In Victoria a broad range of sectors and related services have been responding to hoarding and squalor situations, often in isolation from one another.

The publication *Hoarding and squalor – a practical resource for service providers* has been developed with the aim of providing direction and context to strengthen the capacity of government-funded and private services to work together when responding to hoarding and squalor situations.

**Responding to hoarding and squalor**

The person concerned and their dependants (including children, those who are frail or disabled and animals) all need to be kept central when planning action or decisions. They may be reluctant to accept assistance.

Service providers can discuss options with the person, working with them to assist their situation. However, the person has the right not to pursue suggested courses of action, if the situation is safe and the risk is minimal.

In the first instance, when a service provider responds:

- establish if there are any immediate risks
- build rapport
- aim for a considered harm minimisation approach.

Working with a person who lives in squalor or with hoarding behaviour can require a variety of different approaches.

‘One-off clean-ups’ are not effective and cause great distress to the person with the hoarding behaviour, particularly if they are not involved or considered.

If environmental health authorities need to take action and arrange a clean-up based on environmental health concerns, the person needs to be supported by an integrated approach including people services.

Focusing predominantly on the severity of clutter in a home or degree and type of squalor, in isolation from the person, will not be effective.

There is a high probability that the person living with hoarding and squalor has an underlying hoarding disorder or a treatable, diagnosable cognitive or psychiatric condition, and that this could greatly inform the most appropriate management of the situation. Service providers should attempt to arrange a clinical assessment to inform action planning and management.

A maintenance plan should be considered to support the person’s achievements in the longer term.

**Defining hoarding and squalor**

**Hoarding behaviour** is the persistent accumulation of, and lack of ability to relinquish, large numbers of objects or living animals, resulting in extreme clutter in or around premises. This behaviour compromises the intended use of premises and threatens the health and safety of people concerned, animals and neighbours.

**Squalor** describes an unsanitary living environment that has arisen from extreme or prolonged neglect, and poses substantial health and safety risks to people or animals residing in the affected premises, as well as others in the community.
Responding to hoarding and squalor: key messages

Hoarding and squalor service response flowchart (Part A)*

**Referral or initial contact**
Obtain background information, including potential OHS issues.

Identify, contact and plan with other service providers before a home visit.

**Building**
- inside
- outside
- structures
- ownership
- utilities.

**People**
- clinical
- capacity
- health
- dependants
- disability.

**Animals**
- pets
- livestock
- wildlife
- pests.

**People who resist assessment or help**
(refer to Flowchart Part B)

- Refuses assessment
- Resists help or lacks capacity
- Does not resist help or lacks capacity

**Home or property visit and assessment**
Assessment of:
- degree of clutter or squalor
- risks
- person
- dependants (children or animals)
- capacity
- mental health.

- Serious risk
- If risk to the person (suicide or self harm); risk to others including animals (violent behaviour, threats made).
- If the risk is immediate or life threatening: phone 000 – police, ambulance, fire brigade for person (e.g. transfer to hospital); or for dependants (e.g. protective services; aged care services; animal services).

**Joint action planning**
Convene meeting with other relevant services to plan a coordinated service response. Consider physical and mental health; capacity (does the person have impaired decision making regarding finances; accommodation; services, health; dependants?).

**Clinical services, including Aged Care Assessment Service (ACAS), GPs and mental health**

**Housing services**

**Animal services**

**Cleaning services**

**Local municipal council services**

**Home support services (including case work)**

**Follow-up and supervision to achieve continual improvement and prevent recurrence**
For example: Case management; non-government organisation services; community treatment order and mental health; animal services; GP; cleaning services.

* Adapted with permission from: Snowdon J, Halliday G 2009, How and when to intervene in cases of severe domestic squalor. International Psychogeriatrics, 21, pp. 996–1002.
Hoarding and squalor service response flowchart (Part B)*

People who resist assessment or help

Do they have capacity?

Yes, has capacity

- Key worker or case manager to continue to liaise and persuade person to accept help.

  If unsuccessful

  Address risk and safety via appropriate services:
  - Environmental health; fire services; animal services.

  If substantial problem, e.g. fire risk, rodents, infestations, unsafe building structure

  Use appropriate legislation (determined by property ownership) to compel owner or occupant to remove risk and permit cleaning.

  Once safe, where the person continues to refuse assistance or engagement, document progress and issues, try to reach agreement for a follow-up visit and monitoring.

Don't know

- Cannot even assess capacity because person refuses to open door or speak to people (even after multiple attempts).

  Consider contact:
  1. with local psychiatric triage (www.health.vic.gov.au/mentalhealth/services/index.htm) to determine appropriateness for mental health referral for assessment
  2. with police or other authorities for a welfare check
  3. with Aged Care Assessment Service (ACAS)
  4. with the local municipal council, which can order an inspection (with police) under the Local Government Act
  5. with property managers (including the Office of Housing), who can apply to conduct inspections under the Residential Tenancy Act.

   Continuing follow-up and supervision to prevent recurrence (refer to Flowchart Part A).

No, lacks capacity

Clinical assessment

- 1. Contact Victorian Civil and Administrative Tribunal (VCAT) or Office of the Public Advocate (OPA) for emergency advice.
- 2. Apply to VCAT for a guardian to be appointed to make decisions about health and accommodation (in consultation with case manager etc) and/or use Mental Health Act.
- A guardian can make decisions about interventions including cleaning and medical treatment (refer to Flowchart Part A).
- A financial administrator can make decisions to pay for property cleaning and the cost of utilities and buying food, clothing or furniture.
- Applying via VCAT for a financial administrator to be appointed.

Serious risk

If risk to the person (suicide or self harm); risk to others including animals (violent behaviour, threats made).

If the risk is immediate or life threatening: phone 000 – police, ambulance, fire brigade for person (e.g. transfer to hospital); or for dependants (e.g. protective services; aged care services; animal services).

* Adapted with permission from: Snowdon J, Halliday G 2009, How and when to intervene in cases of severe domestic squalor. International Psychogeriatrics, 21, pp. 996–1002.
Responding is complicated

People of all ages, including children, may hoard or live in squalor, and they can be found in any type of housing and living situation. Prolonged or extreme hoarding may lead to squalor. Hoarding behaviour and squalid living environments can pose a number of associated problems and concerns in a person’s life which may involve laws, policies and requirements in areas as diverse as:

- personal safety
- fire risk
- sanitation
- mental health
- physical health
- child protection
- animal protection
- building safety
- housing.

These circumstances are challenging and complex. Effective intervention requires professionals from a very broad range of private and public sectors to work together, meeting legal and ethical requirements while also ensuring that the current and future health and safety of the person, their family and animals are being addressed.

Hoarding and squalor – a practical resource for service providers

The practical resource presents a common response framework by:

- discussing the difference between hoarding behaviour and a squalid environment, where they intersect and why
- placing the person, human dependants and animals first in a planned response, ensuring they are safe and risk is minimised
- presenting direction on how all services might work collaboratively
- confirming a common language, systems and tools that can be utilised by services
- presenting information about service types, what they do and how to contact them
- presenting questions and answers, case studies and a resources and contacts listing.

Copies of the hoarding and squalor publications

Hoarding and squalor – a practical resource for service providers (available only in soft copy) can be found at: www.health.vic.gov.au/agedcare/publications/hoarding.htm

This publication, Responding to hoarding and squalor: key messages, is available in:

- hard copy (printed), which can be obtained by contacting the Department of Health-appointed distribution centre, Warehousing Fulfilment Distribution Solutions (WFDS) – phone: (03) 9793 8111 or email: orders@wfds.com.au by providing details of the quantity required and address for delivery

For further information and feedback contact aged.care@health.vic.gov.au or phone 03 9096 7389.

To receive this publication in an accessible format phone 9096 7389 or email aged.care@health.vic.gov.au

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