



# Hoarding and Severe Domestic Squalor

## A Toolkit for Local Government

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## Acknowledgments

Foot in the Door Guidelines: Stepping Towards a Solution to Resolve Incidents of Severe Domestic Squalor in South Australia.

Hoarding and Squalor: A Practical Resource for Service Providers in Victoria.

# Introduction

Local government authorities and service providers have dealt with situations of hoarding and squalor for many years. There is increasing recognition that this public health issue is having a severe impact on the individuals involved, their families and any children or dependents, including animals, in their home. It can also impact neighbours and the surrounding community and often requires significant resources from local government and other services responding. For this reason, some Australian states have developed recommendations regarding the most appropriate response to situations of hoarding and squalor in their area. These have driven the development of a Western Australian toolkit to aid local government authorities in their response to situations of hoarding and squalor.

## The Purpose of this Toolkit

This toolkit was primarily written to support Environmental Health Officers of local government in their response to individuals living in conditions of hoarding and squalor. It aims to:

- Raise awareness of the various agencies who may be of assistance to local government when managing cases of hoarding and squalor;
- Provide for a consistent approach to hoarding and squalor cases by Local Government; and
- Improve the benefits of a coordinated effort through cross agency responses.

## Compulsive Hoarding

Nearly everyone keeps some things that they don't need or use. Compulsive hoarders acquire more items than non-hoarders and although the items may be similar, people who hoard often collect identical and multiple types of the same item. Initially the individual's possessions may be organised but as the volume of items increases disorganisation generally follows.

There is no explicit definition of compulsive hoarding however the widely accepted international definition of compulsive hoarding is made up of three primary characteristics:

- The acquisition of and failure to discard a large number of possessions that appear to be useless or of limited value.
- Living spaces are cluttered to the point that they can't be used for the activities for which they were designed.
- Significant distress or impairment in functioning, caused by the hoarding.

(Frost, Gross 1993)

## Animal Hoarding

The hoarding of animals is a specific type of hoarding, generally accompanied by the hoarding of other items, where individuals accumulate a large number of animals for whom they are unable to provide adequate care. It is a complex behaviour resulting from psychological and behavioural deficits that may impede on a person's ability to care for themselves and their animals.

### Characteristics of Animal Hoarding

- Failure to provide minimal standards of sanitations, space, nutrition and veterinary care for the animals,
- Inability to recognise the effects of this failure on the welfare of the animals, human members of the household and the environment,
- Obsessive attempts to accumulate or maintain a collection of animals in the face of progressively deteriorating conditions, and
- Denial or minimisation of problems and living conditions for people and animals.

(Patronek et al 2006)

Whilst animal hoarding may begin as an act of compassion, eventually the needs of the animals are neglected and compulsive care giving, despite being inadequate, is pursued to fulfil the unmet needs of the person.

## Severe Domestic Squalor

Squalor describes an unsanitary living environment that has arisen from extreme and/or prolonged neglect and poses substantial health and safety risks to people or animals residing in the affected premises, as well as in the community.

Severe domestic squalor is a term used primarily in Australia and refers to households that are

- extremely cluttered,

- in an unsanitary or terrible condition, and
- where the accumulation of items such as personal possessions, rubbish, excrement and decomposing food creates an environment that jeopardises the health and wellbeing of the occupants.

A typical outcome of this results in daily living activities such as cooking, bathing and sleeping becoming difficult or impossible.

Extreme cases of severe domestic squalor can also impact on neighbours, such as the property being a fire hazard, emitting a foul odour or harbouring vermin.

# Responding to Hoarding and Squalor

The following information is designed to guide local government Environmental Health Officers in their response to cases of hoarding and squalor.

## Principles Underpinning the Service Response

The role of the Environmental Health Officer typically focuses on the public and environmental health impact of poor living conditions rather than on the needs of the individual. The Department of Health recommends that the following principles be considered when planning a response to situations of hoarding and squalor.

- Competence – Individuals living in situations of hoarding and squalor are considered competent to make informed decisions unless there is evidence to the contrary.
- Self-determination – With the appropriate information and support that recognises diversity, individuals should be encouraged to make their own decisions.
- Appropriate protection – Where a person is not competent to make their own decisions due to mental incapacity or being a younger person or child, it may be necessary to appoint a guardian or administrator. Even when a person or child is unable to make all decisions themselves, their views should be taken into account as far as possible. The welfare of any affected animals must also be appropriately protected.
- Promote personal and social wellbeing – The promotion of a person's, child's or animal's safety and wellbeing is essential and equally important.
- Recognition of relationships – All responses to hoarding and squalor cases should be respectful and inclusive of existing relationships that are considered important to the person living in those conditions.
- Collaborative responses – Effective prevention and response requires a collaborative approach that recognises the complexity of the issue, and the roles, skills and experience of appropriate services, including those responding from regulatory and support frameworks.
- Community engagement – The most effective response is achieved when agencies and services work collaboratively and in partnership with the community.

(Victorian Department of Health 2013).

All agencies involved in this complex issue need to work together to ensure that range of services involved address these principles.

## Intra-Agency Collaboration

Local Government have a range of services which can work together to manage typical cases of hoarding and squalor. Whilst collaborating with external agencies will enable the most comprehensive response, local government should have internal services that can assist people living in hoarding and squalor conditions.

A best practice response to cases of hoarding and squalor is often a shared responsibility amongst service providers. The combined expertise across a range of agencies can deliver a coordinated effort with an integrated service to achieve sustainable outcomes for people living with hoarding and squalor.

Local government is often the first point of contact in cases of observed hoarding and squalor conditions. Local government often has the most appropriate suite of services within its organisation to best coordinate the response. This includes Environmental Health, Community Services and Disability Services Departments. Each local government authority may have a slightly different approach to the type of coordination that best suits the circumstance.

This coordinated approach is recommended in the following literature: SA Guidelines 'A Foot in the Door', NSW Catholic Community Services Severe Domestic Squalor Pilot Project (2009), VIC Department of Health Discussion Paper (2013) and Practical Resource for Service Providers (2013).

### **Which Services Respond**

Individuals with hoarding behaviours or those living in a squalid environment may have multiple or chronic issues which need to be addressed. For example the person may:

- Be difficult to engage, have been stigmatised by worker perceptions or have limited trust in the system, service providers and other people
- Have behaviour management or poor self-management issues
- Not have accessed reliable and accurate clinical assessments (and have a possible undiagnosed condition)
- Have an acquired brain injury, physical health issues, mental health issues, suicide/self-harm issues, an intellectual disability, use alcohol or other drugs or be exposed to violence
- Have experienced or be at risk of homelessness
- Have dependents including people who are elderly, frail, disabled, children or animals
- Have neglected the state of buildings and surrounding property.

A coordinated response suggests that each service provider should have a means by which an individual client can be linked to other services as required to meet their complete range of needs (including those of animals), in a timely manner.

Currently there are different types of existing services who respond largely independently to cases of hoarding and squalor.

### **The Benefits of Service Coordination**

For the person with hoarding and squalor:

- Provision of up-to-date information about all services available in the local area and who best to contact in specific circumstances
- Each service provider can act as an access point to alternative services – allowing clear and consistent inter-referral pathways
- Improved response times to requests for information and referral
- Information can be provided once and transferred confidentially between relevant service providers as required- no need to repeat their information
- Improved and timely identification of needs
- Consistent service standards from each provider

## Initial Referral

Local government often receive referrals or requests for assistance in cases of people living in hoarding and squalor conditions. This may result in the local government employees becoming the 'key worker' or coordinator of such cases. Local government can provide assistance to the client and also refer the person to other appropriate health and community services such as mental health, aged care, drug and alcohol, non-government organisation or Home and Community Care (HACC) services.

Local government may also be contacted by neighbours, friends or relatives who have concerns or complaints regarding someone living in hoarding or squalor conditions. Other agencies may also be notified of or discover hoarding and squalor issues in their clients and contact local government.

To assist the investigation process, it is recommended that the following information is collected and recorded when an initial referral or request for assistance is received;

- Length of time person has been living in unclean conditions
- Type of housing person lives in (privately owned, rented or public housing)
- Family, carer, friend or neighbour visiting regularly?
- Occurrence of neighbour disputes
- Utilities in home and community services
- Person's character, habits and medial/psychiatric history
- Others living in house or animals
- Language or communication barriers

If the referral indicates that the situation poses a risk to public health, the Environmental Health Officer may undertake an inspection. Prior to this occurring, and only if possible, it may be beneficial to identify who has a relationship of trust with the person living in hoarding and squalor conditions (the person's family, friends or next of kin, GP or other agencies who may be assisting the person). This approach may also reveal which other agencies have already taken steps to manage the hoarding and squalor situation prior to local government involvement.

## Referral and Disclosure of Personal Information

Referral is the transmission of personal or health information relating to an individual from one agency to another. This is done for the purpose of further assessment, care or treatment. Referral between agencies is vital to interagency collaboration and providing a holistic service to people living in situations of hoarding and squalor.

All agency personnel need to handle a clients personal and health information in accordance with the requirements imposed by the relevant privacy legislation. Privacy laws require that if an organisation is going to collect personal or health information, the client must be informed of the intended use of the information. The client must also consent in writing to the collection, proposed use and future disclosure of the information.

It is recommended that common agreements should be reached between service agencies regarding the disclosure of information, to ensure that the sharing of a client's personal and health information between services occurs in accordance with privacy laws.

# The Home Visit

The purpose of the initial home visit is to;

- determine if hoarding is present;
- assess whether the person is living in squalor and to rate the extent of the squalor;
- assess the nature and severity of any associated health and lifestyle issues; and

Environmental Health Officers should follow their usual procedure in arranging an inspection to the person's home. Often the agency that received the initial referral will conduct the first home visit. In some cases it may be appropriate for another staff member or agency to either undertake the visit or accompany the EHO conducting the visit. Such instances could be where certain risks have been identified, such as child neglect, poor animal welfare or a fire hazard, or if the client is known to have developed rapport with a particular agency's staff member.

The nature of the initial contact made with the client is extremely important as it can have a significant bearing on the client's acceptance of help. Generally, the client is more likely to be successfully engaged if an interest is shown in them (sensitivity and respect) and their particular reason for needing help. If the person agrees to accept help, the likelihood of achieving significant change and improving conditions for the individual and others is considerably greater.

Options that could be considered include:

- If the person is too fearful to open the door, try leaving a note in the mailbox or under the door, asking them to make contact. Keeping privacy concerns in mind, discrete enquiries with neighbours might be of assistance.
- If the person requests an interpreter or has inadequate language skills, a professional interpreter should be used. Refer to your organisation's procedures regarding the engagement and use of interpreters. Cultural and linguistic factors can impact on the success of engagement with the person.
- Ask the person how he/she feels that they could benefit from help, and identify the perceived needs.
- Be persistent, sensitive to the person's needs and careful not to overwhelm them. Even if their initial reaction is negative and they reject any intervention, it is still important to continue to try to establish a relationship.
- Avoid imposing your own values and judgement. Many people living in squalor often do not even perceive that their home is dirty.
- Take time. An immediate focus on a need for cleaning can cause distress, and sabotage chances of achieving a successful alliance.

## Safety

Home visits are regarded as a workplace activity and as such, current OH&S legislative requirements apply. Two staff should conduct the initial home visit during office hours.

Staff should not visit a client at home if:

- the assessed risk of aggression is 'high' or 'extreme'
- violence is known to have recently occurred and the perpetrator (consumer or other person) is at the address or is likely to return or arrive during the visit
- the consumer or other person/people present is exhibiting signs of aggression and/or intoxicated by alcohol and/or drugs

## Staff Movements - Checking Out and In

Organisational procedures should be in place to ensure that staff movements are documented. This should include the use of an office log, which should allow for the inclusion of:

- comprehensive details relating to the staff member and the client being visited, including the name, address and telephone number of the client being visited, any other appointments that the staff will be conducting while out and the order in which visitations are expected to occur
- the expected time of arrival at the nominated venue or venues if conducting several visits or appointments
- the expected length of each visit or appointment
- contact details of the worker, e.g. mobile phone number
- a description of the vehicle to be used including colour, registration and type/model
- expected time of return should be documented and the staff member should be expected to report back to the office by phone in circumstances where the visit has gone beyond the expected timeframe.

Agencies must ensure that there are effective procedures in place to:

- monitor and investigate delays
- determine staff locations
- where necessary, initiate emergency procedures
- advise others of any problem.

## Upon Arrival at a Consumer Home Visit

- Park on the street where you can't be parked in or obstructed.
- Do not enter the home if you can hear people arguing at the premises, if you see people using alcohol or drugs at the premises or if you feel threatened.
- Keep your car in good repair and with a full gas tank.
- Present your employee identification badge.
- Carry only what you need in your bag; leave your credit cards, cheque book and other personal valuables at home.

- Put a single car key on a key ring or chain and keep it in your pocket so that it is easily accessible if you need to leave quickly.
- If you become concerned for your safety or are threatened with physical harm upon arrival for a consumer visit, you should:
  - leave immediately
  - drive to a safe location and then contact the office, or if urgent, contact the police and then your manager
  - if necessary proceed to the nearest police station.

## During a Home Visit

All staff should receive full training in identifying and managing risks, such as risk of aggression and hazards around the home. The following safety procedures should be adhered to by all staff during home visits.

- Be cautious when entering a consumer's home.
- If an unfamiliar person opens the door, make sure the client is home and that you feel safe before entering, it may be necessary to abandon the visit if you have any concerns.
- Ask whether there are other people at home. Be aware of the presence of others.
- Be aware of house layout and your exit routes.
- Keep your keys and mobile phone on you.
- Take a torch for seeing in poorly lit areas, tools for removing face plates and other hardware that may hide pests, a telescoping mirror for seeing under drawers, in corners of cabinets and specimen containers for collecting pests for identification.
- Take a camera to take pictures of existing conditions that may factor into any treatment plan or intervention.
- Conduct a quick assessment by asking yourself:
  - is the consumer coherent?
  - is there anything different in their demeanour?
  - are they exhibiting signs of agitation or aggression?
  - is there any evidence of alcohol or drug use?
  - are other people present?
  - is anyone arguing?
  - are there any weapons?
  - is the home in disarray or different than usual?
- For an interview, stay in the living room or dining room.
- Sit in a hard-backed chair. You can get up faster from a firm chair than from a soft sofa.
- Wear closed toe shoes and consider taking along a second pair of shoes to change into after the visit.
- Leave your shoes on. If your client doesn't want you wearing shoes, mention that you have to wear them because of your employer's health and safety policy.
- Take masks, booties, plastic gloves and hazmat suits with you for use when needed. If you need to use protective clothing, provide some to the person whose premises you are inspecting to reduce the feelings of separateness between worker and client.

- Using strong smelling masking applicators (such as Vicks, or essential oils) or try sucking on honey lemon cough drops are a way to help you deal with odours in a home.
- Consider applying a heavy spray of cologne on one shoulder so that you can turn your head and inhale it when required.
- Take a clip board to help with taking important notes from a standing position.
- Keep a plastic bag in your vehicle to place your closed toe shoes in and tie them up if possible after a visit.
- Wet wipes are useful to keep in your car for a quick wipe down of yourself or bag if you feel it is needed.
- Do not approach animals you do not know. Aggressive animals in particular, should be put into a separate room. Request this if the family does not offer.

## Speaking with Someone with Hoarding behaviours

### **DON'T**

- *Use judgmental language*
- *Use words that devalue or negatively judge possessions.*
- *Let your non-verbal expression say what you're thinking.*
- *Make suggestions about the person's belongings.*
- *Try to persuade or argue with the person.* • *Touch the person's belongings without explicit permission.*

### **DO**

- *Imagine yourself in the hoarding client's shoes.*
- *Match the person's language.*
- *Use encouraging language.*
- *Highlight strengths.*
- *Focus the intervention initially on safety and the immediate needs of the client and gradually work towards a strategy on discarding possessions.*

## Dealing with Aggression

- Be aware of your own body language.
- Stay calm.
- Keep your arms at your sides with your palms up. This is less threatening and the individual can see that you do not have a weapon. Never clench your fists.
- Don't contradict or try to touch an angry person.
- Keep your voice calm. Don't argue with him/her. Speak slowly using simple, precise words and be polite.
- Be cautious about making eye contact. Some people find this a threat or challenge.

- Let the person know you are listening. Restate what he/she said in your own words.
- If possible, keep a safe distance from the person.
- Watch the person's body language, including shaking or clenching fists, or a change in posture. He/she may be ready to do something physical.
- If the person is quietly looking off into space after a period of venting, he/she may be considering some action to take against you. You should say something out of the ordinary to get the person's attention.
- Leave the house quietly if you think the person is going to lose control.

## The Assessment

It is useful to carefully distinguish hoarding disorder from non-pathological collecting, as well as from the general medical conditions that may result in the accumulation of possessions. Each case of hoarding and severe domestic squalor can differ significantly in nature and severity and it is unlikely that any two cases will be treated the same. The associated risks to the individual, neighbours and the community may also vary depending on the degree of hoarding and severe domestic squalor on the property. For this reason several assessment scales have been designed to allow service providers to objectively assess the severity of the situation, inform the appropriate intervention strategies and also provide a common language and understanding of each case across agencies. These include:

- The Environmental Cleanliness and Clutter Scale (Halliday, Snowdon 2006)
- Clutter Image Rating Scale (Steketee, Frost 2007)
- The Severe Domestic Squalor Assessment Scale (Government of South Australia)
- Hoarding Rating Scale (Tolin et al 2008)

Use of these assessment tools does not require specific training and can provide useful information about the severity of hoarded materials, hoarding behaviour and squalor. They can also be shared with other agencies that may be involved in the case and can be useful when coordinating a response between multiple services.

A modified assessment tool has been developed for use in Western Australia and can be found in Appendix 1. The use of this tool is recommended to all local governments as it provides a standardised assessment of the condition of the property and the associated risks. It reduces the need for multiple assessments of the property to be undertaken. It also avoids the risk of insensitive language being used to describe the condition of an individual's home. The assessment should ideally be conducted in conjunction with the client and in the person's home. If the specific individual is not available or refuses to be interviewed, this interview may be administered through a reliable informant.

Photographs and video recording may be taken during home visits to accompany any documentation of inspections. Dated photographs can be useful during remediation activities or where legal action is deemed to be necessary.

## Part A

The first part of the assessment, Part A, is aimed at determining the presence of hoarding disorder. The questions contained in this interview relate to each of the six criteria needed to evaluate the presence of hoarding disorder. The questions asked in Part A appear in the box below and should be asked during the course of the interview, while the text in *italics* is present only to assist the EHO. For a diagnosis (strong indication) of hoarding disorder all five criteria must be endorsed.

### Part A

1) Do you experience difficulty discarding or parting with possessions?

- Yes → Go to question 2
- No → Hoarding Disorder is not present, go to Part B

*This question aims to identify persistent difficulty discarding or parting with possessions, regardless of their actual value. This may include throwing away, selling, giving away, recycling, etc.*

2) Do you intentionally keep these items? Are they important or useful for you?

Do you generally feel distressed or upset when discarding possessions?

- Yes to both questions → Go to question 3
- No → Hoarding Disorder is not present, go to Part B

*These questions are intended to evaluate whether the accumulation of objects is intentional/active and whether the discarding process causes distress (or would cause distress, in cases where discarding is entirely avoided). Where the accumulation is due to passive accumulation, or where the discarding process does not cause distress, hoarding disorder is not present and the accumulation is a result of some other cause.*

3) Do you have a large number of possessions which congest or clutter your home?

- Yes → Go to question 4
- No → Hoarding Disorder is not present, go to Part B

*The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. "Clutter" refers to the presence of a large number of items that are lying about in a disorganised way. The question refers to the key living spaces such as bedrooms, kitchen, or living room but excludes garages, attics, lofts, basements, and other areas that may commonly be cluttered in the homes of non-hoarding individuals. To meet this criterion, active living spaces that are necessary for everyday life must be cluttered to the extent that their use is substantially compromised. If unclear, ask about the level of obstruction for particular rooms. The presence of clutter may also be quantified with other available instruments such as the Clutter Image Rating Scale<sup>1</sup>. On the Clutter Image Rating Scale, a room score greater than 4 is usually indicative of clinically significant clutter, however this is only for guidance and all available information needs to be taken into account.*

4) Do the difficulties discarding clutter cause you distress?

Do the difficulties or the clutter interfere with your family life, friendship or ability to perform well at work or home?

- Yes to one or both questions → Go to question 5
- No → Hoarding Disorder is not present, go to Part B

*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). Note that some individuals with poor insight may not acknowledge being distressed, though any attempts to discard possessions by third parties will result in distress or anger.*

5) Do you have any general medical conditions or a history of head injury?

- Yes → Go to next question
- No → Hoarding Disorder is present.

*Review available medical history for neurological disorders and inquire about history of severe head trauma. Some relevant conditions include traumatic brain injury, surgery or infections of the central nervous system (e.g., herpes simplex encephalitis).*

Did you have difficulties with discarding/clutter before you became ill/ suffered a head injury?

- Yes → Hoarding Disorder is present.
- No → Hoarding Disorder is not present, go to Part B

*Try to establish whether there is a clear temporal link between the medical condition and the onset of the hoarding behaviour. As limited medical information will be available, the EHO should err on the side of caution with criteria 5.*

## Part B

Part B of the assessment is the Environmental Cleanliness and Clutter Scale, which is used to rate the degree and various aspects of uncleanliness and lack of functionality in rooms such as the kitchen, bedroom and bathroom. It also rates other indicators of squalor such as odour and vermin. Assessors should circle the box or number that best fits their observations in relation to the different items. These descriptions are meant to be indicative, but professional discretion may be used to decide between one category and another. For example, the consequences of living in severe domestic squalor may be heightened if vulnerable people (e.g. children, the elderly or the disabled) are living in the dwelling and intervention may be necessary regardless of the total score. Where possible, all rooms should be inspected before making a rating. In some cases it may not be possible to assess all of the living spaces (e.g. if the client refuses access to the property). In such cases, the assessor should complete as many sections in the assessment as possible and use professional discretion on whether further action is necessary.

<b>Part B – Squalor Assessment</b>			
<b>1. Accessibility</b>			
How easy is it to enter and move around the dwelling?			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Easy	Somewhat Impaired	Moderately Impaired	Severely Impaired
0 – 29%	30 – 59%	60 – 89%	90 – 100%
% of floor space inaccessible for use or walking across			

<b>2. Accumulation of Refuse or Garbage</b>			
In general, is there evidence of excessive accumulation of garbage or refuse e.g. food refuse, packaging, discarded containers or other unwanted material?			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
None	A Little	Moderate	A Lot
	Bins overflowing, up to 10 emptied containers scattered around.	Garbage and refuse littered throughout the dwelling.	Garbage and waste piled knee high, clearly no recent attempt to remove garbage.

<b>3. Accumulation of Items of Little Obvious Value</b>			
In general, is there evidence of accumulation of items that most people would consider useless or should be thrown away?			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
None	A Little	Moderate	A Lot
	Items are organised and do not impede movement or prevent access to appliances.	Items cover furniture in most areas and have accumulated throughout the dwelling.	Items are piles waist high in most areas. Cleaning would be difficult or impossible, appliances are

			inaccessible.
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<b>4. Cleanliness of Floors and Carpets</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Acceptably Clean in All Rooms	Mildly Dirty Floors and carpets look like they haven't been cleaned for days. Some scattered rubbish.	Very Dirty Floors and carpets very dirty and looks like they haven't been cleaned for some time.	Filthy With rubbish or dirt throughout.

<b>5. Cleanliness of Walls, Furniture Surfaces and Window Sills</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Acceptably Clean in All Rooms	Mildly Dirty Dusty or dirty surfaces. Dust or dirt is easily removed by finger or damp cloth.	Very Dirty Grime or dirt on walls. Cobwebs and other signs of neglect. Greasy, messy, wet and/or grubby furniture	Filthy Walls and surfaces are so dirty that an average person would not wish to touch them.

<b>6. Bathroom and Toilet</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Acceptably Clean in All Rooms	Mildly Dirty Dusty or dirty surfaces. Dust or dirt is easily removed by finger or damp cloth.	Very Dirty Grime or dirt on walls. Cobwebs and other signs of neglect. Greasy, messy, wet and/or grubby furniture	Filthy Walls and surfaces are so dirty that an average person would not wish to touch them.

<b>7. Kitchen and Food</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Clean & Hygienic	Mildly Dirty & Unhygienic Dirty cook-top and work surfaces. Refuse mainly in the bin.	Moderately Dirty & Unhygienic Oven, surfaces and floor are dirty. Bins overflowing. Some rotten or mouldy food. Fridge unclean.	Very Dirty & Unhygienic Oven, surfaces and cupboards filthy. Large amount of refuse and garbage over surfaces and floor. Putrid food.

<b>8. Odour</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
None	Unpleasant e.g. urine smell present, unaired room.	Moderate Bad but can remain in the room.	Unbearable Assessor has to leave the room very soon due to odour.

<b>9. Vermin</b>			
<b>0</b> None	<b>1</b> Few e.g. cockroaches.	<b>2</b> Moderate Visible evidence of vermin in moderate numbers e.g. droppings and chewed papers.	<b>3</b> Infestation Alive and/or dead in large numbers.

<b>10. Sleeping Area</b>			
<b>0</b> Clean and Tidy	<b>1</b> Mildly Unclean Untidy, bed unmade, sheets unwashed for weeks.	<b>2</b> Moderate Bed sheets unclean and stained. Clothes and/or rubbish over floor areas.	<b>3</b> Unbearable Sleep surface unclean or damaged. Either no sheets or extremely dirty bed linen.

**Total Score:** \_\_\_\_\_

<b>Do you think that this person is living in Squalor?</b>			
No	Yes with mild clutter	Yes with moderate clutter	Yes with severe clutter

<b>Additional Comments:</b>



# Assessment Results

## Part A Results

Hoarding disorder is a serious psychological condition that can only be diagnosed by a psychiatrist, but any intervention must take the results of Part A into account. Part A of the assessment is designed to distinguish between those living with hoarding disorder from those living with chronic disorganization. If a client has a positive result from Part A of the assessment it is likely compulsive hoarding disorder may be present. Environmental Health Officers are typically trained to respond to the symptoms of hoarding and squalor (such as addressing specific situations causing public health risks), rather than responding to the underlying cause. They are not in a position to offer psychiatric or psychological support which requires specialist clinical services.

Those suffering from chronic disorganisation however, may recognise the problem of clutter impeding their lifestyle, but may feel helpless to do anything about it. They can benefit greatly from invention by the EHO and achieve a positive outcome.

## Part B Results

### **A score of less than 12**

A score of less than 12 indicates the property is below the level of moderate or severe squalor, and immediate intervention is not required. However, in some cases professional judgement may indicate that some risks are present that require attention (sometimes immediately). It may also be appropriate to provide the client with some basic support services to prevent the situation from escalating. Ratings of less than 10 imply that although the person may need help with cleaning or sorting out possessions, they do not live in severe domestic squalor.

### **A score of 12 or more**

A score of 12 or more is indicative of a property in moderate or severe squalor and corrective action is required. A rating of 20 or more usually means that the person lives in severe domestic squalor.

An inspection undertaken by an Environmental Health Officer may reveal that there are no breaches to the Local Laws or Health Act. If that is the case it is still recommended that other services are contacted to prevent, as much as possible, those breaches occurring in the future. The type of services enlisted depends on the conditions identified.

## Part C Results

The results from Part C will provide further indication of where interventions may be necessary.

## Intervention

When a living environment containing hoarded items and squalor causes distress, impairment or is unsafe to the person or the immediate neighbourhood, an intervention is required. Intervention from Environmental Health Officers may only be necessary when hoarded items are posing a risk to public health. However some situations of significant hoarding not posing a risk to public health may still be impacting negatively on the person and may require intervention from relevant service providers. The following information is primarily for interventions in compulsive hoarding cases including those resulting in severe domestic squalor.

### The Quick Fix is Ineffective

International and national stakeholders from various sectors agree that the quick fix, a one off enforced physical clean-up, is an ineffective response to compulsive hoarding cases and it is discouraged because:

- It can cause extreme anxiety, trauma, depression and even suicide as the person has not willingly consented to the clean-up
- The home will revert to its original state, filled with collected items
- It does not address the underlying psychological disorder, only removes the symptoms of hoarding behaviours

(Mogan 2010).

Efforts to remove the physical evidence of compulsive hoarding behaviours, or another underlying mental or physical condition, does not typically bring about change. Health services (including mental health) and community services need to work with the person to achieve gradual and sustainable change.

The use of legislation to manage a case of hoarding and/or squalor can have both positive and negative effects. The threat of legislation can provide useful leverage to engage a person, particularly those who are disorganised and/or those who need external motivation. Further to this, legislation provides a formal opportunity to approach and engage clients in their home. For example, often people who are disorganised or hoard do not agree to treatment until after they have been threatened with eviction or some other negative consequence that is external to the distress or impairment caused directly by their hoarding behaviours. Whilst this may appear to be a stronger inflexible intervention, it can actually enable a more flexible and supportive approach to evolve. This approach however, has associated risks as it may destabilise a vulnerable individual. The issuing of Notices also starts an administrative process that can lead to court and lengthy legal processes if the occupant is non-compliant.

Photographs that were taken during the initial home visit and taken at monthly or other intervals can be useful to assist ongoing engagement and provide some positive reinforcement of progress achieved.

### Arranging Cleaning Services

Although not an effective sustainable solution to hoarding and squalor, the clearing and cleaning of a property may be necessary and can be required under the *Health Act 1911*. An example of this is where a tenant is at risk of eviction and homelessness if the condition of their

property does not improve. Another situation is where the living conditions are posing immediate threat to an individual's health and well-being. Temporary accommodation may be considered in these circumstances.

An agreement in writing between the client and cleaning service can be used to identify which items are to be removed during cleaning. This document may be used to prevent subsequent accusations from the client that items were moved without their permission or stolen.

A flow chart regarding the planning for cleaning for co-operative and unco-operative clients can be found in Appendix 2 and 3 respectively and a copy of a Cleaning Services Agreement can be found at Appendix 4.

## **Accessibility**

Where a door cannot be opened fully or you can't get to a window, means of exit and entrance in an emergency are blocked. This is a problem if there is a fire where someone needs to get out quickly. Fire companies may not be able to get into the area to fight the fire or may not be able to send in personnel out of fear for the fire fighter's safety. The client should be encouraged to clear an unobstructed pathway through the residence to allow for safe access and egress.

## **Animal Services**

Animals often become unintentional victims in situations of Squalor and Hoarding. The environment, in which they are being forced to exist, can be quite dangerous for them and detrimental to their health and well being. They may be neglected or inappropriately cared for. There may also be instances in which the pet owner is being removed from a squalid environment (e.g. to be hospitalised or moved into new accommodation) and they are unable to take their animals with them. The RSPCA should be contacted where animal cruelty or neglect is suspected. Each local government is encouraged to compile a list of local services that be able to assist with the temporary care or re-homing of animals.

## **Asbestos**

When damaged or weathered asbestos is found on a property a remediation plan must be developed.

The Department of Environment Regulation (DER) can provide advice on the regulation and advice on the safe transport and disposal of asbestos materials and the Department of health can provide advice on the safe handling of asbestos materials in the public and residential sectors.

## **Children**

Children who are living in situations of squalor and hoarding need to be carefully considered. The chaos of a squalid or cluttered environment may put their physical, mental and social well being at risk or increase the likelihood of them being neglected. The contact point for concern regarding children living in squalid or cluttered environments is the Department for Child Protection and Family Support.

If you are concerned about a child's wellbeing, contact the Department's district office closest to where the child lives or the Crisis Care Unit after hours.

If you make a report or disclose relevant information to the Department, there is legislative protection for the notifier. These are:

- Protection of identity - with some exceptions, your identity must not be disclosed without your consent. For further information, refer to section 240 of the *Children and Community Services Act 2004*.
- Legal protection – you are not subject to legal liability under State law providing the information is provided in good faith.
- Professional protection – authorised disclosure of information cannot be held to constitute unprofessional conduct or a breach of professional ethics. As a result you cannot be disciplined by your professional body or incur any formal professional negative consequences at your workplace.

When you contact the Department, the Duty Officer will gather and record information that you provide and decide how best to respond. The type of information that the officer will gather includes:

- details about the child/young person and family
- the reasons you are concerned
- the immediate risk to the child
- whether or not the child or family has support
- what may need to happen to make the child safe
- your contact details, so that the officer can call you to obtain further information if required or to provide feedback.

You do not need to have all the details about the child or family when you contact the Department.

## Cleaning Services

Environments which have become squalid will usually require a high quality professional clean or a forensic clean. There are a number of companies who offer these services. The cost of their service will depend upon the severity of the squalor and the intensity required for the clean. You would need to contact the company to arrange a quote, companies can be found in the yellow pages under professional/forensic cleaners, many of these companies also have websites.

## Mould

Prolonged exposure to mould may be particularly harmful. Research in this area has not been conclusive. Symptoms caused by exposure to mould may include;

- Respiratory illness or asthma;
- Watery, itchy, red eyes;
- Chronic cough;
- Headaches or migraines;
- Rashes (dermatitis); and
- Sinus problems, blocked nose and sneezing.

A remediation plan should be developed with the client where evidence of mould is found. More information on mould is available from the Department of Health's Public Health website.

## **Vermin**

Vermin (including rats, cockroaches, fleas, mice, bed bugs and flies) are one of the many consequences of Squalor and Hoarding. Unfortunately vermin infestation will not only impact upon the person living in the squalid environment but also those in surrounding properties and will therefore need to be very promptly addressed.

Where evidence of vermin is found, a treatment plan should be drawn up and agreed upon with the client. The Department of Health produces a "Facts on Rats" leaflet which details the signs of rat presence and treatment for rats and a "Fleas" leaflet, which may also provide assistance to the client.

## **The Compliance Role of the Environmental Health Officer**

It is sometimes the case that despite the best efforts of Environmental Health Officers and other support services, that individuals living in situations of hoarding and domestic squalor are not responsive to the intervention strategies and their property remains in a state that causes a nuisance or danger to public health. There are also situations where the individual is competent and capable of making the decision to improve the standard of their property and carry out the works to do so, however choose not to. In these cases it may be necessary for Environmental Health Officers to use a legislative approach.

The Health Act 1911 empowers local government to develop local laws regarding how situations of hoarding and domestic squalor causing a nuisance or danger to public health can be dealt with by Environmental Health Officers. A simplified version of the section of the Health Act pertaining to situations of hoarding and squalor can be found in Appendix 8.

# Information about Service Providers

## Government Agencies

North Metropolitan Health Service (08) 9346 3333 [www.nmahs.health.wa.gov.au](http://www.nmahs.health.wa.gov.au)

South Metropolitan Health Service (08) 9318 7500  
[www.southmetropolitan.health.wa.gov.au](http://www.southmetropolitan.health.wa.gov.au)

WA Country Health Service [www.wacountry.health.wa.gov.au](http://www.wacountry.health.wa.gov.au)

## Home and Community Care (HACC)

HACC is a cost-shared program between the Commonwealth and State/Territory Governments. It provides funding for services that support people who live at home and whose capacity of independent living is at risk of premature or inappropriate admission to long term residential care.

A person may be eligible for HACC if they:

- are older and frail and having difficulty with everyday tasks
- have a disability
- are the carer of a frail older person or someone with a disability

HACC Regional Assessment Services (RAS) will assess a person's eligibility for HACC support and identify their needs and goals. Following the assessment the RAS assessor will refer the client for appropriate support within or outside the HACC program.

The HACC Program seeks a contribution from clients toward the cost of the support services provided that is fair and affordable. The contribution is based on the level of support that a person receives. People receiving a number of support services from HACC service providers are protected from paying excessive fees by an applied limit called a 'Fees Cap'. The HACC Fees Cap is increased annually effective 1 July. No person will be denied a service because they cannot afford to pay.

Services which are provided under the program include:

- Counselling, support, information and advocacy
- Domestic assistance
- Social support
- Nursing care
- Personal care
- Allied health care
- Respite care
- Centre based day care
- Food services
- Home maintenance
- Home modification
- Transport

For more information, visit the WA Department of Health  
[www.health.wa.gov.au/hacc/home/index.cfm](http://www.health.wa.gov.au/hacc/home/index.cfm)

## **Commonwealth Respite and Carelink Centres**

Information centres for older people, people with disabilities and those who provide care and services

Centres provide free and confidential information on community aged care, disability and other support services available locally, interstate or anywhere in Australia

For more information 1800 052 222

## **Department of Environment Regulation**

The Atrium, Level 4  
168 St Georges Terrace.  
Perth WA 6000

Tel: (08) 6467 5000

Fax : (08) 6467 5562

Email address: [info@der.wa.gov.au](mailto:info@der.wa.gov.au)

Website: [www.der.wa.gov.au](http://www.der.wa.gov.au)

### **Regional offices contact details**

Albany - 120 Albany Highway, Albany WA 6330

Phone: 08 9842 4567

Fax: 08 9841 7105

Email: [southcoast@der.wa.gov.au](mailto:southcoast@der.wa.gov.au)

Booragoon 181-205 Davy Street, Booragoon

Phone: 08 9333 7510

E: [grswanbooragoon@der.wa.gov.au](mailto:grswanbooragoon@der.wa.gov.au)

Broome - 111 Herbert Street, Broome WA 6725

Phone: 08 9195 5538

Fax: 08 9193 5027

Bunbury - Cnr of Dodson Road and South West Highway, Bunbury

Phone: 08 9725 4300

Email: [grswanbunbury@der.wa.gov.au](mailto:grswanbunbury@der.wa.gov.au)

Geraldton - Level 1, 201 Foreshore Drive, Geraldton WA 6531

Phone: 08 9964 0901

Email: [midwest@der.wa.gov.au](mailto:midwest@der.wa.gov.au)

Kalgoorlie - 32 Brookman Street, WA 6433

Phone: 08 9080 5555

Fax: 08 9021 7831

Email: [goldfields@der.wa.gov.au](mailto:goldfields@der.wa.gov.au)

Karratha - Lot 3 Mardie/Anderson Roads, Karratha WA 6714

Phone: 08 9182 2000

Fax: 08 9144 2000

Email: [northwest@der.wa.gov.au](mailto:northwest@der.wa.gov.au)

Kununurra - Lot 248 Ivanhoe Road, Kununurra WA 6743  
Phone: 08 9168 4200  
Fax: 09 9168 2179

### **Mental Health Services**

- Specialist mental health services are in place in the public sector and also in the private sector.
- Mental Health Services (MHS) provide mental health services across the age spectrum, including crisis response, assessment, inpatient and community treatment, rehabilitation and support to people experiencing mental health problems and disorders, and their families and carers.
- In a number of MHSs, there are designated Specialist Mental Health Services for Older People that have a specialist capacity to assess, treat and manage a complex range of mental health disorders in older people.
- People who live in severe domestic squalor are often referred to Specialist Mental Health Services for Older People or Adult Mental Health Services, in order to assess whether a mental health problem may have precipitated or led to the unclean living situation. Some people may be transferred to an inpatient unit under the Mental Health Act as mentally ill or mentally disordered, permitting a brief period of hospitalisation for assessment and ongoing management.

For more information contact WA Department of Health on (08) 9222 4222,  
[www.health.wa.gov.au](http://www.health.wa.gov.au)

### **Aged Care Assessment Teams (ACATs)**

- Aged Care Assessment Teams (ACATs) comprehensively assess the needs of frail older people and assist them and their carers to access available care services appropriate to their needs.
- ACATs provide information to suitable care options, and can help arrange access or referral to appropriate residential or community care services such as Home and Community Care (HACC). ACAT assessment and approval is required before people can access residential aged care, Community Aged Care Packages (CACPs) or Extended Care at Home (EACH) Packages.

ACATs provide a range of assessments including:

- The duration and severity of domestic squalor
- Whether the person has dementia or other health issues
- How the person is managing financially
- Whether the person is at risk of abuse

Other ACAT services include:

- Negotiating with family/friends and offering appropriate support
- Organising cleaning

For further information contact Local Aged Care Assessment Teams through the local Area Health Service.

### Office of the Public Advocate

Guardians appointed by the State Administrative Tribunal. *The Guardianship and Administration Act 1990* provides for the appointment of guardians to safeguard the best interests of adults with decision-making disabilities. These disabilities may be as a result of:

- Intellectual disability
- Mental illness
- Acquired brain injury
- Dementia

Guardianship may be considered an option where there is:

- A need for somebody with legal authority to make decisions in the best interests of a person with a decision-making disability
- Unresolved conflict between family members and/or primary care providers about the person's best interests
- Concern that the person may be at risk of neglect, exploitation or abuse.

For more information contact 1300 858 455 or (08) 9278 7300 or visit

<http://www.publicadvocate.wa.gov.au>

### Department for Child Protection and Family Support

Crisis Care Line : (08) 9223 1111

Country free call: 1800 199 008

#### Metropolitan Offices

Armadale	(08) 9497 6555	Cannington	(08) 9351 0888
Fremantle	(08) 9431 8800	Joondalup	(08) 9301 3600
Midland	(08) 9274 9411	Mirrabeeka	(08) 9344 9666
Perth	(08) 9214 2444	Rockingham	(08) 9527 0100

#### Regional Offices

Albany	(08) 9841 0777	Broome	(08) 9193 8400
Bunbury	(08) 9722 5000	Busselton	(08) 9752 5600
Carnarvon	(08) 9941 7222	Collie	(08) 9734 1699
Derby	(08) 9193 3700	Esperance	(08) 9083 2566
Fitzroy Crossing	(08) 9163 9800		
Geraldton	(08) 9965 9500	Halls Creek	(08) 9168 6114
Kalgoorlie	(08) 9022 0700	Karratha	(08) 9185 0200
Katanning	(08) 9821 9000	Kununurra	(08) 9168 0333
Laverton	(08) 9088 2900	Leonora	(08) 9037 2300
Mandurah	(08) 9583 6688	Manjimup	(08) 9771 6000
Meekatharra	(08) 9981 1104	Merredin	(08) 9041 6900
Moora	(08) 9653 0100	Mullewa	(08) 9961 1004

Narrogin	(08) 9881 0123	Newman	(08) 9175 4600
Norseman	(08) 9039 1129	Northam	(08) 9621 0400
Onslow	(08) 9184 3900	Roebourne	(08) 9182 0500
South Hedland	(08) 9160 2400	Tom Price	(08) 9188 0100
Wyndham	(08) 9161 3500		

## Department of Housing

The Department of Housing seeks to improve people's access to secure, appropriate and affordable housing. The services they offer include:

- Homeless advisory service 1800 065 418

The purpose of the Homeless Advisory Service is to provide information to primary and secondary homeless people that will assist them to seek their own accommodation. Every effort is made by the Homeless Advisory Service to assist homeless people to link with crisis accommodation services.

- Public housing
- Community housing
- Private rental assistance

Albany (08) 9845 7144	Karratha (08) 9189 1700
Armadale (08) 9391 1600	Kununurra (08) 9166 5100 or 1800 646 960
Broome (08) 9158 3600	Kwinana (08) 9411 9500
Bunbury (08) 9792 2111	Mandurah (08) 9586 6100
Busselton (08) 9781 1300	Manjimup (08) 9771 7800
Cannington (08) 935h0 3244	Meekatharra (08) 9956 5000
Carnarvon (08) 9941 6500	Merredin (08) 9081 3800
Derby (08) 9158 4000	Midland (08) 9250 9191
Esperance (08) 9072 3000	Mirrabooka (08) 9345 9655
Fremantle (08) 9432 5300	Narrogin (08) 9881 2802
Geraldton (08) 9923 4444	Northam (08) 9690 1900
Halls Creek (08) 9168 9300	South Headland (08) 9160 2800
Joondalup (08) 9404 3300	Victoria Park (08) 9350 3700
Kalgoorlie (08) 9093 5288	

For more information and to contact your local Department of Housing branch visit [www.dhw.wa.gov.au](http://www.dhw.wa.gov.au)

## WA Health

- WA Health provides acute care facilities (public hospitals), community health services and public health programs
- Directly operates some residential and community care services, and provides longer-term hospital care through public sector mental health and aged care services

- Area Health Services (AHSs) provide a range of population-based aged care, mental health, drug and alcohol rehabilitation services, in addition to general health services
- WA Health shares responsibility with the Australian Government of Health and Ageing (DoHA) for the operation of ACATs under the Aged Care Assessment Program
- WA Health also administers the health component of the HACC Program, under which it provides community nursing, allied health and some day care services

For more information contact the WA Department of Health (08) 9222 4222,  
[www.health.wa.gov.au](http://www.health.wa.gov.au)

### **Legal Aid – Social Inclusion Programme**

The Social Inclusion Program at Legal Aid WA helps people to resolve civil law problems which are impacting on their daily lives. The focus of the program is to assist people who are on a low income, vulnerable and at risk of social exclusion. The Social Inclusion Program is available to all Western Australians.

Legal Aid can also assist with appropriate referrals to relevant support agencies, financial counselling services, Ombudsmen, dispute resolution services or other specialist services. The service is free and confidential.

Telephone InfoLine: 1300 650 579

Open Monday to Friday 8.30 am to 4.30 pm (Australian Western Standard Time) except public holidays

Perth Office: 55 St Georges Terrace ,Perth, WA 6000  
Telephone: (08) 9261 6222  
Facsimile: (08) 9325 5430  
Postal Address: PO Box L916, Perth WA 6842

## Non-Government Agencies

### Anglicare Housing Advocacy Support Service (HASS)

- Supported Housing Assistance Program (SHAP) – Assists people over 50 to acquire and remain in secure housing or helps make a successful transition from supported accommodation to independent living. Assists with applications, finding accommodation, writing letters, removals. HASS also administers Community Aged Care Packages and can help arrange a variety of services to support independent living.
- Fremantle/Kwinana (08) 6310 0500
- Mandurah/Pinjarra (08) 9581 0502
- Stabilising Homes Mandurah (08) 9581 0583
- Stabilising Tenancies Rockingham (08) 9528 0701
- Family Housing (08) 9263 2081

### Support and Advocacy Service for People in Private Rental Accommodation (SAS)

Accept referrals from real estate agents or landlords or other relevant agencies.

- Armadale (08) 9497 6555
- Cannington (08) 9351 8800
- Joondalup (08) 9301 3600
- Midland (08) 9274 9411
- Perth (08) 9214 2444
- Rockingham (08) 9527 0100

### UnitingCare West Private Tenancy Support Service

Uniting Care West works with people at risk of being homeless due to private rental issues and provides practical assistance to those in metropolitan Perth experiencing a temporary housing crisis. They aim to assist and support individuals or families at the earliest opportunity before debts or tenancy issues become unmanageable and work with tenants and property managers to achieve positive outcomes.

For more information contact (08) 9220 1288

### St Bartholomew's House

St Bartholomew's House helps people who are homeless or at risk of homelessness achieve positive life outcomes. They have Homeless & Transitional Support Service which offers secure accommodation and support services for single men aged 18 years and above experiencing homelessness. Crisis accommodation is only available for 7 days, depending on the support needs of the resident. Residents are provided with a private bedroom, shared bathroom facilities, laundry facilities, designated smoking areas and three meals a day. Residents who are eligible and choose to be part of the Transitional Accommodation program will be provided with a private room with en-suite and TV, communal laundry facilities and self catering facilities in the communal kitchen located on each floor. All residents on the transitional program will be provided with, and expected to participate in, one on one case management on a weekly basis

to provide advice, advocacy and emotional support and develop an individualized case management plan to aid residents in moving on and into a more independent life. Self-referrals and walk-ins are accepted but any prospective residents are encouraged to call first and complete a telephone interview. This provides the service with the opportunity to advise if there are any current vacancies and if they require any documentation from health practitioners that may be required for the face to face interview. A referral form must be completed for service users with a mental health diagnosis, returning from Hospital or with a specific high care need and are only accepted during office hours, not on weekends or public holidays. There is a waiting list for applicants with high support needs.

St Bart's Mental Health Support Services coordinate accommodation for people living with a mental illness who need 2-4 hours support per day in order to live independently in the community. Community Supported Residential Units (CSRUs) are medium to long term accommodation for people living with a mental illness who need 2-4 hours support per day in order to live independently in the community.

All residents of the CSRU's must -

- Be referred by the local mental health service
- Be aged between 18 – 65 on entry
- Be living with a mental illness
- Have support needs of between 2 – 4 hours per day
- Have the desire to live in the CSRU
- Have provided informed consent
- Have significant links to the area
- Be homeless or at risk of homelessness (may be living with elderly parents/family and be at risk of losing their tenancy)

Address: 7 Lime Street, EAST PERTH WA 6004  
Telephone: 08 9323 5100  
Facsimile: 08 9325 3699  
Email: [reception@stbarts.org.au](mailto:reception@stbarts.org.au)

### **Australian Red Cross**

The Australian Red Cross has a number of programs to support people to maintain their housing, avoid homelessness and link people with housing providers as well as employment, health, finance and social integration services.

110 Goderich Street, East Perth WA 6004

Phone: 08 9225 8888  
Freecall: 1800 810 710  
Fax: 08 9325 5112

### **WestAus Crisis Centre – Peel Region Only**

WestAus Crisis & Welfare Services has been in operation since 1994 and provides assistance to people who are behind with their rent payments, facing eviction and having difficulties with their property manager. Their qualified support workers work in partnership with clients to:

- Get their tenancy back on track.
- Increase knowledge and skills in areas that will assist in maintaining tenancy in the long term.
- Assist clients to develop links to other community resources and services.
- Advocate on their client's behalf with other agencies and creditors.
- Assist with mediation and conflict resolution in relation to private rental.
- Provide regular home visits to maintain the long term success of their rental.

Telephone: (08) 9582 9920 Or (08) 9582 7757

Website: <http://westauscrisis.org.au/index.php>

### **Tenancy WA Inc.**

Tenancy WA Inc. is an independent, not-for-profit, specialist community legal centre who provide free, quality legal services to residential tenants across Western Australia. They work with and on behalf of tenants; community members and services; and governments to improve the capability of residential tenants to maintain successful tenancies and resolve their own tenancy issues. Their mission is to provide free quality legal services including information, advice, casework, representation, referrals, community legal education, training, law and policy reform advocacy.

#### **Advice line:**

9:00am-4:00pm Monday to Friday (except public holidays)

- 9221 0088 (Metropolitan)
- 1800 621 888 (Country callers – Free call)

**Contact details:** 2/18 Plain Street  
East Perth WA 6004

[admin@tenancywa.org.au](mailto:admin@tenancywa.org.au)

<http://www.tenancywa.org.au/>

### **Perth Home Care Services**

Perth Home Care Services (PHCS) are a non-denominational, community benefit organisation that specialises in delivering person-centred solutions to support people to live at home with dignity. PHCS is based in Perth, with offices in Osborne Park and Jandakot. PHCS operates under the name 'Regional Home Care Services' (RHCS) outside of the Perth metropolitan area, with offices in Toodyay and Geraldton, providing support to people in regional areas, such as the Wheatbelt and the Midwest. They also support people in Broome and Carnarvon.

For a subsidised fee, PHCS help clients get up, showered and ready for the day, help you with shopping, household chores and errands, help prepare meals and provide a break for regular carers.

Crisis Respite: (08) 9204 7801

Head Office: 30 Hasler Road (level 2), Osborne Park WA 6017

Postal Address: PO Box 1597, Osborne Park DC 6916

(08) 9204 7800 [admin@phcs.org.au](mailto:admin@phcs.org.au)

Jandakot: Unit 1, 234 Berrigan Drive Jandakot WA 6164

(08) 9412 3400

Mandurah: 1/98 Pinjarra Road Mandurah WA 6210

(08) 9582 4800

Geraldton: Level 1 Lotteries House, 114 Sanford Street, Geraldton WA 6530

(08) 9920 7600

Wheatbelt: 98 Stirling Terrace Toodyay WA 6566

(08) 9574 9800

## Animal Hoarding

### Royal Society for the Prevention of Cruelty to Animals (WA) (RSPCAWA)

The mission of RSPCAWA is to improve the welfare of animals through leadership, collaboration with stakeholders and the provision of quality services. They have the power to investigate animal cruelty, protect all animals from abuse, neglect, and abandonment under the State's *Animal Welfare Act 2002*.

Phone: 9209 9300

Fax: 9248 3144

Email: [rspca@rspcawa.asn.au](mailto:rspca@rspcawa.asn.au)

Web: [www.rspcawa.asn.au](http://www.rspcawa.asn.au)

Report Cruelty: 1300 CRUELTY (1300 278 3589)

## References

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# Appendices

## Appendix 1 Hoarding and Squalor Assessment Tool

Demographic details						
Name of person	Surname		Other names			
Date of birth <i>and/or</i> approximate age of person						
Gender	Male		Female			
Marital status	Single	Married/ de facto	Widowed	Divorced	Separated	Not sure?
Address						
Does he/she live alone?	Yes		No			
If not, who with?						
Number and type of pets						
Home ownership	Owner	Tenant – private	Tenant – DOH	Other – non-owner (e.g. lodger)		
Accommodation type	House	Unit	Bedsit	Other (specify)		
How long has he/she been living like this?	Less than 1 year	1–3 years	4–10 years	Over 10 years		
Known medical illnesses and/or disabilities:						
Mental disorders now or in the past:						
Name of Assessor: Date:						

## Part A – Assessment for Hoarding Disorder

1) Do you experience difficulty discarding or parting with possessions?

- Yes → Go to question 2
- No → End, go to Part B

2) Do you intentionally keep these items? Are they important or useful for you?  
Do you generally feel distressed or upset when discarding possessions?

- Yes to both questions → Go to question 3
- No → End, go to Part B

3) Do you have a large number of possessions which congest or clutter your home?

- Yes → Go to question 4
- No → End, go to Part B

4) Do the difficulties discarding clutter cause you distress?

Do the difficulties or the clutter interfere with your family life, friendship or ability to perform well at work or home?

- Yes to one or both questions → Go to question 5
- No → End, go to Part B

5) Do you have any general medical conditions or a history of head injury?

- Yes → Go to next question
- No → Go to Part B

Did you have difficulties with discarding/clutter before you became ill/ suffered a head injury?

- Yes → Go to Part B
- No → Go to Part B

## Part B – Squalor Assessment

### 1. Accessibility

How easy is it to enter and move around the dwelling?

0	1	2	3
Easy	Somewhat Impaired	Moderately Impaired	Severely Impaired
0 – 29%	30 – 59%	60 – 89%	90 – 100%
% of floor space inaccessible for use or walking across			

### 2. Accumulation of Refuse or Garbage

In general, is there evidence of excessive accumulation of garbage or refuse e.g. food refuse, packaging, discarded containers or other unwanted material?

0	1	2	3
None	A Little	Moderate	A Lot
	Bins overflowing, up to 10 emptied containers scattered around.	Garbage and refuse littered throughout the dwelling.	Garbage and waste piled knee high, clearly no recent attempt to remove garbage.

### 3. Accumulation of Items of Little Obvious Value

In general, is there evidence of accumulation of items that most people would consider useless or should be thrown away?

0	1	2	3
None	A Little	Moderate	A Lot
	Items are organised and do not impede movement or prevent access to appliances.	Items cover furniture in most areas and have accumulated throughout the dwelling.	Items are piles waist high in most areas. Cleaning would be difficult or impossible, appliances are inaccessible.

### 4. Cleanliness of Floors and Carpets

0	1	2	3
Acceptably Clean in All Rooms	Mildly Dirty	Very Dirty	Filthy
	Floors and carpets look like they haven't been cleaned for days. Some scattered rubbish.	Floors and carpets very dirty and look like they haven't been cleaned for some time.	With rubbish or dirt throughout.

### 5. Cleanliness of Walls, Furniture Surfaces and Window Sills

0	1	2	3
Acceptably Clean in All Rooms	Mildly Dirty Dusty or dirty surfaces. Dust or dirt is easily removed by finger or damp cloth.	Very Dirty Grime or dirt on walls. Cobwebs and other signs of neglect. Greasy, messy, wet and/or grubby furniture	Filthy Walls and surfaces are so dirty that an average person would not wish to touch them.

### 6. Bathroom and Toilet

0	1	2	3
Acceptably Clean in All Rooms	Mildly Dirty Dusty or dirty surfaces. Dust or dirt is easily removed by finger or damp cloth.	Very Dirty Grime or dirt on walls. Cobwebs and other signs of neglect. Greasy, messy, wet and/or grubby furniture	Filthy Walls and surfaces are so dirty that an average person would not wish to touch them.

### 7. Kitchen and Food

0	1	2	3
Clean & Hygienic	Mildly Dirty & Unhygienic Dirty cook-top and work surfaces. Refuse mainly in the bin.	Moderately Dirty & Unhygienic Oven, surfaces and floor are dirty. Bins overflowing. Some rotten or mouldy food. Fridge unclean.	Very Dirty & Unhygienic Oven, surfaces and cupboards filthy. Large amount of refuse and garbage over surfaces and floor. Putrid food.

### 8. Odour

0	1	2	3
None	Unpleasant e.g. urine smell present, unaired room.	Moderate Bad but can remain in the room.	Unbearable Assessor has to leave the room very soon due to odour.

### 9. Vermin

0	1	2	3
None	Few e.g. cockroaches.	Moderate Visible evidence of vermin in moderate numbers e.g. droppings and chewed papers.	Infestation Alive and/or dead in large numbers.

<b>10. Sleeping Area</b>			
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Clean and Tidy	Mildly Unclean Untidy, bed unmade, sheets unwashed for weeks.	Moderate Bed sheets unclean and stained. Clothes and/or rubbish over floor areas.	Unbearable Sleep surface unclean or damaged. Either no sheets or extremely dirty bed linen.

**Total Score:** \_\_\_\_\_

<b>Do you think that this person is living in Squalor?</b>			
No	Yes with mild clutter	Yes with moderate clutter	Yes with severe clutter

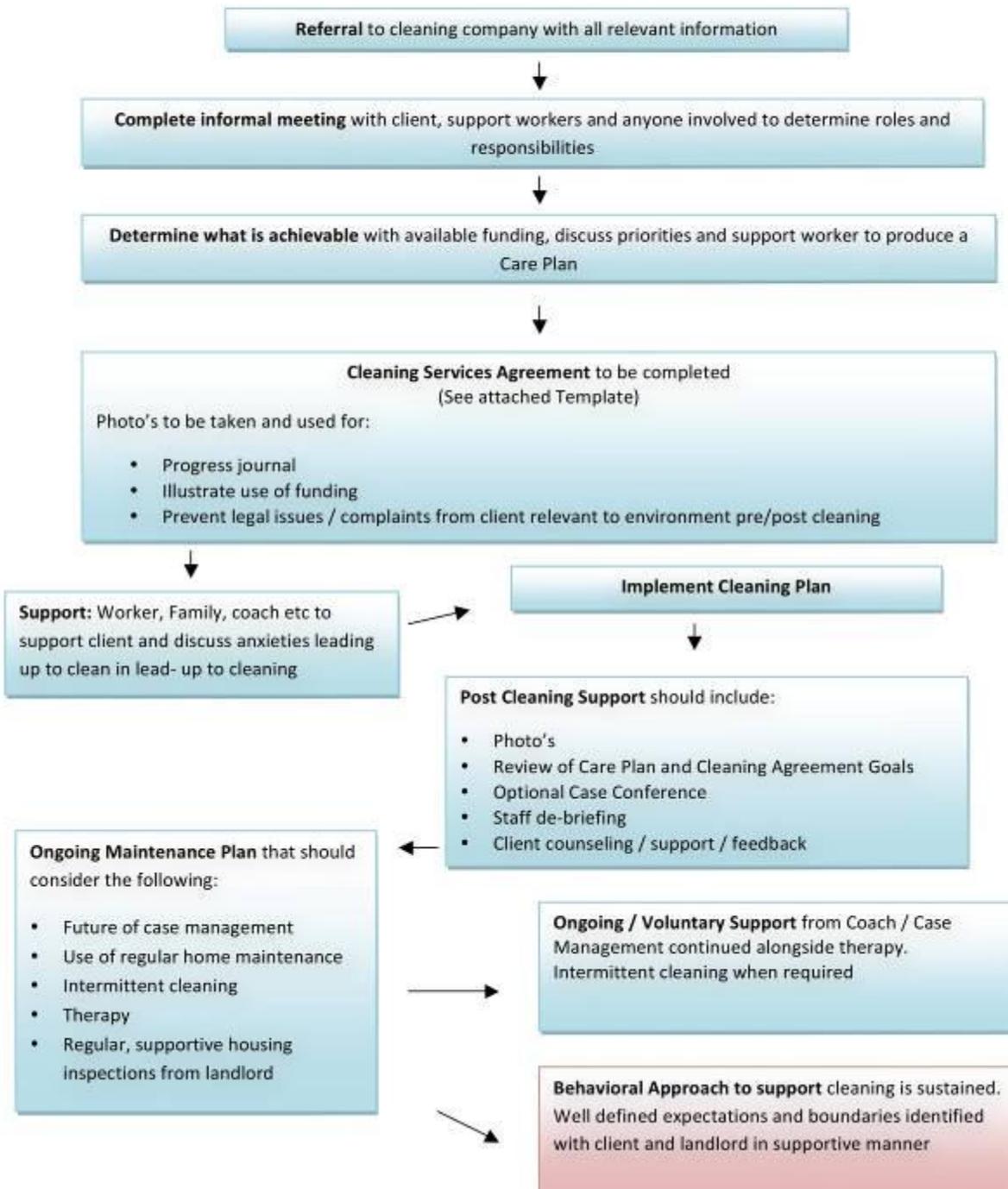
**Additional Comments:**



**Appendix 2 Planning for the Provision of Cleaning for Engaged Client**  
 (Lodden-Mallee Region Hoarding Working Group 2012).

## Flow Chart for Accessing Cleaning

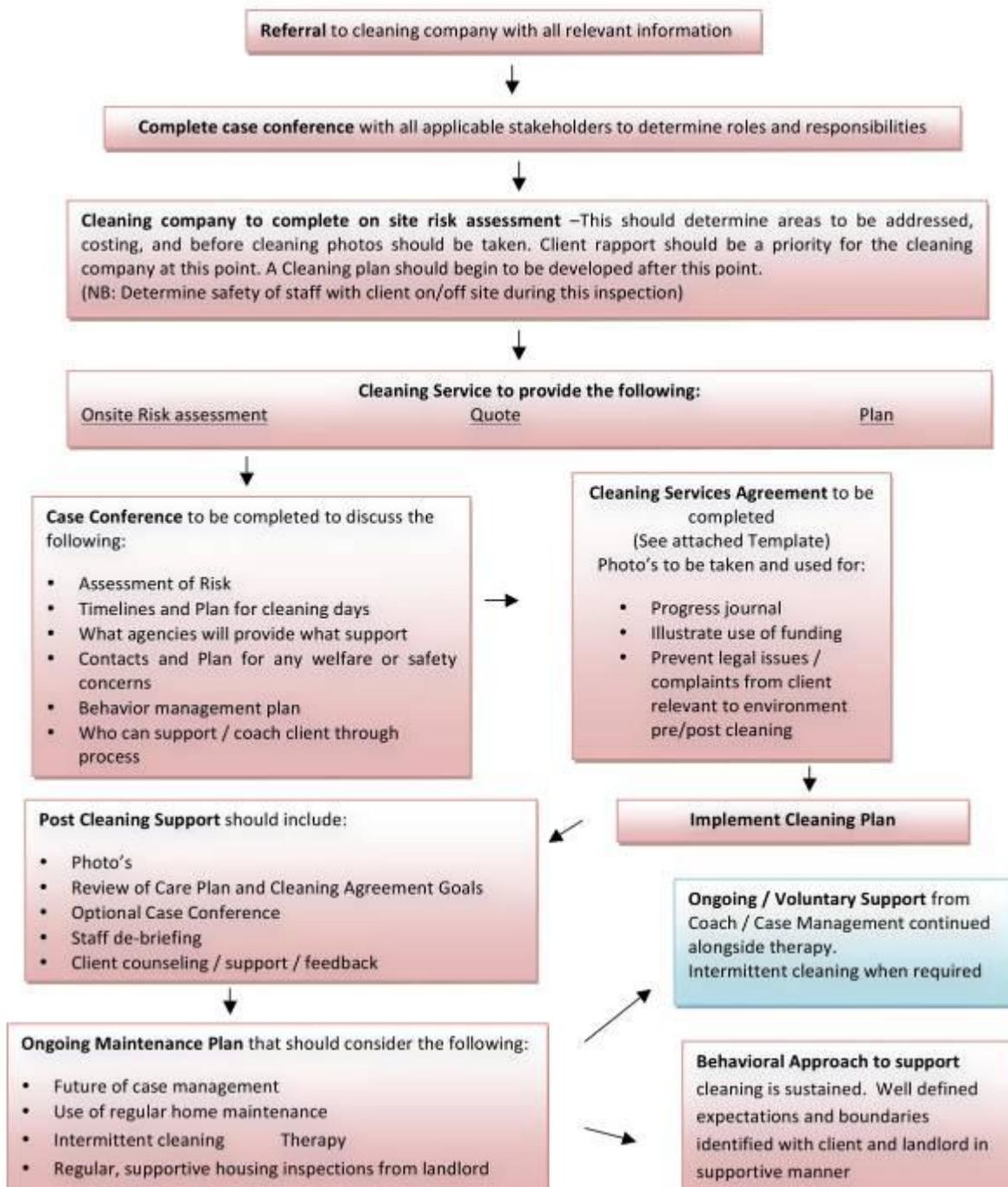
Engaged / Therapeutic client



## Appendix 3 Planning for the Provision of Cleaning for Disengaged Client (Lodden-Mallee Region Hoarding Working Group 2012).

### Flow Chart for Accessing Cleaning

Non Engaged / highly complex client (Behavioral Approach)



## Appendix 4 Cleaning Services Agreement (Lodden-Mallee Region Hoarding Working Group 2012).

This is an agreement between:

Name of service:
Name of cleaning business:
Client name:

Client telephone:
Client address:
Date of cleaning visit: <span style="float: right;">Time:</span>
Rooms to be cleaned:
Articles/items to be removed:
Articles/items not to be removed:

Signed (cleaning business): <span style="float: right;">Date:</span>
--

<p>I, _____ (insert name), agree to the cleanup of my property and removal of unwanted items as stated at the top of this form. I acknowledge that it is my responsibility to clearly identify the items that I do not wish to be removed and the areas I do not want to be cleaned. It is also my responsibility to be present during the cleanup to ensure that it is undertaken according to the stated action plan. I understand that where I have accessed a cleaning service referred to me, that the referral service (e.g. people, clinical, animal, housing, local municipal council) is not liable for any damages or removal of non-authorized items that may occur during the process of the cleanup.</p>
Signed (client): <span style="float: right;">Date:</span>

Referral service: <span style="float: right;">Worker's name:</span>
Program: <span style="float: right;">Date:</span>

## Appendix 5 Health Act Interpretation for Hoarding and Domestic Squalor

This section outlines the powers of a local government, as described in Part 5, Division 1 of the Health Act 1911.

In advanced cases of hoarding or domestic squalor, the local government has two options:

- i. Proceed under sections 135 then 137 then 140 (if applicable), or
- ii. Proceed under section 139 then 140 (if applicable).

### Option (i)

The local government resolves to declare a house (or part thereof) unfit for human habitation (Section 135). This notice can specify that the house or any part of the house cannot be occupied by any person after a specified time. Once such a notice has been issued, it is an offence for any person to occupy the house or part of the house that has been declared unfit.

Once the house has been declared unfit for human habitation due to conditions of hoarding and domestic squalor, the local government can (under a Section 137 notice) direct the owner of the house to carry out works or take down and remove the house within the time frame specified in that notice. It is possible that the notice may only direct the owner to take down and remove the house and not allow them to undertake other works.

A person who takes down a house, building or other structure, whether or not this is because of a notice from local government, they must clean the land to the local governments' satisfaction and remove all rubbish to a place specified by the local government.

### Option (ii)

If the local government is of the opinion that the house is in need of repair or in a state of uncleanness (without declaring it unfit for human habitation), the local government may issue a notice (under Section 139) directing the owner to clean and/or repair the house within a time specified in the notice.

If the owner is not compliant with the notice the local government can then do the works specified and recover the costs from the owner (Section 140). The procedure is specified in the *Registration, Enforcement and Discharge of Local Authority Charges on Land Regulations*. The local government can sell or dispose of materials from the building, the money can be used to recoup the costs of doing the works and if there is a surplus, must be paid to the owner.

If the local government is taking down and removing a house that has been declared unfit due to hoarding and domestic squalor, any authority that supplies the house with electricity, gas or water should be requested to make sure that equipment, fixtures and fittings in or around the house supplying electricity, gas or water are removed and will not interfere the taking down and removal of the house.

Any person who is affected by any notice is able to apply to the State Administrative Tribunal for a review of that notice.

Under Section 145, a medical officer of health can order that a house or part of house, furniture and items be cleansed to the satisfaction of an environmental health officer. The occupier must comply with this order. If the owner or occupier is not compliant with the order and the medical officer agrees it is necessary, the local government can carry out the order and recover the costs from the owner or occupier. This does not replace the person from the penalty of not carrying out the work themselves and they have still made themselves liable by their default.

Registration of Charges Against Land in Pursuant of Health Act 1911 (Original advice provided by McLeods for City of Cockburn).

Step by Step:

- 1) Section 371 of the Health Act 1911 (Act) provides that, where a local government carries out work under the Act, the cost of that work is recoverable from the owner of the land the subject of the work, and will constitute a charge on that land, until paid.
- 2) Section 372 of the Act provides that the abovementioned charge must be registered and administered in accordance with the *Registration, Enforcement and Discharge of Local Authority Charges on Land, Regulations* (Regulations).

A local government cannot serve the Notice of Intention to Register Charge against Land and Premises before the works are completed and the costs have been paid by the local government. However the local government must always advise the owners that they intend to place the cost of the works as a charge on the land. The right of the owner to dispute the charge and the process to follow should also be advised.

Note; if the officer is not serving the documents in person, the documents must be served by registered mail, not regular post. Regulation 1(4) of the *Registration, Enforcement and Discharge of Local Authority Charges on Land Regulations* provides that the Notice of Intention to Register a Charge must be served by registered post to the actual address of the owner if that address is known or, where that address is not known (such as in this instance), to the address shown on the Certificate of Title.

Accordingly, the Notice of Intention to Register a Charge should be served by registered post to the address shown on the Certificate of Title, which should be the same as shown on the Notice itself.

It does not matter that the Notice may be returned to the local government. For the purposes of having the charge registered, it is important that the procedures in the Regulations are followed. Provided those procedures are followed, Landgate will register the charge.

- 3) Regulation 1 requires a local government to serve a Notice of Intention to Register Charge against Land and Premises, in accordance with Form A, on the owner of the land. The Notice provides that the local government will apply to register the charge after the expiration of three days from service. The right of the owner to dispute the charge and the process to follow should also be advised. Service can be affected by prepaid registered letter, process server or in person to ensure that service is properly affected. The process server should be able to provide an affidavit, confirming that service was affected.

- 4) The owner, once served, can serve a Notice of Dispute, in accordance with Form B, on the local government within three days. If such a Notice of Dispute is received, the local government must refer the dispute to the Magistrates Court within 10 days. The Court will then list the matter for hearing in the next 7 days. A representative of the local government needs to attend that hearing, or the matter will be determined in its absence. If the notice under which the

work was carried out is found to be invalid, or the work has been carried out otherwise than in accordance with the Act, then the local government (presumably) would be unable to register the charge, and the costs would not be recoverable. The unsuccessful party to the dispute will also be liable for court costs.

5) If the owner does not serve a Notice of Dispute within three days, the local government can proceed to register completed Forms C and D at Landgate, along with;

- a statutory declaration by an authorised officer of the local government ;
- a copy of the completed Form A Notice; and
- payment of the Landgate registration fee.

The charge will then be registered against the land.

6) The charge will remain on the land until the debt is satisfied, and will prevent the land from being able to be transferred until that time. The charge is removed by the registration of completed Forms H and I at Landgate, with payment of the Landgate registration fee.

7) If the charge is registered, then the local government should be able to recover its costs from the owner even if the owner does not have the ability to pay the costs, as the land should not be capable of disposal until the local government executes a completed Form H, confirming that the costs have been paid.

This document can be made available in alternative formats on request for a person with a disability.

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