INTENSIVE TENANCY SUPPORT

GUIDELINES
TO ASSIST PEOPLE LIVING
IN SEVERE DOMESTIC
SQUALOR/HOARDING

October 2012
APPENDIX 1: Risk Assessment Form ................................................................. 24
APPENDIX 2: Environmental Cleanliness and Clutter Scale ................................. 26
APPENDIX 3: Flowchart ...................................................................................... 32
APPENDIX 4: Impact of Squalor Checklist ........................................................... 33
APPENDIX 7: Supports for people with impaired decision-making capacity .......... 44
APPENDIX 8: Case Studies ................................................................................... 46
APPENDIX 9: Bibliography and Acknowledgements ............................................. 47
SECTION 1: Introduction

1.1 Background

During 2012 Anglicare funded a project to review the practice of providing services to people who live in domestic squalor. The aim of this project was to develop guidelines for the Northern Housing Inclusion Program, that provide case management support to clients in accordance with funding provided by the South Australian Department for Communities and Social Inclusion (DCSI), to support people who are homeless or at risk of homelessness. Based on the outcome of this project, the following guidelines have been developed by Rose Willis.

With special acknowledgements to Catholic Communities Services, Anglicare Northern Housing Inclusion Program staff and other stakeholders including: Housing SA, Playford City, Salisbury, Port Adelaide/Enfield, Light, Gawler, Tea Tree Gully and Barossa Councils.

1.2 Purpose of the Guidelines

These guidelines are designed to assist Anglicare’s Northern Housing Inclusion Program case managers, to constructively intervene and improve the situation of clients who are living in severe domestic squalor. The aim is to improve the efficiency, speed of action and coordination of work between relevant agencies, resulting in improved tenancy conditions, improved health and quality of life for individuals who have been living in domestic squalor.

These guidelines provide case managers with:

- processes to assist people living in domestic squalor
- clarity of the roles and responsibilities of agencies and service providers, to enable coordination and integration of services
- practical information regarding referrals and intervention options.
SECTION 2: Explaining severe domestic squalor

2.1 Definition of severe domestic squalor (PAH August 2007)

Dictionary definitions of squalor refer to conditions that are filthy, unclean or foul through neglect. Commonly, this results from a person’s failure to remove household waste and other rubbish including papers, wrapping, food products, cooking waste, containers and broken or discarded household items.

Cleanliness varies between homes and between individuals and can be presumed to be influenced by multiple factors, including upbringing, peer and family expectations, living arrangements, social and financial circumstances, cultural background and surroundings. Some people live in conditions so filthy and unhygienic that almost all observers, in whatever cultural background, would consider it unacceptable.

The term ‘severe domestic squalor’ was chosen in order to emphasise, firstly, that the focus is not on cases where people live in somewhat unclean surroundings, even if they have severe physical or mental disorders. The concern is for people who live in disgusting conditions. This word is used advisedly in order to make clear that the uncleanliness in relevant cases is extreme. Secondly, the aim is not to provide guidance in cases of self-neglect where squalor is not an issue, nor in cases of hoarding without squalor, i.e. those cases where there has been an accumulation of possessions but in an ordered, clean and manageable way. What are included are cases of hoarding where the accumulation has led to the living environment being unclean, unsanitary or dangerous (e.g. because of fire risk).

There is a range of types of squalor, including:

- neglect, involving failure to remove household waste and other rubbish including papers, wrapping, food, cooking waste, containers and discarded household items
- multifaceted self-neglect, where the person fails to maintain aspects of their care, health and lifestyle, such as personal care, eating adequately or failing to take medications as prescribed
- deliberate hoarding and the excessive accumulation of items such as clothing, newspapers, electrical appliances, etc. This may involve hoarding of animals.

For the purpose of these Guidelines, the term severe domestic squalor includes:

- extreme household uncleanliness
- hoarding, where the accumulation of material has led to the living environment being unclean, unsanitary or dangerous (e.g. conditions pose a vermin or fire risk).
The decision regarding whether or not a person lives in severe domestic squalor may be influenced by the attitude, culture, long term exposure to unclean environments and personal living conditions of the person making the assessment. An objective assessment tool has been developed to assess the level of squalor (see Section 3.3).

2.2 Incidence of severe domestic squalor

In 2000, a study (Halliday & Snowden) in London of 81 clients visited by a local authority special cleaning service found that:

- 51% were younger than 65 years
- 72% were men
- 84% lived alone
- 70% had one or more mental disorders
- 32% were diagnosed with substance abuse and around 50% of those who abused substances also suffered from an organic brain disorder (mostly dementia), schizophrenia or a related disorder
- 10% met criteria for a developmental disorder
- 85% had at least one chronic physical health problem
- 26% of the people had a physical health problem, such as immobility or sensory impairment, contributing to the unclean state of their living environment
- 28% regarded their home as ‘clean’ or ‘very clean’ when asked about their living conditions.

2.3 Features of persons living in severe domestic squalor

It is suggested through numerous studies (Halliday & Snowden) that half to two-thirds of all persons living in severe domestic squalor suffer from dementia or alcohol-related brain damage, or mental disorders such as schizophrenia and depression. Most studies refer to individuals who are isolated, suspicious and unfriendly, and have features suggestive of pre-existing personality disorders.

Studies (Halliday & Snowden) have also shown moderate to high rates of medical problems for people who live in conditions of severe domestic squalor, particularly in relation to mobility, continence, sensory impairment (especially visual) and nutritional deficiencies such as diabetes, obesity, etc.

The Catholic Community Services, Squalor and Hoarding toolkit, (Halliday & Snowden) says a person who lives in squalor is frequently opposed to assessment and assistance, and may be unaware that there is a problem. The person may be suspicious or evasive, perceiving the
assessment as a potential threat to their independence. Reasons for this vary. In some cases it results from apathy associated with an underlying mental disorder. In others, longstanding habits and the individual’s personality traits, including rigidity, unfriendliness, anxiety, suspiciousness or avoidance could be the cause. Cultural and language barriers may also contribute to opposition to assessment and assistance.
SECTION 3: Intensive Tenancy Support referral

3.1 Sources of referral

Tenants residing in public, community housing or private rental properties living in a state of domestic squalor, can self-refer or be referred by any housing provider or agency to the Anglicare Northern Housing Inclusion Program. In most instances, squalor situations come to the attention of their landlords at an inspection of the property.

3.2 Manager/Supervisor accepting the referral

Referrals are to be completed and will be only accepted on the Anglicare Northern Housing Inclusion Program referral form and either faxed, posted or emailed to the Manager/Supervisor of the program. The Manager/Supervisor will contact the referring housing provider to set up a joint home visit to complete a comprehensive Occupational Health & Safety assessment of the condition of the property.

The purpose of the Manager/Supervisor conducting a joint home visit with the referring landlord is to:

- meet the client and ascertain their willingness to engage with services
- assess any risk or OH&S matters that need to be considered when working with this client (see Appendix 1)
- using the Environmental Cleanliness and Clutter Scale (ECCS) (see Appendix 2), assess property condition and the extent of squalor/hoarding if apparent
- assess whether the person hoards excessively and self-neglects, i.e. does not adequately look after his/her bodily requirements and hygiene
- assess the nature and severity of any associated health and lifestyle issues
- make a preliminary identification of strategies required to address the issues identified.

The client must provide verbal consent for case management prior to Northern Housing Inclusion Program allocating a Case Manager. The client must be informed that working with the Northern Housing Inclusion Program is voluntary and there is no obligation on the client’s behalf to participate.
3.3 Environmental Cleanliness and Clutter Scale (ECCS)

The ECCS is a tool to assess whether the client is living in squalor. The ECCS in Appendix 2 provides a method to objecti

fively assess and record observations of various aspects of personal and environmental cleanliness.

The ECCS will be completed at the initial visit by the Manager/Supervisor if not already completed by the referring housing provider.

The definitions provided within the ECCS aim to achieve consistency in ratings, though undoubtedly subjectivity will affect decisions. For example, some aspects relating to a kitchen might suggest a rating of 1 (somewhat dirty; garbage mainly in the refuse bin) while others (e.g. mouldy food on the table) might suggest a rating of 3 (very dirty and unhygienic). The assessor has to decide what is more important, and whether to give a compromise rating. Some features will always require a rating of 3, even if observations of other aspects do not match the definitions provided in the 'very dirty' column.

The ECCS has 10 items, rated between 0 and 3.

- The cleaner and less cluttered the property, the more likely the score is to be 0.
- The maximum score for these domestic items is 30, and a rating of at least 20 usually means that the person lives in severe domestic squalor.
- 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.

3.4 Assessing the referred property

The Manager/Supervisor will meet with the referring landlord and the client at the property. After assessing the property and consideration of the ECCS, the Manager/Supervisor may or may not accept the referral. The Manager/Supervisor will advise the referring landlord of this decision at the property or by further agreed contact.

In some cases of severe domestic squalor, where it is observed by the Manager/Supervisor to be an OH&S concern, this may prevent the Manager/Supervisor from entering the property. If this is the case, further discussion can take place outside the property, to allow the process to continue.

- If the Manager/Supervisor assesses the referral is not appropriate to the Northern Housing Inclusion Program, this person will contact the referring housing provider to discuss further appropriate strategies.
- If the Manager/Supervisor assesses the referral is appropriate to the Northern Housing Inclusion Program, this person will allocate it to an Intensive Tenancy Support Case Manager within two business days of the completion of assessment of the property and notify the Housing Officer of the allocated ITS Case Manager.
3.5 After allocation to an Intensive Tenancy Support Case Manager

The Manager/Supervisor will allocate the referral to an ITS Case Manager. The referral will have a copy of the scored ECCS attached. The ITS Case Manager will take note of rated score and will refer to the flowchart for direction.

3.6 Gathering resources for use at the initial Intensive Tenancy Case Manager’s visit

Resources that can be used at the ITS Case Manager’s initial visit includes the following:

- completed referral form from housing provider
- client/assessment forms
- scored ECCS (Environmental Cleanliness & Clutter Scale)
- clients rights brochure/checklist
- program brochure
- any other information.
SECTION 4: Anglicare’s approach to working with the client

4.1 Approaches to engaging the client

- The client is more likely to be successfully engaged if an interest is shown in them and their particular reason for support services. If the client agrees to accept support, the likelihood of achieving significant change and improving the property condition is considerably greater.

- If the client is of Aboriginal, Torres Strait Islander or Culturally and Linguistically Diverse (CALD) background, the housing provider may decide to provide an interpreter from their particular background.

- If the client requests an interpreter or has inadequate language skills, this request needs to be discussed with the housing provider and the Manager/Supervisor as costs may be involved. The client may consider a friend or family member to assist with barriers. Cultural and linguistic factors can impact on the success of engagement with the client.

- Address with the client how he/she feels they could benefit from support, and identify their perceived needs, in an effort to develop a comprehensive case plan.

- Avoid imposing your own values and judgement. Many people living in squalor often do not perceive their home as dirty.

- Take time. An immediate focus on a need for cleaning can cause distress to the client and may sabotage chances of achieving a successful alliance.

- Consider the client’s perceived needs and preferences. The client might agree to tidy up as a staged process. Where possible, work with the client to establish an inventory of possessions and identify valuables and then discuss arrangements for these items to be placed securely.

- Ensure the client has the capacity to make decisions about giving away property and involve them at all stages.

- When sharing information with other agencies, be sure that disclosure of information is directly related to the purpose for which it was given and collected.
4.2 Approach to addressing Occupational Health and Safety risks for people entering premises

The Occupational Health and Safety (see Appendix 1) of persons entering premises where squalor is evident, and the safety of the clients and their children living in these conditions, is a significant issue. ITS case managers who provide a service to people living in squalor must comply with the collaborative approach as agreed between the landlord and the Manager/Supervisor.

The Occupational Health & Safety checklist in Appendix 1, completed by the Manager/Supervisor, provides a summary of the OH&S issues identified. Should other OH&S issues be identified at the initial or later visits, these must be reported to the Manager/Supervisor immediately.

4.3 Assessing the impact of squalor on the person’s health and/or local community

The impact of squalor on all relevant persons should be assessed. The checklists for this purpose are set out in Sections 4.3.1 and 4.3.2 and these are combined as one checklist in Appendix 4.

4.3.1 Consider the impact of squalor on the person’s health and lifestyle

The findings of the ECCS should be summarised to identify the issues directly relevant to the client that need to be addressed.

Considering the high incidence of both mental and physical disorders associated with cases of severe domestic squalor, it may be necessary to refer the client to other services or agencies. The important issues to be considered at the initial visit relate to:

- the need for medical and/or psychiatric intervention
- the need for assistance with activities of daily living
- whether the person is at risk of eviction
- the person’s decision-making capacity (see Section 7.3)
- whether the statutory powers of other agencies (council, Families SA) might over-ride the rights of the person.

As a first step towards determining whether further intervention by other services or agencies is required, the following checklist provides a list of the factors that might be reviewed and services/agencies where additional information may be sought. This list is not exhaustive and other agencies are to be considered.
Factors | Agencies
--- | ---
Self-neglect with poor nutrition, dehydration, probable untreated medical problems | GP, ACAT, mental health services
Confusion, disorientation, memory impairment, wandering and getting lost, delirium, acute psychiatric symptoms such as hallucinations, threatening self-harm, suicidal behaviours and symptoms suggestive of severe depression | GP, ACIS, mental health services, drug and alcohol services, SAPOL
Aggressive behaviour or threatened harm to others | GP, mental health services, aged mental health, drug and alcohol services, police
Exposure to possible financial exploitation or abuse | Police, Consumer and Business Services, Aged Elder Abuse
Threatened eviction and risk of becoming homeless | Tenancy Information Advocacy Service (TIAS) Homelessness Service
Lives alone and/or unable to access help or supervision, marked decline in activities of daily living and functional status | GP, Council, ACAT
Limited mobility and risk of injury, incontinence | GP, ACAT
Utilities not present or functional, i.e. water, power, sewerage, heating, cooling, power | ITS Case Manager, housing provider, council, landlord, financial counsellor, budget advisor

Other issues to consider:

- Frequency of contact with family, friends or social support (if any), as a measure of the person’s safety and ability to access help or supervision should it be required (with client consent).
- Feedback provided by the family and/or GP, provided the person has given informed consent for this.
- The person’s attitude towards a clean-up. This will influence how a clean-up process is likely to be carried out and who will undertake this (see Section 5).

### 4.3.2 Further consider the impact of squalor on the family and/or local community

In assessing the impact of squalor on family members and the local community, ITS case managers may encounter issues identified below and may need to seek further information from relevant agencies listed in the table below. This list is not exhaustive and other agencies should be utilised where relevant.
<table>
<thead>
<tr>
<th>Issue</th>
<th>Agencies and/or services for further information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive hoarding causing health and safety issues for neighbours</td>
<td>Local council, housing provider</td>
</tr>
<tr>
<td>Complaints from adjoining neighbours regarding the mess, invasion of</td>
<td>Local council, housing provider</td>
</tr>
<tr>
<td>space, excessive smells (from rubbish and/or sewerage), fire</td>
<td></td>
</tr>
<tr>
<td>hazards, vermin infestation</td>
<td></td>
</tr>
<tr>
<td>Presence of dependent others, e.g. children, elderly relatives</td>
<td>Families SA, Aged Rights Advocacy Service, CARL</td>
</tr>
<tr>
<td>living with severe squalor/hoarding</td>
<td></td>
</tr>
<tr>
<td>Pets kept in poor health</td>
<td>Council, RSPCA, Animal Welfare League</td>
</tr>
</tbody>
</table>
SECTION 5: Collaboration of services

For some cases, various agencies and services are likely to be involved in providing support to persons living in domestic squalor. It is essential to ensure that all service providers and agencies have a consistent approach to the person. This is to be arranged through case conferences, where agencies identify their roles and responsibilities, and regular case meetings are held to reinforce the consistency of the interventions.

5.1 Coordination of services

5.1.1 Role of the allocated Case Manager

The role of the allocated Case Manager is to:

- conduct intake and assessments for clients entering the program
- record accurate case notes on the comprehensive assessment of the client and all related interventions and contacts
- determine the course of action, propose agreed interventions, monitor arrangements and the individuals responsible
- convene agency case conferences with workers from the relevant services if necessary
- provide information to the client about their options
- refer clients onto appropriate supports and services
- advocate for clients
- support client to reduce risk of eviction.

5.1.2 Initiate referrals to address critical needs

When developing referrals for support, referrals can only be initiated by the Case Manager with the expressed consent of the client.

Referrals to appropriate agencies should be considered for:

a) Assessing the risk on dependents

Where there are dependent children or young people living in the property who may be at risk of abuse or neglect, a report of risk of harm will be made to the Children’s Abuse Report Line (CARL) (see Appendix 5).

(Anglicare’s Matrix provides a guide to the process and requirements for the reporting of children and young people).
**b) Medical and/or psychiatric review (Mental Health Triage)**

If urgent medical attention is required, immediately call an ambulance.

In all other situations, contact services that can be considered are: (Appendix 5)

- the local general practitioner
- community services, including adult psychiatric services and Aged Care Assessment Team (ACAT)
- Mental Health Triage

People may be taken to and detained in a hospital if they are mentally ill or mentally disordered, permitting a brief period of hospitalisation for further assessment and decisions regarding ongoing management. This will be determined by a medical professional.

This is relevant when a person living in squalor:

- has a sign of a mental illness, such as disturbance of mood, thought disorder, sensory misperceptions or behaviour suggesting any of these, and
- is at risk of harm to themself or others.

**c) Assistance with activities of daily living (ADL)**

If the client is at risk of injuries or requires urgent assistance with personal care, refer the client to their GP for diagnosis and intervention. Details regarding supporting agencies are located in Appendix 5.

**d) Care of pets**

In cases of suspected or observed failure to provide adequate care of pets and animals, report the matter to the Royal Society for the Prevention of Cruelty to Animals (RSPCA) or other animal welfare agencies. Details regarding these agencies are located in Appendix 5.

**e) Organise a clean-up if an urgent OH&S risk presents and the person supports this intervention**

The options for a clean-up are described in Section 6.1. These options should be discussed with the client, bearing in mind that in cases where council deems the risk to be serious or the situation an emergency, council may invoke powers under amendments to the South Australian Public Health Act 2011 that override the resident’s wishes.

**f) Neighbour dispute relative to squalor**

Cases of severe domestic squalor or compulsive hoarding can result in significant conflict with the residents of neighbouring properties. Local councils have historically been called to intervene in individual cases, using the Insanitary Condition Provision Act of the Public and Environmental Health Act 1987 (see Appendix 6).
Interventions of the Northern Housing Inclusion Program will also include contact with the housing provider or Housing SA maintenance division and/or other relevant utility service providers to ensure housing is restored to a habitable standard by making necessary repairs or reconnecting amenities (e.g. running water, electricity, etc.).

5.2 At the closure of Intensive Tenancy Support intervention

Where cleaning of squalor is successfully completed and there is a substantial improvement in the client’s living conditions, ongoing monitoring or follow-up is necessary. The housing provider will be responsible for this. Other relevant services may continue to provide ongoing supports. This should be negotiated with participating agencies prior to the commencement of interventions and included in the Case Plan.
SECTION 6: Supporting the client to make changes to their property

6.1 Cleaning up

The need to clean up the property must be discussed with the person, to determine whether the client will be/can be involved in the process. In some cases the person’s wishes may be limited or overridden.

Motivators for a clean-up include:

- **Sustains the tenancy.** Housing providers expect the house and gardens to be kept reasonably clean and free from fire and health hazards. If squalor is observed, it will be considered a breach of the conditions of tenancy and steps will be taken to rectify the situation.

- **Shame can make it uncomfortable to invite family, friends or partners back to their home.** While some people who live in squalor are isolated because of personal preference, others may be lonely and desire more contact.

- **Reduces the risk of personal injury and retains independence.** Some people will accept that reducing clutter, removing excessive possessions and cleaning are necessary to reduce risk of injuries. Others may accept cleaning to allow them to remain independent in their own home.

- **Stops a bad habit and saves money.** Some people will know that their tendency to collect things is out of their control and is negatively affecting their quality of life. The offer of help can be presented as an opportunity to break a bad habit, save money and enjoy a more positive lifestyle.

- **Helps find a good home for some of the things they have collected.** People who accumulate items often do so because they consider these items to have great value.

- **Contributes to a worthy cause.** It may be possible to convince the person to give away excess property (furniture, appliances, books and clothing, for example) if it is being donated to a worthy charity or cause. Emphasise the benefits of recycling.

- **Avoids further complaints.** Sometimes people will agree to make changes just to avoid being hassled again and/or avoid prosecution, fines or legal action. There is a particularly high likelihood of the problem recurring again in this situation, even though this type of client is the least likely to agree to ongoing monitoring or assistance.

- **Avoids the risk of termination of service interventions.** Some agencies may withdraw services as it may be deemed that the provision of services, presents significant Occupational Health and Safety issues to their staff (e.g. community nurses, meals on wheels, personal care and domestic assistance).

- Eliminates the risk of children being removed by Families SA.
6.2 Clean-up options

Local councils may arrange for the removal of excess items and clearing of the external property. Councils have powers to recover expenses incurred in carrying out work where there has been a failure to comply with a clean-up order:

- The ITS case manager and local council will be able to provide information on contractors and private cleaners who provide heavy-duty cleaning services. For further information about the role of local council (see Appendix 5).
- Some cleaning services may also be able to remove rubbish and excess property; costs will be involved.
- Landlords and Housing SA will have arrangements in place to organise for tradespeople to carry out repairs and fumigate for pests; costs may be involved.
- Fumigation can be organised by the case manager if sufficient funds are available.
- When planning a clean-up, the case manager needs to be conscious of the costs involved and who will pay these costs, including the person’s capacity to pay. Approval for brokerage has to be sought from the Manager/Supervisor.

If the client has limited funds available to assist with the costs involved, other funding options that may be able to assist are: Centrelink’s Centrepay scheme, grants, Disability SA and councils. The use of the funding for this purpose may however be limited.

Forensic cleaning is required where there is a concern about exposure to human waste, body fluids or excretions, needle stick injuries, or there is an infection risk. Forensic cleaners have training in relation to health and hygiene, and use specialised cleaning detergents to ensure sterilisation and to remove forensic science chemicals. They can also provide pest control fumigation when required. The housing provider will make arrangements for this specialised service and will advise about the costs involved.

It is common for most clients to want to remain in their home while it is being cleaned, even though this can be very stressful. They are likely to protest at attempts to dispose of excess or damaged property and disused possessions. They may make allegations of loss or theft of valuables.

Before the clean-up where possible, the case manager together with the client and any other relevant stakeholders should:

- establish an inventory of possessions
- identify valuables and arrange for them to be placed securely during cleaning
- estimate the cost of cleaning.
If the client is under the Guardianship of the Public Trustee (a protected person), then a Financial Management Order (see Appendix 7) may be sought to seek approval to pay for a clean-up. Approval of this payment would depend on the funds available from the person’s estate.

6.3 Service providers and agencies

Services and agencies that can support persons living in domestic squalor include the following. This list is not exhaustive and other providers and agencies need to be considered:

- mental health services
- community health services
- residential care services
- Aged Care Assessment Teams (ACATs)
- Aged Rights Advocacy Service
- Office for the Ageing (OFTA)
- Home and Community Care (HACC) services
- local government services
- non-government organisations (NGOs)
- Housing SA (HSA)
- drug and alcohol services
- private psychologists
- private psychiatrists.

For details of these types of providers and services see Appendix 5.
SECTION 7: What if the client does not want our help?

7.1 Unwilling to work with ITS

Where a client will not or cannot engage with the ITS case manager, the ITS Case Manager will advise the Manager/Supervisor. If, after all reasonable steps are exhausted to engage the client, the referral will be returned to the Manager/Supervisor, who then will discuss the situation with the referring housing provider and the file may be closed.

The Housing provider has the option to re-refer the client at a later date, if the client agrees. Sometimes, clients who were opposed to intervention at the beginning will be more accepting when they have had time to consider the potential consequences of this decision.

Where there is a concern about a person’s living conditions and they will not engage with the ITS Case Manager, the housing provider may seek further information concerning the matter to organisations that have the appropriate legal authority to take further action. These organisations include the following:

- Local councils
- Mental Health Services
- Families SA
- Residential Tenancies Tribunal

7.2 Where the person’s engagement cannot be assessed

There may be cases where engagement cannot be assessed because the person is not home or will not speak to the ITS case manager. The ITS case manager will make at least three attempts (by phone, SMS and in writing) within 14 days to ensure all reasonable steps to engage the client have been taken. The ITS case manager may request further information from the Housing provider, who can obtain further information to support the client.

7.3 Decision-making capacity

If a person living in severe domestic squalor lacks the cognitive capacity to make decisions about their circumstances, such as accommodation, health, lifestyle choices and financial management, decisions may need to be made on their behalf.

However, this requires careful consideration of the ethical principles involved. It is important to respect the person’s autonomy and values, while at the same time protecting the person from further harm, and minimising the risk of harm to others.
The ITS Case Manager will discuss the level of engagement and perceived capacity of the client with the housing provider and the Manager/Supervisor to ascertain the level of support that can be offered by the program.

If, in consultation with the housing provider, the decision-making capacity of the person is suspected to be impaired, application for the appointment of a substitute decision-maker will need to be considered by the Housing Provider to enable commencement of any interventions.

7.3.1 Office of the Public Advocate

The role of the Office of the Public Advocate (OPA) is to promote and protect the rights of people with mental incapacity in South Australia.

The Mental Health Act 2009 (the Act) provides for the treatment and protection of people who have serious mental illness. The Act promotes the right of people who have mental illness to receive timely and comprehensive services which maximise their recovery. It also promotes the involvement of individuals in their treatment and care and limits the circumstances where orders for involuntary treatment can be made. Involuntary orders are community Treatment Orders and Detention and Treatment Orders.

The Guardianship Board is a court-like tribunal that has the power to make important decisions affecting the lives and property of people over whom it has jurisdiction. The Guardianship Board’s responsibilities are set out in the Guardianship and Administration Act 1993 and the Mental Health Act 2009. Some matters are dealt with through internal administrative processes whilst others require a semi-formal hearing. When a person with a mental incapacity can no longer make decisions in certain areas of life, the Guardianship Board can be requested to make an order appointing somebody else to do this on that person’s behalf. The Board may appoint an administrator to manage the financial, property and legal affairs of a person with a mental incapacity. See www.guardianshipboard.sa.gov.au
SECTION 8: Summary

The key points contained in these Guidelines can be summarised as follows:

- Severe domestic squalor can develop in the homes of young, middle-aged and older people.

- The perception of squalor might be affected by the cultural perspectives of both the person and the field staff.

- Language, communication and/or cultural barriers could be impediments to gaining the trust and cooperation of a person living in squalor.

- The evidence suggests that half to two-thirds of all persons living in squalor suffer from one or more mental disorders.

- When assisting people living in severe domestic squalor, it is important to understand the factors that have led to the squalor situation, and how to assess what needs to be done. ITS Case Managers need to be flexible in their approach but conscious of the statutory role of authorities such as the police, local council and Housing SA.

- Following assessment of the person living in severe domestic squalor, urgent intervention may be required. In such cases, authorities (such as local councils) may invoke powers that override a resident’s choice.

- Where more than one agency is involved, information needs to be shared to enable a coordinated approach. In these cases all agencies need to be mindful of privacy considerations.

- There is a high risk of recurrence of severe domestic squalor, even when cleaning has been successfully completed and there is a substantial improvement to the person’s living conditions. Therefore, referral to relevant support agencies is highly recommended.
APPENDIX 1: Risk Assessment Form

<table>
<thead>
<tr>
<th>Client's Name</th>
<th>Client File No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Worker's name</td>
</tr>
<tr>
<td>Client phone number</td>
<td>Date</td>
</tr>
</tbody>
</table>

- Complete this form prior to your first F2F contact with your client based on information contained within the Referral Form, circle your response in the observation column and update during support period.

- Ensure the form is reviewed during your Initial Home Visit and updated during the support period.

- UNSAFE means there is a hazard (i.e. it has the potential to cause harm to a person or property)

- SAFE means no hazard or risk identified

- N/A not applicable to this client

- This form to be reviewed at each review for any identified hazard or newly identified hazards.

- All comments to be included in case notes

- Complete an Incident/Hazard Report Form for any item where you have circled *unsafe*
<table>
<thead>
<tr>
<th>CLIENT – Adults</th>
<th>OBSERVATION</th>
<th>Comments</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal/physical aggression, potential violence, sexualised behaviours</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health issues</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical issues</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability - Physical</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability - Intellectual</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Use (specify drug type)</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weapons /Dangerous items</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication issues/difficulties</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client/others smoke inside during visit</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal hygiene</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD/REN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenging behaviour’s</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse / Neglect / Other</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROPERTY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic squalor</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoarding</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property - access and egress</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown Visitors</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulated /damaged power cords</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slip hazards</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lighting- Dim, faulty, missing globes</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilation – Bad odours</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Space- confines, cluttered</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indoor walls, ceilings – Mould</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pets</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vermin, pests</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolated - being trapped e.g. no safe exit</td>
<td>Safe unsafe N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WORKER self-care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Situation emotionally demanding</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional time needed for successful outcome</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional information and training required to remain safely engaged</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional staff member required for safety reasons (identify reasons)</td>
<td>Yes / No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# APPENDIX 2: Environmental Cleanliness and Clutter Scale

<table>
<thead>
<tr>
<th>NAME OF CLIENT</th>
<th>Surname</th>
<th>Other Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>Sex:</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>SINGLE</td>
<td>MARRIED/</td>
</tr>
<tr>
<td>(please circle)</td>
<td>WIDOWED</td>
<td>DIVORCED</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the client live alone?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Independent Children details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number and type of pets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landlord details</td>
<td>TENANT- HSA</td>
<td>TENANT-Community Housing</td>
</tr>
<tr>
<td>Lease Expiry Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation type</td>
<td>HOUSE</td>
<td>UNIT</td>
</tr>
<tr>
<td>Length of time tenancy has been in unsatisfactory condition</td>
<td>LESS THAN</td>
<td>1-3</td>
</tr>
<tr>
<td></td>
<td>1 YEAR</td>
<td>YEARS</td>
</tr>
<tr>
<td>Describe known medical conditions and mental health issues.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Case Worker: ........................................ Case Worker phone no: ................................................
Date: ........../ ......../ ........

<table>
<thead>
<tr>
<th>ACCESSIBILITY (clutter):</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to enter and move about dwelling.</td>
<td>0-29%</td>
<td>30 to 59%</td>
<td>60 to 89%</td>
<td>90 to 100%</td>
</tr>
<tr>
<td>SOMEWHAT IMPAIRED access but can get into all rooms.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MODERATELY IMPAIRED access. Difficult or impossible to get into one or two rooms or areas.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEVERELY IMPAIRED access – e.g. obstructed front door. Unable to reach most or all areas in the dwelling.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCUMULATION OF REFUSE or GARBAGE</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>A LITTLE</td>
<td>MODERATE</td>
<td>A LOT</td>
<td></td>
</tr>
<tr>
<td>Bins overflowing and/or up to 10 emptied containers scattered around.</td>
<td>Garbage and refuse littered throughout dwelling. Accumulated bags, boxes and/or piles of garbage that should have been disposed of.</td>
<td>Garbage &amp; food waste piled knee-high in kitchen and elsewhere. Clearly no recent attempt to remove refuse &amp; garbage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCUMULATION OF ITEMS OF LITTLE OBVIOUS VALUE:</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>SOME ACCUMULATION:</td>
<td>MODERATE EXCESSIVE ACCUMULATION:</td>
<td>MARKEDLY EXCESSIVE ACCUMULATION:</td>
<td></td>
</tr>
<tr>
<td>but collected items are organised in some way and do not much impede movement or prevent cleaning or access to furniture and appliances.</td>
<td>Items cover furniture in most areas, and have accumulated throughout the dwelling so that it would be very difficult to keep clean.</td>
<td>Items piled at least waist-high in all or most areas. Cleaning would be virtually impossible: most furniture &amp; appliances are inaccessible.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PLEASE INDICATE TYPES OF ITEMS THAT HAVE BEEN ACCUMULATED:**

- Newspapers, pamphlets, etc.  
- Clothing  
- Other items (what?)  
- Electrical appliances  
- Plastic bags full of items (if known, what items?)

*Developed by Graeme Halliday and John Snowdon, phone 02-9556.9100 (2006)*

This scale is based on the version devised by Snowdon (1986) which mostly used items listed by Macmillan & Shaw (1966). Accessibility, food & vermin items, together with some descriptions used by Samios (1996) in her adaptation of the scale, have been include.

### D. CLEANLINESS of floors & carpets (excluding toilet & bathroom):

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptably clean in all rooms.</td>
<td>MILDLY DIRTY</td>
<td>VERY DIRTY</td>
<td>EXCEEDINGLY FILTHY</td>
<td></td>
</tr>
<tr>
<td>Floors &amp; carpets look as if not cleaned or swept for days. Scattered rubbish.</td>
<td>Floors &amp; carpets very dirty &amp; look as if not cleaned for months. Rate 1 if only one room or small area affected.</td>
<td>With rubbish or dirt throughout dwelling. Excrement usually merits a 3 score.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### E. CLEANLINESS of walls & visible furniture surfaces & window-sills:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptably clean in all rooms.</td>
<td>MILDLY DIRTY</td>
<td>VERY DIRTY</td>
<td>EXCEEDINGLY FILTHY</td>
<td></td>
</tr>
<tr>
<td>Dusty or dirty surfaces. Dirt comes off walls on damp rag or finger.</td>
<td>Grime or dirt on walls. Cobwebs &amp; other signs of neglect. Greasy, messy, wet &amp;/or grubby furniture.</td>
<td>Walls, furniture, surfaces are so dirty (e.g. with faeces or urine) that rater wouldn’t want to touch them.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### F. BATHROOM & TOILET:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasonably clean.</td>
<td>MILDLY DIRTY</td>
<td>MODERATELY DIRTY</td>
<td>VERY DIRTY.</td>
<td></td>
</tr>
<tr>
<td>Untidy, uncleaned, grubby floor, basin, toilet, walls, etc. Toilet may be unflushed.</td>
<td>Large areas of floor, basin, shower/bath, are dirty, with scattered rubbish, hair, cigarette ends, etc. Faeces and/or urine on outside of toilet bowl.</td>
<td>Rubbish &amp;/or excrement on floor &amp; in bath or shower &amp;/or basin. Uncleaned for months or years. Toilet may be blocked and bowl full of excreta.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### G. KITCHEN & FOOD:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CLEAN HYGIENIC</td>
<td>SOMEWHAT DIRTY &amp; UNHYGIENIC</td>
<td>MODERATELY DIRTY &amp; UNHYGIENIC</td>
<td>VERY DIRTY &amp; UNHYGIENIC</td>
</tr>
<tr>
<td></td>
<td>Cooktop, sink untidy &amp; surfaces dirty, maybe with some spilt food. Refuse mainly in garbage bin. Food that could go off (e.g. meat, remains of meal) left uncovered &amp; out of fridge. Rate 1 if no food but fridge dirty.</td>
<td>Oven, sink, surfaces, floor are dirty, with piles of unwashed crockery &amp; utensils etc. Bins overflowing. Some rotten or mouldy food. Fridge unclean.</td>
<td>Sink, cook-top, insides of all cupboards filthy. Large amount of refuse &amp; garbage over surfaces &amp; floor. Much of the food is putrid, covered with mould &amp;/or rotten, &amp; unsafe to eat. Rate 3 if maggots seen.</td>
<td></td>
</tr>
</tbody>
</table>

### H. ODOUR:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NIL / Pleasant</td>
<td>UNPLEASANT</td>
<td>MODERATELY MALODOROUS</td>
<td>UNBEARABLY MALODOROUS</td>
</tr>
<tr>
<td></td>
<td>e.g. urine smell, unaired.</td>
<td>Bad but rater can stay in room.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### I. VERMIN (Please circle: rats, mice, cockroaches, flies, fleas, other):

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NONE</td>
<td>A FEW</td>
<td>MODERATE</td>
<td>INFESTATION</td>
</tr>
<tr>
<td></td>
<td>(e.g. cockroaches)</td>
<td>Visible evidence of vermin in moderate numbers e.g. droppings &amp; chewed newspapers.</td>
<td>Alive &amp;/or dead in large numbers.</td>
<td></td>
</tr>
</tbody>
</table>
### SLEEPING AREA:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reasonably clean &amp; tidy.</td>
<td>MILDLY UNCLEAN. Untidy. Bed unmade. Sheets unwashed for weeks.</td>
<td>MODERATELY DIRTY. Bed sheets unclean &amp; stained, e.g. with faeces or urine. Clothes &amp;/or rubbish over surrounding floor areas.</td>
<td>VERY DIRTY. Mattress or sleeping surface unclean or damaged. Either no sheets or (if present) extremely dirty bedding/linen. Surrounding area filthy.</td>
</tr>
</tbody>
</table>

Add up circled numbers to provide a TOTAL SCORE: [ ]

### DO YOU THINK THIS PERSON IS LIVING IN SQUALOR? (circle one)

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES, mild Not clutter</th>
<th>YES, moderate Not clutter</th>
<th>YES, severe Not clutter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clutter (lots), not squalor</td>
<td>Yes, mild + clutter (lots)</td>
<td>Yes, moderate + clutter (lots)</td>
<td>Yes, severe + clutter (lots)</td>
</tr>
</tbody>
</table>

**SUPPLEMENTARY QUESTIONS (to add to description but not to score)**

**Comments or description to clarify / amplify / justify or expand upon above ratings:**

---------------------------------------------------------------------------------

---------------------------------------------------------------------------------

---------------------------------------------------------------------------------

---------------------------------------------------------------------------------

---------------------------------------------------------------------------------
### PERSONAL CLEANLINESS
Describe the clothing worn by the occupant and their general appearance:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CLEAN &amp; NEAT.</td>
<td>UNTIDY, crumpled.</td>
<td>MODERATELY DIRTY, with unpleasant odour.</td>
<td>VERY DIRTY, stained, torn clothes, malodorous.</td>
</tr>
<tr>
<td></td>
<td>Well cared for.</td>
<td>One or two dirty marks and in need of a wash</td>
<td>Stained clothing.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>YES or NO?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there running water in the dwelling?</td>
<td></td>
</tr>
<tr>
<td>Is electricity connected and working?</td>
<td></td>
</tr>
<tr>
<td>Can the dwelling be locked up and made secure?</td>
<td></td>
</tr>
</tbody>
</table>

### MAINTENANCE, UPKEEP, STRUCTURE
This rates the state of repair and upkeep by owner/landlord. If the accommodation was cleaned up as much as possible, to what extent would the dwelling require painting, refurbishment, structural repairs, etc before it would be reasonably habitable?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None.</td>
<td>A LITTLE.</td>
<td>A FAIR AMOUNT.</td>
<td>LOTS.</td>
</tr>
<tr>
<td></td>
<td>Minor repairs &amp; some painting.</td>
<td>Some structural repairs plus painting.</td>
<td>Major structural repairs required, &amp; then painting.</td>
<td></td>
</tr>
</tbody>
</table>

### TO WHAT EXTENT DO THE LIVING CONDITIONS MAKE THE DWELLING UNSAFE OR UNHEALTHY FOR VISITORS OR OCCUPANT(S)?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all.</td>
<td>POSSIBLE RISK of injury e.g. by falling</td>
<td>CONSIDERABLE RISK of fire, injury or health problem</td>
<td>VERY UNSAFE</td>
</tr>
</tbody>
</table>

The dwelling is so cluttered and unhealthy that people should not enter it, (except if specialists with appropriate clothing & equipment) and/or there is a high fire-risk.
APPENDIX 3: Flowchart

Referral received

Manager/Supervisor conducts home visit with referring landlord

Environmental Cleanliness & Clutter Scale to be completed at this home visit

- No evidence of squalor, other issues identified
  - No score
  - Allocate to ITS Case Manager

- Mildly impaired access, mildly dirty, unpleasant odour
  - Score 1-10
  - Seek Manager/Supervisor consultation

- Moderately impaired access, quite dirty, unhygienic
  - Score 11-20
  - Seek negotiated and collaborative approach with housing provider

- Severely impaired access, very dirty, extremely unhygienic
  - Score 21 plus
  - Address immediate risk: re children/fire load/animals/infestation
  - Seek housing provider and council intervention to determine course of action

When process agreed, commence Intensive Tenancy Support

Commence ITS and refer to appropriate services as identified

Client accepts conditions of support

Client does not accept support

Refer to Manager/Supervisor for further consultation
### APPENDIX 4: Impact of Squalor Checklist

<table>
<thead>
<tr>
<th>Issue</th>
<th>Relevant Agency/Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive hoarding causing harm and safety issues for neighbours.</td>
<td>Housing provider, local council</td>
</tr>
<tr>
<td>Complaints from adjoining neighbours regarding clutter, rubbish, fire hazards, bad smells or vermin.</td>
<td>Housing Provider, local council</td>
</tr>
<tr>
<td>Presence of dependent other people: children and aged.</td>
<td>• Children: CARL (FSA)</td>
</tr>
<tr>
<td></td>
<td>• Adult: SAPOL – if immediate action required</td>
</tr>
<tr>
<td></td>
<td>• Aged: Aged Rights Advocacy Service – 82325377 for advice</td>
</tr>
<tr>
<td>Pets kept in poor health or neglect.</td>
<td>Housing SA, RSPCA, local vets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition</th>
<th>Relevant Agency/Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-neglect with poor nutrition, dehydration, probable untreated medical issues (<em>report to Manager</em>).</td>
<td>GP, ACAT, Mental Health Services</td>
</tr>
<tr>
<td>Confusion, disorientation, memory impairment, wandering and getting lost, delirium, acute psychiatric symptoms such as hallucinations, threatening self-harm, suicidal behaviours or symptoms suggestive of severe depression.</td>
<td>GP, ACIS, ACAT, Mental Health Services</td>
</tr>
<tr>
<td>Aggressive behaviour or threatened harm to others (<em>report to Manager</em>).</td>
<td>SAPOL, ACIS, Mental Health Services</td>
</tr>
<tr>
<td>Exposure to possible financial exploitation of abuse. Limited mobility and risk of injury, incontinence.</td>
<td>Aged Rights Advocacy Service, relevant involved agencies. GP, ACAT</td>
</tr>
<tr>
<td>Utilities not functioning: water supply, power, heating, telephone.</td>
<td>Utilities companies, financial counsellors</td>
</tr>
<tr>
<td>Threatened eviction and risk of becoming homeless</td>
<td>Tenancies Information Advocacy Service (TIAS), Housing SA, Homelessness Gateway, Housing SA</td>
</tr>
<tr>
<td>Lives alone and/or unable to access help or supervision, marked decline in activities of daily living, and functional status.</td>
<td>Housing SA, GP, ACAT,</td>
</tr>
</tbody>
</table>
APPENDIX 5: Services and agencies supporting people living in severe domestic squalor

The following government agencies may provide assistance to people living in severe domestic squalor.

5.1 Local council community officers (Home & Community Care)

Can provide assistance by:

- Arranging referrals to appropriate health and community centres.

- Liaising (and sometimes visiting) with mental health, aged care, drug and alcohol, NGOs and office of ageing staff where appropriate.

- Organising rubbish removal and cleaning of the premises.

- Arranging an authorised council officer inspection, where the condition of the home or garden substantially impacts upon neighbours and local community, or there are public health concerns such as vermin, fire or sewerage.

5.2 Disability Services (formerly Disability SA) – 1300 786 117

Services:

- Early childhood services and developmental services for children and young people
- Service assessment, planning, coordination and advice
- Support in the family home or a person’s own home
- Support with personal care
- Support for carers, including foster carers (eg. advice, training, respite care, emergency support)
- Support and advice to manage difficult behaviour
- Fully supported live in accommodation services
- Supported daytime activities
- Access to equipment and aids, such as wheelchairs and ramps
- Therapy services, eg. physiotherapy, occupational therapy, speech pathology, music therapy, psychology
- Specialist clinics and other specialist community health support services
5.3 Mental Health Services

Personal Helpers and Mentors (PHaMs) programs support people whose mental illness severely affects their lives. It is focused on what can be achieved rather than what can’t be. Workers work together with individuals towards rehabilitation and recovery.

Postcodes and contacts details:

Northern Metro Area Centacare – Ph. 8209 6200
(Postcodes: 5091, 5092, 5093, 5096, 5098, 5106, 5108, 5109)

Adelaide – Enfield/Blair Athol (Inner Northern Metro) Humanitarian Entrant Focus MIFSA – Contact (08) 8378 4100
(Postcodes: 5082, 5083, 5084, 5085, 5086, 5087, 5088, 5089, 5094, 5095)

Eastern Metro Area MIND – Ph. 8368 7800
(Postcodes: 5082, 5084, 5085)

Elizabeth Area Anglicare – Ph. 8209 5722
(Postcodes: 5112, 5113)

5.4 Older Persons Mental Health

Eastern Community Team - 398a Payneham Rd, Glynde. Ph. 8336 730
Northern Community Team - c/- Lyell McEwan Hospital, Ph. 8182 9204

5.5 Mental Health Triage – 13 1465

Aged 18 - 64 years who have a mental illness; aged 65 years and over who are in crisis due to a mental illness and require urgent intervention

5.6 Metropolitan Community Services (alcohol and other drug related issues)

1300 13 1340

Free confidential service providing:

- Counselling, assessment and referral for people from any age group with alcohol and drug related problems
- Counselling and support for family members and friends
5.7 Drug and Alcohol Services South Australia (DASSA)
1300 1340  www.dassa.gov.au

DASSA is a state-wide health service and is responsible to the Minister for Mental Health and Substance Abuse and is governed by the Department for Health and Ageing, which addresses alcohol, tobacco, pharmaceutical and illicit drug issues across the state.

DASSA’s strategic intention is the prevention and management of drug problems across South Australia.

5.8 Aboriginal Sobriety Group Inc. (ASG)
8223 4204  sobriety.asg@asg.org.au

ASG is a community-based organisation which provides care and support to Aboriginal people who wish to lead an alcohol and drug-free lifestyle. The programs provide a complete substance misuse recovery pathway, which clients can enter or exit at various points of need. The pathway includes:

- Crisis Intervention
  - Mobile Assistance Patrol
- Assessment, referral and counselling
- Stabilisation
  - Cyril Lindsay House
  - Health & Fitness Centre
  - Cultural
- Rehabilitation
  - Lakalinjeri Tumbetin Waal

5.9 Aboriginal Home Care
83469155  www.aboriginalelders.com.au

Services:
- General housework
- Respite care
- Minor home maintenance
- Basic gardening services
- Personal care
- Transport (subject to approval)
- Assistance with shopping/paying bills
- Art and craft groups
- Men’s and women’s groups
- Aboriginal survivors of cancer
5.10 Aboriginal HACC Program
8397 7444  www.teatreegully.sa.gov.au
Aboriginal residents who are aged 45 years and over, frail aged and their carers.

5.11 Wodlitnattoai – Home Advice Program
- Family Counselling
- Advocacy & Support
- Budgeting skills
- Stronger connections to services
- Outreach support
- One-to-one support with families

5.12 Adelaide Aged Care Assessment Team (ACAT)
1300 296 738
ACAT can assess frail older people who want to continue living independently or who are considering a move to residential care. Younger people with disabilities are eligible for assessment in some circumstances. ACAT staff can visit clients at home, hospital or in residential care.

ACATs are multidisciplinary teams that can include a doctor, nurse, social worker, physiotherapist or occupational therapist. They assess the physical, medical, psychological and social needs of frail aged people, and help older people and their carers to access services according to their needs.

ACAT services:
- Assessment to determine eligibility for residential care, Community Aged Care Packages or flexible care packages including Extended Aged Care at Home (EACH) Packages, Extended Aged Care at Home Dementia packages or transitional care.
- Information and referral to community care services
5.13 Office for the Ageing / Access2HomeCare (A2HC)
1300 130 551

Access2HomeCare is a telephone service that helps older people, their families and carers get the help they need to stay at home.

A2HC provides information and a phone-based screening service to identify a client’s needs and refers them to appropriate Home and Community Care (HACC) services and other community care programs to enable them to remain living in their own homes.

A2HC is the primary entry point for referrals to Domiciliary Care and the Adelaide Aged Care Assessment Team (ACAT).

5.14 HACC Program / Access2HomeCare
1300 130 551

The Home and Community Care (HACC) Program is a joint Australian, State and Territory government initiative.

The HACC Program provides services such as domestic assistance, personal care as well as professional allied health care and nursing services, in order to support older Australians, younger people with a disability and their carers to be more independent at home and in the community, and to reduce the potential or inappropriate need for admission to residential care.

Some of the services funded through the HACC Program include:

- nursing care
- allied health care
- meals and other food services
- domestic assistance
- personal care
- home modification and maintenance
- transport
- respite care
- counselling, support, information and advocacy
- assessment

The Program provides a basic level of support to recipients.
5.15  Families SA Child Abuse Report Line – 131 478

When there are issues of abuse and neglect you should report your concerns to Families SA by calling the 24 hour Child Abuse Report Line on 131 478. Calls to this line are confidential.

Reporting suspected abuse is the first step in stopping the abuse and protecting children from further harm. It gives Families SA the chance to help families in situations where a child or children may be at risk.

Facts:

- The legal age of consent in South Australia is 17 years of age for both boys and girls in both heterosexual and homosexual relationships.
- There is no legal age for a child to be left alone and an assessment is made on a case-by-case basis depending on a number of factors, such as the age and maturity of the child and the impact on the child.
- The number of children being abused and neglected is increasing.
- The age of criminal responsibility is 10 years of age.

5.16  Yaitya Tirramangkotti (Aboriginal child abuse report line) – 131 478

Yaitya Tirramangkotti is specifically dedicated to providing advice and assistance in any cases involving the abuse of Aboriginal children.

Staffed by Aboriginal people, Yaitya Tirramangkotti ensures that everything is done to involve Aboriginal families and help them care for their children in ways that are culturally appropriate. This involves taking into account cultural factors, local knowledge of families, Aboriginal supports and services, and knowledge supplied by Principal Aboriginal Consultants.

- If child abuse or neglect of an Aboriginal child occurs, the Yaitya team are there to offer support and advice.
- The service runs 24 hours a day in conjunction with the Crisis Response Unit.

5.17  RSPCA Cruelty Complaints – 1300 477 722

Royal Society for the Prevention of Cruelty to Animals (RSPCA) is the peak body in South Australia to protect innocent animals against cruelty and provide treatment and care for sick, injured and abandoned animals.

RSCPA can enter and inspect homes where they have received a notification of suspected neglect or hoarding of animals.
5.18 Metropolitan Fire Service (MFS)
Emergency 000; General Enquiries 8204 3600

The South Australian Metropolitan Fire Service (MFS) is the primary provider of fire fighting services throughout South Australia. The MFS is responsible for the protection of the South Australian community from the effects of fire, hazardous materials incidents and other emergencies.

MFS invests considerable resources in identifying risks to the community, fostering behaviours that increase community preparedness and ensuring South Australian buildings are safe places to live and work.
APPENDIX 6: Organisations that can assist when people are unwilling to accept assistance

6.1 Local councils

Councils are able to respond quickly and effectively to situations that occur on land used for residential purposes that pose a threat to public or individual health. The South Australian Public Health Act 2011 deals with high-volume rubbish accumulation that attracts vermin and other pests, which pose a risk to residents, neighbours and public health.

The local council may conduct inspections of residential premises and can order removal and disposal of waste under certain circumstances. If the client is known to other services such as mental health, aged care, drug and alcohol or a non-government organisation (NGOs), it may be beneficial to have the health or welfare worker accompany the council staff at the time of inspection.

If required, the council officer may order cleaning or removal of property and repairs under certain circumstances.

The council is authorised to recover the reasonable costs of the entry or inspection and the clean-up work.

If council officers are concerned about fire safety, they may invite the MFS officers to attend during the inspection.

6.1.1 Council’s obligation to a neighbour’s dispute relative to a squalor report

The time and resources required in attempting to deal with cases of domestic squalor and hoarding from a clean-up perspective are often very significant. Furthermore, identifying that a risk to public health exists under current legislation is not always clear, and the roles and responsibilities of the various agencies and organisations involved can be quite complex.

As a result of the acceptance of the South Australian Public Health Act 2011, the Insanitary Condition Provision Act will be replaced in the near future with general duty provisions, requiring all people to take reasonable steps to prevent or minimise any harm to public health likely to be caused by their actions or omissions.

Under this new system, local councils will conduct a prescribed assessment prior to issuing a notice seeking compliance with the general duty provision. Untidy or unsightly property will have to contain a demonstrable risk to public health in order for remediation powers under the South Australian Public Health Act 2011 to be used.
This change will result in greater coordinated interagency collaboration to deal with the underlying cause of the problem behaviours, and subsequently deliver long-term solutions that better consider the overall health and wellbeing of the individuals involved.

Local councils, whilst playing a significant role in maintaining public amenity and in protecting public health, do not bear sole responsibility for domestic squalor issues or their underlying causes.

### 6.2 Housing SA

Housing SA has responsibilities under the provisions of the Residential Tenancies Act 1995 RTT and SA Housing Trust Act to monitor public rental tenancies and ensure that tenants keep premises reasonably clean, do not cause a nuisance and do not interfere with the reasonable peace, privacy and comfort of their neighbours.

Where extreme squalor, hoarding or unclean behaviour creates a public health or safety risk (such as fire risks), then engagement with the tenants will occur in a negotiated way by using techniques such as discussions on the safety, aesthetic and access implications. Advice could be provided on techniques for breaking down larger tasks into more manageable smaller ones, and choosing target areas where progress is more easily apparent and thus more rewarding. Housing SA staff will attempt to build rapport and endeavour to use a sympathetic and collaborative approach with the client on the issues.

If a tenant is unwilling to accept supports or alter their behaviours through a consultative approach and a breach of their Tenancy Agreement is evident, then an approach to the Residential Tenancy Tribunal may be made.

This could result in the following order:

- The creation of formally ratified agreements on acceptable behaviours of the tenant. The agreement content may be developed in conjunction with other agencies and be intended to support longer term changes for the client.

If issues aren’t successfully resolved before the date on the agreement notice, Housing SA can request a hearing with the Residential Tenancies Tribunal for eviction.

#### 6.2.1 HSA - Memorandum of Understanding (MOUs)

Housing SA has established MOUs with key agencies to assist customers in accessing support services. These include:

- an MOU between Housing SA and Mental Health Services to enable tenants with mental health issues to be supported in their tenancy
• an MOU between Housing SA and the SA Police to address issues of social disorder and crime within social housing properties; reassure and protect the community from crime; and promote community collaboration and harmony

• a protocol between Housing SA and Families SA for families and young people at risk of eviction.

6.3 Metropolitan Fire Service

MFS has the right to enter buildings where it is believed that there is a fire, or where it is believed that a fire has occurred. They can take possession of the building and can take any procedures to render the situation safe.

The MFS cannot inspect residential premises, even if they suspect a fire hazard, without permission.

6.4 South Australian Police

The police are often the initial point of contact and will refer onto the relevant agency. They are asked to check on an individual when neighbours are concerned when mail is not being collected, or a person has not been seen for some time.

The SA Police are empowered to conduct checks on people and can use Police Rescue to gain access to properties, involving forced access if necessary. There are, however, some restrictions on their powers of entry.

Police work in collaboration with South Australian Mental Health services, particularly when dealing with mental health crisis interventions. Police have the responsibility to protect the safety of all parties and to protect all persons from injury or death, while attempting to preserve the rights and freedom of individuals.
APPENDIX 7: Supports for people with impaired decision-making capacity

7.1 The Guardianship Board

The Guardianship Board may assist when a person is unable to make certain important decisions for themselves due to mental incapacity.

Anyone with a genuine concern for the welfare of a person may make an application to the Guardian Tribunal to have a guardian or the Office of the Public Advocate appointed for the person.

Mental incapacity can have many causes, including dementia, intellectual disability, brain damage, mental illness and coma.

The Board can make Administration Orders, Community Treatment Orders and orders giving consent to treatment.

The tribunal does not conduct assessments and does not have the power to compel a person to cooperate with assessments against their wishes.

The function given to a guardian will depend on individual circumstances and might relate to the following areas:

- **Accommodation**: Decisions as to where the person should live.
- **Limited accommodation decision making**: Decisions about respite accommodation and/or a move to a hospital for assessment purposes, with coercive powers if need be.
- **Health, medical and dental consent**: The guardian may override any objection of the person to medical treatment.
- **Services**: Decisions about the provisions of services to a person, which may include the authority to authorise such services be provided, despite the expressed wishes of the person.

The Tribunal has a telephone enquiries service (ph. 8368 5600) which provides information and advice on whether it is appropriate for an application to be made for guardianship and financial management orders. Before making an application for a person living in severe domestic squalor, it is worthwhile first discussing the situation with a staff member from the Tribunal Enquiries service, or download a fact sheet from [www.guardianshipboard.sa](http://www.guardianshipboard.sa)
7.2 Guardianship and Administration Act – Financial

The Guardianship and Administration Act is responsible for decisions about the following:

- financial matters related to the property, its contents and any associated legal issues arising from the condition of the property
- access to the property and payment for the costs of cleaning.

An Administration Order is an order made by the Guardianship Board that appoints an administrator to make financial decisions for a person with a mental incapacity. A person under an Administration Order is called a ‘protected person’.

Many people with mental incapacity have a family member or friend who can assist them with their financial affairs. If there are no legal barriers, then these informal arrangements can continue and there may be no need for an administrator to be appointed.

The Guardianship Board will only make an Administration Order when:

- the person has a mental incapacity
- the person cannot make reasonable decisions because of this incapacity and there is not a less restrictive way to making these decisions; and it will assist to improve the person’s quality of life.
APPENDIX 8: Case Studies

Case study 1
Ms D, who had been living in a Housing SA property, was hospitalised for an acute episode of a mental illness. In preparation for discharge, the occupational therapist went with Ms D to her home and discovered the severe neglect of property that had resulted from her illness. This involved hoarding, poor disposal of excreta, large amounts of rotten food and a major infestation of vermin. In addition, Ms D’s electricity and gas had been disconnected. An application had been made to the Guardianship Tribunal for financial management and this was approved. Ms D expressed considerable dismay at the condition of her flat and agreed to pathological cleaning. 28 hours of cleaning was undertaken and Ms D returned home with support workers from Home and Community Care (HACC). Ms D’s situation had not come to the attention of neighbours, the community or public housing workers.

Case study 2
Mr M was referred to the Intensive Tenancy Support Program by Housing SA, who had discovered severe domestic squalor whilst undertaking a regular inspection of the property.

HSA staff had also received complaints from neighbours about Mr M’s behaviour, including his abusive language and threats of violence affected by alcohol abuse. The ITS Case Manager attempted to negotiate the organisation and disposal of some of his hundreds of books and other items. The client was referred to ACAT, HACC and the MFS to develop strategies for the coordination of work between the relevant agencies.

Mr M fluctuated between being cooperative and agreeing to the idea of getting rid of some of his things, to outright refusal and hostility towards those attempting to make him do things he didn’t want to do. In addition, he thought his place was no more of a fire risk than the bookshop down the road. Strategies to address his situation included building rapport over a long period of time, with the recognition that any change in his home was likely to take a considerable amount of time.

However, HSA has a duty of care to other residents and if the property care issues pose a fire risk, the HSA would need to resolve it quickly. Additionally, council could also invoke its clean up powers if the case was deemed to be a risk to the resident or neighbours.
APPENDIX 9: Bibliography and Acknowledgements

Bibliography


Clutter Workshop Organisation. [www.clutterworkshop.com](http://www.clutterworkshop.com)


Acknowledgments

Aboriginal Home & Community Care
Aboriginal Home Care
Aboriginal Sobriety Group
Acute Crisis Intervention Service (ACIS)
Aged Care Assessment Team (ACAT)
Aged Rights Advocacy Service (ARAS)
Centrelink
Children’s Abuse Report Line (CARL)
Disability Services
Drug & Alcohol Services South Australia (DASSA)
(This scale based on the version devised by Snowden (1986) which mostly used item listed by McMillan & Shaw (1966). Some descriptions used by Samios (1966) in her adaptation of the scale have been included.)
Families SA
Home and Community Care (HACC)
Homelessness Gateway
Housing SA
Local Government Agencies (LGAs)
Mental Health Services – Centacare, MIFSA, MIND, Anglicare
Metropolitan Community Services
Metropolitan Fire Services (MFS)
Office for the Ageing (OFTA)
Older Person’s Mental Health
PAH – Partnership Against Poverty August 2007
Public and Environmental Health Act 1987
Royal Society for the Prevention of Cruelty to Animals (RSPCA)
SA Health Act 2000
South Australian Police Force (SAPOL)
Tenancy Information Advocacy Service (TIAS)
Wodlitnattoai
2005 Halliday & Snowden, unpublished data