



Guidelines for field staff to  
assist  
people living in severe  
domestic squalor

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# SECTION 1: Introduction

## 1.1 Background

During 2004, the Department of Ageing, Disability and Home Care (DADHC) funded a review of the services provided to people who live in severe domestic squalor. The aim of this review was to develop Guidelines for personnel who are asked to intervene in cases of severe domestic squalor, particularly staff providing Home and Community Care (HACC) funded services.

The development of Guidelines is an initiative of the (then) Partnerships Against Homelessness (PAH) Committee. The project was auspiced by the Central Sydney Area Health Service (now the Sydney South West Area Health Service) and coordinated initially by a Reference Group<sup>1</sup>, comprising representatives with experience in assisting people living in squalor. Professor John Snowdon, a psychiatrist with a special interest in the area, was appointed Chairperson of the Group. A consultant was recruited to conduct a review of the evidence relevant to squalor, to consult stakeholder groups and to write a report. Based on this report, these Guidelines have been developed.

## 1.2 Purpose of the Guidelines

These Guidelines are designed to assist field staff<sup>2</sup> of various government and non-government agencies to constructively intervene, and improve the situation of people who are living in severe domestic squalor. The intention is to improve the efficiency, speed of action and coordination of work between relevant agencies, resulting in improved health and quality of life for individuals who have been living in severe domestic squalor.

These Guidelines provide field staff with:

- a step-by-step guide
- simplified procedures to assist people living in severe domestic squalor
- clear roles and responsibilities of agencies and service providers, to enable improved coordination and integration of services
- practical information regarding referrals and intervention options.

These Guidelines include flow charts to summarise the processes involved. Included in Appendix 8 are a series of case studies (prepared by Graeme Halliday), which explain the issues and current events arising in typical cases of severe domestic squalor.

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<sup>1</sup> A list of Reference Group participants and other people who contributed to the project appears at Appendix 12.

<sup>2</sup> The term 'field staff' is used to cover a broad range of front-line workers in government and non-government settings who, because of dealing face to face with clients, come into contact with or are the first point of referral for people living in domestic squalor.

## SECTION 2: Explaining severe domestic squalor

### 2.1 Definition of severe domestic squalor

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 culture, would consider them 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 is 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 fire risk.

The decision regarding whether or not a person lives in severe domestic squalor may be influenced by the attitude, culture, 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 4.4).

## 2.2 Incidence of severe domestic squalor

Between 2000 and 2005, 120 cases of people living in severe domestic squalor were referred to an old age psychiatry team in Sydney, suggesting an annual incidence of 10 people aged over 65 years per 10,000 (Halliday & Snowdon, unpublished data 2005). However, since numerous cases of severe squalor are never referred to medical services, the actual incidence is likely to be considerably higher.

In 2000, a study 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 (Halliday et al., 2000).

## 2.3 Features of persons living in severe domestic squalor

The evidence suggests 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 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.

An individual who lives in domestic squalor may be completely independent. If people are living in squalor and not causing any harm to themselves or others, then no intervention is required.

A person who lives in squalor is frequently opposed to assessment and assistance, and may be unaware that there is a problem. The client 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, suspiciousness, anxiety or avoidance could be the cause. In the case of Aboriginal people, there may be a history of unsatisfactory dealings with service providers. Cultural and language barriers may also contribute to opposition to assessment and assistance.

If such persons do agree to speak, they are unlikely to be prepared to leave the dwelling. Links with social supports and family have often been lost.

In the most extreme cases, where there is a substantial risk to the individual or others, it may be necessary to refer to agencies and service providers that can intervene to provide assistance (see Sections 7 and 8).

## SECTION 3: Referral

### 3.1 Sources of referral

People living in states of severe domestic squalor may be referred for assistance by anyone. Common referrers are relatives, neighbours, concerned local residents, service providers, the Fire Brigade, police and shopkeepers. More commonly, people come to the attention of various service providers because of the deleterious effect that their living conditions have on themselves and the surrounding community. As an example, see Case Study 1 and Case Study 4 in Appendix 8.

If a person is known to have a health problem or to receive welfare assistance, help may be sought from the relevant health service or from welfare agency staff. The person's type of accommodation may determine whether the person is referred for assistance to the Department of Housing (DOH) or to the local council. Landlords or real estate agents may need to be approached if utilities (such as water) have been disconnected or the building is in a state of disrepair.

### 3.2 Information gathering prior to initial contact

Prior to visiting someone who lives in squalor, try to find out as much information as possible about the person. This will assist in determining who the best person is to undertake an initial assessment, and how this assessment should be conducted.

Try to access the following background information from the referrer and any other sources:

- best time of day to visit
- length of time the person has been living in unclean conditions
- type of accommodation e.g., homeowner, private rental, Department of Housing (DoH)
- if the person has a next of kin, carer, supportive neighbours or involvement of any home services
- any known medical history and/or whether or not the person has a General Practitioner
- any potential occupational health and safety issues for which special clothing or precautions may be required (see OH&S Checklist on page 28).
- history of the person's character, habits, and past medical and psychiatric history
- cultural background (Aboriginal person or Torres Strait Islander), culturally and linguistically diverse (CALD) background
- if there are language or communication barriers
- preferred language spoken and whether an interpreter may be required
- history of substance abuse, mental illness, aggression or criminal behaviour
- whether the person lives alone or with dependents and any details of dependents
- whether premises are covered by an existing Council Order (see page 11).

### 3.3 Gathering resources for use at the visit

Resources that may be used at the initial visit include the following:

- Occupational Health and Safety (OH&S) Checklist (Appendix 1)
- Environmental Cleanliness and Clutter Scale (ECCS) (Appendix 2)
- Impact of Squalor Checklist (Appendix 3)
- Squalor Action Plan (Appendix 4).

## SECTION 4: The Initial Visit

### 4.1 Purpose

The purpose of conducting a home visit to the person is to:

1. assess whether the person lives in squalor and to rate the extent of the squalor
2. assess whether the person hoards excessively and/or self-neglects, i.e., does not adequately look after his/her bodily requirements and hygiene
3. assess the nature and severity of any associated health and lifestyle issues
4. make a preliminary identification of strategies required to address the issues identified.

If a home assessment is not initially possible, information available to the agency may permit identification of the issues to be addressed. Case management plans should include eventual entry to the home, preferably with the consent and involvement of the occupant.

The issue of consent in relation to decision-making capacity is complex and is dealt with in more detail in Section 8. Field staff should also refer to their own agency's consent procedures.

### 4.2 Approaches to engaging the person

People living in severe domestic squalor vary markedly in their nature, personality style, acceptance, cooperation, insight and perception of their circumstances. As a consequence, there is a need for flexibility in the approach taken by caseworkers. Some people may respond to a series of initial, brief, casual meetings. Others may be more likely to respond to a visit by someone perceived to be in authority, such as a fire officer or the Police. However, cultural sensitivity and appropriateness is important here, as some people may feel uncomfortable with authority figures, which may intensify feelings of fear and suspicion.

Generally, the person is more likely to be successfully engaged if an interest is shown in them 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.
- Repeat visits by a key worker. Sometimes calling after hours, varying the hours or visiting on several occasions may assist to engage the person.
- If the person is of Aboriginal or Torres Strait Islander or CALD background, arranging to visit with a worker from the particular background or with an accredited interpreter may be appropriate. Check with the client as to their preference and consent prior to making any arrangements.

- If the person is from a CALD background, encourage them to use their preferred language.
- 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.
- Reframe the need for cleaning in terms of the person's perceived needs and preferences. The person might agree to tidy up as a staged process. Where possible, establish an inventory of possessions, identify valuables and arrange for them to be placed securely.
- Ensure that the person has the capacity<sup>3</sup> to make decisions about giving away property, and that service staff do not accept gifts or directly benefit from the clean up.

It is important to note that in situations of extreme squalor, the assessment of 'risk' is likely to vary between the relevant authorities. The evaluation of a field staff may not correspond with that of the local council's environmental health officer. Situations should be avoided where one course of action is advised by a field staff but another is pursued by the local council (as the council does not need the consent of the resident to invoke its clean up powers). It would be useful, therefore for field staff to liaise with the relevant local council before making an assessment on intervention and advising the person on what will happen. This would also allow the field staff to determine whether the residential premises are subject to an existing order (which may be in effect for a period of up to five years).

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.

#### 4.3 Ensure OH&S requirements can be met

The Occupational Health and Safety (OH&S) of persons entering premises where squalor is evident, and the safety of the person/s living in these conditions is a significant issue. Workers that provide services to people living in squalor must comply with their organisation's OH&S policy and procedures.

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<sup>3</sup> The issue of 'capacity' is complex and is discussed further in Section 8.1 and Appendix 7.

The checklist at Appendix 1 provides a concise summary of the OH&S issues to be assessed and should be considered when gathering information and at the initial visit.

In some cases of severe domestic squalor, OH&S concerns may prevent service providers from entering the premises and carrying out a comprehensive assessment. Field staff should contact their employer's OH&S adviser or WorkCover NSW ([www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)) for advice.

### Assessing the level of squalor

Having gained access to the premises, it is advisable to assess whether or not the person is living in squalor. The Environmental Cleanliness and Clutter Scale (ECCS) at Appendix 2 provides a method to objectively assess and record observations of various aspects of personal and environmental cleanliness.

Validation and reliability data have been collected and are available from the authors (Halliday and Snowdon, manuscript in preparation). They have provided definitions that allow raters to consider to what degree various aspects of the premises differ from those that would be considered by people from all cultural and social groups as clean and uncluttered. This does not mean to imply 'normality'. A home at the top of a high-rise apartment block would not be normal for persons from many areas of the world, and the domestic environment therein might differ greatly from what those persons are used to. It is accepted that people vary in their subjective views concerning cleanliness, and these differ according to circumstance and upbringing.

The definitions 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 rater 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. Where possible, all rooms should be inspected before making a rating. The cleaner and less cluttered the home, 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. It is also relevant to consider whether they live in very cluttered surroundings without being markedly unclean, and this will be indicated by ratings on items A and C of the scale.

It must be emphasised that the ratings on the ECCS are mainly for documentation purposes, to record what has been observed in order to relay this to others, and then to be able to rate changes in living conditions over time. They give an indication of what one observer found on a particular day, and co-ratings so far have revealed that different raters tend to rate similarly. However, scores do not tell raters how to respond to a particular situation. How to intervene is determined by a whole lot of other factors, not just the observed degree of domestic squalor. Supplementary questions allow documentation of observations concerning personal cleanliness,

availability of essential services, and the structural safety and upkeep of the premises.

#### 4.5 Assessing the impact of squalor on the person, family 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 4.5.1 and 4.5.2 below, and these are combined as one checklist at Appendix 3.

##### 4.5.1 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 person 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 organise a review of the person's health and lifestyle needs by experienced staff. 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 homelessness
- the person's decision-making capacity (see Section 8.1)
- whether the statutory powers of other agencies (council, DoCS) might override the wishes of the person.

As a first step towards determining whether further intervention by experienced staff from other agencies is required, the attached checklist provides a list of the factors that might be reviewed and services/agencies where additional information may be sought.

<b>Factor/s</b>	<b>Sources for further information</b> <sup>4</sup>
Self-neglect with poor nutrition, dehydration, probable untreated medical problems	Medical services (e.g., GP, home nurses, Aboriginal Medical Service) psychiatric services (e.g., community mental health team, Transcultural Mental Health)
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	Medical, psychiatric services (see above)
Aggressive behaviour or threatened harm to others	Medical, psychiatric, drug and alcohol services, police

<sup>4</sup> See Appendix 10 for list of abbreviations.

<b>Factor/s</b>	<b>Sources for further information <sup>4</sup></b>
Exposure to possible financial exploitation or abuse	Office of the Protective Commissioner, Office of the Public Guardian
Threatened eviction and at risk of becoming homeless	Housing authority (DoH, landlord/real estate agent), NGOs
Lives alone and/or unable to access help or supervision, marked decline in activities of daily living and functional status	Medical services, intake and referral section of DADHC, ACAT
Limited mobility and risk of falls, incontinence	Medical services, DADHC, ACAT
Utilities not present or not functional, i.e. water, power, sewerage, heating, telephones	Local council, local water authority, NGOs, DoH, landlord/real estate agent

Other issues that might be considered include:

- The frequency of contact with family, friends or social supports (if any), as a measure of the person's safety and ability to access help or supervision should it be required.
- Feedback provided by the family and/or the general practitioner, provided the person has given informed consent for this.
- Who owns the premises and the person's attitude towards a clear up. This will influence how the clear up process is carried out and who will undertake this (see Section 6.1).

The above findings should be discussed with other services agencies involved with the person, always mindful of privacy considerations (see Section 5).

#### 4.5.2 Impact of squalor on the family and/or local community

In assessing the impact of squalor on family members and the local community, field staff may encounter issues identified below and may need to seek further information from relevant agencies listed in the table below.

<b>Issue</b>	<b>Agencies and/or services for further information</b>
Excessive hoarding causing health and safety issues for neighbours.	DoH, local council
Complaints from adjoining neighbours regarding the mess, invasion of space, excessive smells (from rubbish and/or sewerage), fire hazards, or vermin infestation.	DoH, local council, some cleaning services, local water authority
Presence of dependent others, eg children, elderly relatives.	DoCS, DADHC
Pets kept in poor health.	RSPCA

#### 4.6 Initiate referrals to address critical needs

The need for referral to another agency is determined by the apparent urgency of the situation and the wishes of the individual. The person may be clearly very unwell at the time of assessment and require urgent medical attention, or the person may present a relatively significant public health risk to the local community.

The *Local Government Act 1993* was amended in 2006 to enable councils 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 amendments deal with high-volume rubbish accumulation that attracts vermin and other pests and which pose a risk to residents, neighbours and public health.

In situations of extreme squalor, the assessment of risk may vary between the relevant authorities. The evaluation of the field staff may not correspond with that of the local council's environmental health officer. Situations should be avoided where one course of action is advised by field staff but another is pursued by the local council (noting that the council does not need the consent of the resident to invoke its clean up powers). It is advisable that field staff liaise with the relevant local council before making an assessment on intervention and advising the resident on what will happen. This would also allow the field staff to determine whether the residential premises are subject to an existing order (which may be in effect for a period of up to 5 years).

Interventions could also include contact with the landlord/real estate agent (if the person is renting privately) or the DoH (if a public tenant) and other relevant agencies to ensure housing is restored to a habitable standard by making necessary repairs or reconnecting amenities (e.g., running water, electricity, etc.).

In cases where the extent of squalor may not be extreme and there is little apparent risk to the person, neighbours or the fabric of the building, intervention does not need to be immediate, but should aim to prevent future problems arising.

##### 4.6.1 Medical and/or psychiatric review

If it is believed urgent medical attention is required, or medical review cannot be arranged at home within a reasonable timeframe, arrange for the person to be transferred to hospital. Other medical services that should be considered include referral to:

- the local general practitioner
- community services, including adult psychiatric services and Aged Care Assessment Teams (ACATs)
- specialist medical services.

For an example of this see Case Study 2 in Appendix 8.

Under the *Mental Health Act 1990*, 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 *Act* 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 themselves or others.

For further information about the provisions of the *Mental Health Act 1990*, see Section 7.2.

#### 4.6.2 Assistance with activities of daily living (ADL)

If the person is at extreme risk of falls or requires urgent assistance with personal care, consider referring the person to the local ACAT and/or DADHC. Details regarding these agencies are located at Appendix 5.

#### 4.6.3 Assessing the risk on dependents

Assessing the risk to dependent children and young people is a particularly complex task. Where there are dependent children or young people living in the same dwelling who may be at risk of abuse or neglect, a report of risk of harm may need to be made to DoCS. The 2006 NSW *Interagency Guidelines for Child Protection Intervention* (see Chapter 2, 'Making a Child Protection Report') provides a guide to the process and requirements for the reporting of children and young people.

If the dependents have a disability or there are no other suitable accommodation options, refer the matter to DADHC as soon as practicable.

#### 4.6.4 Relocation 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 Protection and Care of Animals (RSPCA) or other animal welfare agencies.

#### 4.6.5 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 person, 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 *Local Government Act 1993* that override the resident's choice.

## SECTION 5: Interagency cooperation

For the majority of cases, a number of agencies and services will 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 could be arranged through a case meeting where agencies identify their roles and responsibilities and a case manager is appointed.

### 5.1 Coordination of services and development of Action Plans

The principal aims of cooperation between agencies are to:

- identify a key worker or case manager responsible for ongoing liaison with the person living in squalor
- report on the initial assessment of the person and the proposed interventions
- determine the course of action, agreed interventions, monitoring arrangements and the individual's responsible.

Often the person who makes the initial contact with the client will assume the role of case manager. In some cases, the person who receives the referral will contact another agency and request that this agency assume the coordinating role. The service that conducted the initial assessment might wish to convene a joint agency case conference with representatives from the relevant services. However, it may be difficult to coordinate a meeting quickly, therefore phone/e-mail communication should be considered as the next best option.

Identifying the interventions required should be determined through a joint care planning process, in consultation with the relevant agencies. Resource constraints apply to human service agencies, and therefore the resources available will need to be prioritised on a case-by-case basis.

The case manager should complete a Squalor Action Plan (see Appendix 4), which identifies the actions to be undertaken, the person(s) responsible, and review dates. The case manager should distribute the Squalor Action Plan to all involved agencies. This will enable coordination of the services to be provided.

### 5.2 Ongoing monitoring

Where cleaning of squalor is successfully completed and there is a substantial improvement in the person's living conditions, ongoing monitoring or follow-up is highly desirable, as there is a high risk of recurrence.

The service that provides ongoing monitoring will be determined by the following:

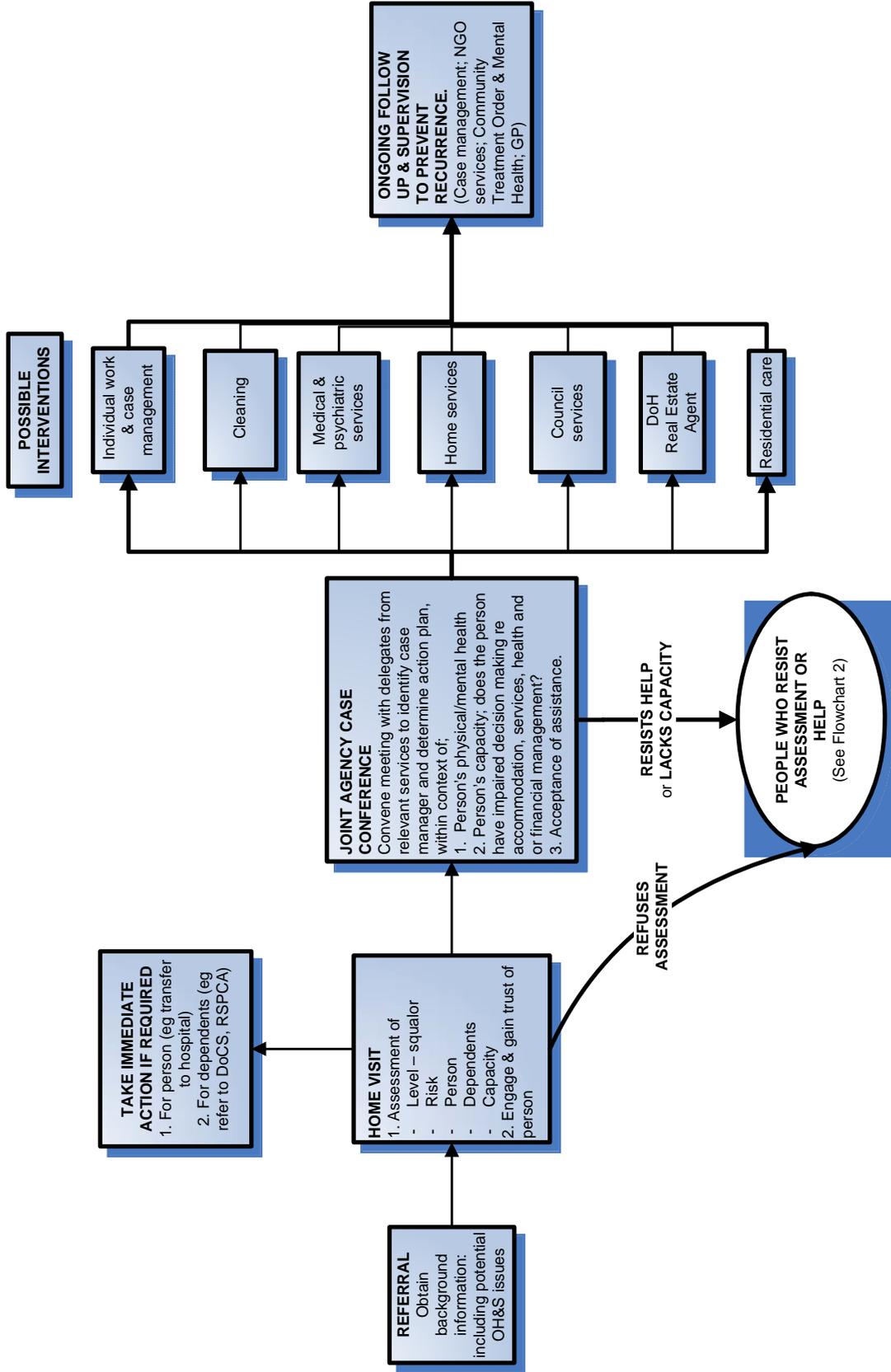
- the need for a continuing role for the case worker
- the nature of the intervention required
- the need for other services, such as residential support services.

Ongoing monitoring and follow up of the person could be provided by a number of individuals, including the general practitioner, mental health staff, NGOs, local council

community officers, ACAT or DoH. An appropriate medical practitioner should provide ongoing medical care if there are chronic physical health problems or disabilities.

Feedback on progress should be reported regularly to all involved agencies.

# 5.3 FLOWCHART 1: ASSESSMENT & SUPPORT FOR PEOPLE LIVING IN SQUALOR



## SECTION 6: Organising referrals to relevant agencies and service providers

### 6.1 Cleaning up

The need to clean up the premises must be discussed with the person, to determine whether the person supports the need for this to be undertaken (bearing in mind that in cases of extreme domestic squalor, the person's choice may be limited or overridden). Examples of reasons for a clean up include the following:

- *Makes it possible 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 falling and retains independence.* Some people will accept that reducing clutter, removing excessive possessions and cleaning are necessary to maintain independence and reduce risk. 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 collect things often do so because they consider these things have great value. It may be argued that the item cannot be valued on an individual basis when part of a vast collection and may be lost or damaged.
- *Contributes to a worthy cause.* It may be possible to convince the person to give away excess property (furniture, appliances, collectibles, 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 cessation of services.* Some services e.g., community nurses, meals on wheels, personal care and domestic assistance may be at risk, as the continuation of these services is related to OH&S issues.

Cleaning, rubbish removal and pest extermination service providers contracted to undertake work must comply with OH&S requirements and have adequate Public Liability Insurance and Workers Compensation cover.

The local council may arrange for the removal of excess property and clearance of the garden. Councils have powers to recover expenses incurred in carrying out work where there has been a failure to comply with an Order. Options that councils may consider for recovery of the costs of cleaning include:

- charging the owner or occupier of the premises (depending on whom the Council Order was served) for the removal and disposal of waste services;

- placing a lien on the property, i.e., keep the property until the debt owed is paid;
- if a protected person has a Financial Manager, then a Financial Management Order (see Section 8.2) could be sought to seek approval for a clean up and any necessary repairs to take place. Approval of this Order would depend on the funds available from the person's estate.

The local council should be able to provide information on sub-contractors and private cleaners who provide heavy-duty cleaning services. For further information about the role of local council see Appendix 6.

Some cleaning services may also be able to remove rubbish and excess property and arrange for tradesmen to carry out repairs and fumigate for pests. Field staff, when planning a clean up, need to be conscious of the costs involved and who will pay these costs, including the person's capacity to pay.

Some NGOs may be able to assist with the costs of clean up activities themselves if the person cannot pay. Some funding from Community Aged Care Packages (CACPs) may be available for clean ups, but use of these funds for this purpose may be limited. Another program which NGOs may be able to access for people with complex needs requiring case management is the Community Options Program (COPS). Carelink can provide information about local Community Options project case managers located throughout the State.

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. In some situations, government departments including police, local government, hospitals, and ambulance services will provide forensic cleaning. The cost of heavy-duty and forensic cleaning is frequently prohibitive.

Most people 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. In their absence, however, subsequent allegations of loss or theft of valuables may be made.

Before cleaning, where possible, together with the person:

- establish an inventory of possessions
- identify valuables and arrange for them to be placed securely during cleaning
- estimate the cost of cleaning.

For a case study example, see Case Study 3 in Appendix 8.

## 6.2 Service providers and agencies

Services and agencies who can support persons living in domestic squalor include the following:

- mental health services
- community health services
- residential care services
- Aged Care Assessment Teams (ACATs)
- Department of Ageing, Disability and Home Care (DADHC)
- Home and Community Care (HACC) services
- local government services
- non-government organisations (NGOs).
- Department of Housing (DoH)
- drug and alcohol services.

Details of these services are provided at Appendix 5.

## SECTION 7: Strategies to help people who are unwilling to accept assistance

### 7.1 Where the person has decision-making capacity

Where a person has decision-making capacity but has initially resisted help, the case manager and others involved should continue to try to persuade the person to agree to accept assistance. Although this can be time consuming, voluntary intervention is likely to be more efficient and result in a better outcome. Sometimes, people 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 cannot be convinced to address the matter voluntarily, it may be necessary to refer the matter to agencies that have the appropriate legal authority to take further action. These organisations include the following:

- local councils
- Department of Housing (for public rental tenancies only)
- NSW Fire Brigade
- NSW Police.

The role of these organisations in gaining access to properties is described at Appendix 6.

For examples, see Case Study 2 and Case Study 6 in Appendix 8.

### 7.2 Where the person's decision-making capacity cannot be assessed

There may be cases where capacity cannot be assessed because the person refuses to open the door or speak to anyone. Field staff could consider gaining information or assistance by referring to the following:

*The Mental Health Act 1990*

*The Mental Health Act 1990* is relevant when a person living in squalor has signs of a mental illness and is at risk of harm to self or others. The Act makes provision for the following:

- Involuntary admission of a person scheduled as a *mentally ill person* or as a *mentally disordered person*.
- Voluntary admission at the person's oral or written request to the Superintendent of the hospital.

*The Mental Health Act 1990* defines a mental illness as a condition that seriously impairs, either temporarily or permanently, mental functioning, and characterised by one or more of the following: delusions, hallucinations, and severe disturbance of mood, serious thought disorder or sustained behaviour that is suggestive of these. Because this definition of mental illness is fairly narrow, it may not always be possible

to schedule a person living in severe domestic squalor under the *Mental Health Act 1990*. Applying to the Guardianship Tribunal for a guardianship order may be the more appropriate course of action for people who lack cognitive capacity but are not mentally ill or mentally disordered. If the person is admitted to a hospital as a mentally disordered person and not subsequently found to be mentally ill, the detention is for a limited time.

#### *Local Government Act or Residential Tenancy Act*

In cases where there is no clear evidence of a mental illness, it may be possible to compel an occupant to at least have an inspection of their property. The relevant law is determined by whether the person is renting their accommodation or is a homeowner.

In the case of homeowners, council can seek an order for an inspection (with Police) under the *Local Government Act 1993*.

In the case of rental accommodation, DoH, other housing associations or landlords can apply to the Consumer Trader and Tenancy Tribunal to conduct an inspection in accordance with the *Residential Tenancy Act 1987*.

## SECTION 8: Strategies to assist people who have impaired decision-making capacity

### 8.1 Decision-making capacity

Determining a person's decision-making capacity can involve complex issues. While there are well-established legal mechanisms and government agencies which respond to the needs of a person who requires a substitute decision maker *once* it has been determined the person is incapable of making a decision, there is no comprehensive approach to assessing or addressing the support needs of a person whose capacity is *in question*.<sup>5</sup> If the field staff is uncertain about the decision-making capacity of the person, they should seek advice from the Guardianship Tribunal, a GP or a psychiatrist.

In some cases, a person living in squalor who refuses assessment will be aware of the potential consequences of their decision and the risks associated with this. Although their decision to refuse assessment may be considered unwise, as long as they can demonstrate adequate understanding of the choices they could make, and the consequences of these choices, then they would generally be considered to have decision-making capacity.

Once it has been determined that 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 approach 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.

Where the decision-making capacity of the person is determined to be impaired, appointment of a substitute decision-maker is required. This is the role of a guardian.

### 8.2 Guardianship and Financial Management Orders

Applying for guardianship or financial management orders may sometimes be a useful option when there are concerns about the cognitive capacity of the person living in severe domestic squalor. Appointment of a guardian or financial manager for the person authorises someone else to make decisions for the person concerned.

Most people with impaired decision-making do not require a guardian, because family or friends provide assistance without the need for a legal order. In other cases, when the circumstances are such that a private guardian will not be able to achieve the best interests of the person with a disability, particularly where no one is available, or there is conflict among family members, the Public Guardian may be appointed.

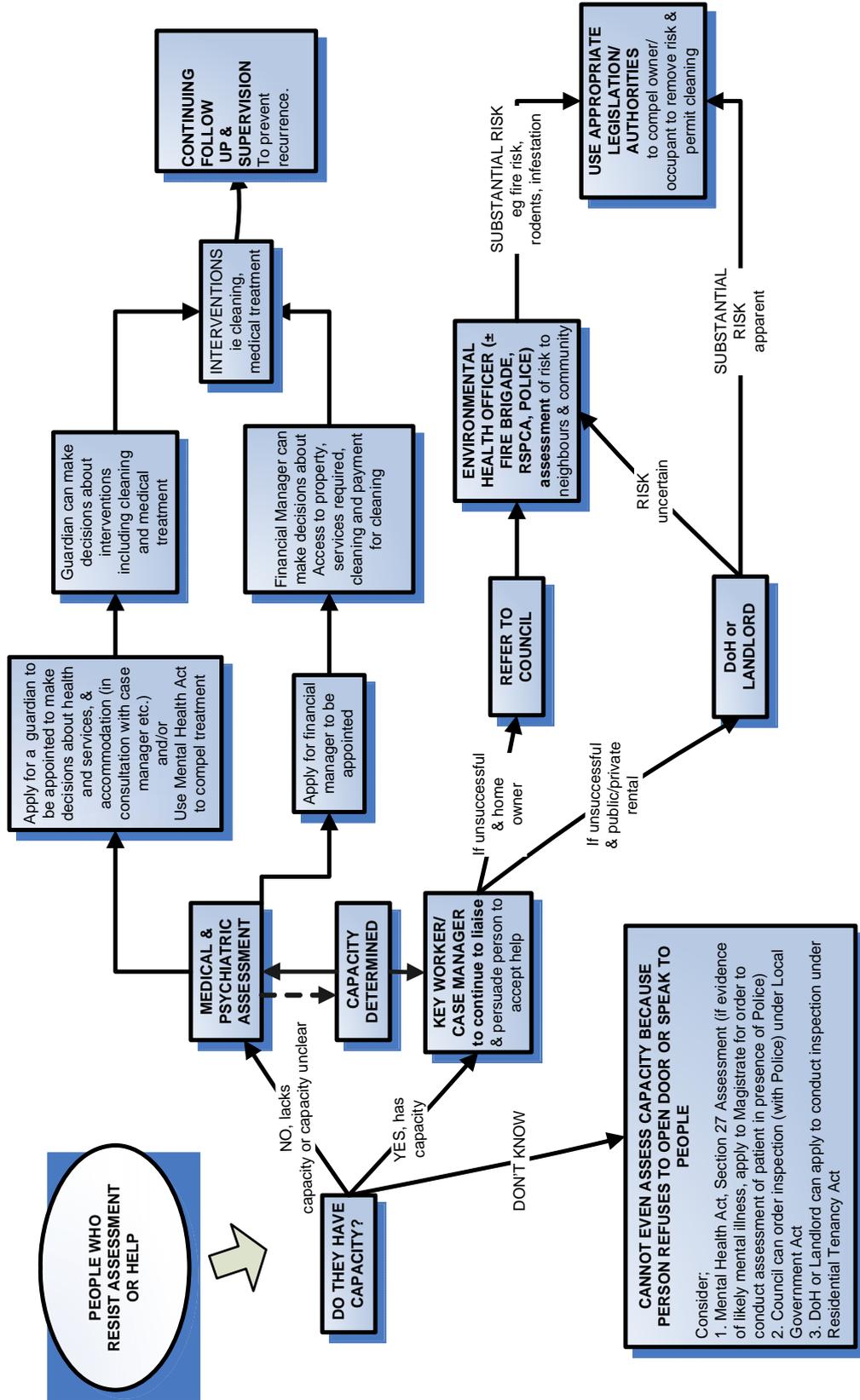
See Appendix 7 for details regarding the Guardianship Tribunal, appointment of a guardian and the role of the Office of the Protective Commissioner.

For an example see Case Study 5 in Appendix 8.

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<sup>5</sup> Attorney General's Department of NSW, *Are the rights of people whose capacity is in question being adequately promoted and protected: A discussion Paper*, March 2006, pg. 4

## 8.3 FLOWCHART 2: SUPPORT FOR PEOPLE WHO ARE UNWILLING TO ACCEPT ASSISTANCE



## SECTION 9: Conclusions

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

- Severe domestic squalor may develop in the homes of young, middle-aged and older people.
- The perception of squalor may be affected by the cultural perspectives of both the person and the field staff.
- Language/communication and/or cultural barriers may 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. Field workers need to be flexible in their approach but conscious of the statutory role of authorities such as the police, local council and DoCS.
- The impact of squalor on the person, his/her family and the community should be assessed.
- 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 are contrary to a resident's choice.
- In cases where the squalor is not assessed to be extreme or of risk to the resident or neighbours, referral to other agencies may not need to be immediate, but should aim to prevent future problems arising.
- 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, ongoing follow up of involved persons is highly recommended.

## APPENDIX 1: Occupational Health and Safety Checklist<sup>6</sup>

- Is the structure of and fabric of the building safe and secure? **Y/N**
- Are the premises safe to enter (floorboards, ceilings)? **Y/N**
- Are the electricity, gas and water connected? **Y/N**
- Are there insulated or damaged power lines that could cause electric shock? **Y/N**
- Are there animals on the premises? **Y/N**
- Is there a fire hazard? **Y/N**
- Are protective clothing, gloves, safety helmet, mask, safety spectacles or goggles required? **Y/N**
- Is special equipment required? **Y/N**
- Is there a health risk? **Y/N**
- Are there weapons or explosive materials on the premises? **Y/N**
- Are there booby traps on private property? **Y/N**
- Are there slip hazards because of faeces? **Y/N**
- Are there fall hazards from climbing over barricades **Y/N**
- Will there be the likelihood or probability of physical attack from the occupant? **Y/N**

**Note:** It would be helpful if as many as possible of the above questions can be answered prior to the first home visit, i.e., at the point when referral is taken (see Section 3).

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<sup>6</sup> Checklist developed from material provided by Waverley Council and the NSW RSPCA



# ENVIRONMENTAL CLEANLINESS AND CLUTTER SCALE (ECCS) <sup>7</sup>

To rate cleanliness of client's accommodation

Raters 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 raters may decide between one category and another based on aspects not mentioned in the boxes.

Rater: .....

Rater's phone no: ..... Date: ...../...../.....

<b>A.</b>	<b>ACCESSIBILITY (clutter):</b>			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
	EASY TO ENTER and move about dwelling.	SOMEWHAT IMPAIRED access but can get into all rooms.	MODERATELY IMPAIRED access. Difficult or impossible to get into one or two rooms or areas.	SEVERELY IMPAIRED access, e.g. obstructed front door. Unable to reach most or all areas in the dwelling.
	0-29%	30 to 59%	60 to 89%	90 to 100%
	of floor-space inaccessible for use or walking across			

<b>B.</b>	<b>ACCUMULATION OF REFUSE or GARBAGE</b>			
	In general, is there evidence of excessive accumulation of garbage or refuse e.g. food waste, packaging, plastic wrapping, <u>discarded</u> containers (tins, bottles, cartons, bags) or other <u>unwanted</u> material?			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
	NONE	A LITTLE Bins overflowing and/or up to 10 emptied containers scattered around.	MODERATE Garbage and refuse littered throughout dwelling. accumulated bags, boxes and/or piles of garbage that should have been disposed of.	A LOT Garbage and food waste piled knee-high in kitchen and elsewhere. Clearly no recent attempt to remove refuse and garbage

<b>C.</b>	<b>ACCUMULATION OF ITEMS OF LITTLE OBVIOUS VALUE:</b>			
	In general, is there evidence of accumulation of items that most people would consider are useless or should be thrown away?			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
	NONE	SOME ACCUMULATION but collected items are organised in some way and do not much impede movement or prevent cleaning or access to furniture and appliances.	MODERATE EXCESSIVE ACCUMULATION Items cover furniture in most areas, and have accumulated throughout the dwelling so that it would be very difficult to keep clean.	MARKEDLY EXCESSIVE ACCUMULATION Items piled at least waist-high in all or most areas. Cleaning would be virtually impossible: most furniture and appliances are inaccessible.

**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? .....)

<sup>7</sup> Developed by G. Halliday and J. Snowdon (2006). This scale is based on the version devised by Snowdon (1986) which mostly used item listed by Macmillan & Shaw (1966). Some descriptions used by Samios (1996) in her adaptation of the scale have been included.

<b>D.</b>	<b>CLEANLINESS of floors and carpets (excluding toilet and bathroom) :</b>			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
	Acceptably clean in all rooms.	MILDLY DIRTY Floors and carpets look as if not cleaned or swept for days. Scattered rubbish.	VERY DIRTY Floors and carpets very dirty & look as if not cleaned for months.  <i>Rate 1 if only one room or small area affected.</i>	EXCEEDINGLY FILTHY With rubbish or dirt throughout dwelling.  <i>Excrement usually merits a 3 score.</i>

<b>E.</b>	<b>CLEANLINESS of walls and visible 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. Dirt comes off walls on damp rag or finger.	VERY DIRTY Grime or dirt on walls. Cobwebs and other signs of neglect. Greasy, messy, wet and/or grubby furniture.	EXCEEDINGLY FILTHY Walls, furniture, surfaces are so dirty (e.g. with faeces or urine) that rater wouldn't want to touch them.

<b>F.</b>	<b>BATHROOM and TOILET :</b>			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
	Reasonably clean.	MILDLY DIRTY Untidy, uncleaned, grubby floor, basin, toilet, walls, etc. Toilet may be unflushed.	MODERATELY DIRTY 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.	VERY DIRTY. Rubbish and/or excrement on floor and in bath or shower and/or basin. Uncleaned for months or years. Toilet may be blocked and bowl full of excreta.

<b>G.</b>	<b>KITCHEN and FOOD:</b>			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
	Clean Hygienic.	SOMEWHAT DIRTY AND UNHYGIENIC Cook-top, sink untidy and 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 and out of fridge.  <i>Rate 1 If no food but fridge dirty.</i>	MODERATELY DIRTY AND UNHYGIENIC Oven, sink, surfaces, floor are dirty, with piles of unwashed crockery and utensils etc. Bins overflowing. Some rotten or mouldy food. Fridge unclean.	VERY DIRTY AND UNHYGIENIC Sink, cook-top, insides of all cupboards filthy. Large amount of refuse and garbage over surfaces and floor. Much of the food is putrid, covered with mould and/or rotten, and unsafe to eat.  <i>Rate 3 if maggots seen.</i>

<b>H.</b>	<b>ODOUR:</b>			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
	Nil / pleasant	UNPLEASANT e.g. urine smell, unaired.	MODERATELY MALODOROUS. Bad but rater can stay in room.	UNBEARABLY MALODOROUS. Rater has to leave room very soon because of smell.

<b>I.</b>	<b>VERMIN (Please circle: rats, mice, cockroaches, flies, fleas, other):</b>			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
	None	A FEW (e.g. cockroaches)	MODERATE. Visible evidence of vermin in moderate numbers e.g. droppings and chewed newspapers.	INFESTATION. Alive and/or dead in large numbers.

<i>J.</i>	<b>SLEEPING AREA:</b>			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
	Reasonably clean & tidy.	MILDLY UNCLEAN. Untidy. Bed unmade. Sheets unwashed for weeks.	MODERATELY DIRTY. Bed sheets unclean & stained, e.g. with faeces or urine. Clothes and/or rubbish over surrounding floor areas.	VERY DIRTY. Mattress or sleeping surface unclean or damaged. Either no sheets or (if present) extremely dirty bedding/linen. Surrounding area filthy.

Add up circled numbers to provide a TOTAL SCORE:

<b>DO YOU THINK THIS PERSON IS LIVING IN SQUALOR?</b> <i>(circle one)</i>	NO	YES, mild <i>Not clutter</i>	YES, moderate <i>Not clutter</i>	YES, severe <i>Not clutter</i>
	Clutter (lots), <i>not squalor</i>	Yes, mild <i>+ clutter (lots)</i>	Yes, moderate <i>+ clutter (lots)</i>	Yes, severe <i>+ clutter (lots)</i>

**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:**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
CLEAN AND NEAT. Well cared for.	UNTIDY, CRUMPLED One or two dirty marks and in need of a wash	MODERATELY DIRTY With unpleasant odour. stained clothing.	VERY DIRTY Stained, torn clothes, malodorous.

<b>Is there running water in the dwelling ?</b>	YES or NO ?
<b>Is electricity connected and working?</b>	YES or NO ?
<b>Can the dwelling be locked up and made secure?</b>	YES or NO ?

**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?

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
NONE	A LITTLE Minor repairs & some painting.	A FAIR AMOUNT Some structural repairs plus painting.	LOTS Major structural repairs required, and then painting.

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

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
NOT AT ALL	POSSIBLE RISK of injury e.g. by falling	CONSIDERABLE RISK of fire, injury or health problem	VERY UNSAFE The dwelling is so cluttered and unhealthy that people should not enter it, (except if specialists with appropriate clothing and equipment) and/or there is a high fire-risk.

## APPENDIX 3: Impact of Squalor Checklist

Issue	Relevant Agency/Service
<b>Excessive hoarding causing health and safety issues for neighbours</b>	DoH, local council
<b>Complaints from adjoining neighbours regarding the mess, invasion of space, excessive smells (from rubbish and/or sewerage), fire hazards, or vermin infestation</b>	DoH, local council, some cleaning services, local water authority
<b>Presence of dependent others, eg children, elderly relatives</b>	DoCS, DADHC
<b>Pets kept in poor health</b>	RSPCA

Condition	Relevant Agency/Service
<b>Self-neglect with poor nutrition, dehydration, probable untreated medical problems</b>	Medical, psychiatric services
<b>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</b>	Medical, psychiatric services
<b>Aggressive behaviour or threatened harm to others</b>	Medical, psychiatric, drug and alcohol services, police
<b>Exposure to possible financial exploitation or abuse</b>	Office of the Protective Commissioner, Office of the Public Guardian, ACAT, NGOs
<b>Threatened eviction and at risk of becoming homeless</b>	Housing authority (DoH, landlord/real estate agent), NGOs
<b>Lives alone and/or unable to access help or supervision, marked decline in activities of daily living and functional status</b>	Medical services, DADHC, ACAT
<b>Limited mobility and risk of falls, incontinence</b>	Medical services, intake and referral section of DADHC, ACAT
<b>Utilities not present or not functioning, i.e. water, power, sewerage, heating, telephone</b>	Local council, local water authority, NGOs, DoH, landlord/real estate agent

## APPENDIX 4: Squalor Action Plan

Client Name:	
Client Address:	
Case Manager:	Employer:
Referral :	
Source	
Date	
Initial Visit Date	
Issues Identified (including Aboriginal or Torres Strait Islander background, CALD, language/communication barriers)	
1.	
2.	
3.	
4.	

Actions Required	Agency	Review Date

This Plan will be reviewed on

cc

## APPENDIX 5: Services and agencies supporting people living in severe domestic squalor

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

### Local Government services

Local council community officers can provide assistance by:

- arranging referrals to appropriate health and community services
- liaising (and sometimes visiting) with mental health, aged care, drug and alcohol, NGO or DADHC 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 the local community, or there are public health concerns such as vermin, fire risk or sewerage problems.

For further information, contact the Department of Local Government on (02) 4428 4100 ([www.dlg.nsw.gov.au](http://www.dlg.nsw.gov.au))

### NSW Health

NSW Health provides acute care facilities (public hospitals), community health services and public health programs. In addition, it directly operates some residential and community care services, and provides some 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 and rehabilitation services, in addition to general health services. NSW Health shares responsibility with the Australian Government Department of Health and Ageing (DoHA) for the operation of ACATs under the Aged Care Assessment Program. NSW Health also administers the health component of the HACC Program, under which it provides community nursing, allied health and some day care services.

### Mental Health Services

Specialist mental health services are in place in the public sector and also in the private sector. AHSs 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 AHSs, 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, and these specialist services are currently being further developed across NSW.

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 further information, contact NSW Health on (02) 9391 9000 ([www.health.nsw.gov.au](http://www.health.nsw.gov.au))

## Drug and Alcohol Services

If substance use is identified as a component or factor contributing to a person living in a condition of severe domestic squalor, referral to specialist drug health services may be appropriate. Exploring treatment options when people are intoxicated is not recommended, as they are not able to make an informed choice. A small number of people may be admitted involuntarily under the *Mental Health Act, 1990*. However, engaging people in treatment services requires motivation and commitment, as drug and alcohol services are not provided on a compulsory basis. Substance abuse can impact on broader relationship issues involving family or friends, and referrals for counselling and/or advice for significant others may assist.

Drug and alcohol services provide a range of interventions, which may include:

- counselling, inpatient and outpatient detoxification
- Magistrates Early Referral into Treatment program (MERIT)
- pharmacotherapies for drug and alcohol dependence
- residential rehabilitation
- services for injecting drug users including clean equipment, specialist medical consultations and telephone consultancy.

For further information contact the Area Health Service Drug and Alcohol Services on 1300 889 788.

## Alcohol and Drug Information Service (ADIS)

Offers a 24-hours, 7-day-a-week confidential telephone information, advice and counselling service for people with problems related to drugs and alcohol.

Phone (02) 9361 8000 or 1800 422 599 (for callers outside Sydney) ([wwwsvh.stvincents.com.au/drugandalc.htm](http://wwwsvh.stvincents.com.au/drugandalc.htm))

## Hospitalisation and Residential Care

In some cases, depending upon diagnosis and the level of risk, hospitalisation or transfer to alternative accommodation, such as residential care, may be required, e.g., where individuals have severe medical and psychiatric problems or disabilities, such as moderate to severe dementia or stroke-related immobility, sensory deficits and incontinence.

If available, a brief period of hospitalisation or respite residential care can provide ideal temporary accommodation while cleaning is being carried out. Respite residential care may also provide some people with an opportunity to become familiar with alternative living arrangements and the benefits of the increased support provided in supervised accommodation. The person's GP would arrange for transfer to hospital. ACAT approval must be obtained for transfer to residential care.

## 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 on 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 Aged 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:

- Commonwealth Carelink Centre 1800 052 222 ([www.commcarelink.health.gov.au](http://www.commcarelink.health.gov.au))
- Local Aged Care Assessment Teams (ACAT) through the local Area Health Service
- Aged and Community Care Information Line 1800 500 853 ([www.seniors.gov.au](http://www.seniors.gov.au)).

## Department of Housing (DoH)

The NSW Department of Housing (DoH) provides housing services to people of NSW, and supports its tenants to live safely and in harmony with neighbours. It assumes the responsibilities of a landlord under the *Residential Tenancy Act 1987* and will intervene and investigate allegations of extreme hoarding and unclean conditions where these are breaches of the Tenancy Agreement that the Department has with its tenants.

The Department will make every effort to salvage tenancies where unacceptable, unclean or hoarding behaviours are evident by supporting and referring clients. These efforts will be balanced against threats to tenant safety and the rights of neighbours to have reasonable peace, comfort and privacy, and to live in a healthy environment.

The Department's responsibilities include the monitoring of Tenancy Agreements and:

- ensuring that tenants do not interfere with the reasonable peace comfort or privacy of neighbours
- ensuring that tenants are aware of the agency supports available to them to reduce their exposure to at-risk situations

- reporting incidents or living conditions where a child is considered at risk due to neglect or unhealthy living conditions
- implementing responsible property management strategies that ensure sustainability of public housing stock
- maintaining a partnership approach with other human service agencies to support and assist tenants experiencing difficulties
- providing Client Service visits to tenants at risk of or with a history of living in severe domestic squalor
- DoH employs Client Service Officers (CSOs), and Specialist Client Service Officers (SCSOs) who provide specialist assistance to clients with complex or high support needs. These staff can work closely with other agencies in developing an approach to the management of extreme hoarding or unclean behaviours, and in some cases provide an early intervention role in identifying risk behaviours of DoH tenants.
- Where tenants refuse supports and their behaviours are in breach of their Tenancy Agreement, action may be taken through the Consumer Traders and Tenancy Tribunal (CTTT) to gain access to premises or to ratify Specific Performance Orders.

### **NSW Office of Community Housing**

The Office of Community Housing is a business unit of the Department of Housing that develops and manages the community housing sector in NSW. The sector is comprised of housing associations, co-operatives and churches, local government and other community organisations with properties for long-term housing for low-income households as well as crisis and medium term accommodation.

Orders available to the DoH through the Consumer Traders and Tenancy Tribunal are not as a matter of course available to the properties managed by organisations funded by the Office of Community Housing. However, Access Orders can be obtained by the Office of Community Housing to perform inspections to determine whether a breach of the Agreement has occurred because of property neglect.

### **NSW Aboriginal Housing Office**

The Department of Housing manages properties and tenancies on behalf of the Aboriginal Housing Office (AHO) for Aboriginal & Torres Strait Islander clients. Under the Service Agreement, there is the need for the Department of Housing to seek approval from the AHO in matters relating to maintenance and repairs of AHO properties. For further information on the AHO please contact your local Department of Housing office.

For further information, contact the Department of Housing (NSW) 1800 629 212 ([www.housing.nsw.gov.au](http://www.housing.nsw.gov.au))

## Department of Ageing, Disability and Home Care (DADHC)

The Department of Ageing, Disability and Home Care (DADHC) is responsible for assisting older people and people with a disability to participate fully in community life, in order to improve their quality of life. The Department provides a range of services to frail aged people and younger people with a disability, under the Home and Community Care (HACC) and the Disability Services Programs (DSP).

- Under the HACC Program, the Department provides assistance to older people, people with a disability and their carers with domestic help, and personal care. Other services funded under the HACC Program include social support, food services, community transport, dementia monitoring, respite and day centre services.
- HACC Community Options (COPS) services provide case management for people requiring multiple interventions. Its brokerage funds can facilitate interventions in support of those unable to maintain adequate care of themselves or their accommodation.
- Under the Disability Service Program (DSP), the Department funds services that provide people with a disability with opportunities to participate in community life. Services include accommodation, respite, community support, behaviour interventions and day programs.
- Both Programs provide services for people from non-English speaking backgrounds and Aboriginal people through a range of initiatives that recognise the cultural and linguistic diversity of these groups.
- The provision of service is dependent on the person's assessed need, the availability of funding and the capacity of services to provide the services required.

For further information, contact DADHC on (02) 8270 2000 ([www.dadhc.nsw.gov.au](http://www.dadhc.nsw.gov.au))

### **Home and Community Care (HACC) support services**

Target population for HACC services include people who are frail aged, people with disabilities and carers of these two groups. Services that can be provided through HACC funding include:

*Personal care* services, which may involve one or more of the following:

- assistance with (or supervision of) bathing, showering or sponging, dressing and undressing
- assistance with shaving, hair care and grooming and limited nail care
- assistance with mobility such as to sit up, to turn, to stand and walk, to sit, to transfer to commode, wheelchair, chair or vehicle
- assistance with toileting
- assistance with prescribed exercise or therapy programme
- assistance with fitting and use of appliances such as splints and callipers or hoists
- assistance with hearing aids and communication devices
- monitoring self medication.

*Domestic assistance* services including:

- Essential cleaning of house areas regularly used by the service user, such as bathrooms, toilets, kitchens, laundries, living areas and bedrooms. Workers undertake tasks such as cleaning stoves, bench tops and fridges as well as mopping or vacuuming floors, dusting, dishwashing, changing bed linen, washing, drying and doing essential ironing.
- The provision of a range of services to meet the support needs of service users. Workers can assist with meal preparation, and where this is not the primary purpose of the occasion of service, do shopping, undertake small errands and pay bills on behalf of the client as required.
- In remote areas service may include activities such as the collection of firewood.

*Nursing care*, referring to professional nursing care provided by a registered or enrolled nurse and services may include:

- Teaching individuals and carers how best to manage their daily care
- Providing information on general health care and other community support services available, and giving advice on the management of particular health problems, such as diabetes and incontinence
- Clinical assessment
- Direct clinical nursing
- Personal care for consumers where provision by a nurse is required due to particular health conditions, or unstable health and/or complex needs
- Supervision and training of health aides and personal care workers providing direct care
- Provision of health information and education
- The coordination of home health care services and monitoring of an individual's health status and/or care plan.

*Meals*, referring to the preparation and cooking of food items that contributes to meeting a client's daily nutrition requirements. Services include:

- Provision of a range of meal types. The meal may be delivered to the place where a client lives or be provided in a group environment such as centre-based day care or community restaurant.
- Assistance with eating and drinking.
- Ensuring access, wherever possible, to a range and choice of different meal types including culturally appropriate meals.
- Assistance with the preparation and cooking of food and providing advice about nutrition, menus and special diets and assistance with food shopping and storage.

*Transport*, referring to providing transport or assisting an individual to use private, public or community transport.

For further information, contact DADHC on (02) 8270 2000 ([www.dadhc.nsw.gov.au](http://www.dadhc.nsw.gov.au))

## Department of Community Services (DoCS)

The Department of Community Services (DoCS) is responsible for the protection of children and young people who are considered to be at risk of harm. To report suspected abuse or neglect of children or young people call 13 2111. DoCS Helpline operates 24 hours a day, seven days a week. You can ring state-wide for the cost of a local call ([www.community.nsw.gov.au](http://www.community.nsw.gov.au))

Phone:           13 3627 for mandatory reporter.  
                  13 2111 for non-mandatory reporters.

For definitions of 'mandatory' and 'non-mandatory' reporter, and the circumstances under which phone reporting is preferred, please consult Chapter 2 of the 2006 NSW *Interagency Guidelines for Child Protection Interventions*.

## Royal Society for the Protection and Care of Animals (RSPCA)

The RSPCA can enter and inspect homes where they have received notification of suspected neglect or hoarding of animals.

For further information contact the RSPCA on 9770 7555 ([www.rspcansw.org.au](http://www.rspcansw.org.au))

## Non-government organisations (NGOs)

The non-government (NGOs) sector, including agencies such as Mercy Arms, Lucan Care, the Benevolent Society, the Brown Sisters, (which are all Sydney-based), have a focus on responding to clients' immediate needs, as opposed to addressing the squalor issue. The capacity of an individual NGO to provide a service would depend on available funding and resources.

Some NGOs administer Community Aged Care Packages (CACPs), funded by the Commonwealth Department of Health and Ageing, that are particularly important for the ongoing management of older people who have lived in squalor. CACPs offer an alternative to residential care and can bridge the gap between housing and government care services. NGOs may be able to access services under the Community Options Program (COPS) when the person living in squalor is aged under 65.

NGOs provide the required services directly, or purchase them from other public or private agencies. They offer flexible solutions to meet individual needs. NGOs can also provide follow-up monitoring and support after secure accommodation has been attained. Care options may include:

- transitional housing
- personal care and clean ups
- housework and shopping
- delivered meals, or meal preparation
- case management

- assistance with medication and therapy
- home maintenance
- links to community supports (activity centres, transport),
- social activities and living skill programs.

For further information regarding contact details for selected NGOs see Appendix 9.

## APPENDIX 6: Organisations that can assist when people are unwilling to accept assistance

### Local Councils

Under the *Local Government Act 1993*, the local council may conduct inspections of residential premises, and order removal and disposal of waste, under certain circumstances. If the person is known to other services such as mental health, aged care, drug and alcohol or a non-government organisation (NGOs), it is beneficial to have the health or welfare worker accompany the council staff at the time of inspection.

If required, council officers may order cleaning, removal of property and repairs, under certain circumstances. A 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 Fire Brigade officers to attend during the inspection.

Councils are generally not permitted to unilaterally enter a property and remove material without first giving notice of their intention to do so. However, entry without notice is permitted in circumstances where there is a reasonable likelihood of serious risk to health and safety. Whenever possible, an independent advocate such as a family member or neighbour should be present to record the items removed from the premises.

### NSW Department of Housing (DoH)

NSW Department of Housing (DOH) has responsibilities under provisions of the Residential Tenancy Agreement 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 tenant hoarding or unclean behaviours 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. The Department's staff will attempt to build rapport and endeavour to use a sympathetic and collaborative approach with the client on the issues.

However, if a tenant is unwilling to accept supports or alter their behaviours through consultative approaches, and a breach of their Tenancy Agreement is evident, then an approach to the Consumer Trader and Tenancy Tribunal (CTTT) may be made. This could result in orders that:

- Create 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.

- Mandatory access orders for Department of Housing staff. Such a DoH visit may involve a locksmith to gain entry, and are an opportunity for a co-ordinated agency approach with the involvement of other agency professionals willing to provide assessments.

Orders available to public housing through the CTTT are not as a matter of course available to the properties managed by organisations funded by the Office of Community Housing. However, Access Orders can be obtained by the Office of Community Housing to perform inspections to determine whether a breach of the Agreement has occurred because of property neglect.

In addition, there are major strategic level policy initiatives, led by DoH, intended to increase the quality of service to social housing tenants with mental health issues.

### ***Joint Guarantee of Service***

The Joint Guarantee of Service (JGOS) supports local forums for the co-ordination of delivery of services to people living in social housing that have mental health problems and disorders with ongoing support needs. For further information on JGOS in your region, please contact your local DoH office.

### ***NSW Housing and Human Services Accord (the Accord)***

The Accord establishes a partnership approach across NSW Government human services for the provision of housing, health, welfare and other social support services. The Accord's aim is to ensure the most vulnerable and disadvantaged in our community receive reliable housing and support services, reducing the need for crisis intervention. The Accord sets out service principles, agency roles and commitments to plan for specific agreements regarding client groups.

### **NSW Fire Brigade**

NSW Fire Brigade 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. However, the Fire Brigade cannot inspect residential premises, even if they suspect them to be a fire hazard, without permission.

The NSW Fire Brigade does not have official procedures for dealing with a squalor situation. This means that it is up to the individual officer to determine action to mitigate the problem. From 1 May, 2006 it became compulsory for all residential accommodation in NSW to have at least one working smoke alarm.

## NSW Police

The Police are often the initial point of contact and the referring body. They are asked to check on an individual when neighbours are concerned that mail is not being collected, or a person has not been seen for some time.

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

Police work in collaboration with NSW 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

### Role and procedures of the Guardianship Tribunal

The Guardianship Tribunal is a legal body that exercises quasi-judicial powers. Its main role is to appoint guardians and/or financial managers for people with decision-making disabilities. It can also consent to medical treatment for adults who lack capacity to give their own consent.

Anyone with a genuine concern for the welfare of the person may make an application to the Guardianship Tribunal to have a guardian or financial manager appointed for the person.

On receipt of an application by the Guardianship Tribunal, the matter is allocated to a Coordination and Investigation Officer who liaises with the applicant, makes enquiries about the application and arranges a hearing date.

If an application is made for guardianship or financial management, then the person concerned must be supplied with a copy of the application, and has the right to come to the hearing and express their views about the application.

Guardianship Tribunal hearings are conducted as informally as possible. The Tribunal usually requires two medical or professional reports addressing the issue of capacity before it can make an order. The Tribunal also considers any written or oral evidence provided by professionals, family, friends and neighbours.

The Tribunal does not conduct assessments and does not have the power to compel a person to co-operate with assessments against their wishes.

The Tribunal has a free telephone enquiries service on (02) 9555 8500 (toll free 1800 463 928), which provides information and advice about 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's Enquiries service.

### **Applying for a Guardianship Order**

A Guardianship Order may be needed if a person living in severe domestic squalor has a disability which results in impaired judgement and reduced decision-making capacity. For example, a person may need help in making decisions about their living conditions and/or their accommodation.

There is no need for a guardian to be appointed if the person or their family or friends are able to resolve accommodation and services issues with service providers.

Before a Guardianship Order can be made, the Tribunal must be satisfied that:

1. the person concerned is 'in need of a guardian' within the definition in *Section 3* of the *Act*. This means that the person:

- must have a disability within the quite wide definition contained in *Section 3 (2)*, and
  - is wholly or partially incapable of managing themselves because of that disability.
2. the person lacks the degree of insight necessary to be able to make an informed decision for himself/ herself, as distinct from having the ability to express a view about such decisions
  3. matters cannot be resolved informally.

Guardianship orders are made for fixed periods, and are usually reviewed at the end of that period to assess if they are still required.

### **Guardian's Power**

When the Tribunal makes a Guardianship Order it can appoint a private guardian (such as a relative or friend) or the Public Guardian, to make decisions on behalf of that person.

A guardian is not a caseworker, but is a legally appointed substitute decision-maker responsible for making major life decisions, excluding decisions about money or financial matters. Guardianship Orders usually limit the scope of powers (functions) given to the appointed guardian.

The functions 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. The guardian can seek to have the person under guardianship admitted to a psychiatric facility as a voluntary patient under the *Mental Health Act 1990*. Coercive powers of varying degrees can be added to support this function.
- *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 care and medical and dental consent.* Decisions about health care for a person and to give consent to medical or dental treatment. Special power can also be given under *Section 46A* of the *Act* for the guardian to override any objection of the person to medical treatment.
- *Services.* Decisions about the provision of services to a person, which may include the authority to authorise such services be provided, despite the express wishes of the person.

The Public Guardian does not provide case management, organise cleaning or provide direct services, and will only act if there is strong evidence that living in a state of severe domestic squalor is placing the person's health or well being seriously at risk.

For further information, contact the Guardianship Tribunal (02) 9555 8500 (toll free 1800 463 928) [www.gt.nsw.gov](http://www.gt.nsw.gov), and Office of the Public Guardian (02) 9265 3184 (toll free 1800 451 510) [www.lawlink.nsw.gov.au/opg](http://www.lawlink.nsw.gov.au/opg)

## Role of the Office of the Protective Commissioner (OPC)

The Office of the Protective Commissioner (OPC) can be appointed to manage a person's finances by the Supreme Court, the Mental Health Review Tribunal, the Guardianship Tribunal or a visiting magistrate. When the Protective Commissioner makes 'substitute decisions' regarding a person's finances, consideration is given to their overall best interests, including their immediate and long-term needs, aspirations and family commitments. In cases of severe domestic squalor, the Protective Commissioner is only appointed if a person is incapable of making decisions about their financial affairs.

The Protective Commissioner 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.

The Protective Commissioner cannot make 'substitute' decisions about medical treatment, hospitalisation, home services and accommodation. If a decision is required in relation to these matters, the person would require the appointment of a guardian.

If a person whose estate is managed by OPC refuses entry and entry is desired to undertake an inspection of the property, then an officer from OPC, in certain circumstances, can enter, or authorise an agent to enter a property owned by a client without their consent. This can be considered if such an action is in the interests of the estate, and is required in order to exercise a function associated with the care and management of the estate. Such an action would generally only occur after the OPC has sought and considered the views of the person and any significant others.

In extreme cases, where vacant possession is required, OPC can forcibly remove a client from their property if such an action relates to the care and management of the estate. This may require a direction from the Supreme Court.

The OPC's powers are not as clearly defined in situations where a person is living in premises owned and occupied by someone else. It is generally not possible for OPC to force entry into property owned and occupied by a person who does not lack capacity, even if the OPC's client resides there.

Further information can be obtained from the Guardianship Tribunal (02) 9555 8500 or toll free 1800 463 928 ([www.gt.nsw.gov.au](http://www.gt.nsw.gov.au)) and from Office of the Protective Commissioner 1300 360 466 (local call) or toll free 1800 882 889 ([www.lawlink.nsw.gov.au/opc](http://www.lawlink.nsw.gov.au/opc))

## APPENDIX 8: Case studies

### CASE 1

An elderly male who has lived in the same private rental flat for more than 10 years, was referred to a local ACAT by his GP. He receives an aged pension and although he reliably pays rent, he spends the rest of his income on cigarettes and alcohol, leaving no money to pay for food or medication. He has chronic smoking-related lung disease, high blood pressure and leg ulcers but even though he uses a stick to walk and is unsteady, he goes out every day.

After a recent admission to hospital with a chest infection he was discharged to a nursing home. When his health improved, he insisted on returning to his home. His flat is very dirty, dark and neglected. It requires painting, has several broken windows and only one working power point. There are no carpets or floor covers.

A local charity group removed a large amount of refuse before he returned but quite a bit of rubbish has re-accumulated. He does not want anyone to approach the owner about repairs in case the rent is increased. He has been receiving home-delivered meals but refuses to pay the nominal fee and they have threatened to withdraw. Home Help refuse to provide cleaning because of the condition of the accommodation. Community nurses visit every second day to dress a leg ulcer.

He denies drinking any alcohol and has been refusing to take prescribed medications even when the purpose for these has been clearly explained. He is dishevelled, irritable and suspicious. On testing of memory and orientation he performs well, however he has significant impairment on tests of frontal lobe function.

During his recent admission to hospital, tests showed he had abnormal liver function consistent with alcohol abuse. A brain scan showed changes due to stroke-related or cerebrovascular disease. His diagnosis is dementia due to alcohol and cerebrovascular disease. He is aware his flat is 'untidy' but isn't concerned and doesn't want to consider alternative accommodation.

### Discussion

This man's neglected and unclean living conditions are a concern but do not appear to present a high immediate risk, possibly because of the recent cleaning. The fact that his home is becoming dirty again highlights the importance of ongoing supervision and follow-up where possible. He shows little awareness of any problems or the potential risks of not taking his medication, continuing alcohol abuse, loss of home services or the state of his accommodation.

## CASE 2

Mr B is a 33-year-old male with chronic schizophrenia who lives alone in a DoH bed-sit. Mr B was most recently hospitalised with an acute episode of schizophrenia over a year earlier. He has little insight and has avoided contact with mental health services since his Community Treatment Order (CTO), compelling him to comply with medication, lapsed more than six months previously. Mr B is generally suspicious and irritable and the DoH had difficulty organising a routine inspection of his accommodation. When the inspection was conducted, Mr B was found to be in a severe state of self-neglect. He has minimal furniture, but all the walls, fixtures and surfaces are severely dirty and damaged by cigarette burns and moisture. The bathroom and kitchen are in a particularly bad state and the floor has been extensively damaged by water. Mr B reports deliberately leaving taps dripping to obscure distressing persecutory auditory hallucinations. On the threat of eviction, Mr B agrees to see the mental health team but refuses to go to hospital.

### Discussion

Mr B has active psychotic symptoms possibly associated with non-compliance with treatment. Living in conditions of severe domestic squalor partly results from his psychotic symptoms. The DoH should take advantage of Mr B's consent to see the mental health team and conduct an urgent or priority assessment. Although it is likely that Mr B will require re-admission to hospital until his mental state improves (to permit cleaning and repairs and application for a further CTO) it may be possible to recommence treatment in his current accommodation. If required, the DoH may be able to provide alternative accommodation until cleaning and repairs are completed.

Based on his response to treatment and his lack of insight, it would probably be advisable for the CTO to be maintained. Educating Mr B about his condition and the need for medication and minimising any adverse affects may improve compliance. Mr B may benefit from attending a rehabilitation or living skills program.

If Mr B's capacity to maintain his own accommodation remains poor despite resolution of psychotic symptoms and compliance with treatment, consideration may need to be given to group housing, where he would have more supervision and support. Otherwise, since the risk of relapse is high, ongoing follow-up and monitoring by Mental Health Services or the DoH or both would be highly desirable. If Mr B had changed his mind and refused assessment by the mental health team, an application to conduct an assessment under the *Mental Health Act 1990* may have been required. If Mr B had continued to resist inspection, the DoH could have applied to the Consumer Trader and Tenancy Tribunal (CTTT) to issue an access order, and authorise an inspection under the *Residential Tenancy Act. 1997*. The DoH has the right to inspect public rental properties up to four times a year.

### CASE 3

Ms D, who had been living in public rental accommodation, 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 had had her electricity and gas disconnected. 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 industrial cleaning. As part of the HACC Transition Pilot Project, 28 hours of cleaning was undertaken and Ms D returned home with the follow up support of workers from Community Mental Health and Assistance with Care and Housing for the Aged (ACHA) Program. Ms D's situation had not come to the attention of neighbours, the community or public housing workers.

### CASE 4

Mr M was referred for assistance with Care and Housing for the Aged (ACHA) Care and Assessment team by DoH, who had discovered severe domestic squalor whilst undertaking a regular inspection of the property. DoH staff had also received complaints from neighbours about Mr M's behaviour including his abusive language and threats of violence affected by alcohol abuse. DoH staff attempted to negotiate the organisation and disposal of some of his hundreds of books and other items. They enlisted the aid of the ACAT's psycho-geriatrician and social worker, staff from ACHA and the Fire Brigade. Mr M vacillated 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, the DoH has a duty of care to other residents and if the property care issues pose a fire risk, the DoH would need to resolve it quickly. Additionally, council may also invoke its clean up powers if the case was deemed to be a risk to the resident or neighbours.

## CASE 5

A 62-year-old female lives in her own home unit, which is in a state of severe domestic squalor. She has a history of head injury and alcohol abuse resulting in moderate to severe frontal lobe damage. She is also noted to be in poor health and her diabetes is poorly controlled. She has a long history of refusing access, and has become verbally and physically aggressive to workers when access has been sought previously. Other residents in the block of units have complained because of the smell. Community Health services have received calls from the council and the units' body corporate. The woman has been served a notice from the council requesting her to have her property cleaned or she will be taken to court in accordance with the *Local Government Act 1993*. The Public Guardian has been appointed to make decisions on her behalf and the Protective Commissioner appointed to manage her finances. Her GP is of the opinion that, although she is extremely thin and in poor health, she does not need hospitalisation or placement in an aged care facility.

### Discussion

In this case the person was recognised to have impaired decision-making capacity and sufficient need such that the Guardianship Tribunal has appointed the Public Guardian to be a substitute decision-maker. Guardianship is decision-specific and initially only the legal authority to make decisions with relation to consenting to medical treatment and accepting home services was granted. A Guardianship Order is usually limited in time and scope. It is the responsibility of the Guardian to review the person's circumstances and act in the best interests of the person. Although the person may not have the capacity to make decisions, they may still be able to express a view or preference and where possible this should be taken into account. Although the Guardian has legal authority for making decisions on the person's behalf, it is the job of others, such as a case manager (if there is one) to implement those decisions.

Sometimes, areas of decision-making initially granted by the Guardianship Tribunal may be insufficient. It may become apparent that the substitute decision-maker also needs authority to make decisions on behalf of the client in other areas, such as a change of accommodation. Alternatively, it may be impossible to implement an order without the use of force, in which case 'coercive powers' will be required. Authority for decision-making in other areas or the use of 'coercion' requires a further application to the Guardianship Tribunal.

## CASE 6

Mr A. is a 70-year-old man who lives alone in his own home. He was referred to mental health services by his neighbour, who was concerned that he was in a severe state of self-neglect, and that his mental and physical health were declining. The neighbour reported seeing Mr A. talking to himself, and that he was becoming increasingly pale and losing weight. His house was extremely neglected and dilapidated. There were several holes in the roof, no glass in the windows, no electricity and no water.

Mental health services visited his home on several occasions but Mr A. was never at home or refused to answer the door. He did not respond to written requests to see him sent in by mail. He was not known to have any living friends or relatives. Mental health records confirmed Mr A. had been admitted to hospital 30 years ago with schizophrenia, but was not known to have had any contact since. Mr A. was known to the local council, who had received complaints in relation to the neglected state of the property, and that the yard and garden were over-grown. The council had cleared the yard on several occasions after his failure to respond to compulsory orders under the *Local Government Act*. Mr A.'s rates were in arrears, but he made payments from time to time and last visited the council offices several months before. Otherwise, Mr A. is not known to have caused any problems and is not known to be a danger to himself or others.

### Discussion

Based upon the report of his neighbour, Mr A. may be at risk (from untreated mental illness, self neglect, poor nutrition) and further assessment is warranted. Whether further intervention is required will depend upon whether or not it is possible to see Mr A. at his home (or elsewhere) and his willingness to cooperate. Assuming it is possible to contact him, and he agrees to an assessment, a number of areas need to be addressed.

### **Medical and psychiatric assessment.**

As Mr A. has hallucinatory behaviour and a past history of mental illness, mental health services (the local psycho-geriatric service or crisis team, for example) would need to undertake the initial assessment. They would then determine whether further assessment by other medical specialists is required. Sometimes a person may agree to see a general practitioner or a geriatrician (from the ACAT for example) before seeing a psychiatrist.

Because of the suggestion of physical health problems and nutritional deficiencies (weight loss and pale appearance) a review of Mr A.'s physical health is likely to be indicated in any case. A physical examination and further investigations, such as blood tests, may also be required. In less urgent situations, workers from the Assistance

with Care and Housing for the Aged program and non-government organisations are sometimes able to forge an initial relationship with the client and obtain their consent to arrange medical appointments.

**Assessing capacity.** An important question to be addressed from the outset is whether or not Mr A. has the capacity to decide whether or not he needs to receive further medical treatment (e.g. medications, hospitalisation, investigations) and remain in his current accommodation. He needs to be able to understand the options available to him and the potential benefits and risks associated with each of these.

**Environmental and public health assessment.** Severe domestic squalor can present the following significant health risks to the occupant, to neighbours and to the local community: fire from the accumulation of large quantities of flammable material; rodents and other pests; and the spread of disease associated with lack of running water or lack of sewage. If these concerns are apparent in Mr A.'s case, it would be necessary to notify Environmental Health Officers (EHOs) with the local council.

**Cleaning.** Cleaning is often difficult to organise and to pay for. If Mr A.'s living conditions are extreme and there are concerns about exposure to human waste, body fluids, excretions and an infection risk, 'forensic' cleaning may be required. The local council may be able to provide contact details for local cleaning services and assist with removal of property and rubbish. In milder cases, with less infectious risk, particularly if Mr A. were voluntarily accepting assistance, some NGOs (such as Mercy Arms or the Brown Sisters) may undertake some of the cleaning themselves. A small amount of funding is available from the Department of Ageing, Disability and Home Care (DADHC) to broker cleaning services in some cases.

### **What happens if Mr A. persistently resists assessment and/or intervention?**

Should Mr A. be continually unavailable for assessment and the concerns in relation to his health and living conditions persist, there are several ways in which his case could be dealt with. These are likely to be influenced by which service has had the most involvement. In Mr A.'s case, this would be mental health services and the local council. A joint approach (taking as much care to maintain confidentiality as possible), with one service taking on the role of the 'lead agency' and identifying a coordinator or 'key worker', is probably the ideal. Continuing efforts should be made to engage Mr A. and convince him to accept help voluntarily.

If Mr A. continues to resist, legal authorisation to enter his home to conduct an assessment, is required. If there is evidence of a likely mental illness, mental health services could apply to the local court for authority to conduct an assessment under the *Mental Health Act*. This

would permit a psychiatrist to enter his home (in the presence of Police and, if necessary, by force) to enable a medical examination, including an assessment of capacity and risk.

If Mr A. were determined to be mentally ill and at risk, the psychiatrist could request the police to hospitalise him for further assessment and/or treatment under the *Mental Health Act 1990*.

If authority to undertake an assessment was not granted to the mental health services, then the council could invoke its powers under the amended *Local Government Act 1993* and order a clean up without Mr. A.'s consent.

## APPENDIX 9: NSW Government and non-Government agencies<sup>8</sup>

### Government

<p><b>Department of Local Government</b> O'Keefe Avenue Nowra NSW 2541 Phone: (02) 4428 4100 <a href="http://www.dlg.nsw.gov.au">www.dlg.nsw.gov.au</a></p>	<p><b>Department of Community Services</b> 4-6 Cavill Avenue Ashfield NSW 2131 Phone: (02) 9716 2222 <a href="http://www.community.nsw.gov.au">www.community.nsw.gov.au</a></p>
<p><b>Department of Health (NSW)</b> 73 Miller Street North Sydney NSW 2060 Phone: (02) 9391 9000 <a href="http://www.health.nsw.gov.au">www.health.nsw.gov.au</a></p>	<p><b>Commonwealth Carelink Centre</b> GPO Box 9848 Sydney NSW 2001 Phone: 1800 052 222 <a href="http://www.commcarelink.health.gov.au">www.commcarelink.health.gov.au</a></p>
<p><b>Department of Disability, Ageing and Home Care (NSW)</b> Level 5, 83 Clarence Street Sydney NSW 2000 Phone: (02) 8270 2000 TTY: (02) 8270 2167 (Hearing Impaired) <a href="http://www.dadhc.nsw.gov.au">www.dadhc.nsw.gov.au</a></p>	<p><b>Aged and Community Care Information Line</b> GPO Box 9848 Canberra ACT 2601 Phone: 1800 500 853 <a href="http://www.seniors.gov.au">www.seniors.gov.au</a></p>
<p><b>Office of the Protective Commissioner</b> Level 15, 133 Castlereagh Street Sydney NSW 2000 Phone: 1300 360 466 (local call) 1800 882 889 <a href="http://www.lawlink.nsw.gov.au/opc">www.lawlink.nsw.gov.au/opc</a></p>	<p><b>Office of the Public Guardian</b> Level 15 133 Castlereagh Street Sydney 2000 Phone: (02) 9265 3184 Toll-free: 1800 451 510 <a href="http://www.lawlink.nsw.gov.au/opg">www.lawlink.nsw.gov.au/opg</a></p>
<p><b>Guardianship Tribunal</b> Level 3, 2a Rowntree Street Balmain NSW 2041 Phone: (02) 9555 8500 Toll free 1800 463 928 <a href="http://www.gt.nsw.gov">www.gt.nsw.gov</a></p>	<p><b>Police (NSW)</b> 1 Charles St Parramatta NSW 2150 Phone: (02) 9281 0000 (ask for local station) <a href="http://www.police.nsw.gov.au">www.police.nsw.gov.au</a></p>
<p><b>Department of Housing (NSW)</b> 223-239 Liverpool Street Ashfield NSW 2131 Phone: Toll Free 1800 629 212 <a href="http://www.housing.nsw.gov.au">www.housing.nsw.gov.au</a></p>	<p><b>Fire Brigade (NSW) Risk Management Directorate</b> Locked Bag 12 P.O. Greenacre NSW 2190 Phone: (02) 9742 7400 <a href="http://www.nswfb.nsw.gov.au">www.nswfb.nsw.gov.au</a></p>
<p><b>Office of Fair Trading</b> 1 Fitzwilliam Street Parramatta NSW 250 Phone: 13 3220 <a href="http://www.fairtrading.nsw.gov.au">www.fairtrading.nsw.gov.au</a></p>	<p><b>Aboriginal Housing Office</b> Level 6, 33 Argyle Street Parramatta NSW 2050 Phone: (02) 8836 9444 <a href="http://www.aho.nsw.gov.au">www.aho.nsw.gov.au</a></p>

<sup>8</sup> This is not an exhaustive list of services, but rather a starting point for information. Most government agencies have state-wide coverage, while some non-government agencies may extend to or provide information on similar services in other areas of NSW.

## Non-Government

<p><b>Assistance with Care and Housing for the Aged (ACHA) Uniting Care</b>            1 Glover Street            Leichhardt NSW 2040            Phone: 9810 1561</p>	<p><b>Brown Sisters Inner City</b>            12 Leichhardt Street            Darlinghurst NSW 2010            Phone: 9360 543</p>
<p><b>Mercy Arms Community Care</b>            (for Botany, City of Sydney, Hurstville, Kogarah, Leichhardt, Marrickville, Randwick, Rockdale, Waverley and Woollahra)            Ph: 1800 225 474</p>	<p><b>Mercy Community Care, Lower North Shore</b>            (for Mosman, Lane Cove, North Sydney, Willoughby)            Ph: 8425 7100</p>
<p><b>Mercy Community Care, Thornleigh</b>            (for Hornsby/Ku-ring-gai, Ryde/Hunters Hill and Manly/Warringah/Pittwater)            Ph: 9479 3333</p>	<p><b>St Lukes Community Home Care</b>            18 Roslyn Street            Potts Point NSW 2011            Phone: (02) 9356 0424</p>
<p><b>Alcohol and Drug Information Service (ADIS)</b>            St. Vincent's Hospital,            Victoria Street            Darlinghurst NSW            Free call outside Sydney: 1800 422 599            Phone: 9361 8000  <a href="http://wwwsvh.stvincents.com.au/drugsandalc.htm">wwwsvh.stvincents.com.au/drugsandalc.htm</a></p>	<p><b>Tenants Advice and Information Service</b>            88 Bettington Street            Millers Point NSW 2000            Phone: (02) 9251 6590            Freecall: 1800 251 101  <a href="http://www.tenants.org.au">www.tenants.org.au</a></p>
<p><b>Multicultural Disability Advocacy Association</b>            40 Albion Street            Harris Park NSW 2150            Phone: (02) 9635 5355  <a href="http://www.mdaa.org.au">www.mdaa.org.au</a></p>	<p><b>Aboriginal Medical Service</b>            P.O. Box 1174            Strawberry Hills NSW 2012            Phone: (02) 9319 5823</p>
<p><b>Ethnic Communities Council</b>            221 Cope Street            Waterloo NSW 2017            Phone: (02) 9319 0288  <a href="http://www.eccnsw.org.au">www.eccnsw.org.au</a></p>	<p><b>RSPCA</b>            201 Rookwood Rd            Yagoona NSW 2199            Phone: (02) 9770 7555  <a href="http://www.rspcansw.org.au">www.rspcansw.org.au</a></p>

## APPENDIX 10: Table of abbreviations

<b>ACAT</b>	Aged Care Assessment Team
<b>ADIS</b>	Alcohol and Drug Information Service
<b>CACP</b>	Community Aged Care Packages
<b>CTO</b>	Community Treatment Order
<b>CTTT</b>	Consumer Traders and Tenancy Tribunal
<b>DADHC</b>	Department of Ageing, Disability and Home Care
<b>DoCS</b>	Department of Community Services
<b>DSP</b>	Disability Services Programs
<b>DoH</b>	Department of Housing
<b>EHO</b>	Environmental Health Officer
<b>FMO</b>	Financial Management Order
<b>HACC</b>	Home and Community Care
<b>MERIT</b>	Magistrates Early Referral into Treatment Program
<b>NGO</b>	Non-government organisation
<b>OPC</b>	Office of the Protective Commissioner
<b>OPG</b>	Office of the Public Guardian

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