and domestic cleans – only where access was not impeded
- Ongoing home visits by case workers to 'de-clutter'

## Walk and talk peer support group

- Participants wanted to continue with social support and interaction from CBT sessions
- 8-10 participants attended informal peer support group led by case workers
- 12 sessions held – focused on challenges and successes while encouraging reflection

## Evaluation overview

### Research questions:

**Has the Room to Grow program effectively responded to the individual needs of each participant and, in so doing, assisted participants to maintain their tenancy?**

**Has the Room to Grow program improved the wellbeing of each participant and skilled them with the confidence and capacity to begin to make changes which lead to cleaner, more accessible and functional living spaces?**

**Has the implementation of the Room to Grow program been informed by participants and program staff and are participants and staff satisfied with the scope, resourcing and methodology of the pilot program?**

# Evaluation overview

## Outcomes and process evaluation

**Outcomes evaluation – Quantitative measures chosen for treatment sensitivity across domains of:**

- Wellbeing
- Independence (living skills)
- Living conditions
- Cognitive functioning

**Process evaluation – Qualitative measures to allow iterative feedback for staff, including:**

- Mechanisms of impact
- Context: barriers and facilitators
- Staff resourcing and partnerships
- Program efficacy
- Program flexibility
- Service model development



# Evaluation overview

## Indicators for outcomes evaluation

**Clutter Image Rating Scale (CIRS) – self-report pictorial rating system for detecting the presence of clinically significant hoarding symptoms.**

**The Environmental Cleanliness and Clutter Scale (ECCS) – rating system completed by clinicians/staff, rating the living conditions of various rooms along with other indicators of squalor.**

**Montreal Cognitive Assessment (MOCA) – self-completed rapid screening instrument for mild cognitive dysfunction.**

**Lawton's Activities of Daily Living Assessment (LADLA) – rating scale completed by case manager to measure improvement in activities of daily living throughout the program.**

**Personal Wellbeing Index (PWI) – self-completed measure of wellbeing.**

**Semi-structured participant interview**

# Evaluation overview

## Indicators for process evaluation

Focus group with program staff conducted at onset of program implementation – September 2015

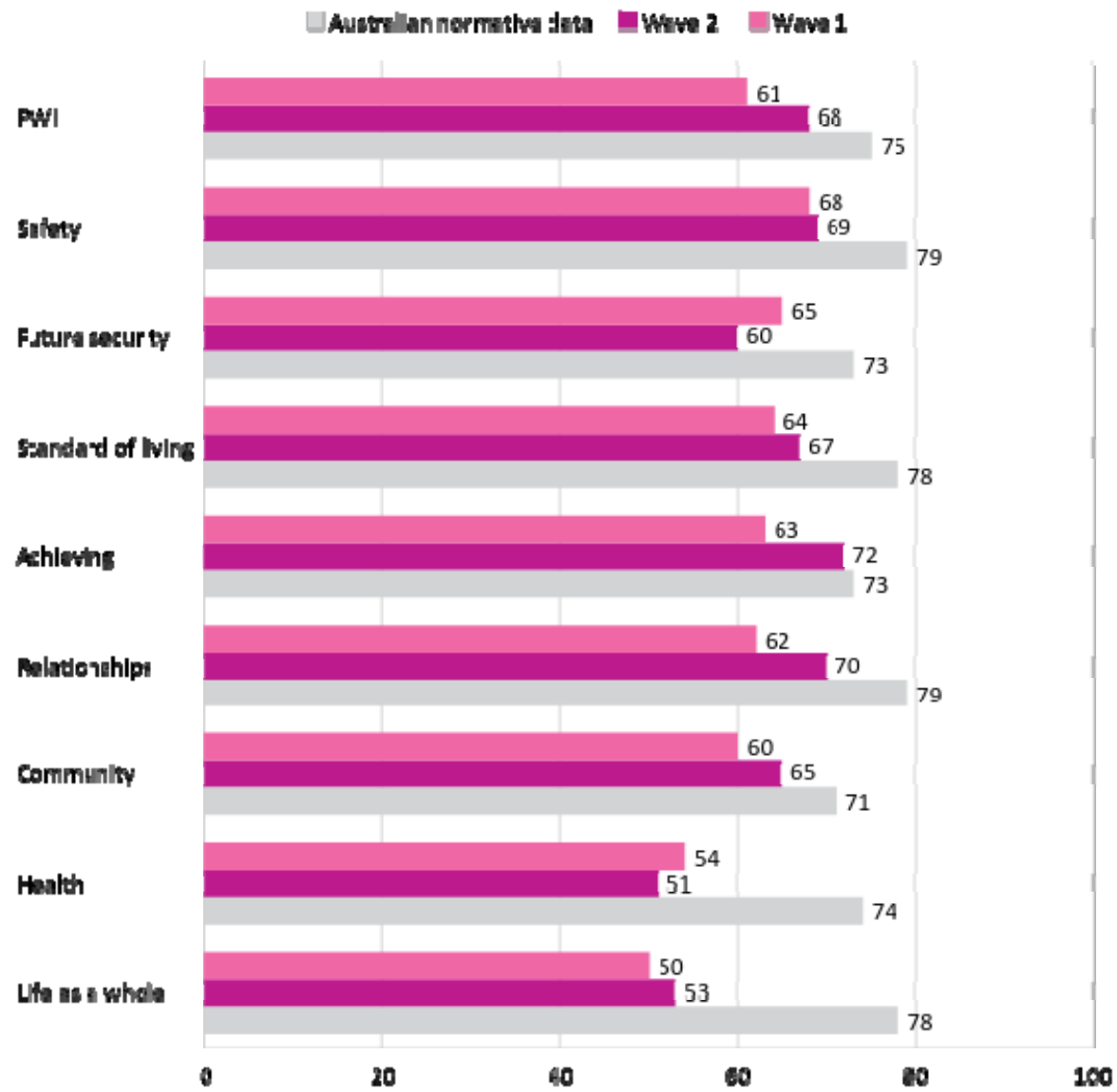
Focus group conducted with program staff conducted towards end of program implementation – March 2016

Transcriptions of focus groups were checked with program staff for fidelity and staff given opportunity to reflect on and integrate new program direction based on focus groups

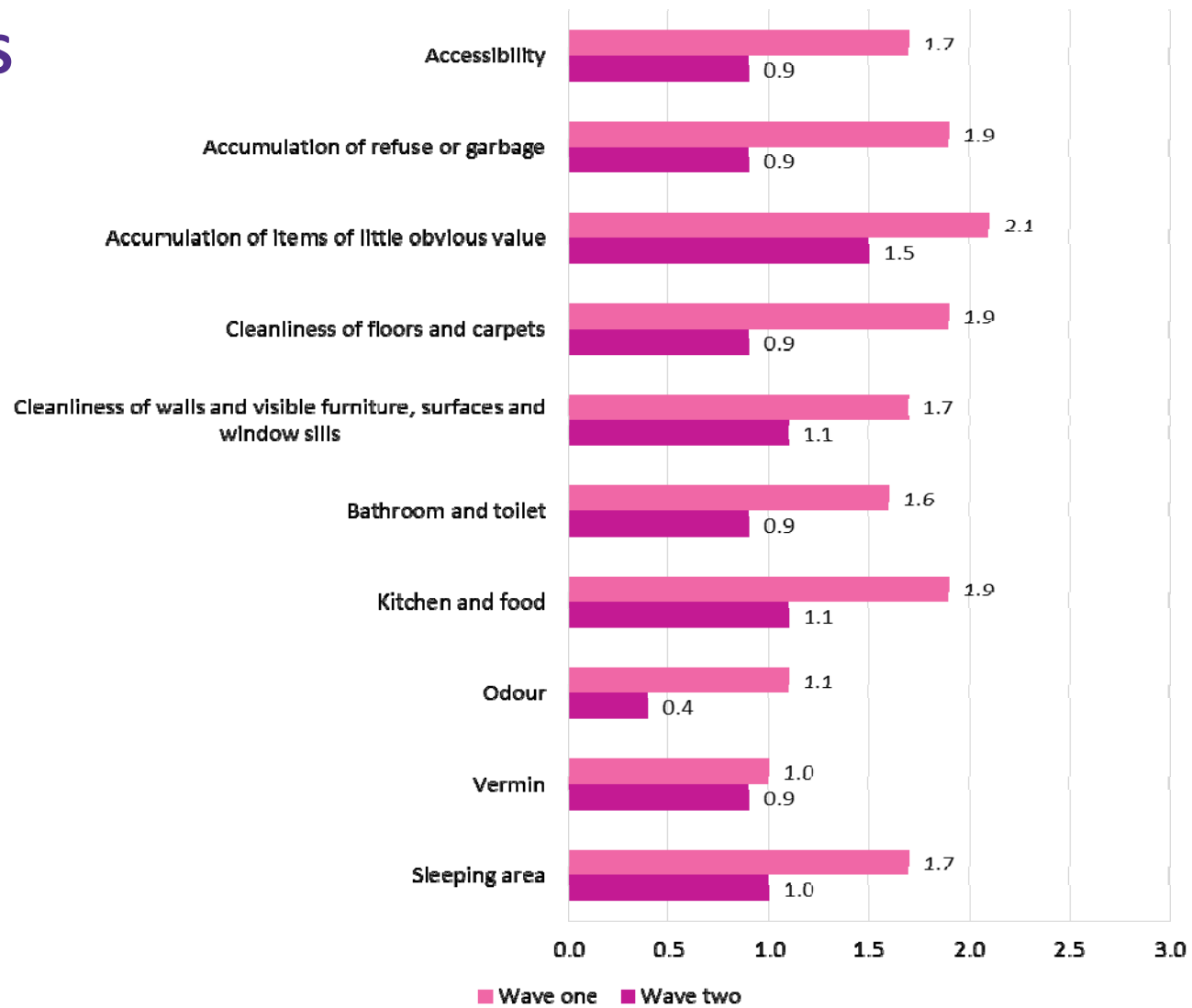
## Results

- Overall, statistically significant positive change was noted in the clutter and cleanliness of participants' living environments and their overall wellbeing, based on the Environmental Clutter and Cleanliness Scale (ECCS) and Personal Wellbeing Index (PWI) measures.
- Improvements were also seen in participants' subjective assessment of clutter in their homes, their capacity to complete instrumental activities of daily living and their overall cognitive functioning. All tenancies were maintained throughout service delivery.
- Qualitative comments from participant interviews suggest that many participants experienced increased insight and developed new strategies to negotiate, manage and overcome challenges.
- Participants all highlighted the desire to form deeper connection with others, to repair their social networks and to reach out to others.
- Participants also highlighted a willingness to change and expressed an increased understanding of the processes required to enact this change in their living conditions and in their cognitions, emotions and behaviour.

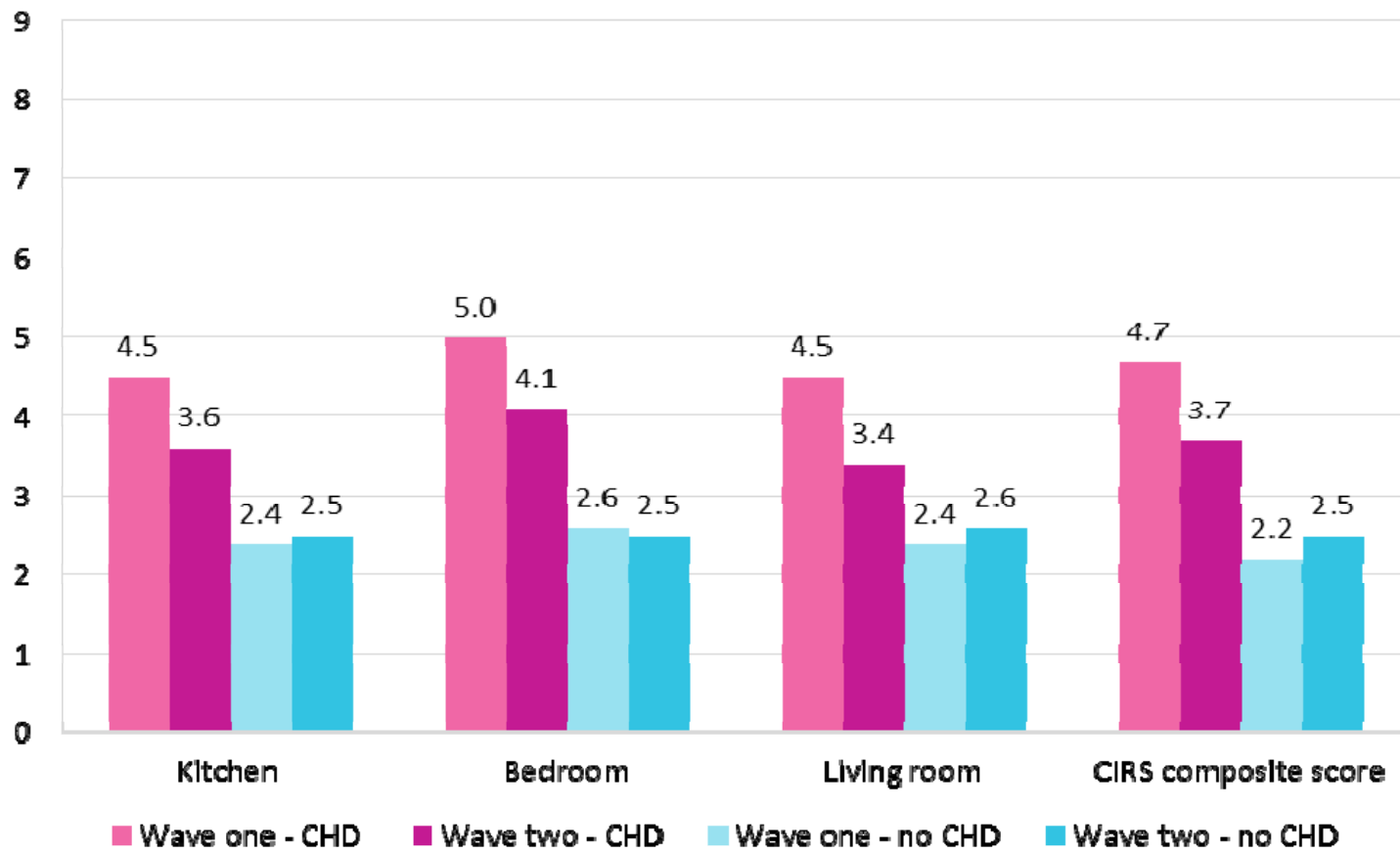
# PWI



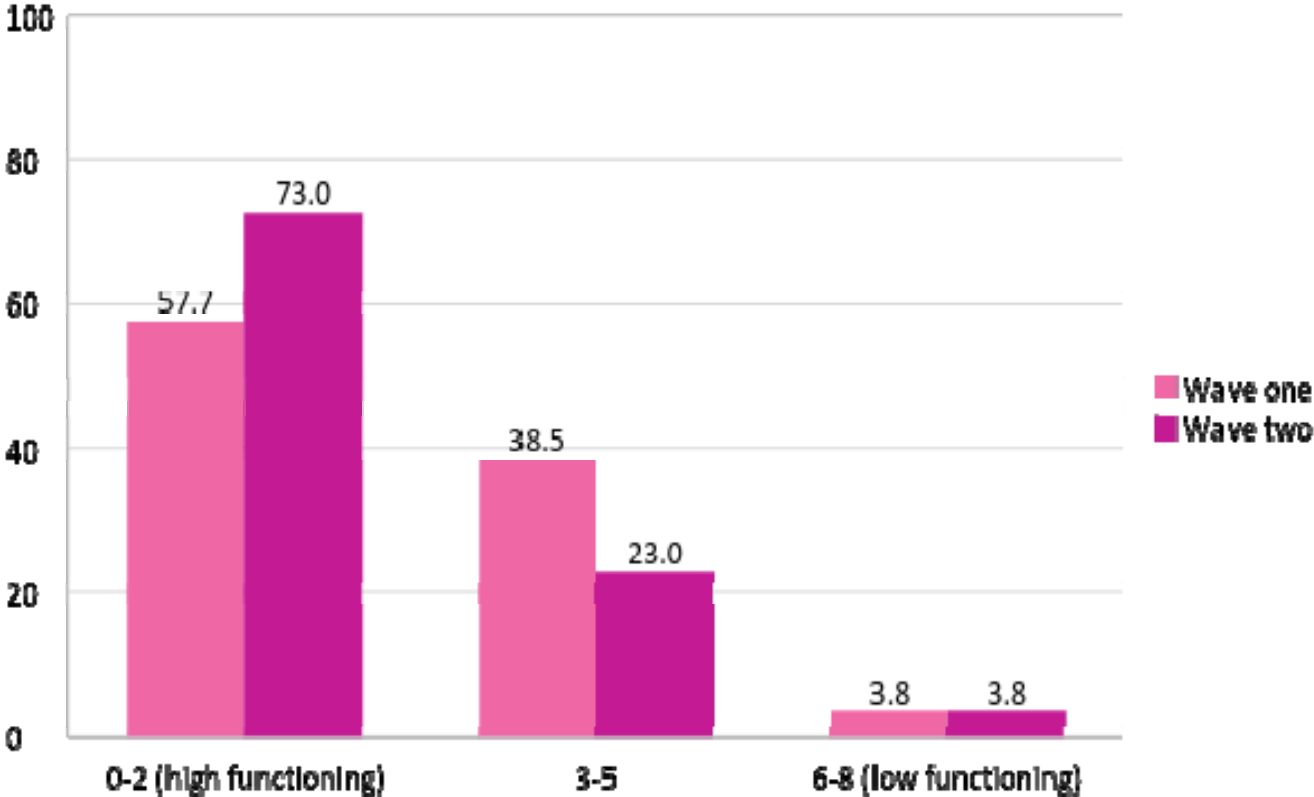
# ECCS



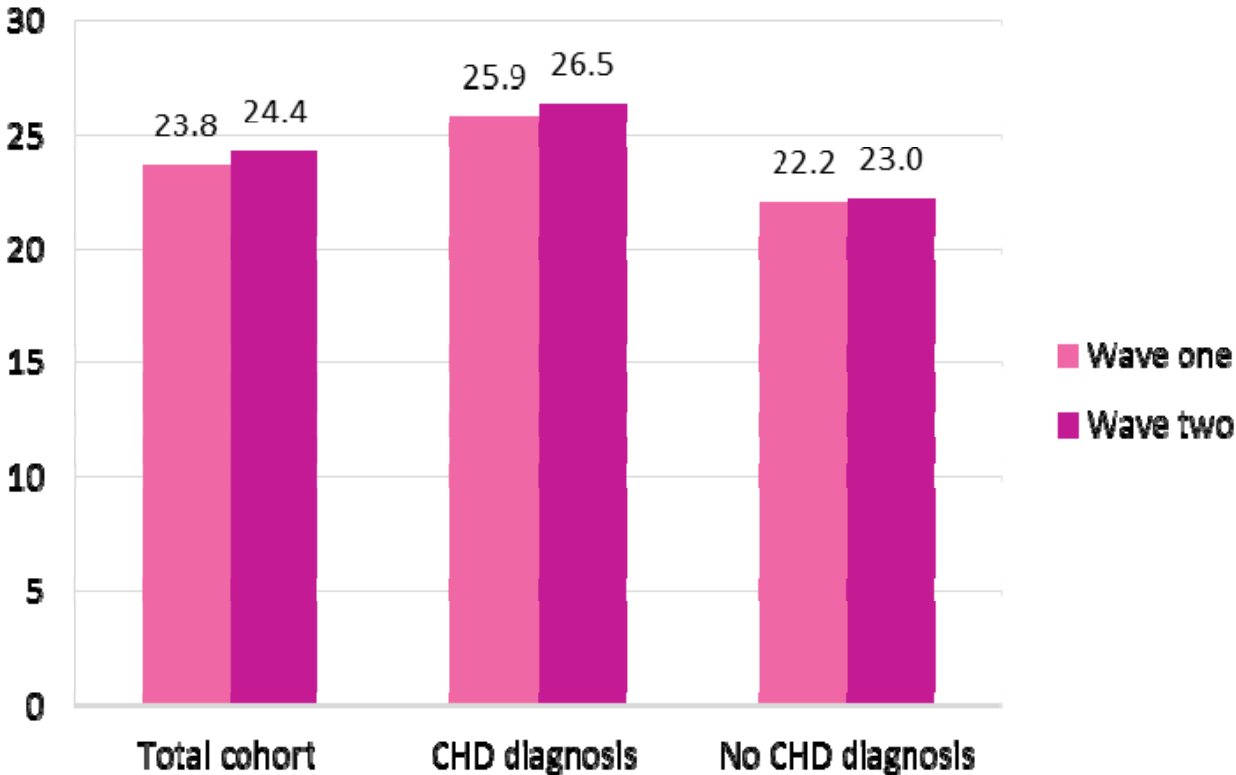
## CIRS



# LADLA



# MOCA





## Summary of results

Over the duration of the Room to Grow program, participants living conditions improved, both in self-reported levels of clutter and staff reported clutter and cleanliness. The range of daily activities that participants were able to complete increased in frequency and complexity, revealing an improvement in overall independence and ability. Most importantly, participants subjective personal wellbeing increased significantly, shifting closer to Australian population norms – particularly in the domains of ‘achieving’ and ‘relationships’.

Participants reported developing a greater understanding of the emotions, behaviours and cognitions associated with hoarding behaviours and domestic squalor. This understanding improved levels of insight and assisted participants in reflecting on how they responded to the unique challenges presented by their living conditions. Many participants ultimately reported a willingness to change and had begun to develop strategies to enact this change in their lives and homes.

Staff highlighted the important differences between participants experiencing hoarding disorder and domestic squalor and suggested future service development should tailor interventions to address these differences. Staff also highlighted that longer-term support was required to fully address the complex issues faced by participants and that more streamlined referral processes would ensure participants needs were met by the program.

## Policy and practice recommendations

Service staff and local service managers had a number of recommendations for best practice service delivery in this space. An overview of these recommendations is below:

- **Social interaction should be central to program design** – there is strong therapeutic value to social support throughout service delivery and supportive relationships between participants.
- **Adapted CBT is highly beneficial for those experiencing hoarding disorder** – hoarding disorder is a mental health issue and requires psychological support.
- **Participants must be centrally involved in all decision-making** - enforced cleans are likely to lead to traumatisation and other negative outcomes, even with prior warning and consultation.
- **Home visits are essential** – it is important for participants to be supported to organise and discard possessions in their own homes.
- **Ongoing support through peer support networks is beneficial** –continuing support after ‘formal’ interventions sustains the behaviour change learnt throughout program.

Importantly, there is no one-size-fits-all approach appropriate for individuals experiencing hoarding disorder and/or domestic squalor. It is important to use a nuanced approach which is flexible to the needs, capacities and goals of each individual.

Thank you to all participants in the Room to Grow program and the incredible staff who supported their journey.



Final report available online at:  
[www.missionaustralia.com.au](http://www.missionaustralia.com.au)

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