Government of **Western Australia**
Department of **Health**

Hoarding and squalor guideline

An environmental health guide for local government

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Acknowledgement of Country

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

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Version control

Document title	Date published	Action
Hoarding and squalor. An environmental health guide for local government	2026	Revised version into one guide.
Hoarding and Severe Domestic Squalor: A Guideline for Western Australia Hoarding and Severe Domestic Squalor: A Toolkit for Local Government	2013	Removed and replaced with updated version.

Contents

About this guide

This guide is designed to support local government environmental health professionals and other local government officers to understand, assess and manage hoarding and squalor behaviour. It aims to help guide an individual, or their family or friend to seek support through a mental health professional and other support services.

Introduction

Hoarding and squalor can often affect health, safety, and the overall aesthetics of living environments. These issues not only impact the individual and their household, but a small number of visible cases may impact neighbours and the wider community. Common risks include fire and physical safety hazards, pest infestations and unsanitary conditions. Studies indicate approximately 2 in every 100 people meet the criteria for having a hoarding disorder[1].

Role of local government

Local governments are often the first point of contact for a community member to raise their concern about a local hoarder or someone living in squalor conditions. Local governments can choose to take an educational and awareness raising approach to help guide the individual, family or friends to seek professional help through a range of mental health support services.

In certain circumstances, local governments can utilise legislative enforcement tools to reduce risks to the public that may arise from poor living conditions. However, enforcement action as a standalone response is usually ineffective, can cause significant distress to the individual and worsen the hoarding.

Support from family members or friends is often more effective and should be encouraged wherever possible before any local government involvement.

It is at the discretion of a local government on how or if they will respond to a particular case based on the risks to the community, local government capacity and individual circumstances.

Support services

Involvement of mental health professionals and other support services are essential to provide a meaningful long-term response and to support the management of the underlying mental health issues and conditions experienced by the individual. Hoarding disorder is a recognised mental illness and support may be available through a range of support services.

Rights of the individual

One of the challenges when responding to hoarding and squalor is that an individual must consent to support services being offered to help them. A person has the right to refuse mental health support and other unregulated interventions.

Intervention

Ideally, any local government intervention should aim to:

- educate individuals, family or friends on how to seek mental health support where hoarding disorder and squalor behaviour is suspected
- mitigate public health risks and ensure compliance with public health standards
- address community concerns where hoarding behaviour impacts neighbouring properties.

[1] Poslethwaite, A., Kellet, S., Mataix-Cols, D., Prevalence of Hoarding Disorder: A systematic review and meta-analysis Journal of Affective Disorders, 2019.

Local government involvement may not always be necessary or possible, particularly where harm is not caused to others. Individuals may refuse support, exercising their right to make informed decisions about their own lives. Respecting their autonomy is crucial, even if their choices seem detrimental.

Intervention can sometimes cause significant distress, worsening the individual's condition rather than improving it. There may also be situations where the hoarding does not pose immediate public health or safety risks, making intervention unnecessary. Balancing the need to address community concerns with the individual's wellbeing requires careful consideration, and sometimes, the best approach is to educate the individual on where to seek support without taking enforcement action.

What is hoarding and squalor?

There is a difference between:

- people who like to 'collect' things
- people who live in cluttered environments
- hoarding as a behaviour and as a mental health diagnosis
- people who love animals and who hoard animals
- people who neglect their living environment and live in squalor conditions[2].

Hoarding is a condition where someone struggles to get rid of things, even if they have little or no value. It is characterised by a persistent difficulty in discarding possessions, leading to a significant accumulation of items that clutter living spaces, cause distress, and impair a person's daily functioning and safety.

Hoarding disorder is recognised in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Classification of Diseases (ICD-11). It is characterised by a persistent difficulty to discard possessions, leading to a significant accumulation of items that clutter living spaces, cause distress, and impair a person's daily functioning and safety. Affected people may exhibit significant and often irrational difficulty letting go of things or throwing things out, regardless of their value. The person may want to save the items for future use, and there is a lot of distress associated with discarding them. Hoarding disorder is a recognised mental illness in Australia,[3] however hoarding behaviours may often be undiagnosed or experienced alongside other conditions, whether diagnosed or not.

Animal hoarding is when a person accumulates an excessive number of animals whilst failing to provide the animals with adequate care. This includes failing to provide minimal standards of sanitation, space, nutrition, and veterinary care. A person may have the inability to recognise or take action on the deteriorating conditions of animals, or deny or minimise problems. Hoarding of animals may begin as an act of compassion but results in neglected animals that need to be rehomed.

Severe domestic squalor describes an unsanitary living environment from extreme neglect, posing health and safety risks. It can result from self-neglect by the persistent failure of the person to remove waste and rubbish from a house. The environment can be unclean, messy, unhygienic, with excessive animals, biological contamination and pest infestations. The poor living conditions can impact daily activities like being able to cook, bathe, clean and sleep. Extreme cases can impact neighbors with fire hazards, foul odour or vermin.

[2] SA Department of Health. 2013. Make Safe: Guidance for services working with people living in hoarding and environmental neglect
[3] Hoarding disorder - treatments and causes | healthdirect

Reasons for hoarding and squalor behaviour

The reasons why a person hoards or lives in severe domestic squalor are complex and often associated with underlying:

- mental health issues and conditions
- trauma and stress
- cognitive difficulties
- social isolation and other social factors.

Appendix 1 provides links to resources to help you learn more about the underlying reasons why a person hoards.

Risks to individuals and community

Hoarding items inside a house primarily affects the individual and people living inside. When hoarding extends to the outside of a house it becomes visible to neighbours and often leads to conflict and complaints to a local government. There are different risks that need to be considered for individuals compared to risks to the wider community.

The risks that are evident will determine how a local government may choose to respond.

In general, risks that only impact the individual and not the wider community may not involve a response from local government.

Risks inside the house

- Poor hygiene and living conditions with limited to no access to essential utilities like gas, electricity, heating, washing and cooking.
- Presence of biohazards (food, rubbish, human and animal waste) and other waste accumulation.
- Pest and rodent infestations such as rats, mice, cockroaches, fleas, flies and bed bugs. This increases disease risks.
- Accumulation of hazardous material e.g. chemicals, asbestos.
- Fire hazards from excess materials that can create high fuel loads and increased risk of ignition.
- Blocked exits and pathways that limit access for emergency services.
- Significant presence of mould.
- Odours, and the causes of the odours, may cause or worsen serious health issues.
- Poorly maintained and dangerous building structures.
- Unstable items that may fall on a person or create trip hazards.

Risks outside the house

- Pest and rodent infestations.
- Excessive fire hazards that increase fire risks to neighbouring homes.
- Odours.
- Accumulation of hazardous material.
- Presence of biohazards.
- Blocked exits and pathways that limit access to emergency services.
- Unsightly visible clutter that detracts from a neighbourhood’s appearance and can lead to conflicts and ongoing complaints.

Appendix 2 details an environmental health risk assessment that categorises common hazards and evidence-based health issues, which can assist with demonstrating the risk to public health.

Consent for support

Mental health support services are essential for effective, long-term change. A person who hoards or lives in squalor conditions must be willing to seek help before they can make meaningful changes, and they have the right to refuse assistance.

Consent will be crucial to the person and is a legal requirement. The engagement process can be traumatising and cause significant distress for the person if you let other people and agencies know about their situation without their consent. A person may feel embarrassed about their current living situation and have attempted to hide their living conditions from others, or they may not believe they have a problem.

It is important to respect a person's autonomy and involve them in decision-making to foster trust and ensure they receive the help they need.

Refer to offer guidance on how to seek help and how to respond to people who refuse to seek help.

Privacy considerations

Local government officers generally cannot disclose personal details of a resident to another agency without the person's permission. This is in line with privacy laws that protect personal information. However, there are exceptions where disclosure is allowed without consent, such as for law enforcement purposes e.g. in cases of child abuse or animal cruelty.

Local governments need to handle a person's personal information in accordance with the requirements imposed by workplace policies and relevant legislation. The *Privacy and Responsible Information Sharing Act 2024* (PRIS Act) aims to protect the personal information of Western Australians and facilitate the responsible sharing of government information.

Considering a person's mental capacity for decision making

Individuals living in situations of hoarding and squalor are considered competent to make informed decisions unless there is evidence to the contrary. If you are concerned about someone's ability to make decisions due to mental incapacity, you can consider referring the case to the State Administrative Tribunal (SAT) to appoint a guardian or administrator.

There are no restrictions on who can apply to the SAT and ask for a guardian or administrator (or both) to be appointed for someone else who does not seem able to make decisions that are in their best interests. To learn more refer to guardianship and administration | SAT and guardianship and administration | Legal Aid WA.

Remember:

- Hoarding is a complex issue and can take time to manage.
- Any intervention often requires long-term support from support services to help to minimise distress to an individual and manage underlying mental health issues and conditions.
- Local government involvement may not always be necessary (e.g. where there is no risk to others, or the person refuses help).
- A person who hoards must be willing to seek help before they can make meaningful changes, and they have the right to refuse assistance if they choose.
- One-off clean-ups are not an effective long-term response, unless mental health support is received.
- If the underlying mental health issues are not addressed, the accumulation of materials will continue and can increase.
- Local governments can play a role – even if it is providing guidance to an individual on how to access the right support services.
- The preferable option is for a person to deal directly with a family member or friend to resolve the issue and to avoid local government involvement.

A look at hoarding

The following pictures show the types of scenes you may be confronted with if someone is living in hoarding type conditions.

A look at squalor

The following pictures show the types of scenes you will be confronted with if someone is living in squalor conditions.

Responding to hoarding and squalor

It is at the discretion of the local government on how or if they will respond to a particular case based on the risk to the community, local government capacity and individual circumstances. A response may involve one or more internal departments depending on the circumstances and local government processes.

Although not effective as a standalone response, enforcement action can be taken utilising existing regulatory tools available within local government.

Summary of investigation process

Referral or complaint received by local government

Possible case referred by neighbours, friends or family.

Gather information

Gather initial information to assess history and risks.

Contact the individual

Communicate with compassion. Where necessary, arrange a visit to the home to evaluate conditions.

On-site assessment to identify hoarding behaviour

Use the assessment tool to help determine if hoarding behaviour exists and identify risks.

Respond to immediate risks

If there are immediate risks to children, animals or the individual refer to the right regulatory agency.

Offer guidance on how to seek help

Let the person know how they can get support to clean up, improve their wellbeing and manage the underlying reasons for their behaviour.

Clearing and cleaning up

Discuss the range of clearing and clean-up options and businesses available to help. Consider offering to assist with organising support if the person needs help getting started.

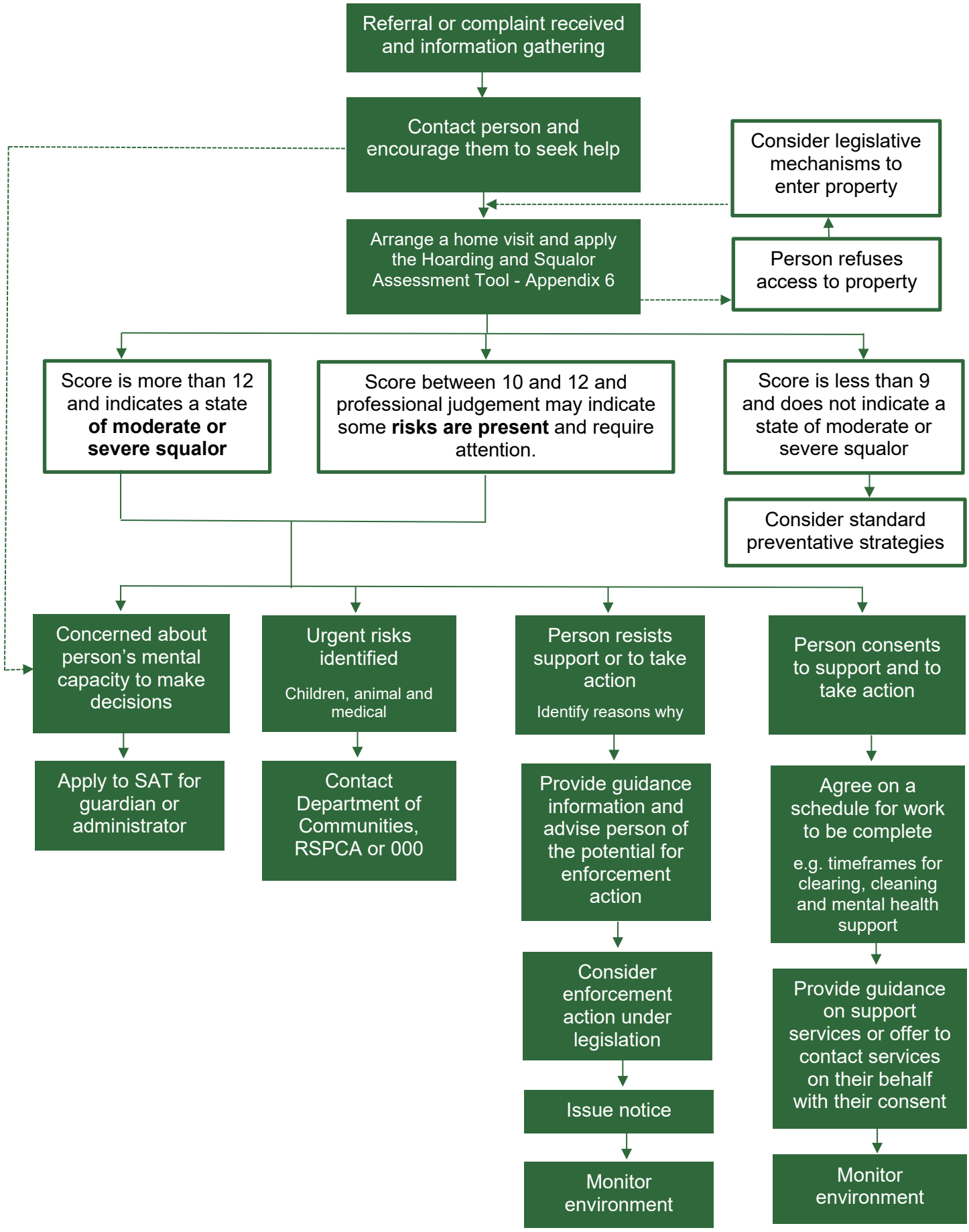
Consider the need for enforcement action

Let the person know that enforcement action can be taken if they do not seek help. If necessary, decide what enforcement action to take to reduce the risk.

Monitor the environment

Establish regular contact with the person to provide ongoing monitoring of the property to ensure that the hoarding behaviour does not continue.

Steps for action flowchart



Referral to local government

Referral or complaint from a neighbour or other resident

In most cases local government will receive a request for assistance or a complaint about a possible hoarding or squalor property from neighbours or members of the community.

The local government officer will need to collect details about the case to substantiate the complaint and determine if further investigation is required.

Refer to Appendix 3 - complaint / referral investigation form to assist with recording information that may assist with the investigation.

Enquiry from a family member or friend

If an enquiry is received about the wellbeing of a family member (or friend) due to hoarding or poor living conditions, the person making the enquiry can be directed to support services who may be able to help.

The preferable option is for a person to deal directly with their family member or friend to resolve the issue and to avoid local government involvement.

A person is more likely to accept help from a person they know over a local government officer because they already have an established relationship of trust. Family interventions are less invasive and threatening compared to the enforcement approach that may be taken by local government.

Refer to offer guidance on how to seek help for recommended support service approaches.

Guardian or administrator

If the person is concerned that their family member (or friend) does not have the capacity to make decisions in their best interest, they can be directed to speak to the State Administrative Tribunal about the appointment of guardianship and administration.

Enquiry from a service provider

On occasions a mental health service provider, with the persons consent, may contact the local government to assess the property and request support for enforcement action to be initiated under applicable health legislation to declare the house unfit for habitation.

Gather initial information

Where a complaint may require further investigation, it is useful to review available internal information to determine the history of the individual or property. This information will help you to decide what course of action to take.

Check property ownership

Check who owns the property to determine if you will be dealing with the property owner, a tenant, or the Department of Communities.

- **Public housing** - contact the Department of Communities to discuss the complaint and a collaborative approach to addressing the issue.
- **Rental property** - contact the property manager or owner to discuss the complaint.
- **Strata building** - strata committee should deal with the matter in the first instance. Refer to strata building for more information.

Review person's local government records

Review the internal record keeping system to check if the property or person has had any previous engagement with the local government (i.e. previous complaints, environmental health concerns, occurrence and nature of neighbour disputes).

Determine if there are any animals registered to the property or individual.

Check for visual evidence

Check aerial maps of the property or drive past the property to confirm if there is visual evidence of hoarding behaviour.

Determine suitable local government department to manage case

Depending on the nature of the complaint, a local government response may need to involve staff from one or more internal services including:

- Environmental health
- Community services
- Building and planning
- Rangers
- Compliance

For example, if the main concern is related to a rodent infestation or a house unfit for habitation, then environmental health may need to be involved. If the concern relates to the keeping of animals, then rangers may need to be involved.

Connect with in-house community services

If community and disability service trained staff are available within the local government, it is recommended that they are consulted to discuss any suitable local support.

Some situations of significant hoarding do not pose a risk to public health but may still impact negatively on a person's individual wellbeing. Community services should be consulted and may consider a response from their team and provide an offer of help to the person based on their individual needs.

Determine if intervention is necessary

After reviewing the available evidence determine if intervention is the best approach. A home visit or any intervention may not be required in some cases. Sometimes the most suitable approach is to offer guidance on how to seek mental health support rather than leading with an enforcement approach.

Making contact with the individual

The nature of the initial contact made with the person is extremely important as it can have a significant impact on the person's acceptance of help.

Skills and knowledge

An EHO needs strong interpersonal skills to effectively communicate with diverse community members, particularly when dealing with cases of hoarding and squalor.

It is important to communicate sensitively with people who may have an underlying mental health condition and to be aware that a person may react with aggressive behaviour if they are confronted with moving their things.

EHOs are not expected to be trained in identifying the underlying cause of the persons behaviour and are not able to provide psychiatric or psychological support which requires specialist clinical services.

Communicating with compassion

Generally, the person is more likely to be open to help if they are treated with compassion, sensitivity and respect. If the person agrees to accept help, the likelihood of achieving significant change and improving conditions for the individual is considerably greater.

Always ensure the interaction is respectful and considerate of the individual's situation.

Considerations for positive communication strategies include:

Notify in writing	Explain the purpose of the visit, arrange a convenient time, and encourage them to have a support person present (e.g. family or friend).
Leave a note	If they don't respond (i.e. too fearful to open the door) or aren't home, leave a note with your name, phone number, and organisation details, asking them to contact you.
Approach carefully	Introduce yourself warmly and show your identification.
Be patient	Understand they may be hesitant to speak initially due to concerns about perceptions of their living situation or trust issues with other people.
Use interpreter	If they request or need one, ensure a professional interpreter is used according to organisational procedures.
Use encouraging language	Ask them kindly how they feel they could benefit from help and identify their needs.
Be sensitive	Be mindful not to overwhelm them.
Avoid your personal values	Engage with them considerately using non-judgemental language and positive body language.
Take your time	Avoid focusing immediately on cleaning, as it can cause distress and impact the chances of being successful. Focus on building rapport.
Do not touch belongings	Always ask for explicit permission before touching their belongings or taking photos.

Conversation starters

Your language should be supportive and non-threatening to encourage trust and show empathy for the individual’s situation. Avoid words like junk, mess or hoarder - instead, use collection or things. Focus on safety and wellbeing, not cleanliness or appearances.

You can ask a few questions to see if the individual is ready to make changes:

Assess their perception of the situation

- How do you feel about your current living conditions right now?
- Are there any parts of your home that feel hard to move around or unsafe?
- If you had a bit more space to move around, how do you think that would feel?

Exploring the persons readiness for change

- Have you thought about making some changes to help you feel safer or more comfortable?
- Are there items that you have thought about parting with recently?
- Do you think now might be the right time to begin making some changes?

Offering support and collaboration

- Would you be willing to talk to someone who understands how hard it can be to let go of things?
- Would you be open to having someone who is respectful to help you sort through your things your way - do you think that's something you'd consider?
- If there are services who can help you with cleaning and repairs would you be interested in learning more or having someone contact you?
- Would it help you if we looked at this together and came up with a plan on who can help?

Tips for the conversation

- Use I statements e.g. I am worried that you are struggling to move around. I want to help you to be more comfortable in your home and help you talk to someone who can help you to stop collecting so many things.

Determine if a home visit is necessary

If there is an indication the situation poses potential risks and warrants further investigation, a home visit may be required. A home visit may also reveal that the property is not in a state of severe squalor or hoarding isn't present.

Work health and safety considerations

Before visiting a property consider any work health and safety requirements and follow standard safety procedures when conducting inspections. If the person has a history that indicates safety risks (e.g. history of violence or aggression) request police assistance or attend the site in pairs. Work health and safety considerations are outlined in Appendix 5.

Entering a person's property

Respectfully ask for permission to enter a person's property.

Remember the person may be experiencing an undiagnosed mental health condition and may feel embarrassed about their current living situation.

If after several attempts to gain the trust of the individual to enter their home and they refuse, EHOs have powers of entry to enter a person's home under:

- section 349 of the *Health (Miscellaneous Provisions) Act 1911* (Health MP Act) or
- section 240 *Powers and entry inspection and seizure - Public Health Act 2016 (Public Health Act)*.

Carefully consider if these powers should be enforced based on the circumstance and risk to others.

Assessment to identify hoarding behaviour

Each case of hoarding and squalor can differ significantly in nature and severity, and it is unlikely that any two cases will be treated the same. The associated risks to the individual, neighbours and community may also vary depending on the degree of hoarding and squalor on the property.

Only an approved or authorised mental health professional such as a GP can provide a diagnosis for the purposes of a mental health treatment plan or other interventions, however agencies can support this process through assessment to ensure the best possible referral and treatment pathway.

A Hoarding and Squalor Assessment Tool has been modified for use in WA and can be found in Appendix 6. Local governments can use this tool to provide a standardised assessment of the condition of the property and the associated risks. It reduces the need for multiple assessments of the property to be undertaken and avoids the risk of insensitive language being used to describe the condition of an individual's home. The assessment should ideally be conducted in conjunction with the person during the home visit.

The Clutter Image Rating Scale outlined in Appendix 7 provides a quick and simple visual assessment of the level of clutter.

To minimise unnecessary stress to the individual, it is recommended that photographs and video recordings (which are dated for legal purposes) are taken during a home visit with the person's permission, which can be reviewed upon returning to the office to complete the assessment. Otherwise, if the person is receptive, complete the assessment during the visit.

Urgent referrals to other agencies

A home visit might identify certain risks exist which may need urgent attention by another agency. These referrals are protected by law and do not require the individual's permission.

Child protection	Call Department of Communities on 1800 273 889 or Crisis Care Unit 08 9223 1111 for after hours support. Complete the Child Protection Concern Referral Form.	Read concerns for the safety or wellbeing of a child or young person.
Animal cruelty or neglect	Report incidence of cruelty to 1300 278 358 or report online. Online cruelty reports are not monitored over weekends or public holidays. If an animal's life is in immediate danger, call WA Police.	Read report animal cruelty online
Critical medical issues	Call 000	Emergency and crisis. A person in the Emergency Department at a hospital may be transferred to an inpatient unit under the *Mental Health Act 2014* as mentally ill or mentally disordered, permitting a brief period of hospitalisation for assessment and ongoing management.

Offer guidance on how to seek mental health and other support

Local government officers can encourage a person who hoards to:

- seek further help with support services or
- offer to arrange a support service to contact the person directly, if they consent.

Support services

There are multiple pathways to seek mental health care and other support services (e.g. cleaning, in-home care, aged care assessment).

Agency/service	Description of support	Further information
General Practitioner (GP)	A GP can refer a person to see an accredited mental health professional with experience in hoarding disorders. They can advise on other services that could help. Friends or family should be encouraged to accompany their family member.	Mental Health Treatment Plan Find a health service | healthdirect
Medicare mental health	Provides mental health information, services, and support for individuals or their carers. A person does not need a referral or mental health treatment plan to use this service and can walk into a centre.	Medicare Mental Health Centres
Aged care	Aged Care Assessment Team (ACAT) and Aged Care Assessment Service (ACAS) are staffed by doctors, nurses, social workers and other health professionals who can help work out how much, and what sort of help is required for people who are: • 65 years or older • Aboriginal or Torres Strait Islander person aged 50 to 64 years • homeless or at risk of homelessness and aged 50 to 64 years	Access Australian aged care information and services | My Aged Care Home Care Packages | My Aged Care
Accredited mental health professional	Accredited MHPs include psychologists, social workers, nurses and occupational therapists registered with the Medicare 'Better Access' program. A GP can refer a person with a Mental Health Treatment Plan to an accredited mental health professional for free or subsidised counselling support. There are numerous private practitioners who specialise in treating hoarding disorder.	Find a health service | healthdirect Find a Psychologist
National Disability Insurance Scheme (NDIS)	If a person is diagnosed with hoarding disorder, further help may be available through the NDIS. NDIS recipients can be supported to access various therapies and support services including cognitive-behavioural therapy, organisation	Understanding the NDIS Western Australia | NDIS

Agency/service	Description of support	Further information
	assistance, clutter coaching and specialised cleaning services. NDIS local area coordinators can help connect anyone with disability to services in their community.	
State Health Service Providers	Provide specialist mental health assessments and treatment for people with mental health needs living in the community. Referrals to these services can be from a family member, GP, health professional, another service provider, inpatient service, or an individual can self-refer.	Contact the local mental health services: • South Metropolitan Health Service • North Metropolitan Health Service • East Metropolitan Health Service • WA Country Health Service
Disability support services	The Communities Inclusion Connection Team can help people with a disability to navigate and find a service that best suits their needs.	Communities Inclusion Connection Team
Helplines	A number of helplines are available for immediate access to support and advice that is confidential, free and anonymous.	Helplines | Mental Health Commission
Healthdirect	Healthdirect Australia is the national virtual public health information service with information on hoarding disorder.	Healthdirect
Private programs and services	There are several private businesses in WA offering a range of hoarding services. There are also free programs such as the Buried in Treasures Program - Black Swan Health run by experienced mental health workers with lived experienced, designed for the individual who is ready to work on their personal clutter challenge.	A quick online search using search terms such as 'hoarding clean-up Western Australia' (or local area) will provide a readily available and current list of services.
Support groups	Support groups are available for the person, their family or friends, to learn from others with similar experiences.	Use search terms such as 'hoarding support groups Western Australia' (or local area) or search social media to help link into local services.
Online services directory	A directory to help make it easier for consumers, carers and families to easily find mental health and alcohol and other drug support services.	My Services Online Directory | Mental Health Commission

Encourage the person to seek professional support

Gently encourage the person to:

- visit a GP who can refer them to a mental health service or professional
- walk into a Medicare Mental Health Centre
- contact a private psychologist or psychiatrists
- attend a mental health service offered by a local health service provider.

Seeking professional help now will provide the person with enough time to manage the challenge of cleaning up their things, under the care of people who understand, are supportive, discrete and respectful. Reassure them that seeking help is a positive step towards improving their well-being.

Support from family or friends

Ask the person to involve their family or friends, if available, who can help support them with cleaning up and long-term change. See if it is okay for their friend or family to contact you for updates on progress.

National Disability Insurance Scheme (NDIS)

People eligible to receive NDIS supports may be eligible to receive targeted funding through the NDIS to services that specialise in helping people to de-clutter and to stop accumulating too many things.

NDIS local area coordinators can connect anyone with disability to services in their community. Visit the NDIS to learn more or contact a local NDIS area coordination partner to discuss options.

Advise of potential enforcement action

Make it clear that if they choose not to seek help, enforcement action can be taken to remove the clutter without their permission which could cause them unnecessary distress. Highlight this is something you want to avoid.

Offer to arrange support for the person directly

If a person consents to the offer of support but does not know how to arrange this or where to start, you can offer to arrange a support service to contact them directly, with their consent. Make it known to the person that you will be providing their name, contact details and address to another agency.

With the persons permission, you may also consider offering to contact cleaning services to organise quotes to assist with rubbish removal. Refer to the section on clearing and cleaning.

When a person does not consent

- Respect the person's decision.
- Offer contact information or information resources that the person can use when they are ready to connect with support services.
- Continue to build rapport over time in addressing hoarding issues.
- Encourage them to speak to their family or friends and ask for their support.
- In instances where a risk has been identified that needs to be managed, reinforce that regulatory enforcement action may now be taken to remove the clutter without their consent using regulatory powers available to the local government.

Further support

Refer to Appendix 4 for other services that may be useful dependant on the circumstance, including homelessness, tenant advice, elderly, fire, legal services and carers support.

Clearing and cleaning

If a person agrees to take steps to improve their living conditions you will need to agree on a schedule for clearing and/or clean-up and other work that may be needed. The person should be provided with information on how this can be achieved and realistic timelines to make improvements.

Timeframes should provide the person with sufficient time to seek mental health support and organise clean-up with or without appropriate services. Timeframes can be amendable if the person agrees to arrange feedback to the local government from their GP, psychologist or NDIS provider, with a more suitable timeframe based on their care plan.

Remember that physical ‘clean ups’ should be avoided in isolation due to the extreme emotional attachment a person has to items.

Specialised cleaning companies are essential for hoarding situations because they have the expertise, equipment, and sensitivity needed to safely manage hazardous materials, structural risks, and emotionally challenging environments. Their professional approach ensures both the physical space and the person affected are treated with care, dignity, and thoroughness.

Most standard cleaning services will not enter an environment that is not safe to enter.

Local government waste removal options

In circumstances that may require extra support to remove accumulated items, local governments may consider offering:

- extra tip passes or skip bins
- access to a trailer or truck
- other rubbish removal support.

Decluttering services

There are a range of professional de-cluttering services that work with private clients, NDIS plans and self-managed clients to develop de-cluttering actions. Decluttering services aim to create a safer and more manageable living environment while being sensitive to the emotional challenges hoarding clients may face. Services may include:

1. **Personalised declutter plan** that considers the client's emotional and physical needs, as well as any safety concerns.
2. **Sorting and organising** to assist the client to decide what to keep, donate, recycle, or discard. This process is often done at a pace that the client is comfortable with.
3. **Cleaning the space** once items have been sorted, addressing any sanitation issues that may have arisen due to the hoarding.
4. **Support and counselling** to provide emotional support and counselling throughout the process, often working in conjunction with mental health professionals to address the underlying issues related to hoarding.
5. **Follow-up visits** to ensure the client is maintaining the decluttered space and to provide ongoing support if needed.
6. **Education and resources** on organisational skills and resources to help prevent future hoarding behaviours.

Rubbish, recycling and junk removal

There are a range of private rubbish, recycling and junk removal companies that offer:

- skip bins (particularly for building waste, scrap metals etc)
- trucks or trailers
- hands on help to remove materials.

Quotes need to be organised directly with the companies.

Specialised cleaning services

In severe cases of squalor living environments, a high quality professional clean or a forensic clean may be necessary. The cost of their service will depend upon the severity of the squalor and the intensity required for the clean. Quotes can be provided by directly contacting the professional or forensic cleaning companies.

Cleaning services agreement

An agreement in writing between the person and a cleaning service can be used to identify which items are to be removed during cleaning. This document may be used to prevent subsequent accusations from the person that items were moved without their permission or stolen.

An example copy of a cleaning services agreement can be found at Appendix 8.

Cost recovery for clean-up initiated by local government

There may be instances where a local government may seek to undertake clean-up work using available regulatory powers and cost recovery processes. This can sometimes prove to be a costly exercise if a person does not seek mental health support, and the accumulation continues after clean-up. Refer to Appendix 9 for further details.

Enforcement options for consideration

Enforcement action should only be taken where a person is not responsive to the assistance offered and their property remains in a state that causes a nuisance or danger to public health.

Initiating enforcement action must be done with caution and sensitivity. The threat of enforcement action can often provide useful leverage to engage a person, particularly those who are disorganised and those who need external motivation.

Enforcement action may be necessary in situations where the individual is competent and capable of making the decision to improve the standard of their property and carry out the works to do so, however chooses not to.

However, the use of enforcement action to manage a case of hoarding or squalor can also have unintended negative outcomes and may destabilise a vulnerable person. The issuing of formal notices also starts an administrative process that can lead to court and lengthy legal processes if the occupant remains non-compliant.

Each response will be different depending on the situation and can be influenced by a range of factors such as:

- willingness to receive help
- the range and extent of issues
- the type of housing they live in
- their access to a support network.

Formal written request

As a first step, the person should be provided with a written request to resolve any identified environmental health and other issues, which may include:

- cleaning inside and outside the property
- removing mould
- undertaking pest control.

The person should be provided with information on how this can be achieved and realistic timelines to make improvements. This is also an opportunity to reinforce the need to seek mental health support which may include clutter cleaning support. One-off cleaning is usually inadequate if the underlying reasons for the behaviour are not addressed.

Legislative tools

EHO's can be authorised with powers to apply the following legislation:

Health (Miscellaneous Provisions) Act 1911	Part V of the Health MP Act contains provisions relating to houses that have been found unfit for occupation to enforce the requirement to clean and repair a house. **Clean and repair** If the local government is of the opinion that any house is unfit for human habitation, by reason of uncleanness or in need of repair, the local government may serve on the owner a notice (under Section 139) requiring the owner to clean and/or repair the house within a time specified in the notice. If the owner is not compliant with the notice, the local government can then do the works specified in the notice and recover the costs from the owner (Section 140). The procedure is specified in the Registration, Enforcement and Discharge of Local Authority Charges on Land Regulations. Under Section 145, an authorised officer may order that any house or part of a house, or any furniture, goods, or things therein to be cleansed to the satisfaction of an authorised officer. **House unfit for habitation.** In severe cases the local government can resolve to declare a house (or part thereof) unfit for human habitation (Section 135). This notice can specify that the house or any part of the house cannot be occupied by any person after a specified time. The local government must affix the notice to a visible part of the house and a copy of the notice must be served on the owner or occupier. Once such a notice has been issued, it is an offence for any person to occupy the house or part of the house that has been declared unfit. If a local government is going to declare a house unfit for human habitation, it is recommended that they consider sorting out temporary accommodation for the residents in these circumstances. If the residents of the house do not have alternative accommodation available, the EHO can help arrange emergency accommodation. Each local government may have local community services that can assist with arranging temporary

	accommodation. Refer to Appendix 4 for services that may be able to assist. Once the house has been declared unfit for human habitation, the local government can (under a Section 137 notice) direct the owner of the house to carry out works or take down and remove the house within the time frame specified in that notice. It is possible that the notice may only direct the owner to take down and remove the house and not allow them to undertake other works. Any person aggrieved by a notice to carry out works or take down and remove the house may apply to the State Administrative Tribunal for a review of the decision. Any person who dismantles any house, building or other structure, whether because of a notice from local government or not, must clean the land to the local governments' satisfaction and remove all rubbish to a place specified by the local government.
Local Government Act 1995 Local laws	The Local Government Act provides powers for notices requiring certain things to be done by the owner or occupier of land (section 3.25). Local governments have the powers to make local laws that commonly address matters about: • pest control (e.g. rodents, cockroaches, arthropod vectors of disease) • maintenance provisions for dwelling houses • keeping and control of animals and nuisances. Local laws differ between different local governments.
Public Health Act 2016 (Public Health Act)	**General Public Health Duty** Section 34 of the Public Health Act requires a person to "take all reasonable and practicable steps to prevent or minimise any harm to public health that might foreseeably result from anything done or omitted to be done by the person". What is 'reasonable and practicable' depends on the potential impact of a failure to comply with the duty, any environmental, social economic or practical implications, the degree of risk and the nature, extent and duration of the harm [section 34(2)]. A person is not considered to have breached the public health duty if they act according to generally accepted practices, taking into account community expectations and current environmental, social and economic practices and standards or matters prescribed under the regulations. Assessing whether a breach of the general public health duty has occurred requires professional judgement by an authorised officer. Refer to the Public Health Act 2016 handbook: A resource for local government authorised officers for information on how to apply the general public health duty.

	Improvement notices and enforcement orders Where a person doesn't respond to a general warning or education, more significant enforcement options such as issuing an improvement notice or enforcement order can be done using the Public Health Act. In general, the overriding consideration to take enforcement action under the Public Health Act should always be to protect against an owner or occupier of a premises carrying on activity which poses a public health risk. Refer to the Public Health Act 2016 handbook: A resource for local government authorised officers, Part 14 – improvement notices and enforcement orders for further information. **Prosecution** Prosecutions can be brought against a person if a person engages in, or allows or permits, conduct which will cause, or is likely to cause, either: • **Material public health risk:** A risk that could cause harm to people's health. • **Serious public health risk:** A higher level of risk that could lead to significant, irreversible or widespread harm. Another important factor is whether the person responsible knew, or should have known, about the risk their actions or lack of action might cause. Whether someone has created a material or serious public health risk is ultimately decided by the courts. There are large penalties under the Public Health Act for a person or corporation who commits an offence. In circumstances where prosecution may be warranted refer to the Public Health Act 2016 handbook: A resource for local government authorised officers, Part 4 – serious and material public health risk.

There are also powers under the:

Building Act 2011	Addressing the safety risks associated with excessive accumulation of materials. If the hoarding situation involves structural issues, local governments can issue orders under the Building Act to rectify these problems. This might include removing accumulated materials that obstruct exits or pose fire risks. Property owners who fail to comply with orders or notices can face penalties, including fines. In severe cases, local governments can take direct action to clean up the property and recover costs from the owner.
Dog Act 1976	Addresses the control and registration of dogs; the ownership and keeping of dogs; and the obligations and rights of dog owners and others.
Cat Act 2011	Requires the identification, registration and sterilisation of domestic cats, and gives local governments the power to administer and enforce the legislation.

Monitoring the environment

In circumstances where a clearing and cleaning process has occurred, it is often typical for the accumulation of materials to repeat several times.

This may require ongoing monitoring to minimise future occurrences.

Consider one internal department to conduct ongoing periodic monitoring of the environment over the longer term.

Monitoring can track risks such as:

- new accumulations, presence of biohazards or structural decline
- accumulation of more animals and their living conditions.

Data collection

The extent of hoarding and domestic squalor cases across WA is not readily known. Local governments are well placed to collect data that can be used to support future management and interagency response.

Data can be reported as part of the annual *Public Health Act 2016* local government performance reporting required under section 22. Local governments are encouraged to collect ongoing data on:

- number of hoarding cases responded to each year
- financial impacts to local government related to enforcement action e.g. cost of clearing
- successful interventions.

Education and awareness raising

Local governments can help to raise community awareness about hoarding and provide guidance on how individuals can seek help. There is an opportunity to help family, friends and neighbouring residents to understand and be more sympathetic about the underlaying mental health issues surrounding hoarding disorder, and how to guide someone to seek help with their condition. Consider:

- **website content** – include an overview on hoarding with links to key agencies, support services and programs. Information on hoarding and help with hoarding can be found on the HealthyWA website as well as Healthdirect.
- **newsletter articles** – raise awareness about hoarding disorder and what help is available.
- **local support groups** – find out what support groups are on offer or look at ways to create a support group locally to help individuals to seek help without fear of judgement.
- **grants** – offer financial support for people experiencing hoarding tendencies.
- **position statement** – draft a position statement on the type of support to be provided to residents dealing with hoarding
- **review verge rubbish collection** – explore alternatives to kerb side collection days (e.g. household drop off locations, support repair or recycling locations) to minimise easy access to discarded items.

Case studies

Case study 1

Case overview	Description
Local government	City of Vincent
Lead department	Environmental Health Services
Supporting internal departments	Ranger services, waste services, community development
Brief summary of case	A neighbour complained about an untidy property and rodent activity. The property was occupied by an elderly woman who had a large collection of items she intended to donate. She had been leasing the property for ten years through a friend who was the landlord. As the City became more involved, it became apparent that a man was also living at the property, which made communication more difficult.
How long did it take to resolve	About 6 weeks
Supporting agencies	The City's Verge Vallet Services, City's Waste Services
Out of pocket costs incurred by the local government	Nil, besides officer time.
Estimate of hours for various officers within local government	Large number of staff where involved. Approximately 15hrs of estimated hours in total.
Challenges experienced	The initial approach was unsuccessful. Progress was made by building a relationship with the occupant and offering consistent encouragement. Educating the occupant on waste removal was difficult. For example, what items could be left out for Verge Valet collection versus what could be donated, and what size or volume of items was permitted on the verge.
How were the challenges overcome?	Time was a key factor, as the matter was dragging on and the neighbouring complainants were trying to sell their property. The City directed which types of materials could be collected through Verge Valet to help simplify the process for the occupant.
Key interventions	A letter was sent outlining the requirements under the Health (Miscellaneous Provisions) Act 1911, with careful attention given to the language used. The messaging was consistently framed to support the occupant's ability to remain living in her home.
Outcomes – positive or negative	Positive: The property was cleaned, and the occupant was ultimately able to access supported housing after the City provided supporting information for her application. Negative: The male occupant may have been affected by drug use and appeared to be trying to delay the works.
Key learnings	Significant progress was made without needing major involvement from the landowner. By identifying the parties who were causing difficulties early on, the City avoided spending excessive time in negotiations that tended to be repetitive and unproductive.

Case study 2

Case overview	Description
Local government	City of Vincent
Lead department	Environmental Health Services
Supporting internal departments	Ranger services
Brief summary of case	A long-standing case of accumulated items over a period of 20 years, with infrequent complaints over that time. Some complaints described the property as a fire risk, untidy and unsightly. Over the past two years, the City sent a number of letters and engaged directly with a male mid-60s but there was no sign of behavioural change. In January 2025, the City commenced its underground power project. The property required access by contractors, without doing so would result in losing access to mains power.
How long did it take to resolve	Four months, with substantial behavioural change occurring after a formal notice was issued
Supporting agencies	Limited support was available or offered, including: the City's Verge Valet service (with some additional collections beyond the standard residential annual quota), weekly FOGO collection, Kleenslate Junk Removal Perth, Verge Valet's repair and reuse options, and 1800-GOT-JUNK?
Out of pocket costs incurred by the local government	~$250
Estimate of hours for various officers within local government	~10 hours
Challenges experienced	The occupant showed strong initial reluctance and had previously been in contact with a number of City officers without following through on agreed actions, he was familiar with how the system worked and knew how to delay matters.
How were the challenges overcome?	The risk of having his power disconnected was a strong motivating factor, and issuing a formal notice made a noticeable difference, particularly being able to involve Western Power as an external party. The occupant offered numerous excuses, but once an unlicensed vehicle was removed from the driveway, he was physically able to complete the required works.
Key interventions	A notice was served under the Health (Miscellaneous Provisions) Act 1911, broken into two parts. The first part clearly outlined the areas that needed to be cleared to allow connection to underground power. The second part required the occupant to continue clearing space and pathways to the front door and to remove further disused items.
Outcomes – positive or negative	Positive: There is now improved access to the front of the property, and contractors were able to connect the property to underground power. Negative: The owner appears to be burnt out and has started to regress, which is making it more difficult to achieve the second part of the notice.
Key learnings	Western Power's involvement was instrumental in keeping the City focused on its main objective, and it also helped the owner gain a broader perspective on the situation. There was minimal to no support from family, as the individual preferred not to involve them. His mood

	varied from day to day, on good days he was open to honest conversation, while on more difficult days the City relied on documented outcomes and maintained a consistently positive approach, with one officer in particular offering ongoing encouragement.

Case study 3

Case overview	Description
Local government	City of Stirling
Lead department	Environmental Health Services
Supporting internal departments	Waste services
Brief summary of case	The neighbour who lived behind the individual and had helped them with day-to-day duties e.g. cleaning, showering and cooking etc made a complaint and request for help. The individual was taken to hospital due to mental health reasons, and the complainant contacted the City to see if there was any help to clean the house and repair the property before the individual returned form hospital. The City inspected the property and a number of concerns were raised including structural concerns, a massive hoarding issue, evidence of rodent and other pest activity within the house and the house generally being a fire hazard. Communication with the individual's social worker at Sir Charles Gardener Hospital agreed the dwelling would be made good and clean before the individual was discharged from hospital.
How long did it take to resolve	5 days cleaning and repair work
Supporting agencies	Social workers at local hospital
Out of pocket costs incurred by the local government	~$5,000 clean-up cost plus Environmental Health Officer time to coordinate quotes, services and assist on-site for the 5 day clean-up period. The City arranged for its own skip bins to be dropped off and collected as required.
Estimate of hours for various officers within local government	Approximately 40 hours of Environmental Health Officer time
Challenges experienced	The job took far longer than expected and the cost doubled. However, the quote provided to the City was still far cheaper than the other quotes received.
How did you overcome the challenges?	A willingness by the City to assist and Sir Charles Gardiner Hospital to keep the individual for as long as was needed to finalise the clean-up.
Key interventions	The City arranged a Health MP Act house unfit notice to be issued to the individual to declare the house unfit. This enabled cleaners to access and charge costs against the property. The City reiterated they knew he could not comply with the notice and no legal action would be taken. Instead the City advised the individual they would arrange the clean-up and removal of items within the property. They also arranged for the individual to identify any special personal belongings he could not let go. The individual was provided the opportunity to be there on the days the clean-up occurred if he were well enough.

	The City arranged for quotes from a number of service providers. The City went with one provider based on cost and recommendations from other local governments when working with the individual to determine what items could be removed.
Outcomes – positive or negative	The City arranged for a new mattress for the individual (donated by a local business).
Key learnings	1. Collaboration with Mental Health was crucial. This is vital if there is any hope of achieving a good lasting outcome for the individual in the long term. 2. Having access to companies to undertake the work proved more important than most would realise. It is hard to get companies that are willing to quote and do the work. Being understanding and compassionate of the client's needs and wants is a bonus when it happens. 3. Ensuring that money is in the budget to pay for the work when the individual does not have capacity to make decisions. 4. Internal business units understanding and assisting with what they could e.g. the City's Waste Services provided additional skip bins whenever required. 5. The amount of EHO time taken up with these jobs is much more than recorded e.g. calls with neighbours, counsellors, EH leadership, contractors, memos, notices, inspections etc.

Case study 4

Case overview	Description
Local government	Not disclosed.
Lead department	Environmental Health Services
Supporting internal departments	Health Services, Compliance Services
Brief summary of case	An elderly woman occupied a property affected by both structural deterioration and significant hoarding and uncleanliness. The occupant spoke a language other than English and was also hearing impaired, communicating primarily through sign language, which added complexity to engagement and communication throughout the matter.
How long did it take to resolve	3 Months
Supporting agencies	The individual's existing NDIS support workers, who assisted in coordinating support services and contributed NDIS funding toward some of the required works
Out of pocket costs incurred by the local government	Approximately $30,000, covering trade costs for structural repairs, electrical safety works and removal of accumulated materials. This amount was registered as a charge on the title of the property for future recovery.
Estimate of hours for various officers within local government	Approximately 30hrs
Challenges experienced	Communicating effectively with the occupant was a significant challenge given the language barrier and hearing impairment. The structural condition of the property posed safety risks in addition to the hoarding and general uncleanliness. During the works period, the occupant suffered a fall and was hospitalised, which further

	complicated the matter and required the City to adapt its approach while she was unable to be directly involved.
How were the challenges overcome?	The City engaged directly with the individual's support workers to coordinate next steps. While the occupant was in hospital, the City worked with her support workers to reach an agreement allowing the City to carry out the required works in default, without needing to pursue the matter through court. The occupant's existing NDIS funding also helped support part of the cost of the works.
Key interventions	A notice was served requiring remediation of the property. Given the occupant's hospitalisation, the City negotiated an in-default works agreement with her support workers, enabling the City to proceed with the necessary works directly rather than relying on a court process. The City then carried out structural repairs, made the electrical system safe, and removed the accumulated materials from the property.
Outcomes – positive or negative	Positive: The structural issues were resolved, the electrical system was made safe, and the accumulated materials were removed, significantly improving the safety and condition of the property. Negative: Communications were challenging and the individual couldn't have complete oversight of the works.
Key learnings	Engaging directly with an individual's existing support network - in this case, her NDIS support workers - can be critical when a person's communication needs or health circumstances make direct engagement difficult. Reaching an in-default works agreement avoided the time, cost and complexity of court proceedings, while registering the cost as a charge on the title provided the City with a pathway to recover its costs without requiring upfront payment from the occupant.

Case study 5

Case overview	Description
Local government	Not disclosed.
Lead department	Environmental Health Services
Supporting internal departments	Health Services, Compliance Services Ranger Services
Brief summary of case	An elderly woman occupied a property affected by both structural deterioration and significant hoarding and uncleanliness. The occupant spoke a language other than English and was also hearing impaired, communicating primarily through sign language, which added complexity to engagement and communication throughout the matter. An elderly woman was accumulating new materials daily, resulting in severe hoarding. Dogs and horses kept on the property were found to be in an unwell condition, and the kitchen and food storage areas were unhygienic, with associated rodent activity.
How long did it take to resolve	3 Months - The first clean was completed after one month. However, the property deteriorated again around three months later, requiring a second notice and a further scheduled works agreement.
Supporting agencies	The individual's existing NDIS support workers, who assisted in coordinating support services and contributed NDIS funding toward some of the required works Ranger Services (animal welfare), an Aged Care Assessment Team (ACAT) assessment process, and Silverchain support services (offered but declined by the occupant on an ongoing basis)

Out of pocket costs incurred by the local government	Approximately $30,000, covering trade costs for structural repairs, electrical safety works and removal of accumulated materials. This amount was registered as a charge on the title of the property for future recovery.
Estimate of hours for various officers within local government	Approximately 30hrs Multiple officers were required to provide daily support to the occupant following the notice being served — total hours not specified.
Challenges experienced	Communicating effectively with the occupant was a significant challenge given the language barrier and hearing impairment. The structural condition of the property posed safety risks in addition to the hoarding and general uncleanliness. During the works period, the occupant suffered a fall and was hospitalised, which further complicated the matter and required the City to adapt its approach while she was unable to be directly involved. The occupant's hoarding behaviour was severe and ongoing, with new materials accumulating daily. Animal welfare was a significant concern, with dogs and horses found in poor condition. The kitchen and food storage areas posed a hygiene risk, compounded by rodent activity. The matter was treated as an OHS issue for officers before the ACAT assessment could be completed, despite the occupant potentially being entitled to support services through that process. Family members and the occupant's broader support network could not be reached. Securing payment for the first clean required the contractor to invest time in building rapport with the occupant before she agreed to pay. The occupant later declined ongoing Silverchain support services, and her social isolation contributed to a relapse into the same patterns roughly three months after the first clean.
How were the challenges overcome?	The City engaged directly with the individual's support workers to coordinate next steps. While the occupant was in hospital, the City worked with her support workers to reach an agreement allowing the City to carry out the required works in default, without needing to pursue the matter through court. The occupant's existing NDIS funding also helped support part of the cost of the works. A notice was served, and an agreement was reached for the City to undertake the works directly, with the cost registered as a charge on the property. Ranger Services played a significant role in managing the animal welfare aspects of the case, going to considerable lengths to recover the animals — including stray cats — with some taken into protective care. Building a genuine rapport with the occupant was central to progressing the works, particularly in securing her agreement to pay for the first clean. When the property deteriorated again, a follow-up notice and a second scheduled works agreement were put in place, this time also including some additional repairs and improvements around the house.
Key interventions	A notice was served requiring remediation of the property. Given the occupant's hospitalisation, the City negotiated an in-default works agreement with her support workers, enabling the City to proceed with the necessary works directly rather than relying on a court process. The City then carried out structural repairs, made the electrical system safe, and removed the accumulated materials from the property.

	A notice was served under the relevant legislation, accompanied by an agreement allowing the City to carry out the works and register the cost as a charge on the property title. Ranger Services was engaged to manage and recover the animals on site. Following the relapse, a second notice and works agreement were arranged, which also incorporated minor repairs elsewhere in the home.
Outcomes – positive or negative	Positive: The structural issues were resolved, the electrical system was made safe, and the accumulated materials were removed, significantly improving the safety and condition of the property. Negative: Communications were challenging and the individual couldn't have complete oversight of the works. Positive: The property was cleaned on two occasions, the animals were recovered and, in some cases, placed into protective care, and minor home repairs were completed as part of the second agreement. Negative: The occupant's social isolation contributed to a relapse into hoarding behaviour around three months after the initial clean, and she declined ongoing support services that may have helped prevent this.
Key learnings	Engaging directly with an individual's existing support network — in this case, her NDIS support workers — can be critical when a person's communication needs or health circumstances make direct engagement difficult. Reaching an in-default works agreement avoided the time, cost and complexity of court proceedings, while registering the cost as a charge on the title provided the City with a pathway to recover its costs without requiring upfront payment from the occupant. When assembling a team to support a case like this, it is valuable to include an all-round handyman who is willing to commit to building rapport with the occupant and can provide ongoing support over time. Assessing a person's financial capacity to contribute to the cost of works can be a difficult conversation, but approached carefully, it can reveal what resources are genuinely available to work with. It is important to define a clear objective for the case early on — for example, whether the goal is to support the person to continue living safely in their home, with access to services that maintain their health and quality of life, while addressing the underlying burden of social isolation. Where family members are unresponsive, it is good practice to send follow-up letters in writing to maintain a transparent record of attempts to engage them. Following up on a fortnightly basis helps ensure that social isolation does not regress to a point where the person feels increasingly isolated and is likely to repeat the same behaviours.

Appendix 1 – Hoarding and squalor resources

The following Australian and international resources outline how government and non-government agencies are managing hoarding and squalor.

State	Resources
Australian	
South Australia	• Severe domestic squalor | SA Health
Victoria	• Make Safe: Guidance for services working with people living with hoarding and environmental neglect (Word) • Hoarding and environmental neglect – Department of Families, Fairness and Housing
New South Wales	• Effective Service Responses Hoarding and Squalor – An educational package for the Office of Local Government
Australian Government	• Hoarding disorder - treatments and causes | Healthdirect • Psychosocial support for people with severe mental illness | Australian Government Department of Health, Disability and Ageing • Obsessive-compulsive and related disorders | Medicare Mental Health
Other	• Understanding squalor and hoarding - City of Sydney • Five tips to help someone who hoards - The SANE Blog • The psychology of hoarding - ABC listen
International	
New Zealand	• Hoarding disorder | Healthify • Enabling spaces – Supporting older people who hoard in Canterbury
International Hoarding Alliance	• Leading Source for Hoarding Disorder Help | IHA | International Hoarding Alliance • Is it Hoarding Disorder, Clutter, Collecting, or Squalor? - Hoarding
International OCD Foundation	• Hoarding Task Forces and Other Resources - Hoarding
United Kingdom	• Definitions - Hoarding Disorders UK • Helping yourself with hoarding | Mental health problems | Mind - Mind
Environmental Cleanliness and Clutter Scale	• The Environmental Cleanliness and Clutter Scale (ECCS)
Other	• Table 3.29, DSM-5 Hoarding Disorder - Impact of the DSM-IV to DSM-5 Changes on the National Survey on Drug Use and Health - NCBI Bookshelf

Appendix 2 - Environmental health risk assessment

Table 1 assesses environmental health hazards and public health issues of hoarding by applying the health risk assessment framework outlined in the Health Risk Assessment (Scoping) Guidelines. Based on the assessment, hoarding poses a **moderate** public health risk.

Quantitative data limitations restricted the accuracy in determining the likelihood of the health issue and therefore the overall risk level. The precautionary principle of the Public Health Act has been applied.

Factors influencing health risk assessment

- Severity and type of hoarding and squalor (animal or non-animal). The addition of animal hoarding increases the risk to the occupant's health and the public health problem[4]. The amount and type of clutter can increase the risk of fire fatalities, with 12% of all residential fire fatalities between 2009 - 2014 being associated with hoarding and squalor conditions[5].
- Immune status and comorbidities of the occupant/s.
- Age demographic.
- Studies identify a higher proportion of hoarding present in the older demographic, due to increasing exacerbation of the disorder over time[6][7].
- Current involvement or intervention of other stakeholders.
- Type of dwelling (house or apartment).

Limitations

Reporting data limitations made the likelihood of a risk assessment challenging for all hazards, with exception of those contributing to fire injury and mortality, due to:

- difficulties ascertaining the prevalence of moderate to severe hoarding and case outcomes in WA due to under reporting to local governments, and the voluntary nature of collection of data to the Department of Health.
- many infections, such as E. coli, Group A Streptococcus (non-invasive), and Toxoplasmosis gondii are not legally notifiable diseases and therefore it is difficult to ascertain likelihood for the level of risk associated.
- difficulty locating data linking hoarding to related infections or injuries. This is symptomatic of coding issues in emergency service data, such as medical and fire [10].
- limited peer reviewed academic studies that investigate the direct link between specific diseases or injuries and the environmental hazards associated with hoarding and squalor[8].
- assumptions being made about the types of insects or rodents attracted to dwellings with hoarding issues, due to variables in the type of matter hoarded and the location of the dwelling.

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Table 1 – Environmental health risk assessment of hoarding and squalor

Assessment Criteria	Source	Total risk	Hazard	Exposure pathway	Health impact/issue
Accessibility	Large volumes of materials blocking natural movement pathways	Low to medium risk	Unable to move around the property.	Slip, trips, falls	Bruising, strains, sprains, abrasions, lacerations (reduced functionality and activity)
			Blocked or impeded egress routes	Danger to occupant and fire fighters	Fire injury/death
			Obstruction of hardware: • Fire alarms/ sprinkler systems • Bathroom, laundry, kitchen hardware		Fire injury/ death **See cleanliness**
Accumulation	Items of little value **See clutter index**	Minor to major	Dry/wet garbage/rotting food/human and animal waste: • Damp conditions. • Attracts pests • Odours	• Respiratory irritants • Mould • Bacterial growth	• Irritation of eyes and skin, wheezing, asthma exacerbation, hypersensitivity pneumonitis **See pests** • Zoonosis, infestation, domestic pet risk **See odours**
	Multiple animals		• Animal waste • Unsanitary conditions • Disease shedding	• Attracts pests • Contact with animal waste • Risk of respiratory issues & zoonotic infection	• Food borne illness • Parasitic disease • Respiratory irritants - ammonia, methane, carbon dioxide
Cleanliness and home maintenance **(includes connection services such as running water, electricity and gas)**	General household	Minor to massive	• Dry/wet garbage/rotting food/human and animal waste • Non-functioning smoke alarm		Fire injury/death **See accumulation**
			Water leaks	Mould spores	Respiratory irritant
	Bathroom		• Blocked or non-functioning washing and toilet facilities • Personal hygiene neglected	Unable to wash	Strep A infections with risk of secondary complications: • Necrotising Fasciitis • Kidney Inflammation. Disease (Streptococcal Glomerulonephritis) • Rheumatic Heart Disease (RHD)

Assessment Criteria	Source	Total risk	Hazard	Exposure pathway	Health impact/issue

	Kitchen		• Nonstandard use of hardware
			• Inaccessible food storage areas and cooking facilities
			• Inaccessible surfaces and food storage
			• Unsanitary food prep. areas / appropriate food storage.
			• Unsafe cooking and heating practices
				• Reduced food preparation
				• Perished food
				• Poor food hygiene
				• Cross contamination of foods
				• Poor nutrient intake
				• Using open flame
					• Gastrointestinal Infections
					  ○ Salmonella
					  ○ Campylobacter
					  ○ Giardia
					  ○ Tapeworm
					• Impaired Immune Function
					• Chronic disease
					• Exacerbation of chronic disease
					• Fire injury/death
					• Carbon Monoxide exposure

	Laundry		• Non-functioning/blocked hardware
			• Neglected hygiene
			• Dirty bedding and clothing
				Contact with contaminated or infected source	• Viral, bacterial and fungal infections
					  ○ Gastrointestinal Infections
					  ○ Skin
					  ○ respiratory infections
					• Body lice
					• Secondary Infections – Strep A

Odour	Accumulating waste materials	Negligible	Attracts pests	Pest infestation	**See pests**
			Unpleasant		Impacts on mental health - stress
Pests	Rodents	Slight To moderate	• Bites • Contact with urine, faeces • Contamination of water sources (rainwater tanks) • Damage to food containers • Gnawing electrical wiring	• Zoonosis • Risk to domestic pets in the community • Contamination of food • Difficulties with hygienic food storage • Open wires and non-functioning electrical hardware	• Leptospira Spp. • Toxoplasma gondii • Salmonella enterica • Campylobacteriosis • Cryptosporidiosis • Giardia • E. coli • Fire injury/ death from electrical fire
	Insects (cockroaches, flies)		• Droppings • Contamination • Allergens	Infestation	• Food borne parasitic diseases – roundworms, threadworm, whipworm, • Staphylococcus Spp. • Salmonella • E. coli • Campylobacter • Asthma and allergic disease exacerbation

Appendix 3 – Complaint or referral investigation form

This information helps identify hoarding and squalor case and their risks[9]:

Questions	Description
List the nature and severity of any related public health issues (e.g. odour or pest problems, fire hazard, trip and injury hazards).	
Is the person the owner, renting or living in public housing?	
How many people or animals live at the property? • Number of animals registered with the council? • Number of animals unregistered?	
Are there any vulnerable people (children or elderly) who live at the property and are at possible risk of harm. Include approximate ages.	
Is there evidence of the person living in squalor conditions? Unclean, messy, unhygienic, excessive animals, biological contamination and pest infestations.	
What is the extent of the squalor and how long has the person been living in this condition?	
Do other people or services regularly visit the property?	
Any known language or communication barriers? • What language is spoken?	

[9] SA Department of Health. 2013. A foot in the door: stepping towards solutions to resolve incidents of severe domestic squalor in South Australia

Appendix 4 – Support services

Common services to assist people living in vulnerable conditions.

Issue	Agency/service	Description of support
General Practitioner (GP)	Find a health service	A GP can refer a person to services or mental health professionals experienced in hoarding disorders and advise on other helpful services. A mental health treatment plan from a GP is needed when accessing free or subsidised counselling through accredited mental health professionals, via the Medicare Better Access program.
Healthdirect	Healthdirect	Healthdirect Australia is the national virtual public health information service providing information on hoarding disorder.
National Disability Insurance Scheme (NDIS) – Western Australia	Western Australia | NDIS	The NDIS offers access to therapies and support services including cognitive-behavioural therapy, organisation assistance, clutter coaching and specialised cleaning services. The goal is to help individuals manage symptoms, improve living conditions, and enhance well-being.
Mental health support	Medicare Mental Health Centres | Australian Government	Provides mental health information, services, and support for individuals or their carers.
	Mental Health Commission	Establishes mental health, alcohol, and drug systems, and provides mental health services for all ages. Includes a range of helplines.
	Mental Health Emergency Response Line | Mental Health Commission	24-hour telephone service for people experiencing a mental health crisis in the Perth metropolitan and Peel region.
	MindSpot	Free mental health services to adults across Australia.
Appointment of a guardian or administrator	Office of the Public Advocate	Provides guardianship for adults with decision-making disabilities to safeguard their best interests.
Child protection and family support	Department of Communities	Protects and cares for children and young people in need, supports families and individuals at risk or in crisis.
Crisis response	Crisis Care	Western Australia's after-hours response to concerns for child safety and referrals for people in crisis or homelessness.
Homelessness services	Homelessness services | Western Australian Government	Services and information to help people who are currently homeless or at risk of becoming homeless, and are seeking assistance.

Issue	Agency/service	Description of support
	Find My Way - Online Homelessness Services Portal	A free online service available 24 hours a day, 7 days a week. It displays available homelessness services including accommodation options and connects people to service providers across WA.
State housing	Department of Communities Housing - disruptive behaviour | Western Australian Government	Provides a range of support for various housing needs and related eligibility requirements.
Fire	Preventing a fire in the home - Department of Fire and Emergency Services	The Department of Fire and Emergency Services provides advice about preventing fire in the home.
Older people	Addressing elder abuse - Advocare	If you suspect elder abuse, listen carefully to the older person, document any evidence, and encourage them to call the WA Elder Abuse Helpline at **1300 724 679** and refer to addressing elder abuse - Advocare.
	My Aged Care	Comprehensive assessment of frail older people to access appropriate care services.
	Home Equity Access Scheme - Services Australia	This scheme lets older Australians who are pension age or older get a voluntary non-taxable loan.
	Elder abuse support services and resources	The Department of Communities collaborates with non-government agencies to help deliver elder abuse support services to Western Australians.
	Department of Health, Disability and Ageing – Commonwealth Support Program	The Commonwealth Home Support Program (CHSP) 2025–27 Manual – section related to hoarding and squalor assistance
Animals	Department of Primary Industries and Regional Development	Resources on animal welfare responsibilities and reporting animal cruelty.
	RSPCA WA	Provide mechanisms for reporting animal cruelty.
Carers	Support and resources for carers	Services and support for carers of family members or friends with disability, medical condition, mental illness, or frailty.
	Advocating and Supporting Family Carers in WA | Carers WA	Carers WA is the peak body that represents the needs and interests of carers in Western Australia who aim to improve quality of life for unpaid family and friend carers.
Legal services	Legal Aid WA	Offers free or low-cost legal services, advice on legal problems, and court representation.

Issue	Agency/service	Description of support
Community services – Peel region	WestAus Crisis and Welfare Services	Offers community services in the peel region, including accommodation advocacy, emergency relief, and referrals.
Renter support and residential tenancy legal advice	Centrecare's Private Rental Advocacy and Support Service	Helps tenants in privately rented accommodation meet their tenancy agreement and responsibilities.
	Circle Green Community Legal Centre	Provides legal advice, assistance, representation, education, advocacy, information, and referrals to residential tenants.
Hoarding support	Black Swan Health	Free Buried in Treasures program to help people with hoarding difficulties learn tips on decluttering and stop over-acquiring.
	Aged Care Services and Home Care Provider | Catholic Healthcare	Provides Hoarding and Squalor Support Services

Appendix 5 – Work health and safety considerations

Before entering onto someone's property who may be hoarding or living in squalor conditions, it is important to consider any health and safety risks.

Hazards

Hazards might include:

- **Physical safety** – dust, mould, vermin, live electricity, slips or trips, structurally unsound buildings and/or injuries from broken objects.
- **Environmental hazards** – asbestos, hazardous materials, pest infestation or exposure to contaminants.
- **Mental health** – interacting with people experiencing high levels of distress and complex needs.
- **Aggressive behaviour** – interacting with people who may be physically violent or display threatening behaviours.
- **Animals** – exposure to aggressive animals, pest infestations and/or animal excrement.

Protective clothing and equipment

Personal protective equipment and other gear may need to be taken on site including:

- face masks, boot covers, plastic gloves, steel cap boots and hazmat suits
- plastic bags to place dirty shoes and clothing in after a visit
- wet wipes (e.g. to wipe down items or clothing)
- hand sanitiser
- phone
- torch
- identification card.

Safety procedures

Procedures should be in place to ensure EHO movements and location are documented for their team members to access in the event of an emergency. Emergency response procedures should be documented and initiated for situations where staff are delayed returning to the office and cannot be contacted by phone.

Safety during a home visit

Staff should be competent in identifying and managing risks, such as risk of aggression and hazards around the home.

The following safety and precautionary procedures are recommended to be adhered to during home visits:

- Park on the street where the vehicle can't be parked in or obstructed.
- Carry only what's necessary for the visit (e.g. leave valuables in the office).
- Do not put down or leave personal belongings alone (e.g. keys and phone).
- Be cautious when entering a person's home.
- If an unfamiliar person opens the door, ask them if anyone else is home.
- Prior to entering the home, ask whether there are animals or other people inside.
- If animals are inside the house, request that they are moved into a separate room prior to entering.
- Do not approach or touch any animals.

- Be aware of the house layout and exit routes.
- Talk outside if engaging in a discussion with the person.
- Leave shoes on inside the house.
- Do not enter the home and abandon the visit if it feels unsafe at any time.
- Notify the office in circumstances where the visit has gone beyond the expected timeframe.

Dealing with aggression, violence or threats

An EHO should not enter the home if they:

- hear people arguing or shouting at the premises
- see people drinking alcohol or using drugs at the premises
- observe people showing signs of agitation or aggression
- feel concerned for their personal safety
- are threatened with physical harm or violence.

In these situations, the EHO should remain calm, leave the site immediately and drive to a safe location prior to contacting the office.

If the situation is urgent, the EHO should contact the police for assistance on triple zero (000) and then notify their office.

Appendix 6 – Hoarding and squalor assessment tool

This tool provides a standardised assessment of the condition of the property and the associated risks.

Part A - Environmental Cleanliness and Clutter Scale[8]

This assessment is used to rate the degree and various aspects of uncleanliness and lack of functionality in rooms such as the kitchen, bedroom and bathroom. It also rates other indicators of squalor such as odour and vermin. The tool uses sensitive language to describe the condition of an individual's home.

Assessors should select the box and associated number that best fits their observations for the different items. These descriptions are meant to be indicative, but professional discretion may be used to decide between one category and another. For example, the consequences of living in severe domestic squalor may be heightened if vulnerable people (e.g. children, the elderly or the disabled) are living in the dwelling and assistance from other services may be necessary regardless of the total score. Where possible, all rooms should be inspected before making a rating. If it may not be possible to assess all living spaces (e.g. if the person refuses access to the property) then the assessor should complete as many sections in the assessment as possible and use discretion on whether further action or referral is necessary.

The results can be interpreted by the final score:

Score range	Indication	Action Required
0 - 9	**Below severe domestic squalor**	Although the person may need help with cleaning or sorting out possessions, they do not live in severe domestic squalor.
0 - 11	**Below moderate or severe squalor**	Immediate assistance not required, but professional judgement may indicate some risks are present that require attention (sometimes immediately).
12 - 30	**Moderate to severe squalor**	Corrective action required.
20 - 30	**Severe domestic squalor**	Corrective action required.

Part B - Living conditions assessment

This part aims to identify other aspects of the property or persons living circumstances where assistance or enforcement action may be required.

Date		Time	
Name of assessor			
Name of client			
Address of client			

Part A - Environmental cleanliness and clutter scale				**Score (0-3)**
1. Access to rooms and areas- How easy is it to enter and move around the dwelling?				
Easy	Somewhat impaired Can get into all rooms	Moderately impaired Difficult or impossible to get into 1 or 2 rooms	Severely impaired Obstructed doors and can't access most areas	
Percentage of floor space inaccessible for use or walking across				
0 – 29%	30 – 59%	60 – 89%	90 – 100%	
☐0	☐1	☐2	☐3	
2. Accumulation of refuse or garbage - Is there evidence of excessive accumulation of garbage or refuse e.g. food refuse, packaging, discarded containers or other unwanted material?				
None	A Little Bins overflowing, up to 10 emptied containers scattered around.	Moderate Garbage and refuse littered throughout the dwelling.	A lot Garbage and waste piled knee high, clearly no recent attempt to remove garbage.	
☐0	☐1	☐2	☐3	
3. Accumulation of items of little obvious value. Is there evidence of accumulation of items that most people would consider useless or should be thrown away?				
None Only a small part of the area is used for storage	A little Items are organised and do not impede movement or prevent access to appliances.	Moderate Items cover furniture in most areas and have accumulated throughout the dwelling.	A lot Items are piles waist high in most areas. Cleaning would be difficult or impossible, appliances are inaccessible.	
☐0	☐1	☐2	☐3	
4. Cleanliness of floors and carpets (excluding toilet and bathroom)				
Acceptably clean in all rooms	Mildly dirty Floors and carpets look like they haven't been cleaned for days. Scattered rubbish.	Very dirty Floors and carpets very dirty and look like they haven't been cleaned for some time.	Filthy With rubbish or dirt throughout.	
☐0	☐1	☐2	☐3	
5. Cleanliness of walls, furniture surfaces and window sills				
Acceptably clean in all rooms	Mildly dirty Dusty or dirty surfaces. Dust or dirt is easily removed by finger or damp cloth.	Very dirty Grime or dirt on walls. Cobwebs and other signs of neglect. Greasy, messy, wet and/or grubby furniture	Filthy Walls and surfaces are so dirty that an average person would not want to touch them.	
☐0	☐1	☐2	☐3	
6. Bathroom and toilet				
Reasonably clean	Mildly dirty Surfaces of the floor, basin, toilet, walls etc. Unflushed toilet.	Moderately dirty Surfaces of the floor, basin, toilet, walls etc. Faeces and/or urine on outside of toilet bowl.	Very dirty Rubbish and/or excrement on floor and in bath or shower or basin. Uncleaned for months. Blocked toilet.	
☐0	☐1	☐2	☐3	

Part A - Environmental cleanliness and clutter scale

7. Kitchen and food

Clean and hygienic	Mildly dirty and unhygienic Dirty and untidy cook-top and work surfaces. Refuse mainly in the bin.	Moderately dirty and unhygienic Oven, surfaces, sink and floor are dirty. Unwashed dishes. Bins overflowing. Some rotten or mouldy food. Fridge unclean.	Very dirty and unhygienic Oven, sink, surfaces and cupboards filthy. Large amount of refuse and garbage over surfaces and floor. Putrid food.	
☐0	☐1	☐2	☐3	

8. Odour

None	Unpleasant e.g. urine smell present, unaired room.	Moderate Stench bad but average person can remain in the room.	Unbearable Assessor has to leave the room very soon due to odour.	
☐0	☐1	☐2	☐3	

9. Vermin

Type of vermin present:

None	Few Up to 10 live or dead insects.	Moderate Visible evidence of vermin in moderate numbers e.g. around 30 live or dead insects.	Infestation Alive and/or dead in large numbers. Lots of animal droppings and chewed articles.	
☐0	☐1	☐2	☐3	

10. Sleeping area

Clean and tidy	Mildly unclean Untidy, bed unmade, sheets unwashed for weeks.	Moderate Bed sheets unclean and stained. Clothes and/or rubbish over floor areas.	Unbearable Sleep surface unclean or damaged. Either no sheets or extremely dirty bed linen.	
☐0	☐1	☐2	☐3	
			Total score:	

Notes:

Total score interpretation:

0 - 9 **Below severe domestic squalor** Although the person may need help with cleaning or sorting out possessions, they do not live in severe domestic squalor. Immediate assistance is not required.	☐
10 - 11 **Below moderate or severe squalor** Immediate assistance not required, but professional judgement may indicate some risks are present that require attention (sometimes immediately). Immediate assistance is not required.	☐
12 - 30 **Moderate to severe squalor** Indicates corrective action required.	☐
20 - 30 **Severe domestic squalor** Indicates corrective action required.	☐

Part B – Living conditions assessment	
Aspects that need attention	**Comments/observations**
Is the person living in squalor? E.g. Unclean, messy, unhygienic, with excessive animals, biological contamination and pest infestations.	
Are there vulnerable people (children or elderly) living on the property? Provide approximate ages. Do they seem to be adequately cared for?	
Is the dwelling very cluttered?	
Is there running water in the dwelling?	
Is the electricity and/or gas connected and working? Are candles being used instead of electricity?	
Number and type of animals present Do they seem to be appropriately fed and cared for?	
Is the dwelling structurally safe?	
Are there blocked exits and pathways that limit access for emergency services (e.g. fire services, ambulance)?	
Is there presence of biohazards (food, rubbish, human and animal waste) and other waste accumulation?	
Is mould present?	
Are there any hazardous materials e.g. damaged or weathered asbestos present, chemicals?	
Other issues observed	

Appendix 7 - Clutter image rating scale

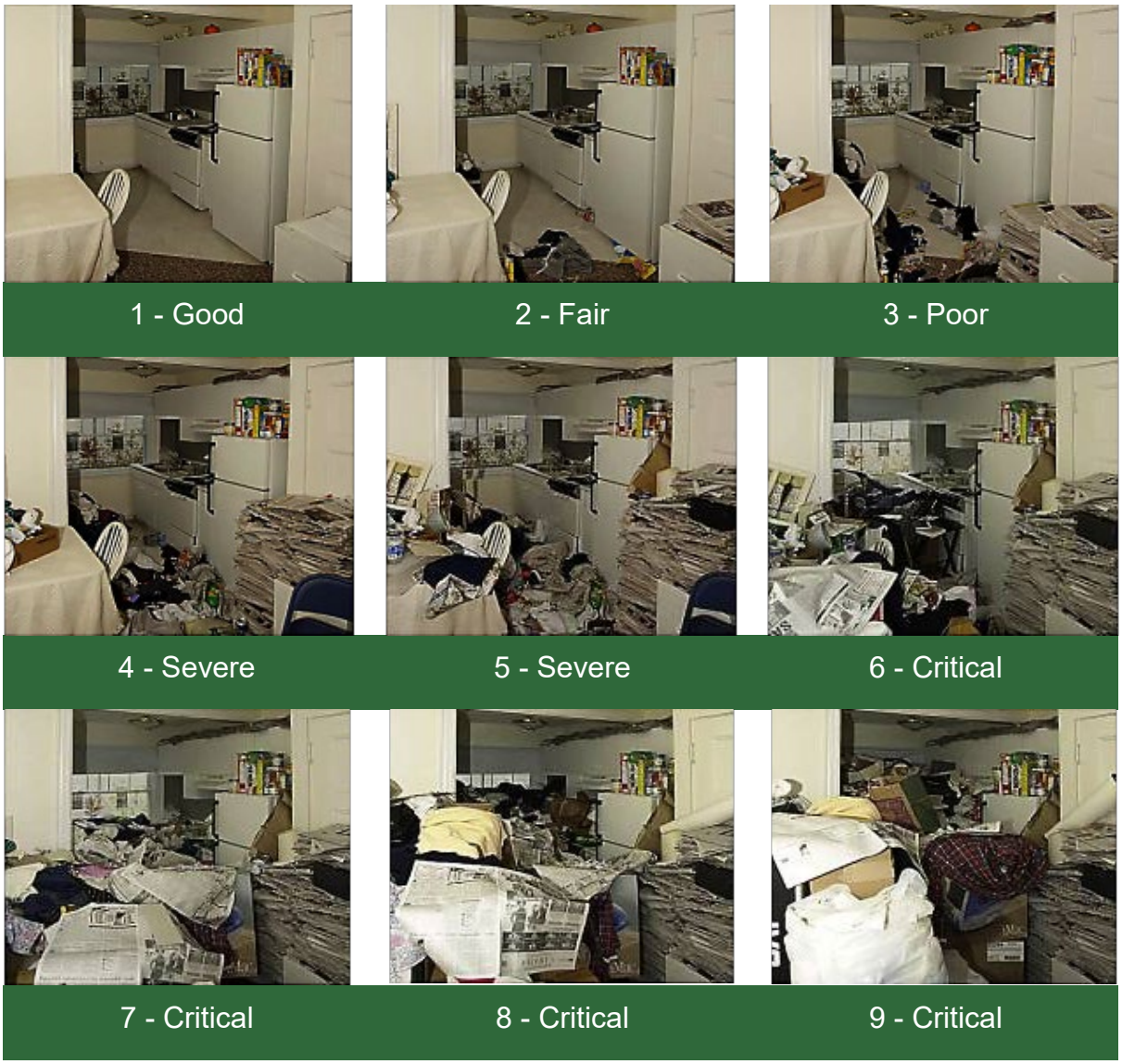
The purpose of this tool is to visually gauge the impact of hoarding on the person with the hoarding behaviour. It contains a series of nine images displaying common rooms with increasing levels of clutter from clutter-free to severely cluttered. It can be completed by selecting the image that most closely resembles the level of clutter in a room of the home.

The Clutter Image Rating Scale eliminates the need for language to describe the level of clutter in the home and objectively record changes in clutter over time if completed throughout the duration of the intervention. Generally, clutter that reaches image four and above is having an impact on their life and it is recommended they seek professional support for their hoarding behaviour.

This tool only measures clutter and should be supplemented with tools that measure other risks of hoarding.

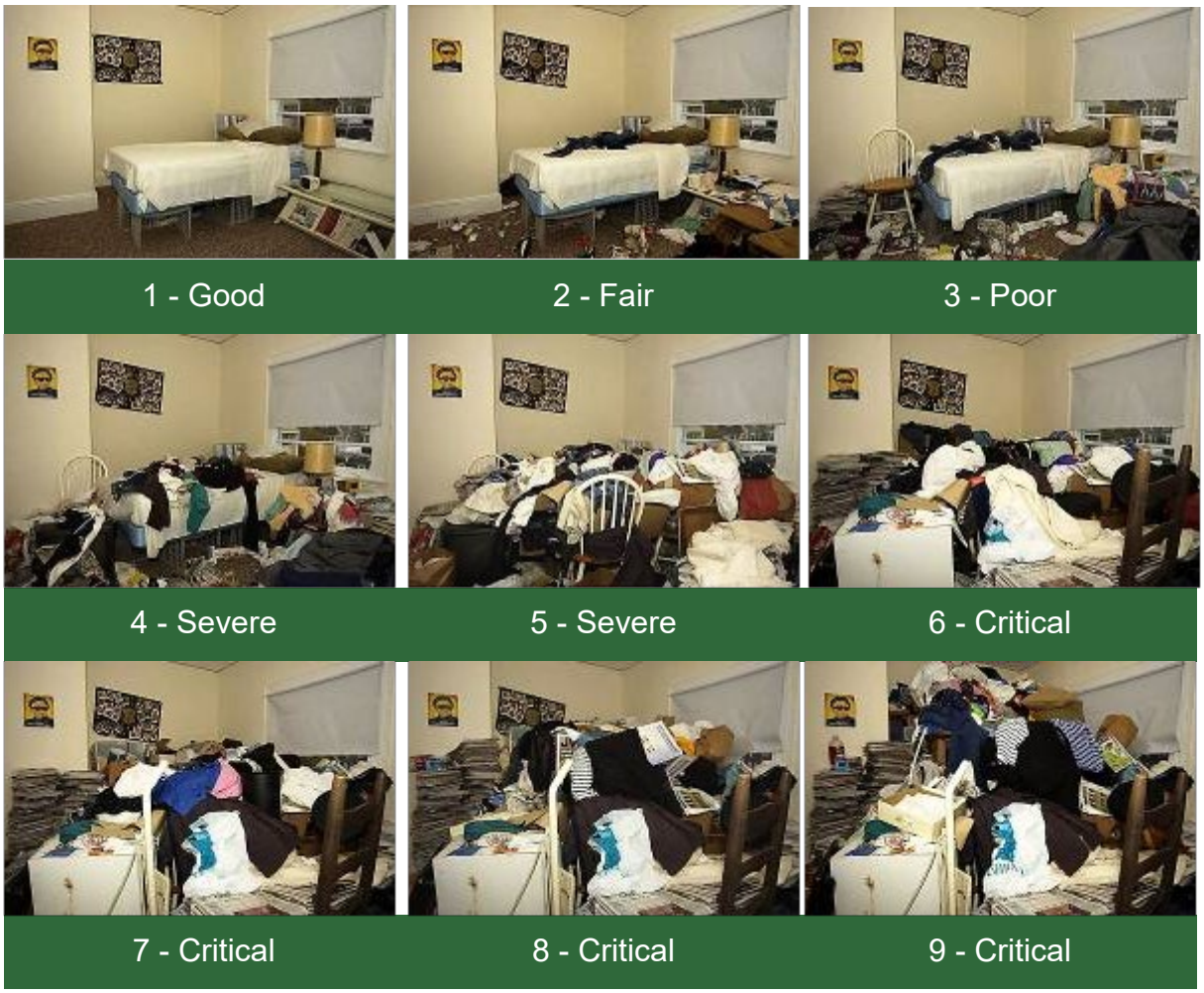
Clutter image rating scale: Part 1 of 3 – Kitchen

Select the photo below that most accurately reflects the amount of clutter in the kitchen.



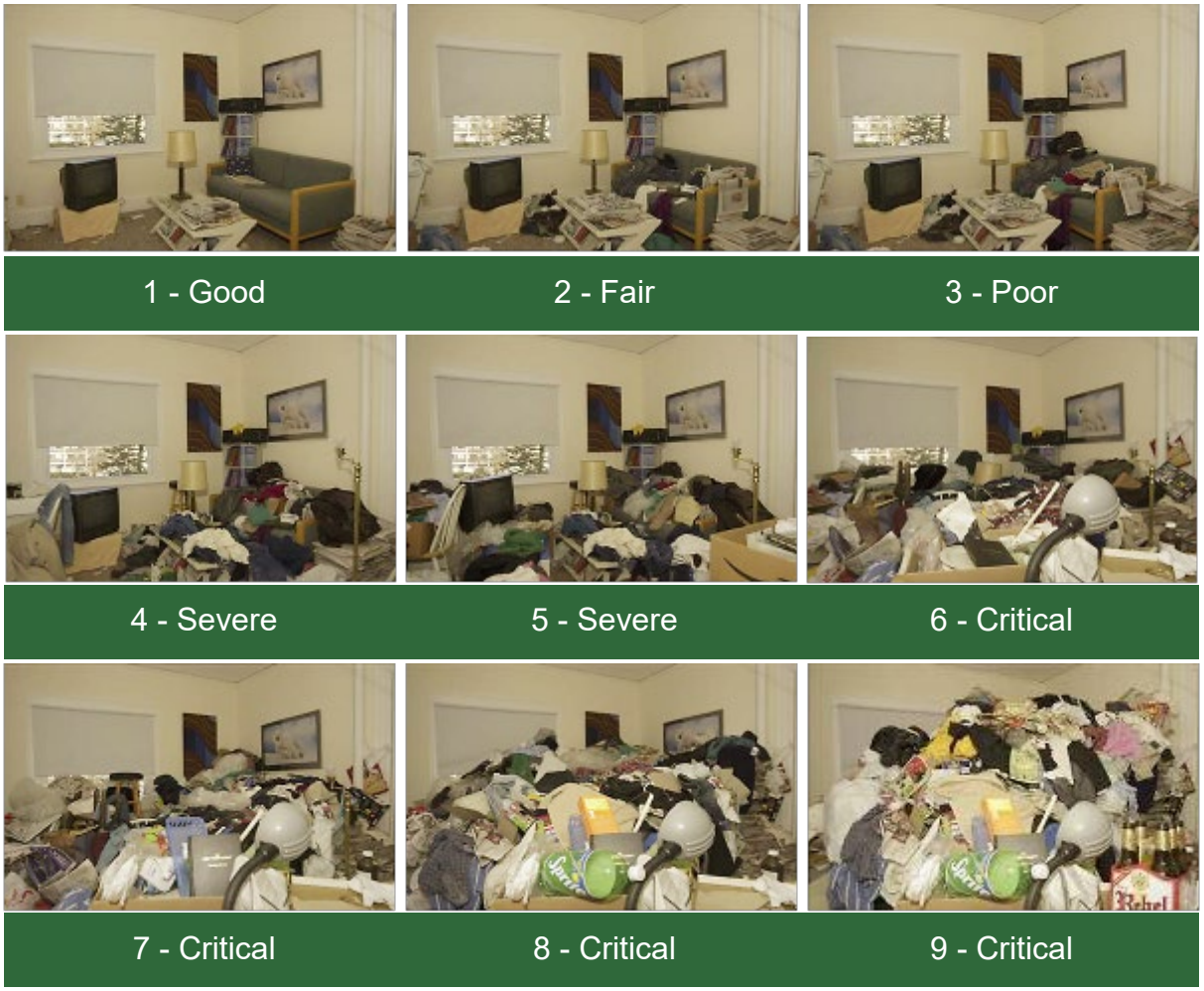
Clutter image rating scale: Part 2 of 3 – Bedroom

Select the photo below that most accurately reflects the amount of clutter in a bedroom.



Clutter image rating scale: Part 3 of 3 – Living room

Select the photo below that most accurately reflects the amount of clutter in the living room.



1 - Good	2 - Fair	3 - Poor
4 - Severe	5 - Severe	6 - Critical
7 - Critical	8 - Critical	9 - Critical

.

Appendix 8 - Cleaning services agreement

An example cleaning services agreement adapted from Department of Health Victoria (2013)[10].

Cleaning service agreement between a cleaning business and client			
Cleaning business			
Name of cleaning business:			
Address of cleaning business:		Phone:	
Email			
Individual (client)			
Client name:			
Client address:		Phone:	
Details of cleaning agreement			
Date of cleaning visit:		Time:	
Rooms to be cleaned:			
Articles/items to be removed:			
Articles/items not to be removed:			
Signed (cleaning business):		Date:	
I, (insert name), agree to the cleanup of my property and removal of items as stated at the top of this form. I acknowledge that it is my responsibility to clearly identify the items that I do not wish to be removed and the areas I do not want to be cleaned. It is also my responsibility to be present during the cleanup to ensure that it is undertaken according to the stated action plan. I understand that where I have accessed a cleaning service referred to me, that the referral service (e.g. people, clinical, animal, housing, local government) is not liable for any damages or removal of non-authorised items that may occur during the process of the cleanup.			
Signed (client):		Date:	

[10] Department of Health Victoria. 2013. Hoarding and squalor. A practical resource for service providers. https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/h/hoarding_resource.pdf

Appendix 9 – Cost recovery by local government

In certain circumstances a local government may need to complete and fund clean-up work. The costs associated with this work can be recovered.

Health (Miscellaneous Provisions) Act 1911.

Registration of charges against land in pursuant of Health MP Act.

Step by step:

1. Section 371 of the Health MP Act provides that, where a local government carries out work under the Health MP Act, the cost of that work is recoverable from the owner of the land the subject of the work, and will constitute a charge on that land, until paid.

2. Section 372 of the Health MP Act provides that the abovementioned charge must be registered and administered in accordance with the Registration, Enforcement and Discharge of Local Authority Charges on Land, Regulations (Regulations).

   A local government cannot serve the notice of intention to register charge against land and premises before the works are completed and the costs have been paid by the local government. However, the local government must always advise the owners that they intend to place the cost of the works as a charge on the land. The right of the owner to dispute the charge and the process to follow should also be advised.

   Note: if the officer is not serving the documents in person, the documents must be served by registered mail, not regular post.

   Regulation 1(4) of the Registration, Enforcement and Discharge of Local Authority Charges on Land Regulations provides that the notice of intention to register a charge must be served by registered post to the actual address of the owner if that address is known or, where that address is not known, to the address shown on the Certificate of Title.

   Accordingly, the notice of intention to register a charge should be served by registered post to the address shown on the Certificate of Title, which should be the same as shown on the notice itself.

   It does not matter that the notice may be returned to the local government. For the purposes of having the charge registered, it is important that the procedures in the regulations are followed. Provided those procedures are followed, Landgate will register the charge.

3. Regulation 1 requires a local government to serve a notice of intention to register charge against land and premises, in accordance with Form A, on the owner of the land. The notice provides that the local government will apply to register the charge after the expiration of 3 days from service. The right of the owner to dispute the charge and the process to follow should also be advised. Service can be affected by prepaid registered letter, process server or in person to ensure that service is properly affected. The process server should be able to provide an affidavit, confirming that service was affected.

4. The owner, once served, can serve a notice of dispute, in accordance with Form B, on the local government within three days. If such a notice of dispute is received, the local government must refer the dispute to the Magistrates Court within 10 days. The court will then list the matter for hearing in the next seven days. A representative of the local government needs to attend that hearing, or the matter will be determined in its absence. If the notice under which the work was carried out is found to be invalid, or the work has been carried out otherwise than in accordance with the Health MP Act, then the local government

would be unable to register the charge, and the costs would not be recoverable. The unsuccessful party to the dispute will also be liable for court costs.

5. If the owner does not serve a notice of dispute within 3 days, the local government can proceed to register completed Forms C and D at Landgate, along with:
    - a statutory declaration by an authorised officer of the local government
    - a copy of the completed Form A Notice
    - payment of the Landgate registration fee.

    The charge will then be registered against the land.

6. The charge will remain on the land until the debt is satisfied and will prevent the land from being able to be transferred until that time. The charge is removed by the registration of completed Forms H and I at Landgate, with payment of the Landgate registration fee.

7. If the charge is registered, then the local government should be able to recover its costs from the owner even if the owner does not have the ability to pay the costs, as the land should not be capable of disposal until the local government executes a completed Form H, confirming that the costs have been paid.

Public Health Act 2016

There are currently no mechanisms under the Public Health Act to recover costs for hoarding related matters.

Local Government Act 1915

Section 3.26 of the Local Government Act provides powers for local government to recover costs of anything it does from a person who fails to comply with a notice given under the Act.

Appendix 10 – Fire safety

The Department of Fire and Emergency Services (DFES) have a significant role in fire prevention and safety.

Although DFES provide guidelines and recommendations for fire safety in homes, they do not have direct enforcement powers to mandate individuals to implement specific fire safety measures in their private residences, unless related to requirements for smoke alarms and other safety measures in rental properties, new constructions and selling a home.

Recommended fire reduction strategies to consider:

- Install and regularly test smoke alarms.
- Ensure exits are unblocked.
- Widen internal pathways.
- Verify that utilities are connected.
- Prioritise removing clutter from cooking areas and stovetops.
- Clear clutter from around heaters and electrical items and discourage the use of open flames such as fires or candles.
- Reduce ignition sources and fuel loads.
- Ensure windows and doors are openable and repair any damage.

Further resources

- Fire Rescue Victoria's Clutter Image Rating Scale
- South Australian Metropolitan Fire Service, Hoarding Fire Scale Risk
- South Australian Metropolitan Fire Service – PATH – People and their hoarding

This document can be made available in alternative formats on request for a person with disability.