

Make Safe

Guidance for services working with people living with hoarding and environmental neglect

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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people.

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# Acknowledgements

We acknowledge the Traditional Owners of Country throughout Victoria and pay respects to their Elders past and present. We acknowledge that Aboriginal self-determination is a human right and recognise the hard work of many generations of Aboriginal people.

We are committed to safe and inclusive workplaces, policies and services for people in LGBTIQA+ communities and their families.

# Introduction

We need to acknowledge and support people living with hoarding behaviour or with environmental neglect. This will help them manage their living situation so they might live safely with minimal risk to themselves and the community. This document provides guidance on Make Safe services. Make Safe services involve a range of organisations in collaboration.

Hoarding behaviour and environmental neglect can cause issues in a person’s life for:

* those they live with, including children
* animals
* people living close by.

These situations may lead to legal and government policy impacts. They can affect the person’s daily living due to issues related to:

* sanitation
* fire risk
* mental health
* physical health
* animal protection
* building safety.

In Victoria, a range of organisations and providers have built expertise in responding to and supporting people in hoarding and environmental neglect situations. These include:

* community organisations
* healthcare providers
* local councils
* state government agencies
* regulatory bodies
* emergency services
* social and public housing providers
* animal welfare services
* private providers.

This experience helps deliver an integrated approach to supports and interventions. It helps to make the person and environment safe.

This guide replaces *Hoarding and squalor: a practical resource for service* *providers* developed by the Department of Health (Victoria) in 2013.

## Department of Families, Fairness and Housing

The Department of Families, Fairness and Housing develops and delivers policies, programs and services that support the wellbeing of all Victorians. We take a broad view of:

* the causes of ill health
* the drivers of good health
* the social and economic context in which people live
* the incidence and experience of vulnerability.

This allows us to place people at the heart of policymaking, service design and delivery.

The department covers:

* child protection
* prevention of family violence
* housing
* disability
* multicultural affairs
* LGBTIQA+ equality
* veterans
* the offices for women and youth.

The department provides a range of services to people with complex needs. This includes inter-departmental initiatives and funded services provided by the sector. Responding to complex needs aligns with the department’s policies. Our policies support the government’s objectives in working to improve access to:

* services
* outcomes
* self-determination for Aboriginal people.

**More information:** [Department](https://www.dffh.vic.gov.au/sites/default/files/documents/202110/DFFH%202021%20strategic%20plan.pdf) of Families, Fairness and Housing *Strategic plan 2022–2023* https://www.dffh.vic.gov.au/publications/dffh-strategic-plan

## Homes Victoria

Homes Victoria works across the government, industry, social housing and homelessness sectors. It provides stable and secure homes such as:

* public housing
* community housing
* crisis and transitional housing
* affordable housing.

The principle that having a safe home is the foundation for a person’s health and wellbeing underpins Homes Victoria.

**More information:** [Homes Victoria](https://www.homes.vic.gov.au/) https://www.homes.vic.gov.au/

## Audience and purpose

This guide prioritises coordinated, collaborative and integrated service responses to people living with hoarding and environmental neglect. Make Safe aligns with the practices of organisations delivering supports in:

* social health
* welfare
* physical health
* wellbeing.

In doing so, the guide reinforces intersection and partnership across the range of organisations and workers who respond to the risks and needs of people who hoard and live with environmental neglect. The range of organisations likely to be engaged are:

* community sector organisations, including Aboriginal Community Controlled Organisations
* local council officers
* health services
* emergency services
* Victorian state government officers
* emergency services
* social and public housing providers
* animal welfare services
* private service providers.

The guide provides contextual and practical information to:

* strengthen the capacity of organisations to respond well
* foster collaboration when responding to hoarding situations
* prioritise a harm reduction and tenancy maintenance approach.

The guide does not attempt to capture all role or legal requirements in engaging with a person.

## Using this guide

This guide places the person at the centre of the service response. Each person with a lived experience of hoarding needs a tailored approach to supporting them. The approach should be based on their circumstances, needs and choices.

Sometimes a person’s choices have a negative impact on others. This includes dependants, animals and neighbours. In these cases, a range of help may be needed. Those that may have to take action to mitigate risks and improve safety and wellbeing include:

* community services
* health services
* local government
* emergency and statutory officers.

The guide is in 2 parts:

* Section 1 outlines the Make Safe service response and gives context about hoarding.
* Section 2 steps out the Make Safe service response for delivering supports. It outlines practical interventions to mitigate the safety risks and respond to social support needs.

This guide does not replace expert advice or focus on treatment for people with hoarding or environmental neglect.

Section 1: Context

# Framing for service responses

This section establishes the broad frame for the Make Safe service response. This includes the principles for:

* service system collaboration
* client voice
* consent
* human rights and privacy.

## What is the Make Safe service response?

The Make Safe service response is not a funded program, entity, funding model or initiative. It doesn’t sit with any one service or organisation.

It is a community-based practice approach for the different organisations that might engage with a person with hoarding and/or environmental neglect. Its purpose is to reduce or remove safety risks for the person, their family, carers and those living close by.

The Make Safe response takes a harm reduction approach. It focuses on identifying and addressing risks. It centres on protecting the person where their hoarding or environmental neglect may compromise their housing tenancy.

The response is not a linear one. It may be necessary to move back and forth between actions in response to emerging issues (Figure 1).

Figure 1: Make Safe service response

This figure shows the flow through the following stages:
Referral and consent
Initial engagement
Initial risk and needs identification and response
Assessment of risk for planning
Action planning for harm reduction
Continuing social supports
Monitoring for environment maintenance

Make Safe builds on existing service arrangements for responding to people with complex needs who may pose a risk to themselves or others. To reduce harm and maintain their tenancy, the person may benefit from community-based supports delivered through collaborative practice.[[1]](#footnote-2)

The Make Safe response involves organisations working together to provide a comprehensive response. These include:

* multidisciplinary support organisations (for example, housing, community, mental health)
* government agencies (for example, local councils)
* statutory bodies (for example, child protection services)
* emergency (for example, Fire Rescue Victoria)
* private businesses (for example, cleaning services).

Make Safe involves a shared understanding between organisations about the person’s situation, risks and needs. It means having practices and strategies that are jointly communicated and implemented by organisations with varying and specific roles. This interagency effort aims to help the person, their family and carers to manage the safety issues and risks in their living environment. It also aims to improve their access to supports associated with hoarding. The response does not focus on diagnosis or treatment. Referrals to relevant social, health and treatment supports may occur as appropriate.

Make Safe aligns with Fire Rescue Victoria’s approach to interagency collaboration and risk reduction efforts. This guide commits to ensuring safe access to a property for the person and others, such as emergency services, even if there is still items accumulated in the living environment.

## Person-centred voice

Make Safe has 5 principles for facilitating person-centred voice at the individual, organisational and system levels:

* The client voice is essential for quality and safety.
* Clients have expertise.
* The client voice is part of everyone’s role.
* There are many client voices.
* The client voice leads to action.

**More information:** [Client voice framework for community services](https://www.dffh.vic.gov.au/publications/client-voice-framework-community-services) https://www.dffh.vic.gov.au/publications/client-voice-framework-community-services

## Service system collaboration principles

This guide reinforces collaborative systems and processes in place between organisations in local communities.

It is important to have a multidisciplinary approach that can respond to the range of support needs and practical issues arising for the person. A strength for organisations working together is that expertise, skill, problem-solving and risk and harm reduction mitigation can be shared.

The guide also applies the following principles to service coordination:

* Place the person at the centre of interventions with the presumption of competence for engagement.
* Reflect commitment to a person’s agency and self-determination for priority setting and decision making.
* Promote a person’s, a child’s or animal’s safety and wellbeing as a priority.
* Respond inclusively to a person’s unique social, cultural and language status.
* Respond inclusively to existing relationships that are important to the person.
* A person’s capacity is regularly evaluated and confirmed.
* Use a cross-sectoral approach that exercises the specific roles, skills and experience of all support and regulatory organisations.
* Respond with trauma-informed practice.
* Use risk assessments and due diligence to inform person-centred action planning, including duty of care interventions as needed.

## Human rights

The *Victorian Charter of Human Rights and Responsibilities* *Act 2006* (Vic) (the Charter)[[2]](#footnote-3) is Victorian legislation. It applies to:

* all public authorities
* Victorian state and local government departments and organisations
* people or organisations delivering services on behalf of the Victorian Government.

It requires that they:

* act compatibly with the human rights outlined in the Charter
* consider human rights before making any decision.

The Charter further applies to an entity established under statute that has functions of a public nature. It applies to entities performing a public function for or on behalf of the Victorian Government.

The rights protected in the Charter include:

* recognition and equality before the law
* right to life
* protection from torture and cruel, inhuman or degrading treatment
* freedom from forced work
* freedom of movement
* privacy and reputation
* freedom of thought, conscience, religion and belief
* freedom of expression
* peaceful assembly and freedom of association
* protection of families and children
* taking part in public life
* cultural rights
* property rights
* right to liberty and security of person
* humane treatment when deprived of liberty
* fair hearing
* rights in criminal proceedings.

Section 7(2) of the Charter allows authorities to limit a person’s human rights under certain circumstances. But these limitations under law must be justified in a free and democratic society based on human dignity, equality and freedom.

Under s38(1) of the Act, it is unlawful for a public authority to act against a human right. They must give it proper consideration when making decisions that affect others. There are exceptions under s38(2) of the Act to the rule. It is important to explore all alternatives and avenues first. This must show that the public authority could not have reasonably acted differently or made a different decision. This must be in keeping with a statutory provision or provision made by or under an Act or the Commonwealth or otherwise under law.

For example, some laws allow authorities to act under circumstances that could otherwise conflict with a person’s human right. These include laws related to:

* privacy
* capacity
* mental health
* animal protection
* public and environmental health.

It is always wise for organisations to ensure their policies, procedures and practices account for human rights outlined in the Charter.

## Privacy considerations

All service responses need to consider privacy and follow the requirements of relevant organisational policies and procedures, and existing legislation. Refer to [Referral and consent](https://dhhsvicgovau.sharepoint.com/sites/DisabilityandComplexClientsPracticeAdviceandSupport/Shared%20Documents/Programs,%20projects%20and%20evaluations/Projects/Hoarding%20Guide/Draft%20with%20CNT%20-%20working%20document/Current%20draft%20and%20docs%20to%20complete%20process/Referral%20and%20consent) for more on applying these in practice.

### Protection of the person’s information

Privacy and confidentiality are separate and distinct concepts. Both are key issues to consider in all elements of service coordination and referral.

Confidentiality is an obligation of confidence. This is generally owed by the recipient of information to the provider of the information. It is about controlling the disclosure of information. And it often deals with information other than personal information. Confidentiality applies to information that is confidential to one of the parties for any reason. This is regardless of whether privacy legislation protects that information.

Privacy laws regulate the collection, use, storage and disclosure of ‘personal information’ and ‘health information’:

* The *Privacy and Data Protection Act 2014* (Vic)[[3]](#footnote-4)definespersonal information as information or an opinion about a person where their identity is clear or where someone could reasonably work out that it related to that person. Some personal information is particularly sensitive. These types of information are subject to higher protections under the Act.
* The *Health Records Act 2001* (Vic)[[4]](#footnote-5) defines personal information that relates to the health of an individual, or that is collected while a person is receiving a health service, as ‘health information’.

### Use and disclosure of personal information

All organisations and their workers must ensure they handle personal (which includes sensitive information) and health information in keeping with privacy legislation.

Also, an organisation’s own policies and procedures should set out formal processes for collecting, storing, using and disclosing personal and health information. These must be consistent with the relevant legislation. Policies should establish processes for obtaining and documenting consents. Polices should cover:

* collection
* handling
* disclosure
* sharing of health and personal information.

#### Consent

When collecting personal or health information, an organisation should get the person’s consent to collect the information. This should cover the proposed use and disclosure of that information. In general, information gathered or collected about a person who has appropriate capacity should only be shared with someone else, including another agency or service, with the consent of that person.

Get the person’s consent before providing services. Record the person’s consent in writing.

Verbal consent might be a suitable and at times a necessary first step in some circumstances. But if consent is verbal, it should be recorded in the person’s file. Confirm any verbal consent later in writing.

Under privacy legislation, an organisation collecting personal or health information must at the time of consent provide a privacy collection statement that sets out:

* the purpose for which the information is being collected
* why and how the organisation collects it
* how the agency uses the information
* if and how the information may be shared
* the legal context that governs the collection, storage, handling, use and disclosure of the information
* where to get more information on privacy at the organisation (for example, access to the organisation’s full privacy policy).

#### Sharing personal or health information for making a referral

When referring a person from one organisation to another, the referring organisation must ensure:

* the person concerned has consented to the disclosure of their personal and health information to the recipient organisation, or
* the disclosure of that information to the recipient organisation by the referring organisation is allowed under privacy law.

Inform the person (and their carer/guardian, if relevant) of their privacy and confidentiality rights. Clarify the limitations on these rights as well. Exceptions to restrictions on disclosing personal information and health information include:

* where the use or disclosure is for a purpose that is directly related to the primary purpose for which the information was collected, and the person concerned would reasonably expect the information to be used or disclosed for that secondary purpose
* where other legislation allows or requires the disclosure of the information
* where the disclosure is necessary to lessen or prevent serious and imminent threat to the life, health, safety or welfare of an individual. Generally, for this exception to apply, there must be a clear and serious threat to an identifiable person of serious bodily injury or death.

Information may also be used or disclosed for a secondary purpose and without the need for consent (when meeting other important legal criteria). Note: Check with a manager or consult a legal advisor for the appropriate application of any of these exceptions.

#### Sharing personal or health information for care/action planning

Following referral, Make Safe involves collaborative practice and information sharing across the organisations providing services to the person.

As part of the approach, feedback and communication is essential between organisations. This can include:

* acknowledging the receipt of a referral
* noting actions the organisation will take
* continued partnership informing joint care/action planning.

Explain consent for this sharing in the privacy collection statement.

Organisations that provide services to the person should agree the approach to disclosing information. This will ensure information sharing is consistent with privacy legislation and their own policies and protocols.

Other considerations may include:

* what the legislative, legal and ethical restrictions on disclosure of the relevant information are and which may prohibit an organisation and their workers from sharing information about the person without their permission unless an exception applies
* under what circumstances an organisation will allow another organisation access to its records containing personal information
* on what conditions an organisation will provide a written report containing personal information to another organisation, and what personal information will be included
* whether an organisation releases personal information needed in a legal tribunal, or whether disclosure will only be made in response to a subpoena
* if the worker needs all the personal information they propose to collect (noting that organisations should only collect information necessary for the purpose)
* whether people who provide information over the telephone or the internet or in person get clear notice about how the information will be used and disclosed.

### Recording personal and health information

Store the privacy collection statement and written consent together in the organisation’s files. This ensures what the person has consented to is recorded.

Organisations should document and record all engagements with a person. This should be consistent with legislation and their own policies and procedures. This includes:

* contact dates
* people involved
* issues discussed
* follow-up actions taken, including referrals.

Privacy requirements state that all personal information collected on any person, or their carer, should be handled in the strictest confidence. This includes recording information on the person’s files. Preserve files confidentiality, particularly if notes are recorded for other family members and stored in the same file. If possible, store notes for each person in separate files.

Store personal information securely so there is a low risk of it being accessed without authority or disclosed in error.

The person may also request a statement of what personal or health information about the person the organisation holds.

# Understanding hoarding

This section explores key concepts associated with hoarding and environmental neglect.

There is a difference between:

* people who are ‘collectors’
* people who live in cluttered environments
* hoarding as a behaviour and as a mental health diagnosis
* environmental neglect.

Individualise responses – people might not fit into neat categories.

It is also important to note there is intersection between these behaviours and presentations. For example, hoarding may become significant enough to prohibit the intended use of an area. This could lead to the person living in and using unsafe and unhygienic practices. Also, where animals are accumulated and not kept clean or cared for, or where organic matter is not cleared, environmental neglect develops. Hoarding can accompany environmental neglect. But hoarding may not always result in an environment that is unsanitary or pose health-related risks.

## Common language

It is important that as workers engage with the person and each other that they understand common terms associated with hoarding. This helps to contextualise some of the issues and challenges that a person may experience. It also helps frame the service responses required.

### Avoiding the term ‘squalor’

‘Squalor’ is a well understood and recognised term often used to describe an unsanitary and/or hazardous living environment. This environment has arisen from extreme and/or prolonged neglect and poses health and safety risks to people or animals living in the affected premises. It might also affect others in the community.

Squalor carries a range of negative subtexts that encompass aspects of filth, poverty and neglect. These are often associated with impoverished or unsanitary living conditions.

In good faith, the intended use of the term is to describe the environment. But, today, the term can hinder respectful and productive service responses. This is informed by person-centred practice approaches and labelling theory. The term may impact on the Make Safe service response through:

* stigmatisation
  + it implies a judgemental and negative attitude towards someone’s living environment
  + association of the term with the social characteristics of the person, perpetuating a negative stereotype of the person and perhaps reinforcing social isolation
* misdirected focus
  + focus is on the visible effects of the environment and not the person’s relationship to their home, its importance and value
  + fails to recognise the living environment as a manifestation of emotional issues
* barriers to communication and supports
  + perception of judgement may discourage people from help-seeking[[5]](#footnote-6)
  + not allowing for aligned interventions and supports for the person, creating defensiveness and resistance hinders productive collaboration with the person on action planning for immediate and longer term safety and support needs.

This guide preferences the term ‘environmental neglect’. This is a more neutral term for a living environment that is in a state of disorganisation with evidence of disrepair. It often involves the accumulation of items, animals, waste (for example, animal and human waste, rubbish, food) that result in areas that cannot be used safely for their intended purposes. The environment has progressed to a threshold beyond hoarding alone and has become unsanitary, hazardous and unsafe. It poses health and safety risks to people or animals living at and visiting the premises, and neighbours or the local community.

### Collecting and clutter

Collectors tend to save items of a particular type or theme – for example, dolls or military materials. The collected items provide a source of pleasure and may be on display or organised in storage. The collection may take over part of the home but not limit the use of the home or pose safety risks. Although the collecting may have financial implications, it does not impair the person’s participation in work, community or wellbeing.[[6]](#footnote-7)

Typical clutter involves a disorganisation of non-purposely accumulated items that are often found in storage areas (sheds, cupboards, spare rooms). These items may be annoying or cause a low level of stress or concern but do not prevent the person from using the spaces or pose risks to them and others. The notion of removing the items does not cause distress. People may have a cluttered living environment for various reasons. For some people, these reasons include that they may not have the capacity to remove accumulated items (for example, physical capacity). A key issue associated with clutter will be its location and the degree to which it is impacting on living in the environment. Also relevant is if it is posing health and safety risks to the person, others in the environment or living nearby.

### Hoarding behaviour and disorder

Hoarding is a term used to describe where a person:[[7]](#footnote-8)

* acquires too many possessions (unplanned, excessive, uncategorised collections)
* has difficulty organising the possessions (creates disorganisation in living spaces that then cannot be used as intended)
* has difficulty discarding or getting rid of the possessions when they are no longer useful or needed (the thought of or moves to remove the items causes distress).

Hoarding behaviour and hoarding disorder are related conditions, but they differ in:

* severity
* impairment
* classification within the field of mental health.

Hoarding behaviour may not meet the criteria for a clinical diagnosis of hoarding disorder.[[8]](#footnote-9)

Estimates on the prevalence of hoarding disorder worldwide range between 1.5% and 6%.[[9]](#footnote-10)

Hoarding disorder is listed in the *Diagnostic and statistical manual*, 5th edition (DSM-5)[[10]](#footnote-11) as a mental health condition. The DSM-5 prescribes 3 criteria justifying a diagnosis:[[11]](#footnote-12)

* persistent difficulty discarding or parting with possessions, regardless of their actual value
* this difficulty is due to a perceived need to save the items and to the distress associated with discarding them
* the difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (for example, family or authorities).

The hoarding causes clinically significant distress or impairment in social, occupational or other important areas of functioning (including maintaining a safe environment for oneself or others).[[12]](#footnote-13)

### Passive decline

Passive decline reflects a situation where a person may no longer have the capacity to discard items that are accumulated through routine living (waste, broken furniture). Passive decline and waste accumulation can create a cycle of poor living conditions and health outcomes. This may include:

* people in chronic pain
* older people without supports
* people with physical or cognitive impairments that pose difficulties in completing tasks.

In some situations, people may not ask for help because of a fear that they might be forced to move out of their home.[[13]](#footnote-14)

## Contributory factors

The causes of hoarding behaviour and disorder are complex. This guide provides general information to help deliver sensitive service responses.

There is a raft of international research and clinical work that explores various aspects of hoarding. This includes potential connections with trauma and other psychological factors.[[14]](#footnote-15)

### A biopsychosocial understanding

Tolin[[15]](#footnote-16) emphasises a biopsychosocial approach to understanding hoarding:

* biological factors – genetic predispositions or differences in brain structure and function that can contribute to hoarding behaviour
  + some research has suggested that certain neurological characteristics may link to hoarding tendencies
* psychological factors – a person’s thoughts, emotions and mental health
  + people with hoarding disorder often have unique cognitive and emotional processes that play a role in their hoarding behaviours (for example, difficulties with decision making, emotional attachment to objects and perfectionism often links with hoarding)
* social factors – person’s environment, upbringing and social interactions[[16]](#footnote-17)
  + trauma and adverse life events, such as loss or significant stress, are social factors that can contribute to hoarding
  + family histories and cultural influences can play a role in shaping a person’s hoarding tendencies.

The relationship between trauma, object attachment, attachment theory and hoarding symptoms and disorder is explored in research. There is some evidence of complex patterns of exposure to adverse trauma. It is an area for continued future research for improved understanding.[[17]](#footnote-18),[[18]](#footnote-19) For example, victim survivors of family violence may present hoarding behaviour.

**More information:** [Trauma-informed practice](file:///C:/Users/akop0501/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/GWHS4386/Trauma-informed%20practice) https://www.dffh.vic.gov.au/publications/framework-trauma-informed-practice

### Early intervention

It is important for organisations to identify and help a person experiencing hoarding or living in environmental neglect as early as possible.

The American Psychiatric Association[[19]](#footnote-20) states that the hoarding symptoms start in childhood or adolescence (typical onset is around age 16) and it is chronic and progressive.

Some early signs that may, but not always, suggest a person has hoarding behaviours are:

* difficulty letting go of things (throwing away, selling, recycling, giving away)
* clutter that makes it difficult to move throughout the home
* piles of items that keep tipping over (newspapers, magazines, mail)
* sleeping with items on the bed
* trouble organising and categorising
* trouble making decisions
* spending time moving things from pile to pile without letting go of items
* problems with attention
* excessive shopping or collecting free things
* not realising the seriousness of the problem.

The impact of hoarding behaviour becomes more burdensome with age.

## Hoarded items and animals

Hoarding may take several forms, with varying items or animals and methods of collection.[[20]](#footnote-21),[[21]](#footnote-22)

This section provides a general overview but does not replace individual assessment and understanding for each person. It does not set out local laws of each government municipality.

While not exhaustive, the following items are often hoarded:[[22]](#footnote-23)

* hobby/craft material (art materials, bones, stamps, shells, timber, wool)
* information (advertisements, business cards, receipts, maps, medications)
* personal (coats, perfume bottles, phone messages, photographs, shoes)
* sentimental (clothes, blankets, children’s art, letters)
* useful things (building materials, metal/tin, bags, containers, product samples).

Some people accumulate large numbers of animals. Sometimes this will be hoarding and sometimes it will not. What makes up a ‘large’ number will often depend on whether the number complies with local laws. For example, in one council area, each household can have set limits on the types of species of animal such as 2 cats per household and 8 chickens. Any intervention must be clear on local laws to test against a subjective impression of animal hoarding.

Where animals are hoarded, some people don’t meet minimal standards of care. Some fail to act on any deterioration of the animals and their environment. The Royal Society for the Protection of Animals identifies animal hoarding as animal cruelty if it results in:

* animal neglect, or
* the failure to provide for the animals’ essential needs.

Due to a lack of insight, people who hoard animals may disagree that they are being cruel to their pets. This is because they feel genuine emotional attachment to them.[[23]](#footnote-24) Sometimes they act as individuals or may present as an animal rescue service. They may have an overwhelming sense of responsibility for the animals. They might believe they have an innate ability to communicate and empathise with them.[[24]](#footnote-25)

## Hoarding risks

Hoarding and environmental neglect pose a range of public health, fire, safety and personal health problems for:

* the person who hoards
* others in the environment
* animals
* people living nearby in some cases.

Also, people living in a hoarding and environmental neglect situation may be at increased risk of compromise to their health and wellbeing due to the conditions of the environment. This includes people who:

* have health conditions
* have other specific wellbeing vulnerabilities
* are dependants.

Risks associated with hoarding and environmental neglect are critical to understanding their management through Make Safe. This section outlines some key interrelated risks.

### Fire risk

Fire Rescue Victoria and the Country Fire Authority are responsible for emergency responses in all hazards and the safety of the community. Fire Rescue Victoria indicates that hoarding increases the risk of fire, where:[[25]](#footnote-26)

* the accumulation of items results in a high fuel load and greater opportunity for ignition
* blocked exists and narrow pathways result in blocked access for occupants and firefighters
* unsafe or non-functioning utilities result in uncommon practices such as candles for light and portable stoves for cooking or heat.

After a fire incident in a home with hoarding, the high fire risk remains and is sometimes increased. This occurs when damage to infrastructure such as utilities (gas, electricity and water) or fixed appliances increases the likelihood of the person using unsafe or unusual methods to:

* prepare a hot meal
* stay warm
* have lighting in their home.

### Physical safety risk

Physical safety risks associated with hoarding behaviour include:

* blocked pathways and/or decreased safe pathways to entry and exit points
  + potential for hindered and delayed access by emergency services for rescue and evacuation
  + people with wheelchairs and other mobility aides may not be able to be mobile in the environment to perform everyday living tasks or exit the premises
* presence of hazardous material
* tripping and falling over things
* injury or death caused by falling items that are not stable or are stacked high
* disintegrating debris/building structures
* utility companies may disconnect telephone, gas, water and electricity due to safety concerns or because the person has been unwilling/unable to pay for services, the cost of reconnection or report function failure.

### Personal and public health risk

Hoarding often leads to accumulating items both inside and outside a person’s home. It may expose both the people living in the home and neighbours to increased risks such as:

* lack of hygiene and quality of life in living without vital utilities and appliances like gas, electricity, heating, washing and cooking
* use of expired and/or unsafe medical and food products
  + keeping and using old, expired medicines that are no longer safe to use
  + using expired or perished food items
* presence of biohazards (food, rubbish, human and animal waste) and other waste accumulation
* excessive dust, mould, water collection
* presence of vermin, cats, insects/flies etc. posing potential exposures to diseases, including those associated with animal urine
* odours, and the causes of the odours, may pose and/or worsen serious health issues.

### Children and young people

Children and young people are dependants who do not have the same level of control over their environments as their caregivers.

Children’s safety and wellbeing could also be at risk if their home/living environment has high levels of material accumulation and/or environmental neglect. This can lead to unsanitary and unsafe living conditions.

The impacts of hoarding on children and young people include:

* the inability to use the space as designed (for example, space to play, somewhere to do homework or a clean place to eat, bathe and sleep)
* impediments to their healthy development (for example, looking after the adult and being able to bring friends over).

Wherever a person with hoarding behaviour lives and children are under their care in that home, all engaged organisations/workers should be alert to issues associated with the care and safety of children and young people. They should make referrals when appropriate.

### Risk associated with animals

There are risks for animals and for the people living with excessive animals.

For the people living in the environment, there are health risks associated with exposure to excessive animals. This is particularly the case where the environment is unsanitary and includes animal waste. Defining what is an excessive number of animals will be subject the laws of local government (refer to [Hoarded items and animals](#_Hoarded_items_and)).[[26]](#footnote-27)

Some health risks for people and animal hoarding are linked to:

* living with an accumulation of faeces, urine, fur, fleas and rotting food (in extreme cases there may also be decaying animal carcasses)
* inhaling high levels of ammonia or particles of animal droppings that have dried and turned to dust (this can cause lung and respiratory problems)
* bacterial infections and the transmission of transmissible infections such as ringworm, internal parasites and toxoplasmosis
* the cleaning demands that accrue from having many animals often outweigh a person’s capacity, regardless of their physical or mental health status.

Compromising animal welfare may also occur by accident when responding first to the needs of a person. The impact of keeping many animals in a living environment without the ability to provide adequate care often creates conditions of environmental neglect. This creates a range of risks to animals in that environment. Animals play an important role in many people’s mental wellbeing. Animal welfare needs to be sensitively but always upheld, no matter what is occurring for the person.

### Social and other related consequences

There are a range of other potential and significant consequences linked to hoarding and environmental neglect including:[[27]](#footnote-28)

* social and psychological impacts
  + conflict with family, neighbours, authorities about the home/areas of the home, particularly where there the person’s beliefs about collecting items is different from others’ beliefs
  + stigmatisation and social isolation, reduced social connectedness
  + shame (for example, not inviting people over), distress, embarrassment and helplessness
  + avoidance of seeking support from organisations, family, friends, neighbours and others
  + inattention to health with reduced wellbeing and quality of life
* community fatigue and strained relationships
  + neighbours may become frustrated or resentful due to the visual impact and potential health hazards caused by hoarding, impacting on relationships and/or isolation
  + if not resolved this can lead to conflicts and disputes over property boundaries, nuisances or complaints to law enforcement and local authorities
* impact on carers
  + carer fatigue in providing physical, financial and psychological support to the person
  + lack of safety for carers living in the same environment, particularly older carers and those with their own health issues, disability and/or complex needs
  + potential for reduced health and quality of life
* potential loss of housing and/or tenancy
  + where the property is a rental there may be risk of eviction or other action associated with breaches of their tenancy agreements, with potential actions taken under the *Residential Tenancies Act 1997*
  + the home could be condemned due to unsafe, unclean, hazardous conditions (for example, structural collapse, black mould)
* financial burden
  + associated with repairs to structural problems due to too many heavy items that are too much for the load limits of the building and/or other damage caused by the types and volume of items in the home
  + flooding and structural damage when pipes need repair and tradespeople can’t access the property
  + repeated costs associated with clean-ups
* a disclosure or evidence of violence, abuse and neglect (not always linked to hoarding but may be present) including:
  + family violence
  + carer abuse
  + elder abuse.

# Service coordination and care planning

Several organisations may support a person over time. These organisations may have different views about the presenting and/or underlying issues and actions to take. This may result in confusion or conflict between organisations about who is doing what, why and when. In these cases, existing and/or new organisations may need more support with coordinating all elements of the response.

Whether service coordination is needed or not, it is beneficial that a person receiving service responses and interventions from multiple service providers and entities has a coordinated service response with a care/action plan developed. The care plan describes and drives the service responses. It is a tool for communication and monitoring for all services involved.

## Service coordination

Service coordination is the systematic and collaborative process of organising, facilitating and managing the various services, supports and interventions required to meet the needs of a person. This follows their consent to take part.

The goal of service coordination is to enhance the wellbeing, safety and quality of life for people by ensuring they receive comprehensive, person-centred care and support.

A service coordinator is responsible for ensuring the interagency services involved are working to a common care/action plan. The plan should be based on assessment. Services should work together for effective implementation.

Service coordination is often used in:

* health care
* social services
* mental health support
* trauma-informed responses
* disability services.

In these settings, people consent to receiving a range of services from various providers to address complex and interconnected needs. It often involves the following components. These components are embedded in the Make Safe service response.

* Ensure there is informed consent and the nature of the consent.
  + Informed consent should have been provided at referral, and this needs to be routinely checked with the person.
  + Reaffirm consent to share information with other services to assist with cross-communication. This ensures clear expectations on the person and services. Note that consent can be withdrawn or altered at any time.
* Assessment
  + Organise risk and needs assessment(s) of the person’s unique needs, preferences, strengths and challenges. Account for physical, psychological, social and environmental factors that may affect their wellbeing.
* Planning (trauma-informed)
  + Develop a personalised and holistic care/action plan that outlines the specific services, supports and interventions required to address the identified needs and achieve the person’s goals, management of risk and so on. Create the plan in consultation with the person, their family/carers as relevant, and relevant service providers.
* Collaboration
  + Support clear delineation of roles and responsibilities or all agencies at all phases.
  + Coordinate efforts among various service providers, agencies and professionals providing a response to the person. This includes fostering effective communication and collaboration to ensure services are delivered in a coordinated and integrated way.
* Referral and linkage
  + Organise connections between the person and organisations or community resources, ensuring they have access to the necessary services and supports. This may involve identifying gaps in services and finding suitable providers to fill those gaps.
* Monitoring
  + Keep assessing the progress and outcomes of the organisations and interventions provided to the person. Adjust the care/action plan as needed to ensure it still responds to the person’s evolving risks, needs and goals.
* Advocacy
  + Act as an advocate for the person to ensure their rights are upheld. Respect their preferences throughout the service coordination process.
* Quality improvement
  + Put in place quality measures to ensure the organisations and supports provided are of high quality, evidence-based and align with best practice.
* Cultural sensitivity
  + Recognise and respect the cultural, linguistic and diverse backgrounds of the person, their family and carers. Ensure services are culturally sensitive and responsive.

### Benefits

The benefits of service coordination include:

* an efficient way for organisations to identify the needs of the person and appropriate services, make referrals, provide feedback, communicate and coordinate
* streamlined practices, processes, protocols and systems that set out expectations for interagency practice
* confidential transfer of information for referral purposes in a way that does not mean the person has to repeat their information
* improved consistency and quality of information about the person and information sharing through using common templates (consent may be needed)
* more efficient use of resources and less duplication of services
* improved access to assessment and coordinated action planning
* increased knowledge of the local service system and access to resources.

### Identifying a service coordinator

The currently engaged workers or organisations are well positioned to identify who among them is the most appropriate to lead the service response for a person.

Identifying a service coordinator will usually depend on whether there is a service relationship already in place with the person. Sometimes a broad range of organisations may already be delivering services to the person or their carer(s). In these circumstances, incorporate the service response to hoarding or environmental neglect into the existing action plan. Reach an agreement between providers about which one will undertake the service coordination role.

There may be a natural lead worker or organisation. Or the engaged organisations may reach joint agreement on who could take on a service coordination role to ensure everyone is working to the same action plan and communicating well.

Where there is not an identifiable, trusted organisation already in place to lead work with the person, some organisations have funded role functions that can perform a ‘service coordination’ function. Also, the Support for High-Risk Tenancies program might support a coordinated complex needs response if the person meets the eligibility criteria.

As a general approach, it is good practice for local provider networks to identify and set up agreements about who can support a coordinated service response. The agreement identifies what role each organisation holds. It ensures each is responsible for engagement and participation, whether that be short or long term, episodic or sustained. Refer to [Care/action planning](#_Care/action_planning).

Person-centred care planning, or action planning, involves continually collecting and analysing information about:

* the person
* the person’s needs, risks and goals
* the person’s life circumstances.

This will help when developing, implementing and monitoring tailored service responses and interventions as set out in a care/action plan.

Care planning comes about through cross-sector collaboration and maintaining regular contact with the care team including:

* well-structured care team meetings
* providing support and guidance at critical points
* access to limited funding
* monitoring to ensure tasks happen within agreed timelines.

## Care/action planning

A care/action plan describes the range of supports and interventions against needs and risk domains that will be actioned. These could be actioned by the person themselves and/or the engaged organisations. The plan is a tool for addressing the person’s goals, needs and risks. It establishes timelines and responsibilities for implementation.

The plan comes about through assessment and engagement with the person considering their best interests, goals and needs. The care plan should reflect a strengths-based, trauma-informed and harm reduction lens as appropriate to the person.

Give a copy of the care plan to the person and to the organisations identified within it.

### Care team

A care team comprises the service providers identified with interests and actions in the person’s care/action plan. That is, those providing the direct care, support or other interventions to the person. If the person lives in public, social or community housing, their housing service officers and social housing officers may also play a role in the care team.

You can invite the person and/or their families/guardian/carers (as relevant) to take part in care team meetings (whole or part). Give them an accessible summary of discussion topics if in their best interests. A separate meeting with the person and/or their family can occur if that better suits the planning process.

### Care team meetings

Schedule care team meetings at regular intervals and have established processes such as an agenda, minutes and meeting protocols. The care team meeting should include discussion on:

* the progress of the person and their environment against the care plan goals
* any new and emerging issues for the person, including any issues with engagement and system barriers
* review and monitoring of agreed actions
* identification of any new organisations for referral and engagement.

# Commonly engaged organisations

Multiple organisations may come in contact with a person living with hoarding and/or environmental neglect.

Some organisations will have specific statutory and/or organisationally defined roles (a community health worker, a local council environmental health officer, housing officer). Others will have generic roles supporting the person (outreach worker, case manager).

This section describes key organisations that might be engaged upfront or at points during a service response. Workers can also identify hoarding-specific networks operating in their local area who are well informed and connected with contemporary knowledge of local resources.

These often used organisations appear alphabetically below within the themed sections.

## Advocacy

### Office of the Public Advocate

The Office of the Public Advocate is an independent statutory entity. It is established under s 14 of the *Guardianship and Administration Act 1986*.[[28]](#footnote-29) The Office of the Public Advocate has a range of legal responsibilities to promote and safeguard the rights and interests of people with disability in the fields of:

* guardianship
* investigations
* medical treatment decision making
* disability
* mental health
* other disability-related areas.

The Office of the Public Advocate’s Advice Service offers information and help to:

* anyone about the Guardianship and AdministrationAct, including an application for a guardianship order, a supportive guardianship order, an administration order, a supportive administration order or an administration (missing person) order
* people who are, or are proposed to be, guardians, supportive guardians, administrators, supportive administrators or supportive attorneys
* people who are, or are proposed to be, support persons or medical treatment decision-makers.

The office’s staff provide advice on a range of matters that affect people with disability including:

* guardianship and administration
* enduring powers of attorney
* medical treatment decision making
* matters affecting people with disability
* referral to its Community Visitors Program.

**More information:** [Office of the Public Advocate](https://www.publicadvocate.vic.gov.au/opa-s-work/advice-service) https://www.publicadvocate.vic.gov.au/

## Animals – statutory responses and organisations

### Prevention of Cruelty to Animals Act

The *Prevention of Cruelty to Animals Act 1986* (the POCTA Act) is Victoria’s main legislation for animal welfare.[[29]](#footnote-30) The POCTA Act outlines the legal requirements and standards to prevent cruelty to animals. It includes encouraging the considerate treatment of and improving community awareness about the prevention of such acts towards animals. The Act further extends the powers and responsibilities of agencies and officers tasked with enforcing these laws.

Under the POCTA Act, Division 3, *‘*General Inspectors’ (Inspectors) have emergency powers to enter a property, but not residences, under certain circumstances. Inspectors may include the following:

* any Victoria police officer, and
* any person employed under Part 3 of the *Public Administration Act 2004*,[[30]](#footnote-31) or
* a full-time or part-time officer of the Royal Society approved as a general inspector by the minister in writing
* any person who is an authorised officer under section 72 of the *Domestic Animals Act 1994*[[31]](#footnote-32) approved as a general inspector by the minister in writing, but only in respect of an alleged offence committed or a circumstance occurring in the municipal district for which that person is an authorised officer
* any person appointed as a general inspector under a declaration made in section 20A, the POCTA Act.

Inspectors have emergency powers of entry, including access to residences, with a warrant. Under the Act, inspectors can enter premises (that is not a person’s dwelling) if they suspect on reasonable grounds that, but not limited to:

* animals are abandoned
* animals are diseased, distressed or disabled
* the welfare of animals is at risk.

Where an inspector enters and finds an animal in such a state, they can:

* destroy an animal if the inspector believes the animal’s condition is such that it would continue to suffer if it remained alive
* immediately seize the animal
* leave notice that the inspector intends to seize the animal at the end of 2 days after giving notice
* contain or destroy animals that are likely to cause death or serious injury to people or other animals.

Warrant powers under section 24H of the POCTA Act are broader. Inspectors can get warrants from a magistrate to enter residential premises to investigate breaches of various sections of the Act. In these situations, the inspector can:

* enter the premises specified in the warrant (that is not a person’s dwelling)
* search for an animal referred to in the warrant
* size an animal referred to in the warrant and take the animal to any place the inspector thinks fit
* hold onto a seized animal for the time specified in the warrant
* examine or inspect an animal in the warrant to see whether it requires veterinary treatment
* feed and water the animals in the warrant
* free animals in the warrant from any entanglement, tether or bog
* take and keep samples from an animal referred to in the warrant
* take photographs (including video) or make sketches of an animal referred to in the warrant
* open any container at the premises for the purposes of inspecting and taking samples.

It would be up to an inspector at the time to assess the specific circumstances in front of them. They would then decide the appropriate action.

### Department of Energy, Environment and Climate Action, Animal Welfare Victoria

The Department of Energy, Environment and Climate Action oversees animal welfare and protection in Victoria including:

* enforcing animal welfare laws
* regulating the treatment of animals including wildlife and livestock
* responding to reports of cruelty or neglect.

The department works with other agencies and organisations to ensure the wellbeing of animals in Victoria. The department’s Animal Welfare Victoria works to ensure compliance with the Act and other relevant legislation to protect the welfare of animals across the state including:

* investigating reports of animal cruelty and neglect
* educating the public on animal welfare issues
* taking enforcement actions when necessary to address violations of the law.

**More information:** [Animal Welfare Victoria](https://agriculture.vic.gov.au/livestock-and-animals/animal-welfare-victoria) https://agriculture.vic.gov.au/livestock-and-animals/animal-welfare-victoria

### Royal Society for the Protection of Animals

The Royal Society for the Protection of Animals (RSPCA) provides a range of services including:

* veterinary clinics
* lost, and found, animals
* education and animal behavioural support
* emergency help
* working with local councils, including providing training and advice.

The RSPCA also enforces animal welfare legislation through its inspectorate functions. Inspectors have a range of powers to:

* enter property
* seize animals
* seize evidence of animal cruelty offences
* issue animal welfare directions/notices
* issue on-the-spot fines
* start prosecutions under animal welfare legislation.

**More information:** [Royal Society for the Protection of Animals Inspectorate](https://rspcavic.org/what-we-do/inspectorate/) https://rspcavic.org/what-we-do/inspectorate/

## Community and other support organisations

If a worker needs information about service options beyond their current networks or knowledge, Ask Izzy is one Australian search engine managed by a not-for-profit social enterprise. Refer to [Ask Izzy](https://askizzy.org.au/) https://askizzy.org.au/.

## Emergency services

### Country Fire Authority

The Country Fire Authority is Victoria’s volunteer fire service. It operates across the state to reduce the occurrence and impacts of fire and other emergencies.

Country Fire Authority firefighters can respond any emergency or accident. This is provided it has the approval of the Chief Officer or any officer exercising their powers under s 20A the *Country Fire Authority* *Act 1958* (Vic) (the CFA Act)[[32]](#footnote-33) to protect any property involved in any accident or emergency not connected with a fire or in connection with a fire to protect any life and property. For example, they can assist by providing access to rescue an animal or person in a hard-to-reach place.

The Country Fire Authority’s fire safety officers deal with specific issues to mitigate the risk of fire from sources external to a property. This includes matters relating to:

* the property site
* accessibility
* general fire protection requirements.

The Country Fire Authority also provides information and guidance on specific fire danger issues in residential homes. Then, as regulator, the Country Fire Authority can also offer risk reduction advice when working with people affected by hoarding.

It is not part of the Country Fire Authority’s functions under the CFA Act to carry out fire risk assessment reports to assist with hoarding inspections of public housing or other residential property. While there is no specific provision in the CFA Act, these risk assessments come from provisions in the Act setting out the duty and functions of the Country Fire Authority. That is, fire prevention and suppression in the country areas of Victoria (sections 14 and 20) and improving community safety under Part IIIA.

The Country Fire Authority does not become involved in enforcing fire safety practices in residential homes. This includes homes where there is hoarding or environmental neglect.

If a life is under immediate threat of fire or explosion, the Country Fire Authority will respond to a call to Triple Zero (000).

**More information:** [Country Fire Authority](https://www.cfa.vic.gov.au/) https://www.legislation.vic.gov.au/in-force/acts/country-fire-authority-act-1958/158

### Fire Rescue Victoria

Fire Rescue Victoria is responsible for emergency responses in all hazards and the safety of the community. Fire Rescue Victoria can offer advice about how to improve fire safety in the home of someone who is hoarding.

Under s 32 of the *Fire Rescue Victoria Act* 1958 (the Act),[[33]](#footnote-34) Fire Rescue Victoria can enter a property to ensure the Act, and any other related laws and regulations, are followed.[[34]](#footnote-35) Entry by Fire Rescue Victoria requires, but is not limited to, the following triggers:

* hoarding of hazardous goods such as petrol or dangerous goods
* unsafe electrical or leaking gas supply
* fire, medical or other emergency
* request for help from another emergency responder.

In these types of incidents, Fire Rescue Victoria would take immediate action as required for the situation. They would ensure relevant authorities know of the situation to rectify the risk.

Fire Rescue Victoria provides the At-Risk Groups Unit as the point of contact for organisations and individuals for a response for people who are at risk.

Contact: [atriskgroups@frv.vic.gov.au](mailto:atriskgroups@frv.vic.gov.au)

In a life-threatening situation or a fire, call Triple Zero (000) for an immediate response.

**More information:** [Fire Rescue Victoria](https://www.frv.vic.gov.au/) https://www.frv.vic.gov.au/

### Victoria Police

Police are often called to premises that may fall within the definitions of hoarding and environmental neglect. Reasons include allegations of family violence or a welfare check.

The protection of life and property is a fundamental function of policing. Where appropriate, police may relay information and work with other agencies who may be better equipped to deal with such issues.

Victoria Police’s *Policing harm, upholding the right: Victoria Police strategy for family violence, sexual offences and child abuse (2018–2023)*[[35]](#footnote-36) outlines the initiatives and commitments of Victoria Police to ensure:

* victim safety
* offence and offender management
* child safety
* a safe and capable workforce.

Victoria Police’s role is to respond to and investigate instances of family violence. They work with organisations and services to provide better outcomes for all adult and child victims.

Section 232 of the *Mental Health and Wellbeing Act 2022* permits police officers to place a person into care and control in a mental health crisis. Police officers must be satisfied that the person:

* appears to be mentally ill
* because of the person’s apparent mental illness, needs care to prevent serious and imminent harm to themselves or another person.

If there is danger, a crime in progress, or need to request immediate police attendance, call Triple Zero (000).

For general enquiries, non-urgent help, or to report a crime that has already occurred call the Police Assistance Line on 131 444 (open 24 hours) or contact a local police station.

**More information:** [Victoria Police](https://www.police.vic.gov.au/) https://www.police.vic.gov.au/

## Health and mental health services

### Ambulance Victoria

Ambulance Victoria provides pre-hospital care including emergency medical responses and medical transport. Ambulance Victoria should get involved where a person in a hoarding or environmental neglect situation needs immediate medical help and/or transfer to hospital.

Irrespective of whether the person’s home/living environment is publicly or privately rented or owned, ambulance officers are legally able to break into a person’s home if there is enough concern for the person’s safety or risk to the person intensifies. Officers will force entry to a premises to gain access to an unresponsive person or a person with disability. But, if the person can communicate, officers will get the person’s permission before entering.

If officer safety may be compromised, they will not force entry. They will request urgent police attendance.

**More information:** [Ambulance Victoria](https://www.ambulance.vic.gov.au/) https://www.ambulance.vic.gov.au/

### Mental health services

Most Victorians with mental health issues access mental health services through their general practitioner (GP) or primary care provider. But people who are seriously affected by their illness can be referred to the specialist mental health service system.

Generally, the impact or severity of the condition, rather than a specific diagnosis, triggers access to specialist mental health services. These services operate within geographical catchment areas.

Specialist mental health services in Victoria fall into 2 service delivery types:

* Clinical
  + Clinical services focus on assessment and treatment of people with a mental illness. These services are called area mental health services. General health facilities, such as hospitals, manage them.
* Non-clinical services
  + Mental health community support services focus on activities and programs that help people manage their own recovery and maximise their participation in community life.

Note: Victoria’s [*Mental Health and Wellbeing Act 2022*](https://www.legislation.vic.gov.au/as-made/acts/mental-health-and-wellbeing-act-2022)[[36]](#footnote-37) began on 1 September 2023. It replaces the Mental Health Act 2014 and sets the foundations for Victoria’s reformed mental health system envisioned by the [Royal Commission into Victoria’s Mental Health System](https://finalreport.rcvmhs.vic.gov.au/) https://finalreport.rcvmhs.vic.gov.au/.

**More information:**

* [Victoria’s mental health services](https://www.health.vic.gov.au/mental-health/about-victorias-mental-health-services) https://www.health.vic.gov.au/mental-health/about-victorias-mental-health-services
* [How to access a mental health service](http://www3.health.vic.gov.au/mentalhealthservices/) http://www3.health.vic.gov.au/mentalhealthservices/.

### Primary health networks

Primary health networks are funded to manage health regions. Victoria’s 6 primary health networks are independent organisations. They work to streamline health services, particularly for those at risk of poor health outcomes. They work to better coordinate care so people receive the right care, in the right place, at the right time. A board oversees their work. Clinical councils and community advisory committees offer advice.

Primary health networks assess the healthcare needs of their community. They then commission health services to meet those needs to minimise gaps or duplication. They support health services to connect with each other to improve people’s care and strengthen the primary health care system.

**More information:** [Primary health networks](https://www.health.gov.au/our-work/phn) https://www.health.gov.au/our-work/phn

## Local councils

Local councils deliver community-facing support and other household-related services. They have statutory role functions to support compliance with local and other related laws. These may include:

* health and building officers
* aged and disability services (occupational therapy, specialised support facilitators, regional assessors for My Aged Care services)
* community services (maternal community health nurses, depending on the situation)
* rates and waste services
* environmental services
* Home and Community Care Program for Younger People assessors
* community care services.

Local councils hold several and conflicting roles when responding to hoarding in their area.

In their role in administering the nuisance provisions in line with the *Public Health and Wellbeing Act 2008* (Vic)[[37]](#footnote-38)(the PHW Act)councilsmust investigate any notice of a nuisance. This may include hoarding. Failure to respond or address a problem once it is known can result in significant liability at law. A council has a duty to remedy as far as reasonably possible all nuisances existing in its municipal district. Note: Not all reported hoarding cases fit under the Act.

Local councils generally have no jurisdiction inside a private home. But statutory compliance powers may be a useful tool in getting people to agree to improve the safety of their situation. This is particularly the case if the external and visible part of their property is involved.

The scale of local council involvement will depend on the hazards and health risks identified. Local laws, health and building officers may need to enforce statutory orders if the dwelling conditions pose serious health risks or infringe on the safety and amenity of the broader community. Actions can include:

* education and advice on the appropriate management guidelines/requirements
* issuing health warnings (for example, fire risks, quality of air)
* issuing improvement notices to compel remedial action (for example, cleaning and sanitising, compliance with management guidelines, pest control, demolition or repairs)
* issuing prohibition notices (for example, on collection of new items, recommending an evacuation, restrict or prohibit access for a period)
* starting legal proceedings for an offence against the PHW Act or the regulations in connection with noncompliance with an improvement notice or prohibition notice.

Also, where improvement or prohibition notices are not complied with, councils may apply to the Magistrates’ Court of Victoria under the PHW Act to:

* compel a person to comply with such notices, or
* restrain a person from contravening such notices
* reimburse costs incurred by the council because of the breach.

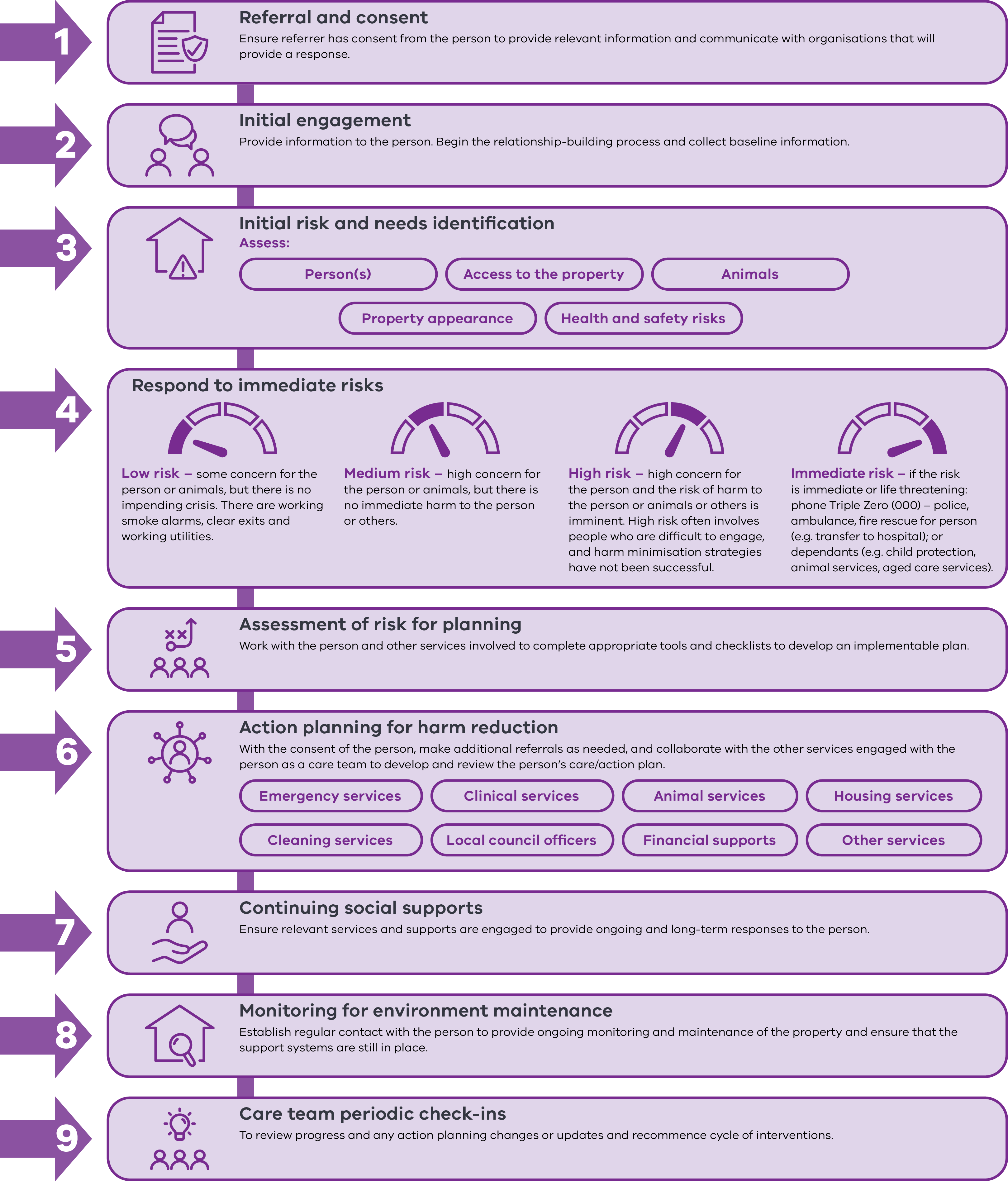
Local councils’ environmental health units work with other local council services and other community-based organisations to enable a more holistic response to a person’s circumstances. Also, councils may:

* notify Fire Rescue Victoria about any hoarding for its hoarding register on fire safety issues
* engage the council’s support services
* engage with the person who hoards, their family and carers.

You might need to contact council environmental health officers to help identify environmental health risks in a property. Risks include mould and vermin infestations.

**More information:** [Municipal Association of Victoria](https://www.mav.asn.au/) https://www.mav.asn.au/

Section 2: Make Safe service response



# Referral and consent

This section discusses referral and consent pathways and processes. It is for organisations receiving or making referrals for the person who is hoarding or lives with environmental neglect.

## Referral

Referrals can be both incoming and outgoing within the Make Safe service response.

Incoming referrals are those that come to an organisation or worker about a person who hoards or lives with environmental neglect. Referrals may be to specifically support and address hoarding or may be to deliver services (and hoarding is identified when service engagement begins or at some later stage).

The incoming referral for a service response may come from a range of sources including:

* carers
* community organisations
* GPs
* community members
* health services
* housing providers.

Also, an organisation or worker already working with a person may identify the benefit of specific services as part of action planning for the person. (They would be a referrer too.)

Referrals can be at any time of engagement with a person. They are driven by what the person needs (this may become clearer over time) and their consent.

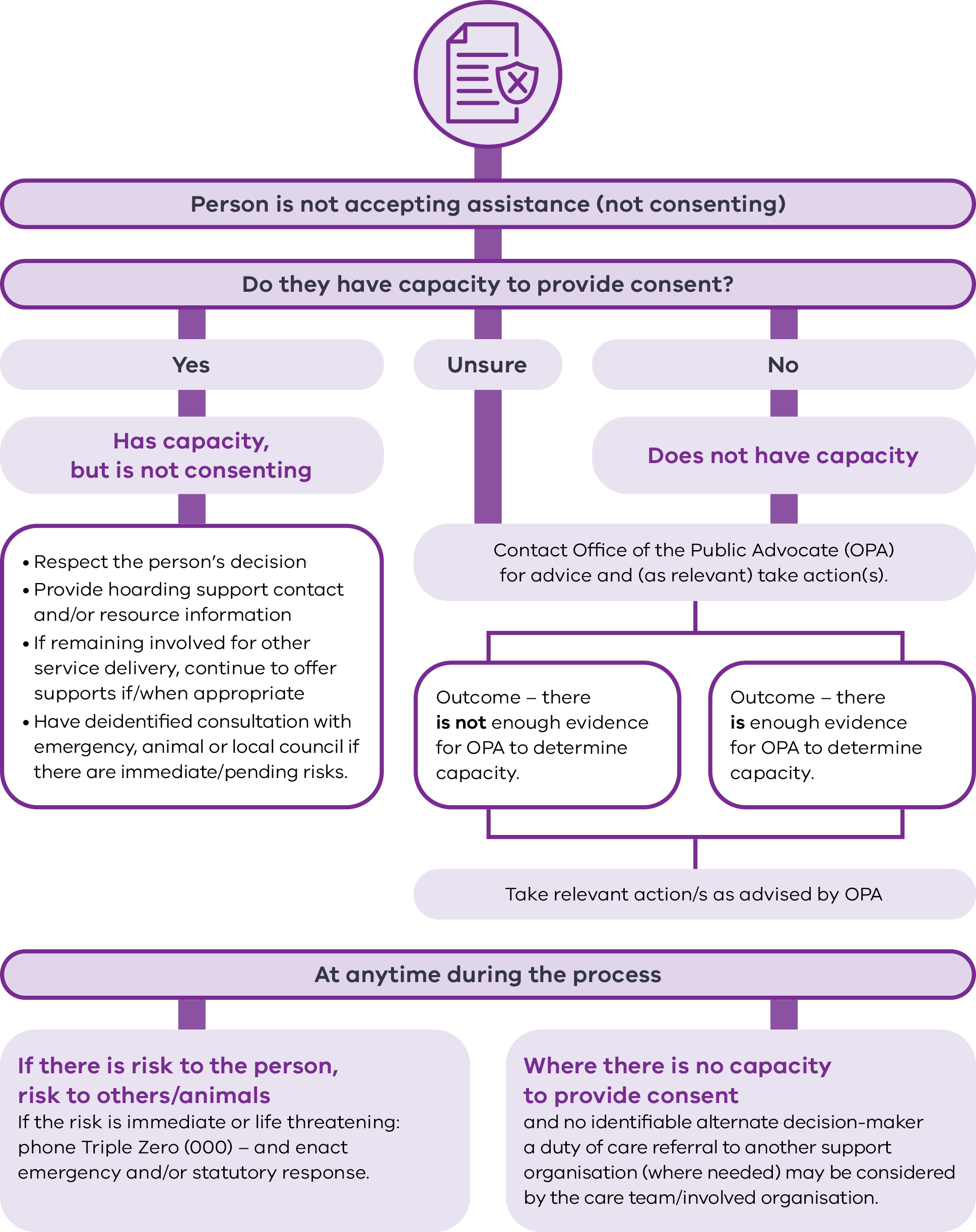
## Consent for referral

Consent means applying organisational policies and procedures to establish and record a person’s consent. Consider all legislative privacy requirements as well.

Before making a referral, workers need the consent of the person to be referred to a specific service. The organisation receiving the referral should also ensure the person has consented.

Consent will be crucial to the person and not only a legal requirement. The engagement process could be traumatising for the person if actions are taken without their consent.

[Privacy considerations](#_Privacy_considerations) sets out the privacy requirements for consent and the use and disclosure (sharing) of information about a person.



### When consent for a service response is provided

A person’s consent should be informed. This means the person has understood and considered the information provided. It is given freely, without pressure, and that a person has reasonable time to make the decision.

Where consent is provided, the receiving service can progress to initial contact with the person. This might extend to their carer(s) and/or guardian where applicable.

### When a person does not consent to a service

A person may consent to services for a range of supports but may not consent to hoarding support when offered. For example, a person may consent to some home and community care supports from their local council. But when hoarding is raised as a concern, the person may refuse help or not consent to specific hoarding interventions.

Also, a referral may start with the aim to support hoarding and the person declines help.

This may be a common first response. It could come up for a several reasons including:

* shame or embarrassment about the hoarding behaviour or living environment
* attempting to avoid stigma and judgement
* limited or no trust due to negative experiences with previous organisations
* fear that they may be removed from their home
* lack of belief, understanding or insight that there is a problem with their situation.

#### Does the person have capacity to consent?

When a person does not consent to a service response, a worker will want to be satisfied that the person has capacity to provide consent.

If the response to whether the person appears to have capacity is ‘**yes**’, but they do not consent:

* Respect the person’s decision and not impose a voluntary service response. Note that an organisation or role operating under an Act can compel actions (for example, a local council under the PWA Act).
* Offer contact information or information resources that the person can use when they are ready.
* Use initial contact (if made) or an existing relationship with the person to continue to build rapport over time in addressing hoarding issues.
* As a deidentified consultation:
  + Contact the local council or Fire Rescue Victoria (for example) to address any immediate risks and safety issues.
  + Engage with other advocacy, legal and/or culturally specific organisations to assist with next steps and on how to build a connection with the person.

If the response to whether the person appears to have capacity is ‘**no**’ or ‘**not sure**’, contact the Office of the Public Advocate. Consider actions as advised.

Where the Office of the Public Advocate helps establish a view about whether the person has no capacity, they may offer advice on next steps or actions that may help with a service response.

Where the Office of the Public Advocate has assessed that there is enough evidence that the person may lack capacity to provide consent, consider a duty of care referral for supports. Refer to [Duty of care](#_Duty_of_care) – this would be where there is foreseeable harm to the person and the specific referral will result in actions to manage that harm.

## Duty of care

Organisations providing social support and health services will have duty of care procedures. The law also guides organisations operating under specific legislation.

Under the *Wrongs Act* *1958* (Vic),[[38]](#footnote-39) a duty of care is the legal obligation to take reasonable care to avoid causing foreseeable harm to another person. This duty is one that extends to acts *and* omissions (not acting). The principle is well settled at common law (judge-made law). It also plays a significant role in considering when a duty of care arises.[[39]](#footnote-40) Various factors determine when a duty is owed (who has a duty) and to whom the duty is owed. Generally, an organisation providing services to a person owes a duty of care to that person in relation to providing those services.

Duty of care applies not only to the physical actions of a worker but also to advice the worker gives or fails to give. Workers should take care not to give advice beyond their level of competence or beyond what a person in their position would provide.

It is not always appropriate to refrain from acting on information that suggests a risk arising from hoarding behaviours or environmental neglect only because the person concerned (or their carer or a family member) has asked that no action take place. Doing so may lead an organisation or worker to take an action that is a breach of duty of care. It can also lead to the organisation taking no action, in circumstances where that omission breaches the duty of care.

There will often be legal requirements that must be satisfied before certain actions can be taken without the consent of the person. An organisation and worker must ensure any requirements inform their actions or inactions.

### Duty of care referral

A duty of care referral is recommended where a referrer:

* reasonably believes that the use or disclosure is necessary to lessen or prevent
  + a serious threat to a person’s life, health, safety or welfare, or
  + a serious threat to public health, public safety of public welfare
* the referrer is a health service provider and reasonably believes that the collection, use or disclosure of the person’s health information is necessary to prevent or lessen a serious threat to:
  + a person’s life, health, safety or welfare, or
  + the public health, public safety or public welfare.

At this point, the nature of the referral (who is going to receive the referral) depends on what is identified about the person and the risks.

There may be an immediate requirement to act or to make a referral to a service, organisation or entity. All referral processes need to consider and apply the appropriate organisational and legal requirements for privacy protection.

# Initial engagement

Once a referral is received, engagement usually includes providing that person with accurate and comprehensive information about the worker’s role. It also involves establishing what organisations and support are available to them. This may include making referrals to other supports if needed.

To build rapport and slowly strengthen relationships with the new service, the initial contact or correspondence may take place with the referrer present.

The early contact experience is critical to the potentially hard work, difficult conversations and challenging decisions to be made. This is particularly the case for the person experiencing hoarding and/or environmental neglect. It’s important to approach discussions about hoarding or environmental neglect with:

* sensitivity
* empathy
* a willingness to understand the person’s views and struggles.

The goal is to foster an environment where the person feels comfortable seeking help and addressing their support needs.

Note: Social, community and public housing workers must ensure they are aware of the policies and legislation they are working to. This is particularly the case where any actions with engagement relate to the use of the *Residential Tenancies Act* *1997*.

## Before initial contact

It may be necessary to identify some baseline information before meeting with the person. This information will usually come from the referral form.

Consider the following other information that may be useful for assisting (with consent from the person):

* Communicate with any known carer, family members and/or guardians to establish the circumstances of the environment and ways to work together to address the presenting issues.
* Establish the type of property:
  + if privately rented, contact the residential rental provider
  + if a public housing property, contact the local area housing office
  + if a community or social housing property, engage with the renter’s housing provider.
* If you suspect mental health concerns, contact the local area mental health service, the aged persons mental health team or another relevant support services. They will be able to share information if the person has consented to this.
* Speak with the referrer or other providers who have been engaged at the property or with the person to gain history and information.

Note: The seeking and sharing of information must be carefully and sensitively managed. It must comply with legal privacy requirements. Refer to [Privacy considerations](#_Privacy_considerations).

## Access to a property

No-one has the power to enter a person’s home based solely on a complaint without consent from the tenant themselves.

All organisations can enter the property up to the point that the general public can. If gates are open, gain entry to the front door. If they are locked or there are high fences, there is no capacity to enter the property. Services may enter the neighbour’s property with permission and look over the fence.

The range of council and other officers with statutory functions can only gain entry to a person’s property in line with the legislation they work under. To gain entry, council officers must get a warrant from the Magistrates’ Court of Victoria via a formal legal process. This process requires evidence to justify a warrant. The officers need to prove nuisance exists at the property (either inside or outside) that is adversely affecting neighbouring property. The interior of the property must be established as the source. The warrant has a limited time for execution. It is normally for a one-time entry only.

Some items might need to be removed before services can enter the home if the health and safety hazards to workers are too high. Ensure the person has agreed to this first.

## Approaching the person’s environment

It is important to determine if there are any actions to perform before approaching the person in their home. Consider some practical steps to take when planning or undertaking a home visit:

* First call to introduce your role and purpose of a plan to visit.
  + Check with the person that they consent to your engagement.
  + Leave contact details (with an introductory letter or similar) with the person or a carer or somewhere you think they might find it.
  + Declare the referral, saying who made the referral (unless the referrer requested that their identity not be disclosed) and convey the referrer’s concerns.
  + Provide reassurance that the visit is supportive and could be at an agreed location other than the home environment if preferred.
  + Explain that a visit may include other service providers to assist in the process (assess the timing and necessity of this against the person’s response).
* Involve other organisations that have specific functions that will optimise the contact.
  + Could the initial contact best be supported by the presence of specific organisations or workers – for example, a council officer, mental health worker, animal welfare or emergency services?
* Establish and maintain engagement with the person to cultivate rapport and trust.
  + Allow plenty of time to spend with them.
  + Work with the person when they are ready.
  + Maintain a professional and respectful approach. Consider the person’s agency and dignity. Engage with a long-term mindset.
  + Incorporate the person’s priorities.
* If meeting the person at their property:
  + Be friendly and supportive.
  + Do not to show any alarm or concern at the state of the property.
  + Focus on the person and not the property.
  + You may at first not be able to enter the property, or only engage with the person on the footpath, the street or elsewhere, but not inside the home.
  + It may take some time before the person feels comfortable enough to show you around their home.
  + You may also need to revisit the property several times before you meet the person and engage them in conversation.
* If gaining access is difficult or trying to meet with the person is becoming unproductive:
  + As a last resort and depending on the organisation/statutory role of the worker (and following privacy requirements), consider speaking to neighbours. They might be able to clarify the person’s movements or provide information about the home and any risks.
* Consider all aspects of diversity, including cultural background. Consider whether the visit could take place in partnership with a cultural worker.

## What behaviour can I expect?

A person’s response to an offer of support or intervention may not always be predictable.

Depending on who the worker is, the organisation they represent and how the person perceives their presence (interfering and controlling compared with helpful and facilitating), responses may vary.

A person may be any number or combination of:

* suspicious
* threatened
* angry
* wary
* embarrassed
* resentful
* anxious
* resistant
* evasive
* fearful
* distrusting
* shameful
* guilty
* avoidant.

They may have a history of disengaging from support.

Practical considerations include the following:

* Ensure approaches are considered, cautious, slow, tactful and respectful.
* Provide information booklets/links to online resources that are useful for both the person who hoards, and any carers or family members.
* Work with family members or carers to communicate in a way that best suits the person.
* With consent, engage a mental health worker to attend at the same time to address any potential high distress.

If the person is receptive and ready for support and change, workers can slowly co-establish achievable goals. Plan these with other newly referred or existing organisations, at the person’s pace.

## Cultural considerations

Engaging across cultures requires a respectful approach, openness, good communication and flexibility. Partnering with the person or family’s community and existing organisations will support a coordinated response. Identify existing strengths and supports within the family and community to lever opportunities for engagement and providing support.

It is also important to be aware if an Aboriginal or Torres Strait Islander person, family or community has ‘Sorry Business’. This is ‘a period of cultural practices that take place after someone’s death’.[[40]](#footnote-41) Organisations should respect Sorry Business and not contact the person while attending to Sorry Business or assume the person is declining support. Engagement, or re-engagement, following Sorry Business should be undertaken respectfully. It should enable agency of the person to determine the time required to observe their cultural obligations.

Partnering with an Aboriginal community organisation and/or worker, or appropriate cultural bicultural worker or community leader, can offer invaluable advice and support on approaches to engage with the person with hoarding. Engaged workers may also agree on their differing roles and responsibilities and how they will communicate with each other.

Also, use accredited interpreting and/or translating services when:

* the person or family has limited English
* English is not the first language of the person or family
* the person or family is hearing impaired
* complex information or foreign concepts are being communicated.

# Initial risk and needs identification and response

This step advances a worker’s understanding of the situation through an initial risk and needs assessment to develop appropriate collaboration and actions for the person.

It may be that when you meet the person or others in the environment, and see how they are living, there is enough concern to take immediate action to manage risks to safety and wellbeing.

Pursue other risk assessments after this immediate action for safety.

## Initial risk and needs identification

The initial needs identification process is a broad, shallow screening process to uncover underlying and presenting issues and risks. The gathering and analysis of information at this stage aims to reduce risk and informs the urgency and type of assessments required.

Initial needs identification is not a diagnostic process. It is a determination of:

* a person’s or animal’s safety and risks present
* the person’s willingness to accept help
* the person’s priority for immediate referral and intervention.

As well as focusing on the most pressing issues, the worker observes and engages in a broad conversation (if possible) about the person’s health and wellbeing. This helps to identify if other areas of need exist. This might include considering opportunities for:

* health promotion
* illness prevention
* early intervention
* self-management capabilities
* restorative options
* regulatory requirements.

At this stage, also consider the welfare or support needs of others such as animals, family members or neighbours.

The worker must use judgement and discretion to decide the extent and intensity of the process. This will ensure the person has enough information to understand options and is not overwhelmed. While speaking with the person, the worker needs to consider:

* Who lives at the property) Consider any vulnerable people and carers/guardians.
* Does the person, or other occupants, smoke inside the property?
* Is the electricity, gas and water connected? (What are the wastewater disposal systems and are they working?)
* Does the person use open-flame devices for light, heating or cooking, including candles, portable gas cookers or heaters?
* Is there a pathway of one metre clearance to each area of the house? (Could a hospital trolley get through these areas?)
* Is there a clear pathway into and out of the house? Are there any objects or items blocking the door?
* Can a person still sleep in their bedroom?
* Can the toilet and bathroom still be accessed and used safely?
* Do kitchen utilities (such as the stove) have a one metre clearance from flammable materials?
* Do wall/portable heaters have a one metre clearance from surrounding flammable materials?

### Occupational health and safety issues

Workers involved in a direct service response for hoarding or environmental neglect should follow their organisation’s occupational health and safety policies and procedures.

At times it won’t be possible for workers to enter the home because of safety risks.

It is important that workers use the necessary tools and equipment to undertake their work to ensure their health and safety. This includes wearing protective clothing such as:

* face masks
* gumboots or heavy waterproof shoes
* overalls or old clothing
* disposable gloves.

Occupational health and safety concerns are valid. But avoid using them as a reason for not responding to hoarding. Consultation with other organisations to inform a planned approach may help.

### If there are animals

Consider the following:

* Before visiting the property or accessing the part of the property that may contain animals, enquire about any information that might point to what personal protective clothing could be needed (as relevant).
* Animals can be an excellent way of engaging the person in the process. Often, the animal is extremely important to the person living in the property.
* Discuss any known concerns with the owner of the animals if possible. Ask that they restrain or contain animals somewhere onsite if that is necessary to allow you to visit the property safely.
* Assess the number of animals, their condition and the housing conditions in which they are kept. Consider requirements such as food, water, shelter, hygiene, grooming, body condition and treatment for medical ailments. Consider taking photographic evidence. Get the person’s consent before taking photos. Communicate clearly about what will be happening to any photos that are taken, including who they might be shared with.
* Assess the capacity of the person to care for these animals and whether they are accepting of any help. For example, is the person open to help from an animal shelter or rescue group?
* Make notes describing the initial visit and any later visits about the treatment and care of the animals.
* Be aware of potential risks such as:
  + infestations of spiders under cushions in a lounge room
  + snakes, which can hide in the home/buildings
  + large colonies of rats, which can hide very easily and carry the disease leptospirosis (from animal urine), which may contaminate utensils or food products
  + pest animals running loose or excrement on the floor.
* Contact relevant authorities for immediate advice or action.

## Respond to the immediate risks

Some risks and issues identified will result in the need for an immediate referral to support organisations that can assist with:

* family support
* case management
* mental health support.

For example, where a worker thinks a person is showing signs of mental health distress and is uncertain about how to proceed, consider:

* contacting the local area mental health service
* speaking with the person’s GP
* engaging with a local support service for advice.

Where possible, ask for the person’s consent to engage with another provider. Be clear about the purpose and what information will be disclosed.

If you suspect the person is living with self-neglect issues and is at imminent risk of physical harm or mental health deterioration, then a joint home visit with a service or worker who can assess the person’s physical and mental wellbeing can be organised with the person’s consent. If there is an existing GP for the person, they may do a joint home visit. With the person’s consent, consider NURSE-ON-CALL or home visiting health services. In cases where there is significant concern for the person’s health and/or mental health, consider calling an ambulance.

If the person needs to leave the home but refuses, consult relevant authorities or services such as:

* aged care
* mental health
* a medical practitioner
* a geriatrician
* the Office of the Public Advocate
* emergency services.

If the level of risk identified from information known about the environment suggests that a fire risk is high, then you can make a hoarding notification to Fire Rescue Victoria without the person’s consent. (Note that it is always preferable to gain a person’s consent.) Fire Rescue Victoria needs the property address to create an alert in their system that helps firefighters to prepare if they need to go to the property.

If a worker has concerns about the ongoing safety and care of children and young people, and they are unsure about the level of risk or what organisations could assist, they can call [The Orange Door](https://www.orangedoor.vic.gov.au/). The Orange Door can help clarify the risk and appropriate pathway to support. Sometimes the risk of harm to the child is *significant* or *immediate* and requires more than community supports. In this instance you may need to make a report to Child Protection. If there are family violence concerns (including elder abuse), use the Multi Agency Risk Assessment and Management identification and screening tool. Use this also to refer to family violence specialist organisations. If in doubt about what to do and who to engage, workers can contact a family violence organisation.

Consider the following:

* The level of risk:
  + **Low risk** is generally when there is some concern for the person or animals, but there is no impending crisis. There are usually working smoke alarms, clear exits and working utilities.
  + **Medium risk** is generally when there is a high concern for the person or animals, but there is no immediate harm to the person or others.
  + **High risk** is generally when there is a high concern for the person and the risk of harm to the person or animals or others is imminent. High risk often involves people who are difficult to engage, and harm minimisation strategies have not been successful.
* If the person’s situation is high risk, there will likely be an immediate urgent risk and the following actions are recommended (as appropriate to your role and the situation). Following consent or as a duty of care referral, contact:
  + your supervisor/manager to discuss
  + a human service organisation for immediate assessment/support ([Ask Izzy](https://askizzy.org.au/) https://askizzy.org.au/)
  + the local primary health network to consult on medical supports available
  + Triple Zero (000) (fire, ambulance, police) if required
  + Victoria Police for a welfare check (where no other option is available)
  + [The Orange Door](https://www.orangedoor.vic.gov.au/) https://www.orangedoor.vic.gov.au/ – access point for adults, children and young people experiencing family violence and perpetrators of family violence
  + [Office of the Public Advocate](https://www.publicadvocate.vic.gov.au/opa-s-work/advice-service) https://www.publicadvocate.vic.gov.au/opa-s-work/advice-service – information and advice line
  + [Child protection services](https://providers.dffh.vic.gov.au/making-report-child-protection) https://providers.dffh.vic.gov.au/making-report-child-protection – as relevant
  + animal welfare responders to undertake a property inspection (local council, Royal Society for the Protection of Animals, Department of Energy, Environment and Climate Action) authorised under the Prevention of Cruelty to Animals Act.

# Assessment of risk for planning

Harm reduction (including maintaining a tenancy) is the primary goal of a worker’s interventions with the person.

When working with people who hoard, it is unrealistic to expect a complete removal of their accumulated materials from the home, particularly in a single event. This approach is distressing for the person, and they are more likely to continue accumulating materials after the clean-up.

In applying a harm reduction approach, the specific risks and needs should inform the strategies used. This includes the person’s views and willingness to accept support. At this stage, key actions are:

* assessment of risk for planning
* engagement and consultation with the person
* communication between organisations, with consent
* reducing or removing environmental neglect
* reducing or removing fire risks
* monitoring for maintenance and referrals for continuing support.

## Tools and checklists

Following initial contact and a response to those risks requiring immediate action, it is important to assess the person’s and environmental risks more thoroughly for developing an action plan. The action plan is most likely to be implemented by various organisations according to their:

* area of expertise
* role, or
* statutory obligations.

Sometimes people over- or under-report the severity of hoarding when raising the issue with support organisations and authorities.

There are many tools available that can help to identify risks in the living environment. Workers may prefer to choose a tool that is more aligned to their role or is used in their organisation or local network.

The extent to which there is an established workable relationship with the person will drive the timing for using a tool. Urgency will also be considered.

This guide proposes 3 tools to objectively identify, assess, communicate and plan for other service responses to reduce harm. These may be used in combination and provide:

* a common reference point between organisations for shared understanding and communication
* descriptive communication tools for use with the person
* help with assessing the degree of risk.

### Environmental profile and risk assessment checklist

The Department of Families, Fairness and Housing has developed an environmental profile and risk assessment checklist. The checklist has been refined over time.

The environmental profile and risk assessment is completed as early as is possible in the engagement with a person. It may be used over a period of contacts or intervals to identify risks and needs, and associated actions to be implemented.

It comprises many fields to support a comprehensive service response to a person living with hoarding and/or environmental neglect. The checklist supports screening of:

* a person’s current living and health status
* environmental risk assessment of hazards
* priority actions and any referrals required.

The checklist allows for planning on identified priority actions for risks and needs. This may include contacting other organisations to take steps to minimise harm and introduce support services (as relevant).

The checklist is in the [Appendix](#_Appendix:_Environmental_profile).

### Clutter Image Rating Scale[[41]](#footnote-42)

Fire Rescue Victoria’s Clutter Image Rating Scale helps assess the level of material accumulation in the living areas using a series of photographs. It can also be an engagement tool with the person, their family or carer(s).

The tool can be used at single point in time and/or for comparison over later check-ins with the person. The scale acts as a trigger for organisations to put in place levels and types of responses and (if up to a level 5 or sometimes 6) to review the action plan.

People (either the person themselves, family members or carers, a worker or both/all) choose the picture in each sequence that they think comes closest to the amount of material in the living areas. This helps identify when the accumulation increases fire or health risks. It can also help the person manage accumulation in the future. Using images eliminates reliance on language, enhancing its ease of use.

According to the scale, accumulation that reaches the level of picture ‘number 4’ or higher (in whatever room) signifies a need to seek/receive help. A level 5 rating suggests a degree of risk that warrants a Fire Rescue Victoria notification and providing supportive education with the person on safety in the environment.

**More information:** [Clutter Image Rating Scale](https://www.frv.vic.gov.au/hoarding) https://www.frv.vic.gov.au/hoarding

### Home Environment Index

The American Center for Hoarding and Cluttering’s Home Environment Index is a user-friendly checklist that can be used with the Clutter Image Rating Scale to identify environmental neglect.

The checklist prompts the worker to identify and rate the level of risk related to mould, infestations and accumulated waste in the main living areas. The index can help workers assess the severity of the situation and develop appropriate interventions to include in an action plan.

**More information:** [Home Environment Index](https://centerforhoardingandcluttering.com/wp-content/uploads/Library/Hoarding%20Disorder/Diagnostic%20and%20Assessment%20Tools/Home%20Environment%20Index.pdf) <https://www.hoardingconnectioncc.org/Scale.html>

## Implement the tools and checklists

There are some fundamental steps to undertake regardless of which tool is used.

Explain to the person about the purpose of any tools used. This should include how the person will benefit from actions. Be sure to be sensitive to the complex psychological and emotional challenges this may pose for the person, their family and carers.

### Be familiar with the assessment tool

This guide has links to more information. Find more in-depth information online or through specialist hoarding and environmental neglect research, literature and training. It is important to know what is achievable using the tool and how to implement it, particularly because it informs action planning.

### Pre-assessment preparation

Gather any relevant information about the person. This may include:

* medical or mental health information
* previous interventions
* prior assessments.

Consider who else may need to be present to help with the assessment process.

### Conduct the assessment

Schedule a visit to the person’s home to assess their living environment. Approach the assessment with sensitivity and respect for the person’s feelings and privacy.

All workers engaging with a person to deliver supports and interventions should try to establish a continuing respectful, agreeable relationship to reduce the impact of the service response.

A person may find the Make Safe response upsetting, embarrassing and invasive. This can even be the case when they have agreed to the service response. People often feel a sense of loss and grief when asked to discard or remove their belongings. The person may become anxious or abusive to workers in their home. They may move in and out of willingness to engage.

Working openly with the person will ideally have a positive impact. It may be helpful to make regular time to discuss the person’s perspective to ensure their views/goals are included in the service response. Allow the person enough time and space to prepare for a cleaning/discarding process. Note that it may also need to happen in stages. In working with the person, it is important to:

* Ask the person what they need help with.
* Offer to help with practical tasks such as organising skips or an industrial cleaning service.
* Establish how, and what day and time is it best to communicate or work together.
* Be reliable about the things you say you will and won’t do for the person.

Complete the assessment as required and score as appropriate. A higher score/rating often suggests a more severe hoarding and/or environmental neglect situation that will need immediate risk management.

### Consider and interpret the results

Review the assessment results to determine the status of the living environment. This information helps with making informed decisions about interventions and supports.

Consultation and engagement with other organisations, with consent, may be helpful to talk about risk findings and to determine next steps. Other organisations could include:

* fire services
* animal welfare
* the local council.

The findings may also inform educational and informational supports the person, their family and carers might need.

# Action planning for harm reduction

After implementing the assessment tool(s) and engaging with other organisations, develop and put in place an action plan for the person. Be sure to consult with those in the person’s care team.

## Care team

It is best if the organisations delivering services meet as a care team and agree on:

* which organisation undertakes the service coordination role and the expectations of that role
* how and when other organisations supporting the person communicate any service changes
* how organisations will inform the service coordinator of concerns and request a case review
* when the role might change to another organisation, depending on the response required
* participation in care team / interagency meetings convened by the service coordinator to support and track the supports and interventions for the person (including the person and people from a person’s informal support network if appropriate).

At these meetings or through a formal communication pathway with all organisations, share the information needed for workers to fulfil responsibilities in the person’s action plan. Note compliance to consent and other privacy safeguards.

## Develop action plan

The organisations comprising the person’s care team develop (or this is developed by a lead or service coordinator where in place) and/or review a comprehensive action plan tailored to the person, their family and carers in the environment.

A person’s future-focused action plan will identify:

* the person’s current and future potential goals, needs and risks
* prioritisation of actions
* interventions and supports required
* a description of the services delivered, by whom and when
* timelines for environment maintenance and monitoring, with clarity about who is responsible for this
* how any cleaning/discarding costs are to be met
* communication methods for organisations about changes in circumstances for the person and the delivery of the interventions and supports
* an articulated plan for rapid action or escalated responses if needed.

The action plan may include:

* psychological intervention or counselling
* practical support for help with cleaning and decluttering.

It will address safety concerns and connect the person to community resources and support services. These are subject to the person’s consent for referral.

## Implement the action plan

Responsibilities for implementing the various actions in a person’s care plan will sit across various organisations and workers. Those involved should work together as a care team for the person.

### Practical considerations

At any time it may be necessary to prioritise for the part removal of material accumulation or environmental neglect, such as organic waste, rubbish and mould. This may be subject to priority, due to the volume of materials, or as a sensitive response to the person’s psychosocial safety. This enables prioritisation on the greatest health and safety risks in the living environment without discarding all the accumulated materials.

Standard practice is not to provide any storage units to people who hoard. This is due to the risk of continuing financial pressure on them, and the potential for a storage unit arrangement to enforce hoarding behaviours (more space to fill), unless there are clear agreements in place, for example:

* a limited timeframe
* no daily disposable waste can be stored in the storage unit
* as a transition arrangement
* all stored articles are to be disposed of at the end of the timeframe.

There is often an absence of cleaning products and equipment. Buying these for the person can be a useful engagement tool. It may be useful to make a referral to council for home and community care supports, or other in-home supports, with alternate services as relevant.

### Reduce fire risks

Reduce all fire risks identified in the risk assessment tools. Outline the fire risks from the tools in the person’s action plan, or in action planning between organisations, for (and with) the person.

Action planning will involve potential consultation, engagement and involvement with:

* relevant emergency services – Fire Rescue Victoria and the Country Fire Authority
* private cleaning and disposal services
* electrical contractors or other trades (to make items and the environment safe)
* local council officers.

Fire Rescue Victoria and the Country Fire Association recommend the following risk reduction measures in the first instance to address fire safety:

* Advise on any behaviours of concern such as only smoking outside.
* Install smoke alarms and promote their testing at least monthly.
* Unblock exits like front and back doors.
* Widen internal pathways between rooms and to the main exits.
* Identify if utilities such as gas and electricity are connected and safe.
* Identify areas used for cooking and establishing a one metre clearance around all fixed cooking and portable appliances and meal preparation areas.
* Establish a one metre clearance around all fixed and portable heating sources.
* Disconnect any electrical appliances not required for use.
* Check that electrical items are Australian standard electrical equipment.
* Identify if the property has electrical surge protection.
* Ensure electrical items, power boards and electrical outlets are not buried in clutter.
* Identify all electrical extension/appliance cords and remove any accumulated items on them.
* Identify the use of naked flames (candles and so on) and discourage the use of potential ignition sources such as cigarettes, candles or incense and their removal.
* Identify all electrical power boards and ensure they are used safely – for example:
  + have one power board per power point
  + have no double adaptors plugged into power boards
  + unplug any power boards plugged into other power boards
  + remove any accumulated items on power boards.

Fire Recue Victoria has also developed a notification system. This system places a discreet electronic alert on a property address when there is evidence of hoarding. In the event of a fire or other emergency at the address, responding firefighters should increase their preparedness and safety.

**More information:** [Fire Rescue Victoria](https://www.frv.vic.gov.au/hoarding) https://www.frv.vic.gov.au/

Expression Victoria is a not-for-profit organisation created by and for the Deaf community. It offers a range of services and supports. Expression Victoria is coordinating applications for the Victorian Government’s Smoke Alarm Subsidy Scheme. This scheme subsidies specialised smoke alarms to Deaf and hard of hearing people living in Victoria.

Consider this alarm system in an action plan for a person presenting with hoarding behaviours who needs specialised smoke alarms to alert them to fire hazards. Check with Expression Victoria for availability.

**More information:** [Expression Victoria](https://www.expression.com.au/services/smoke-alarm-subsidy) https://www.expression.com.au/

### Reduce or remove accumulated items

To reduce risks and improve safety and wellbeing, a process for reducing and/or removing items may be needed. Practical management of environmental neglect involves coordinating the:

* collecting and discarding of rubbish and organic waste products
* removing or minimising vermin or other infestations, including black mould
* removing visible dirt and build-up on surface areas (kitchens, bathrooms).

Use the [Home Environment Index](#_Home_Environment_Index) checklist to identify the level and kind of environmental neglect in areas of the home to be included in risk reduction activity.

### Animal management

Refer to [Animal – statutory responses and organisations](#_Animals_–_statutory) for related resources.

Some councils have local laws about the number of animals a person can keep on their property. There are also laws about native wildlife species and requirements for appropriate permits or authority under the *Wildlife Act 1975*.[[42]](#footnote-43)

Where there is a notification, observation or assessment of the presence of excessive, crowded and/or neglected pets, native animals, livestock, reptiles or other types of animals, it is ideal to get consent (if possible) from the person living on the property before contact. This will also involve consent to engage local council environmental health officers or a pest control company.

Be mindful of the sensitivity to the person of discussions or approaches about their animals. Plan a response, including the expert or specific views and functions of other organisations.

The local council environmental health officers or a private pest control company will need to inspect the property and advise on actions that can/should be taken. Where appropriate, they should notify the landlord or the property manager.

The way this information is framed with the person makes a big difference. It can build or deplete any trust in the relationship between the worker and the person. It is not appropriate to frame the information about animals and their management as a punishment or a consequence of something they have or have not done.

## Costs

### Types of costs

Councils may apply to the Magistrates’ Court of Victoria for an injunction under the PHW Act where the person does not comply with improvement or prohibition notices. This may involve seeking reimbursement of costs incurred by the council.

Also, consider a comprehensive assessment of what clean-up and associated interventions are needed. Involve the person in this.

The costs associated with the required assessment, intensive cleaning and discarding process, including large clean-ups and industrial cleans, can be very expensive. The cost of on- or off-site storage, so that cleaning can occur, is also a potential expense.

The costs may be prohibitive for a person if they cannot afford to pay.

An effective hoarding response is often challenged both by the limited number of hoarding professionals and specialists available to assist and their associated costs. In some regional and rural areas there may be added travel costs applied by the professional cleaning services to attend out of their usual area.

Also, some potential costs for the person are difficult to assess until further investigations take place. For example, repairing infrastructure damage may need further assessment after a clean-up is performed. Several different organisations can be involved in this type of discussion.

### Strategies to manage costs

Smaller clearances occurring at regular intervals may assist the person financially and emotionally.

Some organisations and programs may have access to limited discretionary funds and resources to support people with complex needs and at-risk tenancies. The care team should explore if any of the existing involved organisations can contribute or can coordinate for a referral. For example, renters of public housing could use services such as Tenancy Plus or the Tenants Union for advocacy and support.

The care team may need to be creative in identifying potential sources of funding and/or rely on information from other organisations in local networks about available options. Organisations may also collaborate to develop resource lists of relevant organisations that can contribute to costs on a case-by-case basis.

### Options for financial support

* The person themselves may be able to contribute fully or partly to costs, at once or over time.
* Explore options with family, carers or guardians for financial help.
* [Commonwealth Home Support Programme](https://www.health.gov.au/our-work/commonwealth-home-support-programme-chsp) https://www.health.gov.au/our-work/commonwealth-home-support-programme-chsp
  + This provides entry-level support for older people who need some help to stay at home, these may include general supports for cleaning, garden maintenance, minor and major house repairs, reparative supports and psychology (with allowances for specific hoarding supports).
* [National Disability Insurance Scheme](https://www.ndis.gov.au/participants/using-your-plan/managing-your-plan/support-budgets-your-plan) https://www.ndis.gov.au/participants/using-your-plan/managing-your-plan/support-budgets-your-plan
  + While there aren’t specific allowances for hoarding support, where a person has a plan, there are line items that can be used to deliver cleaning and decluttering support. The funds can be drawn down from a person’s core or capacity building budget.
* Depending on the scale of items and if the person is an existing client, some local councils may:
  + assist on a case-by-case basis
  + accept a booking for a hard rubbish collection
  + for people who own their homes, accrue costs against the value of a property with the aim of reimbursement when the property sells.
* For people who live in public or social housing:
  + The [Aboriginal Tenants at Risk Program](https://dhhsvicgovau.sharepoint.com/sites/DisabilityandComplexClientsPracticeAdviceandSupport/Shared%20Documents/Programs,%20projects%20and%20evaluations/Projects/Hoarding%20Guide/Draft%20with%20CNT%20-%20working%20document/Current%20draft%20and%20docs%20to%20complete%20process/•%09https:/quantum.org.au/programs/aboriginal-tenancies-at-risk-atar) supports Aboriginal people who are renters or prospective renters of public housing in Victoria or Aboriginal Housing Victoria, particularly where rental agreements may be at risk is available. There may be geographic limitations to this program.
  + Tenancy Plus assists social housing renters through early intervention when a tenancy is at risk to sustain the tenancy and reduce risk of homelessness. Find out more about [Tenancy Plus](https://providers.dffh.vic.gov.au/tenancy-plus-tenancy-support-program-operational-guidelines%3e) https://providers.dffh.vic.gov.au/tenancy-plus-tenancy-support-program-operational-guidelines%3e.
  + The Department of Families, Fairness and Housing’s [Support for High-Risk Tenancies program](https://providers.dffh.vic.gov.au/complex-needs-services) https://providers.dffh.vic.gov.au/complex-needs-services. Service coordination (limited) for people in public and community housing (and brokerage for renters in public housing only, used when flexible responses are needed that are not available in the existing service system).

## Involuntary interventions

A person’s capacity to consent to interventions and actions should be established and regularly revisited throughout engagement. Refer to [Referral and consent](#_Referral_and_consent).

A person may be involuntarily required to address the hoarding or environmental neglect by legal orders or other statutory interventions. This is particularly the case where they are not willing to work with the engaged organisations and/or a threshold of risk, welfare or safety are met.

Relevant officials will only take legal action against the person as a last resort. When possible, they will attempt to cooperate with the person who is hoarding to resolve the concerns before they become a legal matter. Organisations can play a critical role in supporting the person. The person is likely to be distressed and overwhelmed by the legal requirements imposed on them.

Some key grounds for involuntary interventions:

* Under the Residential Tenancies Act[[43]](#footnote-44) (the RTA)
  + A residential rental provider in private and social housing settings may exercise their rights in keeping with the objectives set under the RTA. Resolving disputes largely depends on the state of the rented premises and the renters’ cooperation in fulfilling obligations under the residential rental agreement.
  + If residential rental providers need to issue a notice to vacate because a rental property is unsafe or uninhabitable, residential rental providers may refer to the RTA sections that outline general termination options for each accommodation type, including Pts 2, 3, 4, 4A and 12A.
  + In situations where the rented premises is liveable but not maintained in a reasonably clean condition due to continuous breaches of renter duties, residential rental providers can explore compliance measures as per the RTA – for example, breach of duty notices.

Disclaimer: This guide provides broad information about involuntary interventions. Users of this resource may seek independent legal advice on the best course of action available to them when considering enforcement rights and duties under the RTA.

* If there are concerns about the health and welfare of children or young people, consult with The Orange Door about actions that may need to take place. Refer to [The Orange Door](https://www.vic.gov.au/about-the-orange-door) https://www.vic.gov.au/about-the-orange-door.
* Where children and young people are at significant and/or immediate risk of harm due to the environment:
  + You can [make a report to Child Protection](file:///C:/Users/akop0501/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/GWHS4386/make%20a%20report%20can%20be%20made%20to%20Child%20Protection) https://providers.dffh.vic.gov.au/making-report-child-protection – this operates under the *Children Youth and Families Act 2005*[[44]](#footnote-45)andconsent is not required to make a report.
  + Child Protection can investigate concerns about a child if that child has suffered or is likely to suffer significant harm because of neglect or abuse, and their parent has not or is unlikely to protect them. Child Protection can make applications to the Children’s Court if the child’s safety is not assured within the family.
* Under the *Public Health and Wellbeing Act 2008*:
  + Environmental health officers have statutory powers to investigate any notice of nuisance within their municipality, including hoarding.
  + Environmental health officers may issue orders to remedy nuisances. Where orders are not complied with, they can apply to a Magistrates’ Court for an injunction for a forced remediation to reduce the public health risk or prosecute the matter. Refer to Local council.
* Under the *Prevention of Cruelty to* *Animals Act 1986* (the POCTA Act):
  + Inspectors have a range of powers to enter a property and take actions, including warrant powers. Refer to [Animals – statutory responses and organisations](#_Animals_–_statutory).

# Continuing social supports

Due to the long-term nature of hoarding, ensure a person living with hoarding and/or environmental neglect receives continuing support and interventions that align with their changing needs and risks.

Strategies to support the long-term view of continuous harm reduction and tenancy maintenance include:

* engaging well with the person
* continuing to use a harm reduction approach
* supporting them to be proactive in using available supports.

This will involve regular review and reassessment of the person’s circumstances.

## Action planning on referrals for continuing support

The person, their family/carers may already engage with relevant social, health, mental health and other personal supports. These may have been introduced over the Make Safe service response. They include those delivered by the:

* National Disability Insurance Scheme
* aged care
* a GP
* area mental health services
* private psychological supports
* allied health services
* behaviour support practitioners
* other services relevant to the person’s circumstances.

These services will already be reflected in the person’s care plan. Or they might be in a care plan developed as part of the Make Safe service response.

Where the person needs referrals to new organisations, any person or organisation engaged with the person can make these. This includes a key worker, carer or family member. Make any new referrals with the person’s informed consent. Consider any specific cultural and health needs. The engaged organisations should be aware of new referrals because these referrals reflect needs and goals in the person’s care plan.

Communication and planning about referrals should involve the person, any nominated carers and family members (as relevant). This will ensure their input, understanding and decision making. Consider the following:

* The person is unlikely to self-refer for supports but are more often referred due to legal reasons (for example, threat of eviction, physical health issues and complaints from others).
* A person may accept being recommended for referral and support if they have insight or accept their situation is beyond their capabilities.
* Some people have lived with shame and embarrassment because of their situation for many years, based on an incorrect assumption that no help is available.
* Arrange a transition period to new organisations if the person needs it.

Action planning for continuing supports will be agreed by:

* the person
* the service providing a response
* the care team.

The monitoring will focus on the progress of supports and interventions for the person. This should consider any necessary changes to services against changing needs or circumstances.

Discuss, update and communicate the person’s future-focused action plan with the person’s care team.

## Common referral pathways

The person may benefit from a referral for specialist and targeted assessment and services that will direct planning and support. These may include, but is not limited to:

* [Victoria’s mental health services](https://www.health.vic.gov.au/mental-health/about-victorias-mental-health-services) https://www.health.vic.gov.au/mental-health/about-victorias-mental-health-services and [how to access a mental health service](http://www3.health.vic.gov.au/mentalhealthservices/) http://www3.health.vic.gov.au/mentalhealthservices/
  + clinical services focus on assessment and treatment
  + mental health community support services focus on activities and programs that help people manage their own recovery and maximise their participation in community life.
* [The Orange Door](https://www.vic.gov.au/about-the-orange-door) https://www.vic.gov.au/about-the-orange-door offers support for:
  + adults, children and young people who are experiencing family violence
  + families who need support with the care and wellbeing of children and young people
  + perpetrators of family violence.
* [Carers Victoria](https://dhhsvicgovau.sharepoint.com/sites/DisabilityandComplexClientsPracticeAdviceandSupport/Shared%20Documents/Programs,%20projects%20and%20evaluations/Projects/Hoarding%20Guide/Draft%20with%20CNT%20-%20working%20document/Current%20draft%20and%20docs%20to%20complete%20process/Carers%20Victoria) https://www.carersvictoria.org.au/
  + statewide support to family, non-professional carers, including counselling support
* [Aged care assessment services](https://www.myagedcare.gov.au/assessment) https://www.myagedcare.gov.au/assessment
  + aged care services accessed via an online portal for older people who need help at home or with aged care residential care
* [Primary health networks](https://www.health.gov.au/our-work/phn/your-local-PHN/Vic-PHNs) https://www.health.gov.au/our-work/phn/your-local-PHN/Vic-PHNs
  + provide streamlined and coordinated health services, particularly for those at risk of poor health outcomes
  + occupational therapy assessment to clarify factors affecting the person
  + behavioural support practitioner assessment and development of a plan
* GPs
  + range of medical services, including referrals for specialist assessments/interventions (for example, psychological support)
* [Home and Community Care Program for Young People](https://www.health.vic.gov.au/home-and-community-care/hacc-program-for-younger-people) https://www.health.vic.gov.au/home-and-community-care/hacc-program-for-younger-people
  + targeted at people under 65 and Aboriginal people under 50 needing help with daily activities – for example, personal care, dressing, preparing meals, house cleaning, property maintenance, community access and using public transport
* [Care Finder Program](https://www.myagedcare.gov.au/help-care-finder) https://www.myagedcare.gov.au/help-care-finder
  + supports vulnerable people without supports to learn about and set up support services
* [Support for High-Risk Tenancies program](https://providers.dffh.vic.gov.au/complex-needs-services) https://providers.dffh.vic.gov.au/complex-needs-services
  + limited brokerage for renters in public housing only, used only when needing flexible responses that are not available in the existing service system
  + Complex Needs Coordinators support referrers and care teams with problem solving and navigating the service system for better responses to people with complex needs
* [Aboriginal Tenants at Risk Program](https://quantum.org.au/programs/aboriginal-tenancies-at-risk-atar/%3e) https://quantum.org.au/programs/aboriginal-tenancies-at-risk-atar/%3e
  + support for Aboriginal people who are renters or prospective renters with public housing or Aboriginal Housing Victoria, particularly where tenancies may be at risk
* [Victorian Indigenous Homelessness Statewide Network (VISHN)](https://vishn.org.au/) https://vishn.org.au/
  + a collective of Aboriginal Community Controlled Organisations and ally organisations working with Aboriginal people that are dedicated to reducing homelessness among Aboriginal Victorians.
* [Tenancy Plus](https://providers.dffh.vic.gov.au/tenancy-plus-tenancy-support-program-operational-guidelines%3e) https://providers.dffh.vic.gov.au/tenancy-plus-tenancy-support-program-operational-guidelines%3e – assists social housing renters through early intervention when a tenancy is at risk to sustain the tenancy and reduce risk of homelessness. Tenancy Plus providers:
  + develop a client support plan with the renter
  + provide direct support to the renter
  + engage with other organisations to address the underlying causes of the risks to the tenancy
  + set up a meeting with support providers to determine responsibility for actions in the plan
  + oversee, coordinate and implement the plan.

## Make the referral

A referral must be with the informed consent of the person. The referral should only include information the person has agreed to share. Refer to [Privacy considerations](#_Privacy_considerations).

As a guide and depending on the consent, provide the following information:

* contact details for the person
* description of the person’s needs, including any cultural or other specific needs/requirements
* history of service engagement and progress
* current and key priorities and critical issues
* risk management, communication and care/action plans
* any key recommendations from assessments
* key contacts/relationships for the person.

Most workers responding to hoarding are well connected in their local communities. A worker can also use Ask Izzy, an online search engine to identify other service types. Refer to [Ask Izzy](https://askizzy.org.au/) https://askizzy.org.au/.

# Monitoring for environment maintenance

Hoarding behaviour and environmental neglect are often complex, long-term chronic issues. They need a considered, patient and planned service response. Organisations and workers may make several attempts and/or repeated interventions to address the risks. This may mean repeated use of the risk assessment tools and updates to the action plan. It might need planning for and with the person over multiple occasions.

## Maintaining contact

Following the initial episode of hoarding support and intervention, the engaged workers should jointly consider and agree with the person about what support they would like to maintain their environment and wellbeing over the long term.

Establishing regular contact with the person can help with maintaining the living environment. Keping up the connection allows interventions to be sustained, re-established or altered as required. The aim is to provide ongoing periodic monitoring to help the person sustain any changes.

Some people may not agree to continuing monitoring. Where there is reluctance for engagement, the person may agree to a specific worker making contact (for example, quarterly) to check that:

* the environment does not have a negative impact on the safety and wellbeing of the person and/or animals
* pathways around the house continue to have a one metre clearance
* appliances/devices continue to have a one metre clearance from accumulated materials
* exit points (front and back doors) do not become blocked by accumulated materials
* smoke alarms are regularly tested and batteries changed.

Sometimes the person might refuse to work with support organisations and statutory officers. In these cases, the person may be subject to duty of care referrals or involuntary interventions.

## Action planning for continued monitoring

The core organisations involved could share this maintenance role. Engage a case manager or a service coordinator role if appropriate. Agree on this as part of planning the closure of a current episode of intervention and identifying future actions for monitoring.

Depending on the needs of the person, action planning will focus on the progress of the person and their environment. It will track risk and social domains such as:

* animal monitoring – for example, new animal accumulation, the conditions for animals
* living environment assessments for continuous safety checking – for example, new accumulations, presence of biohazards, structural decline
* property and living environment maintenance/remedial works – for example, regular small clean-ups or cleaning services booked in.

On the cleaning process alone, it is often typical for it to repeat several times as a staged cleaning process. This would be scheduled into the plan. Consider having a regular cleaner (public or private) to attend on an agreed frequency to help maintain living areas. The cleaner needs to know about the need for safety. They must be sensitive with the person’s belongings.

# Conclusion

This document aims to:

* improve organisations’ understanding of hoarding and environmental neglect
* reinforce collaborative inter-agency, multidisciplinary practice for an effective Make Safe service response.

The guide introduces a general overview of various aspects of hoarding. This includes its common language, contributory factors and the impact it can have on individuals, their family and carers, and their living environment. The guide establishes the Make Safe service response. It highlights the principles of:

* a person-centred voice
* human rights
* privacy safeguarding.

The guide also outlines the critical role of a cross-sectoral collaborative approach to delivering and coordinating services. It explores the crucial steps in the process, from incoming referrals and consent to initial engagement and risk assessment.

The heart of the document focuses on action planning for harm reduction, affirming the importance of:

* risk and needs assessment
* communication between organisations
* continuous engagement with the affected people.

There is general guidance on:

* reducing or removing accumulated items
* addressing fire risks
* managing animal concerns
* considering involuntary interventions when necessary.

Last, the guide reinforces the importance of ongoing monitoring and referrals for support. It ensures those affected by hoarding continue to receive the help they need to maintain a safe and healthy living environment.

This guide serves as a valuable resource for all those involved in addressing hoarding situations within local communities. The guide shows how organisations can work together to provide compassionate and effective support to people facing hoarding challenges while upholding their rights and dignity, and ultimately trying to make and keep people safe.

# Appendix: Environmental profile and risk assessment checklist

This checklist comprises many fields to support a comprehensive service response to a person living with hoarding and/or environmental neglect. The checklist supports:

* screening of a person’s current living and health status
* an environmental risk assessment of hazards
* identification of priority actions and any referrals required.

The checklist allows for planning on identified priority actions for risks and needs, which may include contacting other organisations to take steps to implement harm reduction and introduce support services (as relevant).

The checklist is completed as early as is possible in the engagement with a person.

| 1. Service information | Please describe |
| --- | --- |
| **Date of assessment** |  |
| **Name of assessor** |  |
| **Role of person completing the assessment** |  |
| **Organisation** |  |

| 2. Client and dwelling information | Please describe |
| --- | --- |
| **Name of person** |  |
| **Date of birth (if known)** |  |
| **Phone number** | Preferred contact? Yes or no |
| **Mobile number** | Preferred contact? Yes or no |
| **Email address** | Preferred contact? Yes or no |
| **Address of property** |  |
| **Type of dwelling** | For example: free-standing unit, apartment (note any security access requirements for the building), free-standing house, semi-detached dwelling, number of stairs, lift access to a basement? |
| **Tenure type** | For example: private owner/occupier, private renter, social housing: public or community housing renter  Any tenancy breach or notice to vacate? |
| **Number of occupants living at the property** | Include other information known: ages, relationships, pets in home |
| **Local council area** |  |
| **Has the person provided consent for worker to enter property and undertake assessment?**  **If there is no consent, on what legal grounds is entry being pursued?**  **Is this assessment a result of a duty of care referral?**  **Is there a guardianship and/or administration order in place?** |  |
| **Language interpreter required?** | Yes or no, and what language? |
| **Sign language interpreter required** | Yes or no |

| 3. Environmental profile | Yes or no, or number | Please describe |
| --- | --- | --- |
| **Number of bedrooms** | (number) |  |
| **Number of bathrooms/toilets** | (number) |  |
| **High material accumulation (clutter) internal**  **Number of rooms involved:** | (number) | For example: use / results of Clutter Image Rating Scale? |
| **High material accumulation (clutter) external**  **Number of areas involved:** | (number) | For example: porch, garage, shed, yard |
| **Air quality** | (describe) | For example: Are windows able to be open? Doorway able to be open?) |
| **Environmental neglect (formerly `squalor’)**  **Number of rooms involved:** | (number) | Use/results of Home Environment Index?  For example: biohazards (e.g. sewerage, mould, animal or food waste) |
| **Animal hoarding** |  | For example: type, number, conditions for animals |
| **Rodents (rats, mice)** |  |  |
| **Vermin (e.g. fleas, bugs, flies)** |  |  |
| **Human and water collection** |  | For example: possible risks with odours/vermin |
| **Public safety risks** |  | For example: risks with above for others |

| 4. Home utility profile | Yes or no | Please describe |
| --- | --- | --- |
| **Water working/available** |  | For example: hot and cold water running and accessible |
| **Electricity working** |  |  |
| **Gas working** |  |  |
| **Access to working toilet** |  |  |
| **Sewered or septic waster system** |  | If septic system, identify location and condition |
| **Access to shower** |  |  |
| **Access to working fridge** |  |  |
| **Access to cooking facilities** |  |  |

| 5. Fire hazard profile (internal) | Yes or no | Please describe |
| --- | --- | --- |
| **Smoke alarms installed (less than 10 years old and last battery change?)** |  | Note: Under the RTA smoke alarms and gas heaters need to be serviced by the landlord |
| **Are smoke alarms interconnected?** |  |  |
| **Clear entry and exits** |  |  |
| **Blocked, unusable or obstructed doorways** |  |  |
| **Narrow pathways: less than approx. 800 mm wide** |  |  |
| **Clutter within 1 metre of stove/ oven** |  |  |
| **Excessive build-up of oil/ grease around stove/ oven** |  |  |
| **Blocked heating vents** |  |  |
| **Electrical hazards** |  | For example: multiple power boards, use of double adaptors, use of extension leads, frayed power cords, use of old electrical equipment, use of electric equipment salvaged from hard waste |
| **Accumulation of chemicals: more than 10 litres** |  | For example: petrochemicals, meth lab, unknown chemicals / industrial chemicals, gas bottles, other combustible or flammable gases and liquids |
| **Evidence of unconventional cooking, heating, or lighting arrangements** |  | For example: use of camping stove, use of candles, use of outdoor gas heater, power supply via extension lead from neighbour |
| **Evidence of unsafe smoking in the home** |  | For example: evidence of smoking in bed, unsafe cigarette disposal (e.g. butts in plastic or paper containers, evidence of burn marks on furniture or clothing) |
| **Any history of previous fires, or of fire-lighting behaviours or previous reports to Fire Rescue Victoria?** |  |  |
| **Exposed electrical wiring present** |  |  |
| **Presence of any known asbestos** |  |  |

| 6. Hazard profile (external) | Yes or no | Please describe |
| --- | --- | --- |
| **Building structurally safe** |  | For example: identified internal leaks, signs of building collapse, holes in floors, doors unable to open or close |
| **Long grass** |  |  |
| **Overgrown trees** |  |  |
| **Accumulated materials** |  |  |

| 7. Wellbeing and support profile | Yes or no, describe | Current services |
| --- | --- | --- |
| **Current health conditions** |  | For example: community health, primary health, GPs |
| **Current mental health conditions** |  | For example: GP, psychiatrist, psychologist, community mental health |
| **Current cognitive capacity** |  | For example: neuropsychologist, geriatrician |
| **Mobility concerns**  For example:  Can walk independently?  Uses a walking stick or frame?  Do they appear slow or unsteady when they walk?  Are they at risk of trips and falls? |  | For example: allied health, help with transport |
| **Disability** |  |  |
| **State Trustees or power of attorney client**  **Is there a legal guardian in place?** |  |  |
| **Dependants living at property**  For example, children or young people under 18 years of age, older people or people with disabilities requiring support for all daily living needs |  | For example: Child Protection involvement |
| **Disclosed or suspected family violence**  Note: MARAM initial screening tool required if family violence known or suspected |  | For example: Are there intervention orders in place? |

| 8. Informal/personal support profile | Yes or no | Please describe |
| --- | --- | --- |
| **Next of kin** |  | Relationship to person |
| **Informal supports** |  | For example: other family members, friends, neighbours |

| 9. Harm reduction referrals | Yes or no | Please describe |
| --- | --- | --- |
| **Fire Rescue Victoria** |  | Safety notification alert |
| **Country Fire Authority** |  | Bushfire-prone areas |
| **Animal control services** |  | Local council |
| **Public health** |  | Health risks to the public |
| **Utility companies** |  | Water, electricity gas |
| **Child Protection** |  | Notification |
| **The Orange Door** |  | Family violence support |
| **Office of the Public Advocate** |  | Advocacy support |
| **Has the person consented to referrals?** |  | **Date consent given:** |
| **If the person has not consented, are any duty of care referrals required?** |  | **Date consent given:** |

| 10. Risk reduction plan | Yes or no | Please describe |
| --- | --- | --- |
| **Install smoke alarms**  **– interconnecting?**  **– use of linked smoke detectors across multiple units high in the ceiling cavity** |  |  |
| **Clear obstructed entry and exit points** |  |  |
| **Create 1 metre gap between cooking devices and accumulated materials** |  |  |
| **Create 1metre gap between heating and electrical devices and accumulated materials** |  |  |
| **Create a 1 metre clear pathway in the dwelling** |  |  |
| **Other** |  | For example: car battery disconnection if car has accumulated materials |
| **Has the person consented to the harm reduction plan?** |  | **Date consent given:** |

| 11. Cleaning and discard tasks required | Yes or no | Please describe |
| --- | --- | --- |
| **Skip bin or hazardous disposal bins** |  |  |
| **Mould treatment** |  |  |
| **Garden work** |  |  |
| **Internal clean** |  |  |
| **Repair or replace items** |  |  |
| **Other** |  | For example: buying fire resistance material aid and equipment, particularly for smokers |
| **Has the person consented to these activities?** |  | **Date consent given:** |

| 12. Support service referrals | Referred | Please describe |
| --- | --- | --- |
| **National Disability Insurance Scheme** |  |  |
| **Aged care assessment (My Aged Care)** |  |  |
| **Home and Community Care – Program for Young People** |  |  |
| **Local adult and older adult mental health and wellbeing services** |  |  |
| **Support for High Risk Tenancies** |  |  |
| **Indigenous Tenancies at Risk or Aboriginal Tenants at Risk Program** |  |  |
| **Tenancy Plus** |  |  |
| **Other (e.g. Towards Home, Greenlight, Community Connections Programs)** |  |  |
| **Has the person consented to these activities?** |  | **Date consent given:** |

| 13. Summary notes |
| --- |
|  |

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