

# Collaborative Working to Support those Experiencing Severe Domestic Squalor



Catholic Healthcare Ltd  
Homeless and Housing Support Services

# What is Severe Domestic Squalor?

- ***Neglect:*** involving failure to remove household waste and other rubbish.
- ***Multi-faceted self neglect:*** where the person fails to maintain aspects of their care, health and lifestyle.
- ***Deliberate hoarding:*** and the excessive accumulation of items.

# Incidence of Squalor

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team in Sydney, suggesting an annual incidence of 10 people aged over 65 years per 10,000 (Halliday & Snowdon, unpublished data 2005).*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

# Overseas Research

- *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*

# Overseas Research Cont.

- *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).*

# Determining if Someone is Living in Severe Domestic Squalor

- *Cleanliness varies between homes and between individuals.*
- *Extreme household uncleanliness*
- *Hoarding, where the accumulation of material has led to the environment posing a risk to the occupant or others.*
- *Living conditions are affecting neighbours and other people in the community.*
- *Environmental Cleanliness and Clutter Scale (ECCS)* Developed by G. Halliday & J. Snowden (2006)

# What is the Severe Domestic Squalor Program?

- *The SDS Program is a comprehensive assessment, planning and intervention service.*
- *IT IS NOT A CLEANING SERVICE*
- *Management plans will be developed in collaboration with the client and other service providers.*
- *Implementation of the Management Plan will involve Shared Responsibility across services.*
- *Clients referred will initially be assessed for suitability for the program.*

# The Program cont.

- *Consideration will be given to the viability of future prevention strategies and how the client will be supported in the community.*
- *Once accepted they will be triaged according to need and a priority level allocated.*
- *Attending to these process takes time so the SDS Program is NOT a quick fix. In some cases the situation may not be retrievable and the client will need assistance to find alternate accommodation.*

# WHAT IS PROVIDED?

- *Comprehensive assessment*
- *Consultation/liaison with all relevant services*
- *Advocacy and referral to other services as required*
- *Coordination to develop and implement a Collaborative Management Plan*

# WHO IS ELIGIBLE?

*Residents experiencing severe domestic squalor residing in the following Local Government Authorities:*

- *Ashfield, Botany Bay, Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Leichhardt, Manly, Marrickville, Mosman, North Sydney, Pittwater, Randwick, Ryde, Sydney, Warringah, Waverley, Willoughby, Woollahra*

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## HOW IS IT FUNDED?

- *The Program is a one-year pilot project funded by the Department of Aging Disability and Home Care.*

# Collaboration

- *The success of the program is reliant on effective collaboration between local authorities; services, housing and health providers.*
- *There are both gatekeepers and support partners to the program.*
- *Their role includes identifying and referring the person residing in severe domestic squalor*
- *Collaborative partnerships will rely on services identified having dedicated involvement in the management plan*

# Partnerships and Information Sharing

- *Local Councils*
- *Mental Health and other Community Health Services*
- *Government Departments*
- *Hospitals and Social Workers*
- *Professional Forensic Cleaners*
- *NSW Fire Service*
- *HACC support Service Providers*
- *CACP and EACH Package Providers*
- *Office of the Protective Commissioner*
- *RSPCA*
- *Drug and Alcohol Support Services*
- *NSW Police and Ambulance*

# Referral to the Program

- *Squalor Hotline – 1800 225 474*  
*Initial information will be taken and you will be put through to the Coordinator of the Program.*
- *Environmental Cleanliness and Clutter Scale (ECCS)*
- *Catholic Healthcare Referral Form*  
*(completed as thoroughly as possible)*

# What will happen next?

- *The Program Coordinator will review the information provided and will arrange an initial assessment.*
- *The referrer and other agencies may be contacted for further information before the process can proceed.*

# The Purpose of the Initial Visit

- *The purpose of conducting a home visit to the person is to:*
  - *1. assess whether the person lives in squalor and to rate the extent of the squalor*
  - *2. assess whether the person hoards excessively and/or self-neglects, i.e., does not adequately look after his/her bodily requirements and hygiene*
  - *3. assess the nature and severity of any associated health and lifestyle issues*

# The Initial Visit cont.

- 4. *assess safety factors*
- 5. *make a preliminary identification of strategies required to address the issues identified*
- 6. *assess sustainability of the intervention*

*Implementation of any strategies are dependent on the outcome of this initial assessment. Not all clients referral may be suitable for the program.*

*Clients accepted onto the program will be allocated a priority rating following assessment.*

# Client Outcomes

*Clients  
Accept service*

*Receiving  
ongoing  
support*

*Homelessness  
Prevention*

*Improved living  
conditions*

*Enabled to  
Reconnect with  
Social networks*

*Increased  
Community  
participation*

*Enhanced  
Emotional  
Wellbeing*

*Increased  
independence*

*Those at risk  
are identified*

*Increased  
Quality  
of life*

*Improved Living  
Conditions are  
maintained*



# For more information:

- *'Guidelines for field staff to assist people living in severe domestic squalor' - Partnerships Against Homelessness (2007) [www.housing.nsw.gov.au](http://www.housing.nsw.gov.au)*
- *[http://www.dadhc.nsw.gov.au/NR/rdonlyres/50B41AD4-57B5-4BF3-8989-FD5A528FADE6/3251/Squalor\\_Guidelines.pdf](http://www.dadhc.nsw.gov.au/NR/rdonlyres/50B41AD4-57B5-4BF3-8989-FD5A528FADE6/3251/Squalor_Guidelines.pdf)*

# Thank You

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