Good Living Conditions Southern

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We wish to acknowledge the work of the Taranaki District Health Board in providing the framework which forms the basis of the Southland guidelines.

Taranaki guide lines were based on the Guidelines previously developed by the Partnerships against Homelessness (PAH) Committee under the auspices of the Sydney South West Area Health Service. Representatives with experience in assisting people living in squalor, stakeholder groups and Professor John Snowdon, a psychiatrist with a special interest in this area, were consulted and international evidence collated in the development of the original PAH document.

These Guidelines have been developed principally for personnel who are asked to intervene in cases of hoarding leading to severe domestic squalor in the Southern District.

SECTION 1: Introduction

1.1 Background

Following requests from the community for information and support to assist those living in untidy and unhygienic conditions.

Challenges identified thus far.

- A lack of common understanding what constitutes severe domestic squalor and self-neglect and who does what once it has been identified
- Friends and family, workplaces, neighbours and staff feeling powerless and frustrated, unable to support long term constructive change
- A lack of assessment tools leading to judgement call referrals rather than appropriate assessment of underlying, unmet, undiagnosed mental health or addictions need
- Confusion and uncertainty with limitations and ethical dilemmas for staff
- Uncertainty around rights, privacy and roles including knowledge about the law – monitoring and compliance

It is important to emphasise that compulsive hoarding cases in particular, as apart from squalor cases, are very difficult to work with and that interventions achieve limited outcomes. Managing our own stress and service response will be as important as achieving positive outcomes for individuals and families involved.

The purpose of this working group is to develop terms of reference, establish an agreed local area interagency protocol, including pathways for referral, guidelines and information to ensure that the people living in severe domestic squalor are assisted in a consistent, sustainable and efficient way.

It has also been identified that there could be other work streams such as workforce development, community education and information resource development that may be recommended from this working group.

It is anticipated that there is scope within existing contracts and workloads for any action to be delegated to existing, appropriate networks if they do emerge as priorities beyond the scope of this working group.

1.2 Purpose of the Guidelines

These Guidelines are designed to assist front line workers of various government and non-government organisations (NGOs) primary care and family members to constructively intervene and improve the situation of people who are living in severe domestic squalor. Improving the efficiency, speed of action and coordination of work between relevant agencies, has the potential to improve the health and quality of life for individuals who have been living in severe domestic squalor.

These Guidelines provide front line workers with:

- A step-by-step guide
- Simplified procedures to assist people living in severe domestic squalor
- Clear roles and responsibilities of agencies and service providers, to enable improved coordination and integration of services
- Practical information regarding referrals and intervention options

These Guidelines include flow charts to summarise the processes involved. Included in Appendix 7 are a series of case studies which explain the issues and current events arising in typical cases of severe domestic squalor.

Confidentiality

It is recognised that Panel members may want to discuss issues and/or decisions with peers, nominating organisations and representative groups in order to gain feedback and measure consensus. It is not the purpose of this confidentiality clause to prevent this from occurring, but to protect individual members from being quoted out of context and undermining the integrity of the working groups' initiatives.

Although members are naturally free to express their own views within the context of working group meetings, or the general business of the working group, members should publicly support a course of action decided by the working group. If a member is unable to support a majority course of action, it is that member's responsibility not to publicly comment on decisions.

Also, given the sensitive and complex nature of shared information, case studies and common knowledge of some individual situations it would be anticipated that agency policy and procedure be followed at all times

SECTION 2: Explaining Severe Domestic Squalor

http://biooneaz.com/what-causes-hoarding-risk-factors-triggers-for-hoarding/

https://www.elementsbehavioralhealth.com/dual-diagnosis/hoarding-a-compulsive-mental-disorder/

2.1 Definition of Severe Domestic Squalor

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

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

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

There is a range of types of squalor, including:

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

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

- Extreme household unhygienic conditions
- Hoarding, where the accumulation of material has led to the living environment being unclean, insanitary or dangerous e.g. conditions pose a fire risk to persons or emergency services.

The decision regarding whether or not a person lives in severe domestic squalor may be influenced by the attitude, culture, exposure to unclean environments and personal living conditions of the person making the assessment.

International Data

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

These are characteristics of those living in squalor

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

- 51 % were younger than 65 years
- 72% were men
- 84% lived alone
- 70% had one or more mental disorders
- 32% were diagnosed with substance abuse and around 50% of those who abused substances also suffered from an organic brain disorder (mostly dementia), schizophrenia or a related disorder
- 10% met criteria for a developmental disorder
- 85% had at least one chronic physical health problem
- 26% of the people had a physical health problem, such as immobility or sensory impairment, contributing to the unclean state of their living environment
- 28% regarded their home as 'clean' or 'very clean' when asked about their living conditions (Halliday et al., 2000).

2.2 Features of Persons Living in Severe Domestic Squalor

The evidence suggests that half to two-thirds of all persons living in severe domestic squalor suffer from dementia or alcohol-related brain damage, or mental disorders such as schizophrenia and depression. Most studies refer to individuals who are isolated, suspicious and unfriendly, and have features suggestive of pre-existing personality disorders.

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

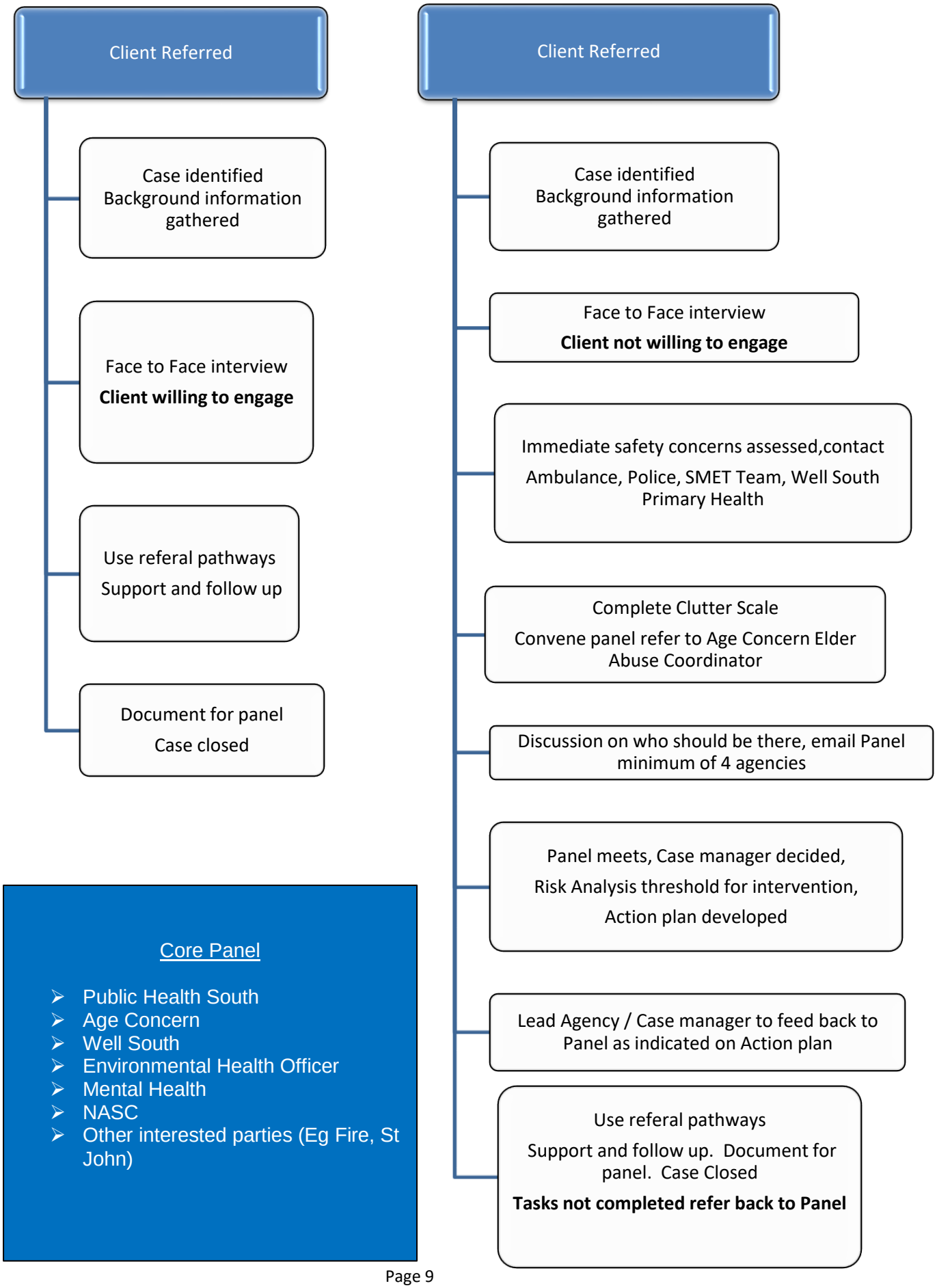
An individual who lives in domestic squalor may be completely independent. If people are living in squalor and not causing any harm to themselves or others, then no intervention is required.

A person who lives in squalor is frequently opposed to assessment and assistance and may be unaware that there is a problem. The person may be suspicious or evasive, perceiving any intervention to be a potential threat to their independence. Reasons for this vary. In some cases, it results from apathy associated with an underlying mental disorder. In others, longstanding habits and the individual's personality traits, including rigidity, unfriendliness, suspiciousness, anxiety or avoidance could be the cause. There may be a history of unsatisfactory dealings with service providers. Links with social supports and family have often been lost. Cultural and language barriers may also contribute to opposition to assessment and assistance.

If the person does agree to engage, they are unlikely to be prepared to leave the dwelling.

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

SECETION 3: Referral Pathway



3.1. Sources of Referral

People living in states of severe domestic squalor may be referred for assistance by anyone in the community including relatives, neighbours, concerned local residents, service providers, the fire service, police and shopkeepers. People often come to the attention of various service providers because of the deleterious effect that their living conditions have on themselves and the surrounding community.

3.2 Information Gathering Prior to Initial Contact

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

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

- Best time of day to visit
- Name
- Address
- Phone
- Family
- Length of time the person has been living in unclean conditions
- History of other efforts to assist
- Type of accommodation e.g., homeowner, private rental, Housing New Zealand
- If the person has a next of kin, carer, supportive neighbor's or involvement of any home services
- Any known medical history and/or whether or not the person has a General Practitioner
- Any potential occupational health and safety issues for which special clothing or precautions may be required
- History of the person's character, habits, and past medical and mental health history
- Cultural background
- If there are language or communication barriers
- Preferred language spoken and whether an interpreter may be required
- History of substance abuse, aggression or criminal behavior
- Whether the person lives alone or with dependents and any details of dependents
- Whether premises are covered by an existing Council Cleansing Order
- Risk to self-e.g. dogs on premises

If a person is known to have a health problem or to receive financial benefits or support from service providers, help may be sought from the relevant health service or from agency staff. The person's type of accommodation may determine whether the person is referred for assistance to the likes of Housing New Zealand or to the District Council. Landlords or property managers may need to be approached if utilities (such as water) have been disconnected or the building is in a state of disrepair.

3.3 Gathering Resources for Use at the Visit

Resources which could be used at the initial visit include the following:

- Health and Safety Checklist (Appendix 1) for the person who is visiting
- Environmental Cleanliness and Clutter Scale (ECCS) (Appendix 4) for the assessor
- Squalor Action Plan (Appendix 2)

SECTION 4: The Initial Visit

4.1 Purpose

The purpose of conducting a home visit to the person who has been referred is to:

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

Obtaining entry to the home, preferably with the consent and involvement of the occupant, is a priority but, if a home assessment is not immediately possible, information available to the initial agency involved may permit identification of the issues to be addressed.

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

4.2 Approaches to Engaging the Person

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

Generally, the person is more likely to be successfully engaged if an interest is shown in them and their particular reason for needing help. If the person agrees to accept help, the likelihood of achieving significant change and improving conditions for the individual and others is considerably greater.

Options which could be considered include:

- If the person is too fearful to open the door, try leaving a note in the mailbox or under the door, asking them to make contact. Keeping privacy concerns in mind, discrete enquiries with neighbors might be of assistance.
- Repeat visits**.** Sometimes calling after hours, varying the hours or visiting on several occasions may be helpful.
- Arranging to visit with a worker from a particular cultural background or with an accredited interpreter may be appropriate. Check with the client as to their preference and consent prior to making any arrangements.
- If the person requests an interpreter or has inadequate language skills, a professional interpreter should be used. Refer to the procedures of your organisation regarding the engagement and use of interpreters. Cultural and linguistic factors can impact on the success of engagement with the person.
- Ask the person how he/she considers they could benefit from help and identify the perceived needs.
- Be persistent yet sensitive to the person's needs and careful not to overwhelm them
- Even if the person’s initial reaction is negative and they reject any intervention, it is still important to continue to try to establish a relationship.

- Consider meeting at the local coffee shop.
- Avoid imposing your own values. Many people living in squalor often do not even perceive that their home is dirty.
- Take time**.** An immediate focus on a need for cleaning can cause distress and sabotage chances of achieving a successful alliance.
- Reframe the need for cleaning in terms of the person's perceived needs and preferences. The person might agree to tidy up as a staged process. Where possible, establish an inventory of possessions, identify valuables and arrange for them to be placed securely.
- Ensure that the person has the capacity to make decisions about giving away property and that service staff do not accept gifts or directly benefit from the clean-up.

It is important to note that in situations of extreme squalor, the assessment of 'risk' is likely to vary between the relevant authorities.

When sharing information with other agencies, be sure that disclosure of information is directly related to the purpose for which it was given and collected.

4.3 Occupational Health and Safety Requirements

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

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

In some cases of severe domestic squalor, OH&S concerns may prevent service providers from entering the premises and carrying out a comprehensive assessment. Field staff should contact their employer's OH&S adviser for advice.

4.4 Assessing the Level of Squalor

Having gained access to the premises, it is advisable to assess whether or not the person is living in squalor. The Environmental Cleanliness and Clutter Scale (ECCS) in Appendix 4 provides a method for objectively assessing and recording observations of various aspects of personal and environmental cleanliness.

Validation and reliability data have been collected and are available from the authors of the original PAH document (Halliday and Snowdon). They have provided definitions that allow raters to consider to what degree various aspects of the premises differ from those that would be considered by people from all cultural and social groups as clean and uncluttered. This does not mean to imply 'normality'. It is accepted that people vary in their subjective views concerning cleanliness, and these differ according to circumstance and upbringing.

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

The ECCS has 10 items, rated between 0 and 3. Where possible, all rooms should be inspected before making a rating. The cleaner and less cluttered the home, the more likely the score is to be 0. The maximum score for these domestic items is 30, and a rating of at least 20 usually means that the person lives in severe domestic squalor. Ratings of less than 10 imply that although the person may need help with cleaning or sorting out possessions, they do not live in severe domestic squalor. It is also relevant to consider whether they live in very cluttered surroundings without being markedly unclean, and this will be indicated by ratings on items A and C of the scale. The issue of 'capacity' is complex and is discussed further in the guidelines.

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

4.5 Assessing the Impact of Squalor on the Person, Family and/or Local Community

The impact of squalor on all relevant persons should be assessed. The checklists for this purpose are set out in sections 4.5.1 and 4.5.2 below.

4.5.1 Impact of Squalor on the Person's Health and Lifestyle

The findings of the ECCS should be summarised to identify the issues which are directly relevant to the person and need to be addressed. Considering the high incidence of both mental and physical disorders associated with cases of severe domestic squalor, it may be necessary to organise an immediate review of the person's health and lifestyle needs by experienced staff. The important issues to be considered at the initial visit relate to:

- The need for medical and/or psychiatric intervention
- The need for assistance with activities of daily living
- Whether the person is at risk of homelessness
- The person's decision-making capacity
- Whether the statutory powers of other agencies i.e. council might over- ride the wishes of the person

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

Factor/s	Sources for Further Information/Advice
Self-neglect with poor nutrition, dehydration, probable untreated medical problems	NASC, Mental Health Services, Age Concern
Confusion, disorientation, memory impairment, wandering and getting lost, delirium, acute psychiatric symptoms such as hallucinations, threatening self-harm, suicidal behaviours and symptoms suggestive of severe depression.	Southern District Health Board ED, Mental Health Well South, GP , Practice Nurse Mental Health Services
Aggressive behaviour or threatened harm to others.	Southern District Health Board Mental Health including Drug and Alcohol Services, Police
Exposure to possible financial exploitation or abuse	Office of the Ombudsman, Age Concern Elder Abuse Response Service, Community Law Otago or Southland
Threatened eviction and at risk of becoming homeless	Housing NZ, District Council, landlord/ property manager, NGOs Community Law (e.g.; Salvation Army, Tenancy Tribunal)
Lives alone and/or unable to access help or supervision, marked decline in activities of daily living and functional status	Medical services, intake and referral section of Access Ability (NASC), Older People Health Doctor
Limited mobility and risk of falls, incontinence	Southern District Health Board Access Ability, Older People's Health
Utilities not present or not functional, i.e. water, power, sewerage, heating, telephones	District Councils – environmental health officers/ building control officers, NGOs, Housing NZ landlord/ property manager, WINZ ,

Other issues which might be considered include:

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

4.5.2 Impact of Squalor on the Family and/or Local Community

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

Issues Information	Agencies/Services for Further
Excessive hoarding causing health and safety issues for neighbor's	District and City Councils throughout Otago and Southland - Environmental Health Team Public Health, Medical Officer of Health Southern District Health Board Police Fire and Emergency New Zealand
Complaints from adjoining neighbor's regarding the mess, invasion of space, excessive smells (from rubbish and/or sewerage), fire hazards or vermin infestation	District and City Councils - Environmental Health Team Public Health, Medical Officer of Health Southern District Health Board Council Contracted Cleaning Services, Fire and Emergency New Zealand .
Presence of partners or dependents, e.g. children, elderly relatives.	Ministry for Vulnerable Children, Oranga Tamariki Southern District Health Board Age Concern - Elder Abuse Responce Service
Pets kept in poor health	SPCA

4.6 Immediate Interventions

The apparent urgency of the situation and the wishes of the individual will determine the next step. The person may be clearly very unwell at the time of assessment and require urgent medical attention, or the person may present a relatively significant public health risk to the local community. *The Health Act 1956 enables councils to respond quickly and effectively to situations that occur on land used for residential purposes that pose a threat to public or individual health. (Ref: Section 29 The Health Act 1956 – 'Nuisances')*

4.6.1 Medical and/or Mental Health Review

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

- The local general practitioner
- Community services, including Adult Mental Health Services and Older People's Health specialist medical services.
- Crisis mental health services e.g. Emergency Psychiatric Service (EPS) and Southland Mental Health Emergency Team (SMHET)

Under the powers of the *Mental Health (Compulsory Assessment and Treatment) Act 1992,* people may be taken to and detained in a hospital/place of assessment if they are mentally ill or mentally disordered, permitting a brief period of community or hospital based assessment and treatment, and decisions regarding ongoing management.

This *Act* is relevant when a person, living in squalor:

- Has symptoms of a mental disorder, such as disturbance of mood, thought disorder, cognitive disorder, sensory misperceptions or behavior suggesting any of these
- Is unable to adequately care for themselves or at risk of harm to themselves or others.

For further information about the provisions of the *Mental Health (Compulsory Assessment and Treatment) Act 1992*, see Section 7.

The Protection of Personal & Property Rights Act (PPPR Act) may be relevant when the person appears to be experiencing cognitive decline. See Appendix 8.

4.6.2 Assistance with Activities of Daily Living (ADL)

If the person is identified as requiring assistance with personal care, or disability related needs, consider referring the person to the relevant NASC service. Details regarding these agencies are located at Appendix 6.

4.6.3 Assessing the Risk on Dependents

Assessing the risk to dependent children and young people is a particularly complex task. Where there are dependent children or young people living in the same dwelling who may be at risk of abuse or neglect, a report of risk of harm may need to be made to Ministry for Vulnerable Children, Oranga Tamariki or the Police.

If the dependent has a disability or there are no other suitable accommodation options, refer the matter to Ministry for Vulnerable Children, Oranga Tamariki or an NGO such as Open Home Foundation as soon as possible.

4.6.4 Relocation of Pets

In cases of suspected or observed failure to provide adequate care of pets and animals, report the matter to the Society for the Protection and Care of Animals (SPCA), other animal welfare agencies or District Council.

4.6.5 Organise a Clear-Up if an Urgent Health or Safety Risk Presents and the Person Supports this Intervention …

This could include contact with the landlord/property manager(if the person is renting privately), housing provider and other relevant agencies to ensure housing is restored to a habitable standard by making necessary repairs or reconnecting amenities (eg running water, electricity etc.)

The options for a cleanup are described in Section 6.1. These options should be discussed (**No 6.1**) with the person, bearing in mind that in cases where the council deems the risk to be serious or the situation to be an emergency, the council may invoke powers under amendments to the Building Act 2004 that override the resident's choice.

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

SECTION 5: Interagency Co-operation and the Joint Agency Panel

For the majority of cases, a number of agencies and services will need to be involved in providing ongoing support to persons living in domestic squalor. It is essential to ensure that all service providers and agencies have a consistent and collaborative approach with the person. This is where the panel comes into effect, a team of professional people enlisted from Agencies to assess the situation and offer advice and actions on how to proceed. They will identify the lead caseworker and help work out a plan moving forward

5.1 Coordination of services and development of Action Plans

When an instance of extreme squalor has been identified and it is beyond the capacity of the service to manage it, they will contact Age Concern with the initial assessment and collated information. Age Concern will then convene a meeting of the Joint Agency Panel. Please note the contact made to Age Concern is not a referral to Age Concern. Management of the case remains with the service unless a consensus decision is made to transfer it to another service at the Joint Agency Panel meeting.

The **Joint Agency Panel** is made up of representatives from the relevant services depending on the circumstances of the case. These can include:

- **District/City Council** (dependent upon district that client lives in)
- **NASC** (Needs Assessment Service Coordination) service (depending on age and/or needs of client – e.g. Over 65; Under 65 with a Disability; Mental Health client)
- **Clinical Representative** (e.g. Psych geriatrician, Mental Health professional)
- **Other representatives if appropriate at this stage** (e.g. cultural representative, support worker, partner/family members)
- **Age Concern Elder Abuse worker**
- **Well South**

The principal aims of the **Joint Agency Panel** are to:

- Consider the initial assessment of the person and any immediate interventions that may be required
- Identify any other services/agencies which need to be involved, including cultural representation for Maori clients and whanau
- Determine the course of action, agreed interventions, monitoring arrangements and the individuals responsible
- Identify a key worker or case manager responsible for ongoing liaison with the person living in squalor. In many cases it will be appropriate for the person who makes the initial contact with the client to assume this role.

ALL REFERRALS IN SOUTHLAND TO THE JOINT AGENCY PANEL SHOULD BE INITIALLY DIRECTED THROUGH Age Concern Southland 032186351

Age Concern will convene a meeting within 5 working day having to have a quorum of 4 people from the panel List. The Joint Agency Panel will convene a multi-agency meeting and identify a designated case manager. The designated case manager should complete a Squalor Action Plan (see Appendix 3), which identifies the actions to be undertaken, the person(s)/agencies responsible and review dates. The case manager should then distribute the Squalor Action Plan to all involved agencies. This will enable coordination of the necessary services.

ALL REFERRALS IN DUNEDIN TO THE JOINT AGENCY PANEL SHOULD BE INITIALLY DIRECTED AS FOLLOWS

- Kainga Ora Clients Kainga Ora 0800 801 601
- Cases who are Over 65 Years (not Housing New Zealand Clients) Age Concern Dunedin 03 4793053
- Cases who are under 65 Years (not Housing New Zealand Clients) Public Health South 03 476 9800

The relevant agency will convene a meeting within 5 working day having to have a quorum of 4 people from the panel list. The Joint Agency Panel will convene a multi-agency meeting and identify a designated case manager. The designated case manager should complete a Squalor Action Plan (see Appendix 3), which identifies the actions to be undertaken, the person(s)/agencies responsible and review dates. The case manager should then distribute the Squalor Action Plan to all involved agencies. This will enable coordination of the necessary services.

Progress should be closely monitored by the case manager with feedback reported regularly to all involved agencies.

The steering group will meet three times a year to assess the effectiveness of the service.

5.2 Ongoing Monitoring

When an action plan is successfully implemented and there is a substantial improvement in the person's living conditions, ongoing monitoring or follow-up is highly desirable as there is a high risk of recurrence.

In determining which service or agency should provide on-going monitoring, a further meeting of the Joint Agency Panel should be convened at which the following will be considered:

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

Ongoing monitoring and follow up of the person could be provided by a number of individuals, including the General Practitioner, District Health Board staff, NGOs, City**/**District Council and/or the case manager.

Terms of Reference
SOUTHERN Good Living Conditions STEERING GROUP

Background

There is growing understanding of the complexity around cases of severe domestic squalor including the challenges of achieving successful and sustainable outcomes for individuals, their families and communities.

The international evidence shows that a multi-agency co-ordinated approach is the best way of addressing the underlying cause of severe domestic squalor in a non-judgemental way.

Purpose of the reference group is to:

- Provide leadership and co-ordination of relevant agencies and organisations who work in this area across Otago and Southland
- Co-ordinate development of relevant skills to enable organisations to respond appropriately, through training programmes, public information

- Provide oversight to the joint agency panels and receive summary information about their work
- Undertake communications to relevant organisations, service providers and the public
- Identify opportunities for early intervention where possible to prevent severe domestic squalor

Membership - Chair to be agreed by the participants

- Public Health South
- WellSouth Primary Health Network
- Age Concern Managers and Social Workers
- SDHB Mental Health
- NASC
- Local authority environmental health officer
- Fire and Emergency New Zealand
- Police
- St John
- Respect network co-ordinatorHousing New Zealand
- Oranga Tamariki

The steering group members agree to work together in good faith to address the issues of severe domestic squalor. They will provide their expertise and support and participate regularly in the work of the reference group.

Meeting logistics

- Meet three times a year for the purpose of oversight
- Quorum is 50% of members + 1
- Secretariat – agenda, minutes,

Review of ToR two years after signing by member agencies

Terms of Reference
Southern Good Living Conditions JOINT AGENCY CASE MANAGEMENT PANEL

Background

The prevalence of hoarding and clutter behaviors is estimated at 2 – 5% of the general population. It can occur in any age group, develop rapidly or over time, may be associated with people who are socially isolated or who have poor social skills and lack of insight. In a large number of cases there are underlying health issues including substance abuse, mental disorder, organic brain disorder. In many of these situations records relating to cases may be held by a number of agencies.

There is growing understanding of the complexity involved in addressing cases of compulsive hoarding and severe domestic squalor. The international evidence shows that a multi-agency coordinated approach is the best way of addressing the underlying cause of severe domestic squalor in a non-judgmental way. The aim is to achieve successful and sustainable outcomes for individuals, their families and communities.

Cases may come to attention through a variety of avenues and in all cases the safety of the person(s) concerned is of paramount importance. The relationship between a helping agency and the person is critical to successful outcomes. Helping agencies are encouraged to do as much as they can to address the situation before seeking the help of the case management panel, and to

remain engaged subsequently. Early intervention and prevention strategies should be employed.

Purpose
The overall purpose of the Joint Agency case management Panel is to ensure the safety and well-being of the person(s) concerned and to develop an appropriate response to the situation. The agencies will work collaboratively to:

- Consider any referrals
- Upon notification of a case, do a search of agency records so that all details relating to a case are available to panel members to make an informed decision.
- Identify and agree which agencies should be involved in the response
- Develop an action plan including a key case worker
- Maintain oversight of the case to ensure stability of the situation
- Ensure the individual receives entitlements that may assist resolving the issue
- Work with families and concerned 'others' as appropriate

Ethics

- Aim to identify and address the underlying reasons for the person living in severe domestic squalor as far as possible
- Work with individuals in a respectful and supportive way
- Take a proportionate and graduated response to the issues identified
- Respect privacy and maintain confidentiality as per relevant Codes (Human Rights, Health Privacy etc.)
- Any information held by panel will be treated confidentially.

Potential case management panel members

Membership: Invercargill

- Public Health South - Medical Officer of Health – 03 476 9800
- Well South Primary Health Network - Clinical Service Manager - 03 2146436
- Age Concern Coordinator for Elder Abuse – 03 2186351
- SDHB Mental Health – Clinical Team Manager – 03 2145786
- NASC - Manager – 03 2145725
- ICC Environmental Officer- 03 2111777
- Respect Network Coordinator – 03 2184156
- Chair to be agreed by the participants
- Kainga Ora 0800 801 601

Membership: Dunedin

- Public Health South – Medical Officer of Health – 03 476 9800
- WellSouth Primary Health Network – Clinical Service Manager
- Age Concern Otago Elder Abuse Response Social Worker 03 4793053
- SDHB Mental Health – Clinical Team Manager
- NASC Manager
- DCC Environmental Officer
- Access Ability Southern Region
- Chair to be agreed by participants
- Kainga Ora 0800 801 60

Membership: Queenstown-Lakes/Central Otago
Membership: Waitaki

SECTION 6: Organising Referrals to Relevant Agencies and Service Providers

6.1 Cleaning Up

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

- *Makes it possible to invite family, friends or partners back to their home.* While some people who live in squalor are isolated because of personal preference, others may be lonely and desire more contact.
- *Reduces the risk of falling and retains independence***.** Some people will accept that reducing clutter, removing excessive possessions and cleaning are necessary to maintain independence and reduce risk. Others may accept cleaning to allow them to remain independent in their own home.
- *Stops a bad habit and saves money***.** Some people will know that their tendency to collect things is out of their control and is negatively affecting their quality of life. The offer of help can be presented as an opportunity to break a bad habit, save money and enjoy a more positive lifestyle.
- *Helps find a good home for some of the things they have collected*. People who collect things often do so because they consider these things have great value. It may be argued that the item cannot be valued on an individual basis when part of a vast collection and may be lost or damaged.
- *Contributes to a worthy cause***.** It may be possible to convince the person to give away excess property (furniture, appliances, collectibles, for example) if it is being donated to a worthy charity or cause. Emphasis the benefits of recycling.
- *Avoids further complaints***.** Sometimes people will agree to make changes just to avoid being hassled again and/or avoid prosecution, fines or legal action. There is a particularly high likelihood of the problem recurring again in this situation, even though this type of client is the least likely to agree to ongoing monitoring or assistance.
- *Avoids the risk of cessation of services.* Some services e.g., community nurses, meals on wheels, personal care and domestic assistance may be at risk, as the continuation of these services is related to OH&S issues.

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

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

- Charging the owner or occupier of the premises the for the removal and disposal of waste services

- Placing a lien on the property, i.e., keep the property until the debt owed is paid
- If a person has a Financial Attorney or Guardian, they should be contacted to seek approval for a cleanup and any necessary repairs which may depend on the funds being available from the person's estate
- Work and Income (Ministry of Social Development) may provide an Advance on Benefit which will have to be repaid.

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

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

Some NGOs, service organisation and community groups may be able to assist with the cleanup activities if the person cannot afford these.

Specialist forensic cleaning is required when there is a concern about exposure to human waste, body fluids or excretions, needle stick injuries, or there is an infection risk. These forensic cleaners have training in relation to health and hygiene and use specialised cleaning detergents to ensure sterilisation. They can also provide pest control fumigation when required. The cost of heavy-duty and forensic cleaning is frequently prohibitive.

Most people want to remain in their home while it is being cleaned even though this can be very stressful. They are likely to protest at attempts to dispose of excess or damaged property and disused possessions. In their absence, however, subsequent allegations of loss or theft of valuables may be made.

Before cleaning, where possible, together with the person and any family members:

- Establish an inventory of possessions
- Identify valuables and arrange for them to be placed securely during cleaning
- Estimate the cost of cleaning

For a case study example, see Case Study in Appendix 9.

6.2 Building Compliance Issues

Building compliance issues can include the following:

- Structural integrity of the house.
- Ingress of water
- Provision of functional sanitary fixtures (toilets wash-hand basins, and showers/baths)

Building inspectors are employed by all District and City Councils and are available to assist in the event there is evidence of these issues.

6.3 Fire Risk

Hoarding gives rise to serious Health and Safety risks for Fire and Emergency personnel and volunteers in the event of a fire. All cases of hoarding need to have the address notified to Fire and Emergency Fire Risk Management Officers in the relevant community. Refer Appendix 7 for Contact Details.

6.4 Service Providers and Agencies

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

- Mental Health Services
- Southern District Health Board
- Maori Health providers
- NGOs
- Access Ability
- District Councils
- Kainga Ora
- Age Concern Southland and Otago

Details of these services are provided in Appendix 6.

SECTION 7: Strategies to Help People Who Are Unwilling to Accept Assistance

7.1 When the Person Has Decision-Making Capacity

When a person has decision-making capacity but has initially resisted help, the designated case manager and others involved should continue to try to persuade the person to agree to accept assistance. Although this can be time consuming, voluntary intervention is likely to be more efficient and result in a better outcome. Sometimes, people who were opposed to intervention at the beginning will be more accepting when they have had time to consider the potential consequences of this decision.

When there is a concern about a person's living conditions and they cannot be convinced to address the matter voluntarily, it may be necessary to refer the matter to agencies which have the appropriate legal authority to take further action. These organisations include the following

- Invercargill City Council 03 211 1777
- Dunedin City Council 03 477 4000
- Queenstown-Lakes District Council 03 441 0499
- Waitaki District Council 03 443 0300
- Housing NZ 0800 801 601
- Police: Invercargill 03 211 0400
- Police: Dunedin 03 471 4800
- Public Health: Invercargill 03 211 8500
- Public Health: Dunedin 03 476 9800
- Public Health Queenstown 03 450 9154
- Age Concern Southland 03 218 6351
- Age Concern Otago 03 477 1040

The role of these organisations in gaining access to properties is described in Appendix 6 and 7

7.2 When the Person's Decision-Making Capacity Cannot Be Assessed

There may be cases where capacity cannot be assessed because the person refuses to open the door or speak to anyone. Consideration should be given to the relevance of the following:

The Mental Health (Compulsory Assessment and Treatment) Act, 1992

The Mental Health (Compulsory Assessment and Treatment) Act, 1992, the definition of 'mental disorder' is based on phenomena rather than diagnosis. The Act avoids reference to any particular mental or psychiatric illness. Instead, it provides a number of symptom clusters that might indicate an 'abnormal state of mind'. These are 'delusions, or disorders of mood or perception or volition or cognition'. *The Act* is relevant when a person living in squalor shows signs of a mental disorder and is at risk of harm to themselves or others or is unable to care for themselves adequately. The Act makes provision for an assessment examination to be undertaken. In some cases if the person is showing signs of aggression or is threatening harm then it may be necessary to involve the police. In many cases it may be easier to secure an assessment through a General Practitioner. Anyone considering use of the Act should discuss their concerns with a Duly Authorised Officer (DAO),

registered health professionals that are tasked with providing advice and assistance in relation to the Act, and facilitating the process of the Act. DAO's are predominantly based in urban crisis and rural community, mental health teams.

If, following examination, the person is considered likely to be mentally disordered the Act allows for involuntary admission for further assessment and treatment, initially for a period of 5 days, or further assessment in the community.

If the person is admitted to a hospital as a mentally disordered person and not subsequently found to be mentally disordered, the detention will end.

Under section 126 of The Health Act 1956 (infirm and neglected persons), a Medical Officer of Health may apply to a court to have an "aged, infirm, incurable or destitute person" found to be living in insanitary conditions, committed to an appropriate hospital or institution. The person can be detained there under the order of committal.

SECTION 8: Strategies to Assist People Who Have Impaired Decision-Making Capacity

8.1 Decision-Making Capacity

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

If there is uncertainty about the decision-making capacity of the person, the advice of the GP can be sought in the first instance.

8.2 Guardianship

Once it has been determined that a person living in severe domestic squalor lacks the cognitive capacity to make decisions about their circumstances such as accommodation, health, lifestyle choices and financial management, decisions may need to be made on their behalf. However, this approach requires careful consideration of the ethical principles involved. It is important to respect the person's autonomy and values, while at the same time protecting the person from further harm and minimising the risk of harm to others.

Some people with impaired decision-making abilities may have family or friends who will provide assistance without the need for a legal order. In other cases, when circumstances are such that there are no family members or friends willing or able to assist in achieving the best interests of the person or there is conflict among family members, the appointment of a substitute decision-maker who holds legal authority is required.

Under the Protection of Personal and Property Rights Act 1988 (PPP&R Act), the appointment of a substitute decision maker can be achieved by the activation of any Welfare and/or Financial Powers of Attorney (EPOA) which may have been put in place before the person lost the capacity to make their own decisions.

In the absence of an Enduring Power of Attorney, the appointment of a substitute decision maker can be achieved by an application to the Family Court and the subsequent appointment of a Welfare and/or Property Guardian who will then have the legal authority to make decisions for the person concerned.

SECTION 9: Conclusions

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

- Severe domestic squalor may develop in the homes of young, middle-aged and older people.
- The perception of squalor may be affected by the cultural perspectives of both the person and the field staff.
- Language/communication and/or cultural barriers may be impediments to gaining the trust and cooperation of a person living in squalor.
- The evidence suggests that half to two-thirds of all persons living in squalor suffer from one or more mental disorders.
- When assisting people living in severe domestic squalor, it is important to understand the factors which have led to the squalor situation as well as how to assess what needs to be done. Field workers need to be flexible in their approach but conscious of the statutory role of authorities such as the Police and City**/**District Councils and SDHB.
- The impact of squalor on the person, his/her family and the community should be assessed.
- Following initial assessment of the person living in severe domestic squalor, urgent intervention may be required. In such cases, authorities (such as district councils, SDHB, Police) may invoke powers that are contrary to a resident's choice.
- In cases where the squalor is not assessed to be extreme or of risk to the resident or neighbor's, referral to other agencies may not need to be immediate but should aim to prevent future problems arising.
- Where more than one agency is involved, information needs to be shared to enable a coordinated approach. In these cases all agencies need to be mindful of privacy considerations.
- There is a high risk of recurrence of severe domestic squalor, even when cleaning has been successfully completed and there is a substantial improvement to the person's living conditions. Therefore, ongoing follow up of involved persons is highly recommended.

Appendix 1

Sample

Occupational Health and Safety Checklist

Do you have permission to access the property? **Y/N**

Is there safe access to the property? **Y/N**

Is the structure and fabric of the building safe and secure? **Y/N**

Are the premises safe to enter (floorboards, ceilings)? **Y/N**

Are there animals on the premises? **Y/N**

Are there falls or slip hazards? **Y/N**

Electricity, gas and water supplies connected and available? **Y/N**

Are there insulated or damaged power lines which could cause electric shock? **Y/N**

Are there electrical appliances which are unsafe? **Y/N**

Is there a fire hazard? **Y/N**

Is special equipment required? **Y/N**

Protective clothing, gloves, safety helmet, mask, safety spectacles required? **Y/N**

Is there a health risk such as human or animal contaminants? **Y/N**

Is there evidence of infestations? **Y/N**

Are there weapons or explosive materials on the premises? **Y/N**

Are there booby traps on private property? **Y/N**

Are there concerns regarding probability of physical attack from the occupant? **Y/N**

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

Appendix 2

Sample

Declaration of Confidentiality

I_____declare that either during my term as a member of the Good Living Condition Group or after I cease my term as a Member of the Good Living Conditions Group, except by the collective direction of the Good Living Group, I will not divulge or disclose to any other person any of the following as acquired by me in the course of my duties for the Good Living Conditions Group:

- The name or identify of any person
- Information about an individual
- Any information in regards to case work

_____

Date
Printed Name
Signature
Witness Coordinator for Elder Abuse &Neglect Prevention
Printed Name
Signature

Appendix 3

Sample Squalor Action Plan

Client Name:	
Client Address:	
Case Manager:	Employer:
Referral:	
Source:	
Date:	
Initial Visit Date:	
Issues Identified (including language/communication barriers)	
1.	
2.	
3.	
4.	

Actions Required	**Agency**	**Review Date**

This Plan will be reviewed on:

Appendix 4

Sample

Environmental Cleanliness And Clutter Scale (ECCS)

This form has been designed for service providers to respond to situations involving squalor. The form assists with rating the cleanliness of a person's accommodation.

This first page may be removed if it is desirable to de-identify the person when communicating with other agencies.

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

Mental disorders now or in the past	

* Source: Halliday G, Snowdon J, 2006 Environmental Cleanliness and Clutter Scale (ECCS) based on the version devised by Snowdon (1986), which mostly used items listed by Macmillan & Shaw (1966). Some descriptions used by Samios (1996) in her adaptation of the scale have been included.

Raters should circle the box or number that best fits their observations in relation to the different items. These descriptions are meant to be indicative, but raters may decide between one category and another based on aspects not mentioned in the boxes.

Name of rater:	
Rater's phone no:	Date:

A	**Accessibility** (clutter) of floor space inaccessible for use or walking across			
	0	1	2	3
	Easy To enter and move about dwelling.	**Somewhat Impaired** access, but can get into all rooms.	**Moderately Impaired** access. Difficult or impossible to get into one or two rooms or areas.	**Severely impaired** access, for example, obstructed front door. Unable to reach most or all areas in the dwelling.
	0–29%	30–59%	60–89%	90–100%
Comment				

B	**Accumulation of refuse or garbage** In general, is there evidence of excessive accumulation of garbage or refuse, eg, food waste, packaging, plastic wrapping, discarded containers (tins, bottles, cartons, bags) or other unwanted material?			
	0	1	2	3
	None	**Little** Bins overflowing and/or up to 10 emptied containers scattered around.	**Moderate** Garbage and refuse littered throughout dwelling. Accumulated bags, boxes and/or piles of garbage that should have been disposed of.	**Lots** Garbage and food waste piled kneehigh in kitchen and elsewhere. Clearly no recent attempt to remove refuse and garbage

Comment

C	**Accumulation of items of little obvious value** In general, is there evidence of accumulation of items that most people would consider are of little use or should be thrown away?			
	0	1	2	3
	None	**Some accumulation**, but collected items are organised in some way and do not much impede movement or prevent cleaning or access to furniture and appliances.	**Moderate excessive accumulation:** items cover furniture in most areas, and have accumulated throughout the dwelling so that it would be very difficult to keep clean.	**Markedly excessive accumulation:** items piled at least waist-high in all or most areas. Cleaning would be virtually impossible: most furniture and appliances are inaccessible.

Please indicate types of items that have been accumulated:

❑ Newspapers, pamphlets, and so on ❑ Clothing ❑ Other items

(what? .....)

❑ Electrical appliances ❑ Plastic bags full of items

(If known, what items? .....)

D	**Cleanliness** of floors and carpets (excluding toilet and bathroom)			
	0	1	2	3
	Acceptably clean in all rooms.	**Mildly dirty** Floors and carpets look as if not cleaned or swept for days. Scattered rubbish.	**Very dirty** Floors and carpets very dirty look as if not cleaned for months. Rate 1 if only one room or small area affected.	**Exceedingly filthy** With rubbish or dirt throughout dwelling. Excrement usually merits a 3 score.

Comment

E	**Cleanliness** of walls and visible furniture surfaces and window sills			
	0	1	2	3
	Acceptably clean in all rooms.	**Mildly dirty** Dusty or dirty surfaces. Dirt comes off walls on damp rag or finger.	**Very dirty** Grime or dirt on walls. Cobwebs and other signs of neglect. Greasy, messy, wet and/or grubby furniture.	**Exceedingly filthy** Walls, furniture, surfaces are so dirty (for example, with faeces or urine) that rater wouldn't want to touch them.

Comment

F	**Bathroom and toilet**			
	0	1	2	3
	Reasonably clean.	**Mildly dirty** Untidy, uncleaned, grubby floor, basin, toilet, walls and so on. Toilet may be unflushed.	**Moderately dirty** Large areas of floor, basin, shower/bath, are dirty, with scattered rubbish, hair, cigarette ends, and so on. Faeces and/or urine on outside of toilet bowl.	**Very dirty** Rubbish and/or excrement on floor and in bath or shower and/or basin. Uncleaned for months or years. Toilet may be blocked and bowl full of excreta.

G	**Kitchen and food**			
	0	1	2	3
	Clean. Hygienic.	**Somewhat dirty and unhygienic** Cooktop, sink untidy and surfaces dirty, maybe with some spilt food. Refuse mainly in garbage bin. Food that could go off (eg, meat, remains of meal) left uncovered and out of fridge. Rate 1 if no food, but fridge dirty.	**Moderately dirty and unhygienic** Oven, sink, surfaces, floor are dirty, with piles of unwashed crockery and utensils and so on. Bins overflowing. Some rotten or mouldy food. Fridge unclean.	**Very dirty and unhygienic** Sink, cooktop, insides of all cupboards filthy. Large amount of refuse and garbage over surfaces and floor. Much of the food is putrid, covered with mould and/or rotten, and unsafe to eat. Rate 3 if maggots seen.

H	**Odour**			
	0	1	2	3
	Nil. Pleasant.	**Unpleasant**, eg, urine smell, unaired.	**Moderately malodorous:** bad, but rater can stay in room.	**Unbearably malodorous:** rater has to leave room very soon because of smell.

Comment

I	**Vermin** (Please circle: rats, mice, cockroaches, flies, fleas, other)			
	0	1	2	3
	None	**Few** (for example, cockroaches).	**Moderate:** visible evidence of vermin in moderate numbers for example, droppings and chewed newspapers.	**Infestation:** alive and/or dead in large numbers.

J	SLEEPING AREA			
	0	1	2	3
	Reasonably clean and tidy.	**Mildly unclean** Untidy. Bed unmade. Sheets unwashed for weeks.	**Moderately dirty** Bed sheets unclean stained, for example, with faeces or urine. Clothes and/or rubbish over surrounding floor areas.	**Very dirty** Mattress or sleeping surface unclean or damaged. Either no sheets or (if present) extremely dirty bedding/linen.

Comment

Add up circled numbers to provide **total score**:

Do you think this person is living in Dry squalor? (circle one)	**No**	**Yes**, mild	**Yes**, moderate	**Yes**, severe

Do you think this person is living in Wet Squalor? (circle one)	**No**	**Yes**, mild	**Yes**, moderate	**Yes**, severe

Severe domestic squalor

Descriptions of cases can be grouped according to 'severity' (e.g. rated on the ECCS), or into

(1) those where accumulation of useless items and articles have obstructed proper care of a person's living conditions. '**Dry squalor'.**
(2) those where filth and refuse have accumulated because of failure to get rid of them. May be filthy without a lot of clutter. May be '**wet squalor'.**

Supplementary questions – to add to description, but not to score

Comments or description to clarify, amplify, justify or expand on above ratings:

Personal cleanliness Describe the clothing worn by the occupant and their general appearance:			
0	1	2	3
Clean and neat. Well cared for.	**Untidy, crumpled:** one or two dirty marks and in need of wash	**Moderately dirty:** with unpleasant odour. stained clothing.	**Very dirty:** stained, torn clothes, malodorous.

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

Maintenance, upkeep, structure This rates the state of repair and upkeep by owner/landlord. If the accommodation was cleaned up as much as possible, to what extent would the dwelling require painting, refurbishment, structural repairs and so on before it would be reasonably habitable?			
0	1	2	3
None	**Little** – minor repairs and some painting.	**Fair amount** – some structural repairs plus painting.	**Lots** – major structural repairs required, and then painting.

Comments

To what extent do the living conditions make the dwelling unsafe or unhealthy for visitors or occupant(s)?			
0	1	2	3
Not at all	**Possible risk** – of injury for example, by falling.	**Considerable risk** – of fire, injury or health problem.	**Very unsafe** – the dwelling is so cluttered and unhealthy that people should not enter it, (except specialists with appropriate clothing and equipment) and/or there is high fire-risk.

Images and forms courtesy of TreatmentsThatWork™ **http://www.helpforhoarders.co.uk/**

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room

1

2

3

4

5

6

7

8

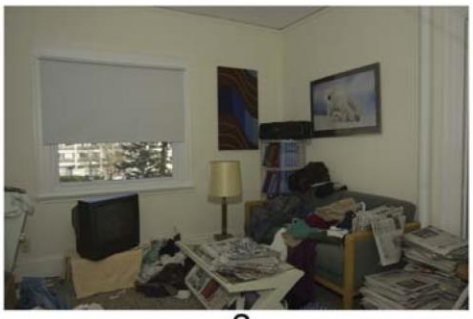
9

Clutter Image Rating: Living Room

Please select the photo that most accurately reflects the amount of clutter in your room


1


2


3


4


5


6


7


8

9

Clutter Image Rating

Using the 3 series of pictures (CIR: Living Room, CIR: Kitchen, and CIR: Bedroom), please select the picture that best represents the amount of clutter for each of the rooms of your home. Put the number on the line below.

Please pick the picture that is closest to being accurate, even if it is not exactly right.
If your home does not have one of the rooms listed, just put NA for “not applicable” on that line.

Room	Number of closest corresponding picture (1-9)
Living Room	_____
Kitchen	_____
Bedroom #1	_____
Bedroom #2	_____

Also, please rate other rooms in your house that are affected by clutter on the lines below. Use the CIR: Living Room pictures to make these ratings.

Appendix 6

Services and Agencies Supporting People Living in Severe Domestic Squalor

LOCAL GOVERNMENT SERVICES

It is the duty, under the Health Act 1956, of every local authority to improve, promote and protect public health within its district and for this purpose every local authority is empowered and directed under the Act to cause all proper steps to be taken to secure the abatement of a nuisance that exist or the removal of a condition that is likely to be injurious to health or offensive in its district.

The purpose of the provisions of the Building Act 2004, for local councils, is to reduce the likelihood of dangerous or insanitary buildings causing offence, illness, injury or death to persons. A building is regarded as insanitary if it is offensive or likely to be injurious to health of how it is situated or constructed; or of it is in a state of disrepair; or it has inefficient or defective provision against moisture penetration as to cause dampness; or it does not have a sufficient supply of potable water; or it does not have adequate sanitary facilities.

Health Act 1956 Nuisances

Section 29. Nuisances defined for purposes of this Act

Without limiting the meaning of the term nuisance, a nuisance shall be deemed to be created in any of the following cases, that is to say:

(a) where any pool, ditch, gutter, watercourse, sanitary convenience, cesspool, drain, or vent pipe is in such a state or is so situated as to be offensive or likely to be injurious to health:

(b) where any accumulation or deposit is in such a state or is so situated as to be offensive or likely to be injurious to health:

(c) where any premises, including any accumulation or deposit thereon, are in such a state as to harbour or to be likely to harbour rats or other vermin:

(d) where any premises are so situated, or are in such a state, as to be offensive or likely to be injurious to health:

(e) *[Repealed]*

(f) where any building or part of a building is so overcrowded as to be likely to be injurious to the health of the occupants, or does not, as regards air space, floor space, lighting, or ventilation, conform with the requirements of this or any other Act, or of any regulation or bylaw under this or any other Act:

(g) where any factory, workroom, shop, office, warehouse, or other place of trade or business is not kept in a clean state, and free from any smell or leakage from any drain or sanitary convenience:

(h) where any factory, workroom, shop, office, warehouse, or other place of trade or business is not provided with appliances so as to carry off in a harmless and inoffensive manner any fumes, gases, vapours, dust, or impurities generated therein:

(i) where any factory, workroom, shop, office, warehouse, or other place of trade or business is so overcrowded while work is carried on therein, or is so badly lighted or ventilated, as to be likely to be injurious to the health of the persons employed therein:

(j) where any buildings or premises used for the keeping of animals are so constructed, situated, used, or kept, or are in such a condition, as to be offensive or likely to be injurious to health:

(k) where any animal, or any carcass or part of a carcass, is so kept or allowed to remain as to be offensive or likely to be injurious to health:

(ka) where any noise or vibration occurs in or is emitted from any building, premises, or land to a degree that is likely to be injurious to health:

(l) where any trade, business, manufacture, or other undertaking is so carried on as to be unnecessarily offensive or likely to be injurious to health:

(m) where any chimney, including the funnel of any ship and the chimney of a private dwellinghouse, sends out smoke in such quantity, or of such nature, or in such manner, as to be offensive or likely to be injurious to health, or in any manner contrary to any regulation or Act of Parliament:

(n) where the burning of any waste material, rubbish, or refuse in connection with any trade, business, manufacture, or other undertaking produces smoke in such quantity, or of such nature, or in such manner, as to be offensive or likely to be injurious to health:

(o) where any street, road, right of way, passage, yard, premises, or land is in such a state as to be offensive or likely to be injurious to health:

(p) where any well or other source of water supply, or any cistern or other receptacle for water which is used or is likely to be used for domestic purposes or in the preparation of food, is so placed or constructed, or is in such a condition, as to render the water therein offensive, or liable to contamination, or likely to be injurious to health:

(q) where there exists on any land or premises any condition giving rise or capable of giving rise to the breeding of flies or mosquitoes or suitable for the breeding of other insects, or of mites or ticks, which are capable of causing or transmitting disease.

Contact Details:

Invercargill City Council
101 Esk Street Invercargill 9810
Phone (03) 211 1777
Urgent or outside office hours (03) 211 1679
Free phone 0800 422 435 .

Southland District Council
15 Forth St, Invercargill 9810
Phone: 0800 732 732.

Gore District Council
Civic Centre
29 Bowler Avenue
Gore 9710
Phone: 03 209 0330

Dunedin City Council
50 The Octagon, Dunedin, 9016.
Phone: 03477 4000

Queenstown-Lakes District Council
Regulatory and Finance
10 Gorge Rd, Queenstown. 9300
Phone: 03 441 0499

Waitaki District Council
20 Thames Street, Oamaru 9400
Phone: 03 433 0300

Southern District Health Board

Statutory Purpose:

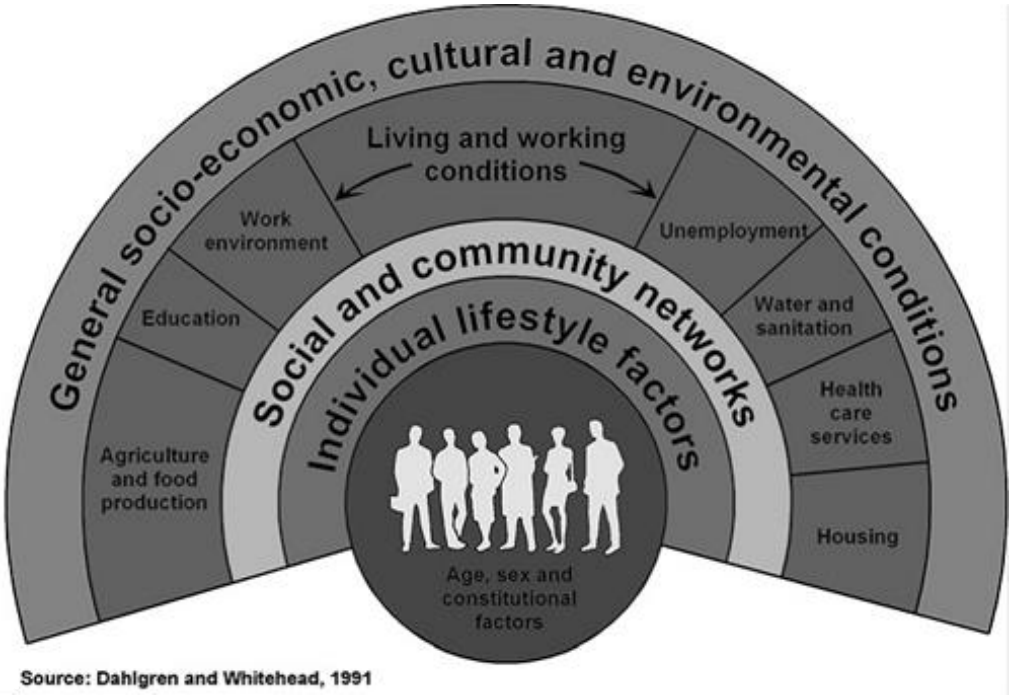
- Improve, promote and protect the health of the population
- Promote effective care and support for people in need of personal health or disability services
- Reduce health outcome disparities
- Manage national strategies for the specific health needs of our community
- We plan for the health needs of Otago and Southland communities based on the analysis of our population's health status
- We fund a range of health providers to deliver health services that will meet the identified health needs of our population.
- We provide hospital and mental health services from our own facilities (Southland Hospital, Lakes Hospital, Dunedin Hospital and Wakari Hospital)
- We service a resident population of 319,200 and have a land area of over 62,356 sq. kms and a coastline of nearly 5,000 kms including Invercargill City, Gore District, Queenstown Lakes District, rural Southland encompassing Fiordland, Stewart Island, the Catlin's, Dunedin City, Central Otago, Maniototo, Clutha District.

Public Health South
Public Health South is a service entity of the Southern District Health Board.

What is Public Health?
"Public Health is the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society, organisations, public and private, communities and individuals"
(C E A Winslow 1920)

To have a healthy population we not only need to heal people who are sick, but we also need to make sure that the physical and social environment we live in supports the health and wellbeing of everyone. For example, a healthy population requires clean air and water, access to enough income to support a reasonable quality of life, healthy working conditions and knowledge about how to maintain wellbeing. The factors that impact on health are called 'determinants'.

Public Health Services are offered to populations rather than individuals and are considered a 'public good'. They fall into two broad categories – health protection and health promotion and aim to create or advocate for a healthy social, physical and cultural environments. Public Health practitioners utilise population data to identify health issues and develop appropriate services aimed at improving health gains. The overall goal of Public Health South is to be effective in preventing disease, minimising health risks and maximising health for the population in the region.



Contact:

Dunedin	03 476 9800
Invercargill	03 211 8500
Queenstown	03 450 9154

Community Support Service

Older Persons NASC – Needs Assessment & Service Coordination for people over 65 years.

The Southern DHB Community Support Service (Care Coordination Centre) is a needs assessment and service co- ordination (NASC) service that works with older people who have health or disability issues to help support them to live at home. The service supports people aged over 65 years, or those identified by CCC Unit Managers in conjunction with a geriatrician or psych geriatrician as required as being 'like in age and interest' (i.e. who have a condition or disability more commonly associated with ageing).

Every eligible person who wishes to receive disability support services funded by a District Health Board must have a needs assessment. The service uses the InterRAI assessment tools to assess a person's health and social needs and, from this, develops a care plan in partnership with the person and their family/whanau. The service also refers clients on to other services if needed e.g. to physiotherapy or district nursing services.

If the person has complex needs they will be assigned a Clinical Need Assessor (CNA) who will then complete a comprehensive assessment. The CNA is a registered health practitioner eg nurse, physiotherapist, who works alongside the person's GP and staff within Hospital and Specialist Services to ensure the person gets the best response possible. Non Complex clients are managed by the Home and Community Support Provider agencies whom complete Contact Assessments, care plans and package of care and refer on to CCC for more complex assessment if identified by assessment urgency outcome scales as requiring further assessment.

The CCC service identifies what support the person's family/whanau can provide and what support they might need in order to be able to help the person, goals are created and a care plan

sent to Home and Community Support Provider agencies to negotiate a funded package of care for the client.

Examples of funded support services include:

- Restorative services aimed at improving independence
- Home based support services
- Community and Residential Care-Based Day Programs
- Carer Support Services
- Long term residential care

The Community Support Service is available to older people aged 65 years and over, or those between 50 – 65 years who are considered to be "like in age and interest" (i.e. who have a health condition or disability more commonly seen in older people, such as dementia or stroke).

To be eligible for funded support services the person must have an aged-related disability which is likely to continue for a minimum of six months and results in a reduction of independent function to the extent that ongoing support is required.

Contact:

Mental Health Services for Older People (MHSOP)

The Mental Health Service for Older People (MHSOP) provides inpatient and community assessment, treatment, care and support for people in Southland who are over the age of 65 and experience significant mental health problems including dementia. People under the age of 65 who experience age related mental health problems may also supported by the team which is made up of personnel from several disciplines. People may be seen in outpatient clinics or their own homes.

Adult Mental Health Services

The Service aims to reduce health, physiological, financial, and social problems caused by Mental illness, by providing regular support and connection with community services which provide home based support.

The teams consist of health professionals employed by the SDHB to work in the area of Mental Illness. The teams consist of Psychiatrists, Psychologists, Registered Nurses, Social Workers, Occupational Therapists, and Needs Assessment and Service Coordination (NASC). The teams work closely with family and whanau to support clients to remain in their homes, and to maintain independence and a standard of living that other New Zealanders have.

Supported accommodation is available for clients that have been assessed and deemed in need of additional support and training geared towards returning to independence with additional skills.

Where squalor has been identified, we work with other agencies which carry out extensive cleaning and follow up with community agencies to maintain the clean environment.

Alcohol, and Drug Services

The Specialist Addiction Service (formerly CADS and DASS) is based at Southland and Wakari Hospitals. Staff are available between the hours of 8.30am and 5pm, Monday to Friday, excluding public holidays.

The Service aims to reduce health, physiological, financial, and social problems caused by alcohol and drug misuse by providing a range of quality treatment and education services.

The Specialist Addiction Service offers a range of services to adults over the age of 17 who are affected by their own or someone else's substance use problems. This includes providing support to individuals, families and groups who have been affected by drug and alcohol use. A group programme is available in Dunedin.

People can access the service as a referral in by a general practitioner, probation service, Child Youth and Family Services, SDHB Departments or other DHB's and community agencies by phone contact or walk in to be assessed by the intake worker.

The Service will support individuals and their families/whanau to access help and support from other providers by liaising, advocating and onward referral to empower them to make healthy lifestyle choices.

The team consists of health professionals employed by the Southern District Health Board to work in the area of alcohol and or other drug addictions. All clinicians provide comprehensive assessment, treatment planning, interventions to assist people to achieve their changes to their substance use and provide support to family/whanau and concerned others about someone's substance use. Specialist skills within the team include areas such as comprehensive alcohol and drug assessments, detoxification assessments for referral on to specialist regional services, comprehensive education about addiction and relapse prevention.

Opioid Substitution Treatment (OST) is provided to assist those seeking wellness from illicit opioid misuse and intravenous drug use.

Hospitalisation and Residential Care

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

If available, a brief period of hospitalisation or respite residential care can provide ideal temporary accommodation while cleaning is being carried out.

In the case of hospitalisation it can also provide an opportunity for full multidisciplinary assessment, including accurate diagnosis and treatment of medical and psychiatric problems. If hospitalisation is required the person's GP would arrange that with the appropriate service, but respite residential care can only be accessed by contacting the NASC/CSS care manager or team leader.

COMMUNITY SUPPORT SERVICE

Accessibility

Under 65S NASC - Needs Assessment & Service Coordination for people aged under 65 years.

Access Ability is an independent, not for profit organisation that provides Needs Assessment and Service Coordination (NASC) and Local Area Coordination (LAC).

To be eligible for Needs Assessment, Service Coordination and Local Area Coordination through Access Ability, clients must:

1. be between 0 and 65 years of age
2. have a disability that lasts longer than six months
3. Need support in some parts of their lives because of disability.

The disability could be:

- physical
- sensory: vision, hearing and Autism Spectrum
- Intellectual.

Needs Assessment

- We will talk with clients about thier goals, dreams and what they need to live well.
- This conversation enables us to find the best people, opportunities and supports in the community.

How does it work?

The first step is to apply for the Needs Assessment. Individuals can can apply themselves, or ask a family member, friend or a health professional to complete an application on their behalf. Clents will be advised when their application has been received.

The next step will be to check eligibility for a Needs Assessment. On the first occasion we may need a doctor or specialist to confirm disability.

Assuming eligibility a Needs Assessment meeting will be arranged.

During the Needs Assessment the client will be asked about their life, their goals, dreams and what they leave to live well. Clients can choose the place for meeting and are welcome to have whānau, a friend, a caregiver or an advocate with them. When the meeting is being arranged, we need to know if there is a need to engage with with one of our Māori or Pasifika staff. We can also arrange an interpreter, including a New Zealand Sign Language interpreter.

At the end of your meeting, a report will be put together. Clients will be shown a draft copy and asked to check it. Once it is OK clients are asked to sign it or if they are not able have a proxy to sign for them.

Assessments are reviewed with clients every three years although this can occur earlier if required.

Service Co-ordination

Service co-ordination is a separate process designed to find the best solutions to meet as many identified needs as possible. Coordinators will talk to clients about their Needs Assessment and the best way to meet those needs within the resources available.

These may include: Family and friends, Service agencies, Government funded support (e.g. Ministry of Health, Education, WINZ); and Non-Government organisations such as service groups, church groups, self-help groups or volunteers.

Funded Services may range from:

- Personal care
- Carer support
- Home help
- Supported living
- Residential care
- Other services based on your individual needs

Information and support will be given to access a range of supports available in your community.
For more information www.accessability.org.nz

Local Area Coordination
LACs connect clients with people and opportunities in your local community to help achieve thier goals.

LACs can work to:

- identify what goals for a good life
- develop a plan to achieve those goals
- find natural (unpaid) supports within the community, hapū and marae
- learn about opportunities near clients homes
- build connections with local people and places.

LACs also encourage and support local communities to be inclusive and welcoming to all. They work closely with local people, businesses, organisations and marae

Contact
Phone: 0800 758 700
Email: otago@accessability.org.nz
Access Ability: Ground Floor, Burns House, 10 George St, P O Box 966, Dunedin 9054
More information on: www.accessability.org.nz

KAINGA ORA

We focus on the efficient and effective management of state houses and the tenancies of those living in them, in order to meet demand from MSD's social housing register.

We own or manage around 63,000 properties nationwide. More than 184,000 people live in our houses or flats. It isn't just about getting a roof over people's heads - we also work closely with others to ensure our tenants have access to good support services.

Our Customer Services Centre (freephone 0800 801 601) provides national coverage for all enquiries Monday to Friday from 8am to 6pm. They also provide 24/7 support for urgent calls. Our trained housing advisors provide a range of services and can answer most questions on the spot.

Our Customer Services Centre can help with:

- getting a state house or flat repaired
- checking a tenant's account
- lodging complaints and providing feedback
- answering questions about damage and rental debts and credits
- getting in touch with organisations which can help a tenant with other issues.

The rest of our frontline staff operate from a combination of local Kainga ora offices and shared space offices located in facilities provided by other organisations, such as Work and Income.

Specialist teams deal with issues such as debt and Tenancy Tribunal matters.

Contact
Freephone 0800 801 601

Ministry for Vulnerable Children
Oranga Tamariki

Everyone has a role to play in keeping our children and young people safe. At Oranga Tamariki we partner with others to help protect, support and care for children. Together we can help our children be safe from harm and well cared for, strong as part of a loving family and whanau, and to thrive by helping children be the best they can be.
We support a multi- agency approach to families living in squalid conditions. We are committed to working alongside other agencies to respond to cases of hoarding and squalor where they involve children and young people.

If there are identified care and protection concerns identified a referral should be made to our call center 0508 FAMILY (0508 326 459). Ministry for Vulnerable Children, Oranga Tamariki

Invercargill: Henderson House, 93 Kelvin Street, Box 1305 , Invercargill

Dunedin: 144 Rattray St, Central Dunedin or 40 Elliot St, South Dunedin

SPCA (Society for the Prevention of Cruelty to Animals)

An SPCA Inspector can enter and inspect properties (ie outside of the house or dwelling) where they have received notification of suspected neglect or hoarding of animals.

To enter a house or dwelling the SPCA Inspector requires the consent of the owner. If there is reasonable evidence of neglect or abuse of animals and the owner does not give consent a Search Warrant may be obtained to enable the Inspector to enter the house or dwelling.

Southland SPCA
22 Harewood Road, Woodend, Invercargill
Phone: 03 2189 684
After hours emergency phone: 027 8829 379

Gore and Districts SPCA
5 Waiau Street, Gore
Phone: 03 208 5111

Otago SPCA
1 Torridon St, Opoho, Dunedin 9016
Phone: 03 473 8252
After hours emergency phone: 0800 682467

Alexandra SPCA
247 Blackman Road, Alexandra 9391
Phone: 027 512 0294

Oamaru SPCA
281 Thames Street, Oamaru 9400
Phone: 03 434 8196

NON GOVERNMENT ORGANISATIONS (NGOs)

Age Concern Southland and Otago

A free and confidential service that helps protect against abuse and neglect of elderly people, aged over 65 years. Age Concern provide information and support to older people to enable them to make their own decisions about their wellbeing and safety. We also assist the older person by advocating with family and service providers or refer to other organisations such as health / social services, solicitors and Police. Age Concern also provide support and information for carers.

Coordinators for Elder Abuse and Neglect Prevention
Dunedin Phone: 03 479 3053
Invercargill Phone: 03 218 6351

Salvation Army Corps

The Salvation Army Corporation Invercargill and Dunedin is an integral part of the Christian Church. We are a Church or Worship Centre along with a Community Ministries Centre. We are here to express our Christian faith in serving those within our community who need support in various areas. We look at the person's life with a holistic view to supporting them in the best way we can.

Our Community Ministries focus is on:

- Loving the marginalized
- Advocating for the voiceless
- Befriending those that have no friends
- Empowering those who are powerless[1]

Contact Salvation Army Corps:
Invercargill Phone: 03 218 3094
Dunedin Phone: 03 477 9852
160 Crawford St, Dunedin, 9016

[1] As written in the scriptures, Matthew 25:35-38

Appendix 7

ORGANISATIONS THAT CAN PROVIDE ASSISTANCE WHEN PEOPLE ARE UNWILLING TO ACCEPT ASSISTANCE

Local Councils

Territorial Authorities Regulatory Roles under the Health Act 1956 and the Building Act 2004:

A local authority may issue a cleansing order under the Health Act 1956 - to be served to the owners or occupiers of a premises to cleanse such premises, with the time specified, if it is of the opinion that the cleansing of such premises is necessary for preventing of danger to health or for rendering the premises fit for occupation.

A local authority may issue repair notices to the owners (or his agent) of premises requiring repairs, alterations, or works to be carried out with the time specified, where any dwelling house within its district is, by reason of its situation or insanitary condition, is likely to cause injury to the health of any persons therein, or otherwise unfit for human habitation.

Where any such notice is not complied with to the satisfaction of a local authority, the local authority may issue a closing order prohibiting the use of the premises for human habitation or occupation from a time to be specified in the order, until such repairs, alterations, or works as may be specified in the closing order, have been carried out to the satisfaction of the local authority.

A territorial authority may, under the Building Act 2004, if it is satisfied that a building is dangerous or insanitary, put up a hoarding or fence to prevent people from approaching a building nearer than is safe; attached a notice warning people not to approach the building; issue a written notice requiring work to be carried out on the building, within a specified time, to reduce or remove the danger or prevent the building from remaining insanitary.
A person failing to comply with this notice commits an offence and is liable to a fine.

Where an owner has failed to carry out the work within the time specified, a local authority may obtain a court order authorizing it to carry out the work.

Housing New Zealand Corporation (HNZC)

Housing New Zealand provides state houses for those in the greatest need, for their time of need. Housing New Zealand owns or manages more than 69,000 properties throughout the country, including about 1,500 houses used by community groups. Housing New Zealand also helps people make the move from renting to home ownership, by providing a range of home loans and home ownership services.

Housing New Zealand makes every effort to resolve problems in tenancies where unacceptable, unclean or hoarding behaviours are evident by referring clients to support services. These efforts are balanced against threats to tenant safety and the rights of neighbor's to have reasonable peace, comfort and privacy.

New Zealand Police

The Police are often the initial point of contact and the referring body. They are asked to check on an individual when neighbor's are concerned that mail is not being collected, or a person has not been seen for some time. Police are empowered to conduct checks on people and can gain

access, involving forced entry if necessary. There are however, some restrictions on their powers of entry.

Police work in collaboration with Mental Health services, particularly when dealing with mental health crisis interventions. Police have the responsibility to protect the safety of all parties, and to protect all persons from injury or death, while attempting to preserve the rights and freedom of individuals.

Fire and Emergency New Zealand

Fire and Emergency New Zealand (FENZ) has the right to enter buildings where it is believed that there is a fire, or where it is believed that a fire has occurred.

FENZ can take action to render the situation safe. However, FENZ cannot inspect residential premises, even if they suspect them to be a fire hazard, without the permission of the owner.

FENZ does not have official procedures for dealing with a squalor situation however they recognize that hoarding increases fire risk and potentially inhibits safe egress in the event of a fire and as such they would appreciate notification of any addresses where it has been discovered that hoarding is taking place. Fire Safety Officers would be happy to visit affected premises if the occupier is happy to allow this. Alternatively they would be happy to support staff working with these individuals with appropriate Fire Safety messaging.

Contacts:

Dunedin

Mark Bredenbeck mark.bredenbeck@fireandemergency.nz
DDI 03 467 7565 Mob: 027 221 5141

Invercargill

Mike Cahill michael.cahill@fireandemergency.nz
(until April 2019 when replacement will start, numbers will be the same)

DDI 03 214 3763 Mob: 027 433 3817

Central Otago/Lakes/Waitaki

John Smalls john.smalls@fireandemergency.nz
DDI 03 441 4550 Mob: 027 223 4901

Marty Jillings Marty.Jillings@fireandemergency.nz
DDI 03441 4551 Mob: 027 433 3816

South Otago

Scott Lanauze scott.lanauze@fireandemergency.nz
DDI 03 467 7565 Mob: 027 801 1834

Appendix 8

SUPPORTS FOR PEOPLE WITH IMPAIRED COMPETENCY

Protection of Personal and Property Rights Act 1991

The PPPR Act is the NZ statute which deals with issues of competence.

The Act aims to protect and promote the personal and property rights of adults who are wholly or partially incapable of managing their own affairs. Under the Act, it is presumed that everyone is competent to manage their own affairs unless proven otherwise, based on medical evidence.

Many people, when competent to do so, have granted an Enduring Power of Attorney (EPOA) to a person who then has the right to make decisions on their behalf in the event of them being unable to do so**.** The EPOA comes into effect with a medical statement of incompetence.

For those with no EPOA, and/or lack the capacity to appoint someone, the matter is directed to the Family Court.

Once the Family Court has demonstrated, with medical evidence, that competency is lacking, it then has the power to make orders authorizing certain actions, or appointing other suitable and available persons to manage the subject person's affairs.

Orders Available

The Court must make the least restrictive intervention possible.

The extent of need has to be assessed. Where there is significant incapacity, a more restrictive intervention may be necessary.

A medical assessment of competence is always required. This must be provided by a suitable Practitioner who is familiar with the concepts involved.

Personal Orders (S10 of Act)

These provide for a range of matters, including orders to attend a particular institution, and orders to be provided with particular living arrangements, treatment, or therapeutic services.
There are regulations regarding the type of order. Applicants may be:

1. the subject person
2. A relative or attorney
3. Social Worker
4. Medical Practitioner
5. Property Manager
6. Any other person with the leave of the court

Welfare Guardian

This allows the court to appoint a person as a Welfare Guardian, giving them the power to make decisions in relation to the subject person's personal care and welfare.

There are stipulations regarding applicants. Paramount consideration is to promote and protect the welfare and best interests of the subject person. They need to consult the subject person, their property manager and others who are involved, including the Court.

Property Manager (or Administrator, depending on the level of assets available)

A person appointed who can make decisions for the subject regarding property and assets.

Stipulations are similar to those regarding Welfare Guardianship.

In those situations where there is no family/whanau suitable or willing, the Public Trust may be appointed.

All orders have an expiry date, requiring review.

Applications

Applications need to be discussed with all relevant people, and appropriate legal representatives.

It is rare for **Southern** DHB to be an applicant.

The Family Court website at www.justice.govt.nz/family/what-familycourt-does/powers-to-act.asp is a useful source of information about applications under the Act.

In certain circumstances, there are other Acts that may be appropriate.

- Mental Health Act 1992
- Alcohol and Drug Addiction Act 1966
- Committal Orders under the Health Act 1956 (s126)

Circumstances leading to extreme hoarding and squalor are usually complex, and a comprehensive Multi Agency/ Multi-disciplinary approach is essential, particularly to aim to provide the least restrictive intervention.

Appendix 9

Case Studies

CASE 1

I received a referral for a man living alone in a flat, the referrer was concerned about his living conditions – she said his home was very run-down and dirty and she had noticed a marked deterioration in his physical well-being, his mobility was severely limited, he had no support services or agency involvement. While he was well known within the community he had no family support and had become very isolated. She had become aware that he had had no running water for at least one month– he explained he had been getting water from a business where he was previously employed.

When I visited this man it was very apparent that he was self-neglecting - his home was in a very poor state of repair and unclean, floorboards were rotten in places, he confirmed that he had been without running water until recently when the Landlord had visited his home and arranged some urgent repairs – there was to be a meeting regarding total refurbishment of the flat and reviewing his tenancy.

His mobility was severely impaired, he had been telling people he was waiting for surgery, but on investigation, he revealed he had not seen a surgeon and very seldom visited his Doctor. With his consent I spoke with his G.P. Practice Nurse explaining his circumstances and arranged an appointment for the next day. Although walking was very difficult he was able to drive. His G.P. made an urgent referral to see a Specialist and prescribed pain medication. He was referred to a Physiotherapist who provided him with a walking frame and other aids. I made a referral for a Needs Assessment and he now receives weekly domestic assistance. I liaised with the Landlord and an agreement has been reached that he will retain his tenancy providing he continues to have regular domestic assistance. A local person is now actively supporting him. His flat is to be completely renovated at the end of April, and he has made arrangements to stay locally while this occurs.

Case 2

'Mary', is a woman in her mid-70, living alone in her own home, she had been hoarding for many years. Her daughter had walked away, overwhelmed from trying to help her – their relationship had broken down and they were now estranged.

When initially approached Mary was pleasant although very reluctant to open the door more than a 'crack', she was well dressed and had her hair and make-up done. On each occasion she was just on her way out to an appointment, she declined any intervention.
A second referral came from the hospital, Mary had fallen and broken her ankle, hospital staff had visited her home to assess how she would manage when discharged, they were appalled at her living conditions.

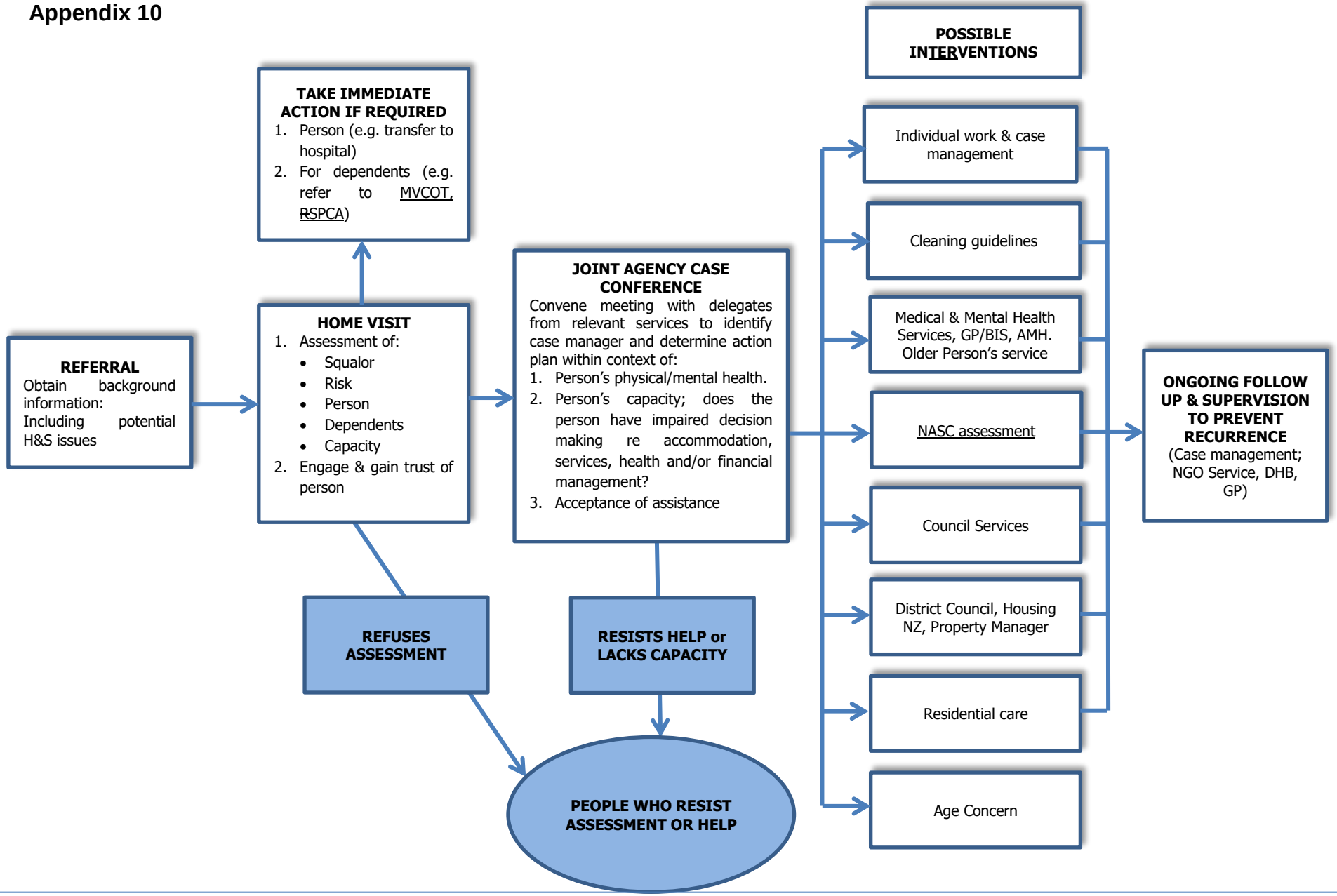
First impressions when entering Mary's home were good, the lounge was very tidy but all the other doors were closed.

Once past the public areas the hoard was extensive, the hallways were piled high with clothing, posing a safety hazard, the bathroom was unusable and the kitchen was over-flowing. Cupboards were open with contents literally flowing onto the floor, the stench was appalling. There were no free surfaces and no place where meals could be prepared or cooked. Mary would go out and buy bags of groceries but would leave them on the floor because there was nowhere to put them. Vegetables and food were rotting in bags, the freezer was so full the lid wouldn't close; Mary would take meat out of packs and stuff it into any gap she could find in the freezer.

Mary had no insight into the issues, although reluctant to engage, the hospital would not allow her to return until the issue had been addressed.

FLOWCHART 1 : ASSESSMENT & SUPPORT FOR PEOPLE LIVING IN SQUALOR

Appendix 10



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