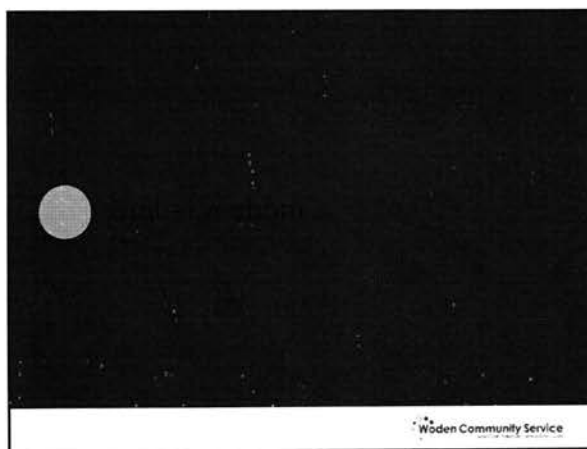
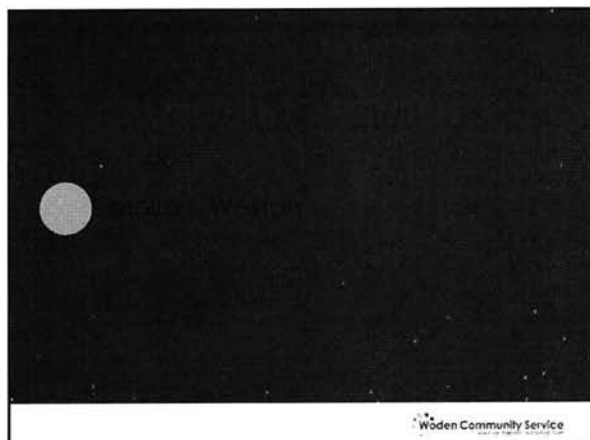


- Client re-engaged quickly with HASS Officer
- Family willing to engage and assist
- Client maintained property (with assistance) after the last forensic clean
- Client is receptive to guidance from the HASS officer to help remain engaged with services. Handover to OPMH Hoarding Team is progressing
- Client re-engaged with a psychologist but can't afford to keep going. Exploring free counselling options through Everyman



- Worked with the identified strengths for this case which was the already strong established supports.
- Connected the stakeholders with a MAP meeting to build understanding about roles, and a common understanding about the path forward
- Cleaning equipment provided to assist the cleaners.
- Working with the NDIS Support Coordinator on how the NDIS plan can assist to fund stronger capacity building in the future to address the hoarding behaviour.



- Client has an excellent rapport with ADACAS worker which we have been able to maintain but is not sustainable
- Able to source empathetic and trained cleaning support to work with client at their pace while the property was cleaned
- Used some of the HASS funds to support this clean and the client was also willing to make a financial contribution
- My Aged Care (MAC) assessment arranged. HASS has sourced an assessor who had experience in hoarding and squalor and willing to support clients complex needs

- The time allocated for the HASS was insufficient to build rapport with clients and potentially traumatising. This was taken into account when planning engagement with each case.
- Barriers for progress were often easily identified once engagement was established with clients and/or stakeholders, but often the resources or clear pathways needed did not exist.
- Funding for small purchases builds rapport with both workers and client as it can remove perceived blockages and establishes a win.
- The inability of organisations to share a client history due to privacy impacts communication between key stakeholders and direct service delivery.

- There are issues with funding through national schemes such as NDIS and My Aged Care. Approval for funding does not mean that appropriate services will be accessible. Service providers are often not available and/or inexperienced in this area of work.
- Inconsistent service delivery creates particular difficulties with this cohort, where trust and rapport are critical. This is created by both worker turnover, and exacerbated by short term funding contracts.
- Staff working in this area are often isolated, inexperienced and unsupported. External enquiries to HASS officer are indicative of need.
- Stakeholders are not comfortable around the language and issues associated with hoarding and squalor and therefore it is often overlooked during NDIS or MAC planning. This impacts appropriate funding being allocated.

- The HASS Project should be extended with ongoing, long term funding so behavioural changes can be supported.
- The Project would work with clients and services to ensure consistent service delivery and therefore much better outcomes for clients and service providers.

Woden Community Service
WODEN COMMUNITY SERVICE

- If HASS were to continue, better referral pathways into HASS are needed to enhance effectiveness and timeliness of the work.
- Establishing and promoting a Multidisciplinary planning meeting (MDP) is an essential part of the process in hoarding case management to help establish clarity between all stakeholders and the client.
- Access to a small brokerage fund for HASS, with eligibility guidelines for access, would be beneficial in being able to tackle some barriers and have small wins.

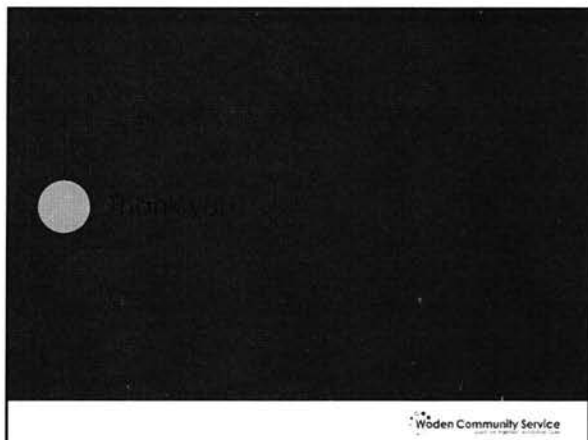
Woden Community Service
WODEN COMMUNITY SERVICE

- There is a clear much needed role for training, supporting and mentoring staff working in the hoarding area.
 - to enhance the quality of the work undertaken with clients,
 - to make much better use of resources,
 - to broaden and strengthen the knowledge base around this area,
 - to promote staff retention, and
 - to address the stigma often associated with this work.
- The HASS Project could encompass this role, including a focus on training, supporting and mentoring NDIS and My Aged Care providers in particular.

Woden Community Service
WODEN COMMUNITY SERVICE

- A continued HASS Project could also be seeking out well regarded service providers in this field in the Canberra region and assist to upskill these providers with training and mentorship. This would enhance the work undertaken with clients.
- Ongoing consideration is needed about the restrictions placed on this work due to confidentiality. This needs to be resolved for effective service delivery and consistency.

Woden Community Service
WODEN COMMUNITY SERVICE



Hoarding Advocacy Support Service (HASS) Trial

March 2019 – 30 June 2019

Observations

- The time allocated for the HASS was insufficient to build rapport with clients and potentially traumatising. This was taken into account when planning engagement with each case.
- Barriers for progress were often easily identified once engagement was established with clients and/or stakeholders, but often the resources or clear pathways needed did not exist.
- Staff working in this area are often isolated, inexperienced and unsupported.
- Funding for small purchases builds rapport with both workers and client as it can remove perceived blockages and establishes a win.
- Inconsistent service delivery creates particular difficulties with this cohort, where trust and rapport are critical. This is created by both worker turnover, and exacerbated by short term funding contracts.
- There are issues with funding through national services such as NDIS and My Aged Care. Approval for funding does not mean that the service will be available to access. Service providers are often not available and/or inexperienced in this area of work.
- The inability of organisations to share a client history due to privacy impacts communication between key stakeholders and direct service delivery.
- Stakeholders are not comfortable around the language and issues associated with hoarding and squalor and therefore it is often overlooked during NDIS or MAC planning. This impacts appropriate funding being allocated.

Recommendations

- The HASS Project should be extended.
- The Project would work with clients and services to ensure consistent service delivery and therefore much better outcomes for clients.
- If HASS were to continue, better referral pathways to HASS are needed to enhance effectiveness and timeliness of the work.
- Establishing and promoting a MAP is an essential part of the process in hoarding case management to help establish clarity between all stakeholders and the client.
- Access to a small brokerage fund for HASS, with eligibility guidelines for access, would be beneficial in being able to tackle some barriers and have small wins.

- There is a clear much needed role for training, supporting and mentoring staff working in the hoarding area,
 - to enhance the quality of the work undertaken with clients,
 - to make much better use of resources,
 - broaden and strengthen the knowledge base around this area,
 - to promote staff retention, and
 - to address the stigma often associated with this work.




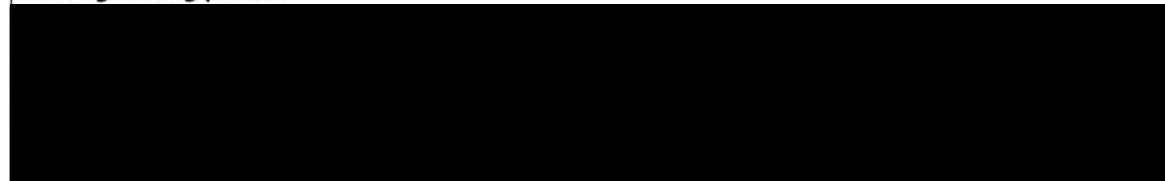
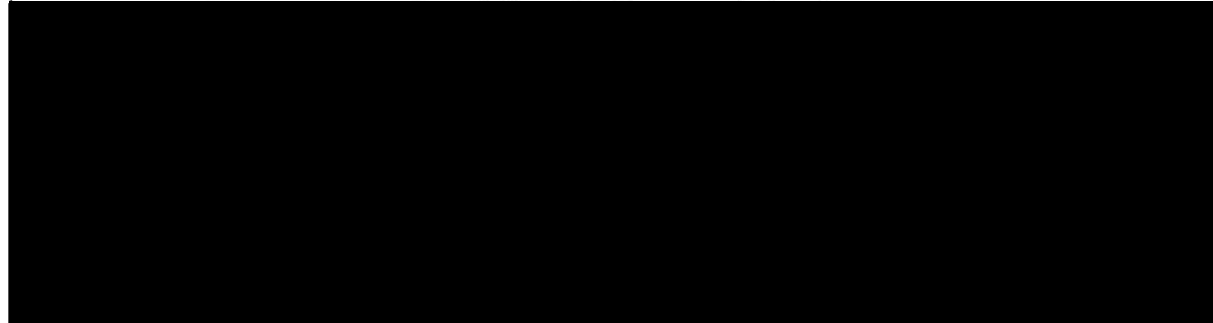
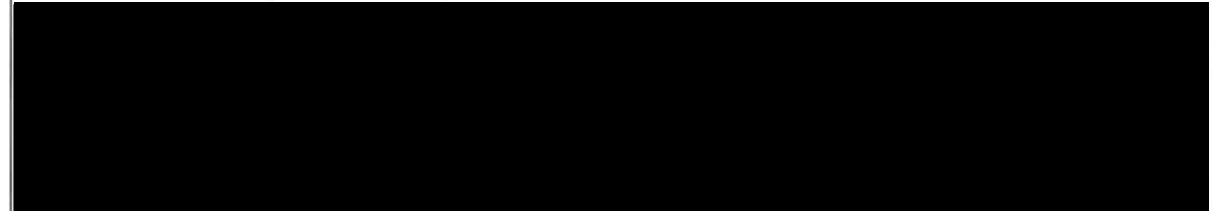

The HASS Project could encompass this role, including a focus on training, supporting and mentoring NDIS and My Aged Care providers in particular.

- A continued HASS Project could also be seeking out well regarded service providers in this field in the Canberra region and assist to upskill these providers with training and mentorship. This would enhance the work undertaken with clients.
- Ongoing consideration is needed about the restrictions placed on this work due to confidentiality. This needs to be resolved for effective service delivery and consistency.

Cate Hale

HASS Project Officer

25 June 2019


Stakeholders Health Protection Service; Older Persons Mental Health Hoarding Team;  
Distinguishing points  Intensive case management has been shown to allow positive communication with ACT government and service providers
Barriers 
Achievements during the HASS Project 
Recommendations Intensive case management needs to be maintained to support engagement and progress Focus should be on progress and celebration of behavioural change Continued support is needed to liaise and attend with the service providers to keep moving forward and assist client to deliver on the requirements 

<p>Stakeholders ADACAS; Public Advocate; [REDACTED]</p>
<p>Distinguishing Points [REDACTED]</p> <p>Client responds well to respect and established rapport</p>
<p>Barriers [REDACTED]</p> <p>Cost of hiring services to get [REDACTED] property back to habitable was prohibitive. Sourcing funds and finding a viable solution was time consuming and difficult Communication between stakeholders was sporadic</p>
<p>Achievements during the HASS Project Client has an excellent rapport with ADACAS worker which we have been able to maintain but is not sustainable Able to source empathetic and trained cleaning support to work with client at their pace while the property was cleaned. Used some of the HASS funds to support this clean and the [REDACTED]</p> <p>[REDACTED] My Aged Care (MAC) assessment arranged. HASS has sourced an assessor who had experience in hoarding and squalor and willing to support clients complex needs.</p>
<p>Recommendations [REDACTED] Long term involvement is needed for this Maintain ADACAS involvement in some capacity and aim for a long term slow handover to other services to ensure rapport is well established. Maintain Cleaner involvement through [REDACTED] funding as they have established rapport and an appropriate Support Worker who has already established a relationship. . All new workers in this case need to be informed and educated as to the background and the triggers with this client, and need to be provided with supervision, debriefing and support when working with this client</p>

<p>Stakeholders City Mental Health ACT (Clinical Manager, GP, Psychiatrist); Housing ACT Intensive team; Woden Community Service – (NDIS Support Coordinator, Support Worker); [REDACTED]</p>
<p>Distinguishing points Client has [REDACTED] Client is [REDACTED]</p> <p>[REDACTED]</p> <p>Cleaners already engaged with established rapport Intensive Team management through Housing ACT</p>
<p>Barriers Stakeholders and support services were not connected to each other with no regular meetings between stakeholders There was no clear understanding of roles for each of the stakeholders meaning both the client and stakeholders were confused Cleaners unable to access support and equipment as there was as no clarity around who to approach. Client is very amenable and with all stakeholders having large client loads it makes this client easy to overlook the additional emphasis that is needed to address the squalor and hoarding needs.</p> <p>[REDACTED]</p>
<p>Achievements during the HASS Project Connecting the stakeholders with a MAP meeting to build understanding about roles, and a common understanding about the path forward Worked with the identified strengths for this case which was the already strong established supports. Cleaning equipment provided to assist the cleaners. Working with the [REDACTED] Support Coordinator on how the [REDACTED] can assist to fund stronger capacity building in the future.</p>
<p>Recommendations All stakeholders work together to gather supporting information for the [REDACTED] [REDACTED] Identify hoarding and squalor in the [REDACTED] assistance can be appropriately funded. Developing a plan with the client that includes working closely with the Support Worker and cleaner to put the MAP recommendations in place Communication channels need to be kept open across all levels of service provision and include communication between Clinical Manager, NDIS Support Coordinator and HACT to respond when the client and property is ready for repairs to be done.</p>

Pond, Aleks (Health)

From: Moroney, Rebecca (Health) on behalf of ED-HPS-Support
Sent: Wednesday, 26 June 2019 2:08 PM
To: Stefanovic, Vojkan (Health)
Cc: Stones, Rebecca (Health); Kelly, Chris (Health); Barr, Conrad (Health)
Subject: FW: Emailing: MIN19-673 - cover sheet for Advisory Note - signed by Ag EBM HPS.pdf (MIN19 673)
Attachments: MIN19-673 - cover sheet for Advisory Note - signed by Ag EBM HPS.pdf (MIN19 673).pdf; Advisory Note - Whole of Government Hoarding Update - June 2019.DOCX

UNCLASSIFIED

Hi Vojkan
Just confirming that this Advisory Note has been RFA'd to you guys

Thank you – Bec 😊

Rebecca Moroney | Personal Assistant to Executive Branch Manager
Health Protection Service | Public Health, Protection and Regulation | ACT Health
PH 5124 9252 | FAX 6205 1705
25 Mulley Street, HOLDER ACT 2611 | Locked Bag 5005, Weston Creek, ACT, 2611
E ED-HPS-Support@act.gov.au W health.act.gov.au

-----Original Message-----

From: Owen, Kimberly (Health) On Behalf Of ACT Health Office of the Chief Health Officer
Sent: Wednesday, 26 June 2019 1:56 PM
To: ED-HPS-Support <ED-HPS-support@act.gov.au>
Subject: Emailing: MIN19-673 - cover sheet for Advisory Note - signed by Ag EBM HPS.pdf (MIN19 673)

UNCLASSIFIED

Hi Bec

FYI. Kerryn has given this back to Vojkan and had a discussion on what she requires. I have made a note in trim.
However this is the only info I have.

Regards

Kimberly Owen | Executive Assistant
Office of the Chief Health Officer | Public Health, Protection and Regulation | ACT Health Directorate PH 02 5124 9442 |
25 Mulley Street HOLDER ACT 2611 | GPO Box 825, Canberra City ACT 2601 E kimberly.owen@act.gov.au W health.act.gov.au

Your message is ready to be sent with the following file or link attachments:

MIN19-673 - cover sheet for Advisory Note - signed by Ag EBM HPS.pdf (MIN19 673)

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.



ACT
Government

ACT Health

CORRESPONDENCE CLEARANCE

Subject: **Correspondence - Minister for Health and Wellbeing - Representations on behalf of a constituent regarding Amenity of Unsanitary Conditions - Andrew Wall MLA**

Number: **MIN19/673**

Date Due:

Director-General - ACT Health: Date:

Deputy Director-General - Corporate Services: Date:

Deputy Director-General - Health Systems, Policy and Research: Date:

Chief Health Officer: Date:

Co-ordinator-General - Mental Health and Wellbeing: Date:

Professional Leads: Date:

Contextually Correct <input checked="" type="checkbox"/>	Grammatically Correct <input checked="" type="checkbox"/>	Spell Checked <input checked="" type="checkbox"/>
Position: <u>ALG Exec. Branch Manager</u>	Area name: <u>HPS</u>	
Signature:		Date: <u>20.6.19</u>

Executive Branch Manager - Branch name: Date:

Senior Director / Director - Area name: Date:

Communications - ACT Health Directorate: Date:

Ministerial and Government Services - ACT Health Directorate: Date:

Other: Date:

D/W Uogkan -> Return RFA.

ADVISORY NOTE

Minister for Health and Wellbeing

TRIM Ref: MIN19/673	Representations on behalf of a constituent regarding amenity of [REDACTED] - Andrew Wall MLA
Critical Date	n/a
Director-General	Michael De'Ath /.../....

Minister's question/s:

Request for an update on the Whole of Government work around hoarding.

ACT Health's response:

The Health Protection Service (HPS) investigates complaints about hoarding and insanitary conditions. However, the role of HPS in dealing with hoarding is limited to cases that involve a public health risk (insanitary conditions). Most hoarding cases have no public health impact.

Many Government agencies have responsibilities in managing hoarding cases and most of them are members of the Hoarding Case Management Group. They include:

Chief Minister, Treasury and Economic Development Directorate (CMTEDD) – Access Canberra manages hoarding cases using unclean leasehold provisions in the *Planning and Development Act 2007*.

Transport Canberra and City Services – manage hoarding cases using provisions in the *Animal Welfare Act 1992*, *Litter Act 2004* and the *Waste Management and Resource Recovery Act 2016*.

ACT Health Directorate – HPS manages hoarding cases using insanitary condition provisions in the *Public Health Act 1997*.

Community Services Directorate – Housing ACT can manage hoarding issues in public housing properties under the *Residential Tenancies Act 1997* and through customer service.

ACT Fire and Rescue – manage hoarding cases using fire safety provisions in the *Emergencies Act 2004* to reduce the risk from fire or other hazards to public or personal safety.

ACT Ambulance Service – has a role in identifying cases of hoarding and risks to public health or safety, and refers these cases to appropriate agencies.

UNCLASSIFIED

Canberra Health Services – Mental Health, Justice Health and Alcohol and Drug Services provide support and counselling to clients with hoarding behaviours.

Public Advocate – can assist hoarders with impaired capacity to undertake certain activities, such as manage their financial affairs and navigate interactions with Government agencies.

Public Trustee and Guardian– can provide trustee or guardian services to vulnerable persons.

Community Services Directorate – Child and Youth Protection Services have legislated responsibilities to children and young people who may be at risk of harm.

In the past, non-government organisations (NGOs) assisted in hoarding cases as part of their usual business, particularly Woden Community Service (WCS). During 2018, WCS stopped providing this time-intensive support because they could no longer commit the resources. The absence of intensive support services from the community sector has had a negative impact on some hoarding cases over the last year.

Hoarding Case Management Group

HPS established the Hoarding Case Management Group (HCMG) in 2015 due to a clear need for cross-government collaboration on complex cases of hoarding or squalor. HCMG is chaired by the Executive Branch Manager, Health Protection Service.

HCMG does not address all hoarding cases; just those which require ongoing involvement of multiple agencies. Currently, HCMG manages six hoarding cases.

The intention was that HCMG would be a high-level committee, with representatives who had authority to make decisions for their agency. Many agencies have shown great commitment and collaboration, while others have only occasional attendance or send a different person each time (staff who do not understand the issues and cannot make decisions for the agency).

Hoarding Advocacy Support Services trial

HPS and the HCMG recognise the need for ongoing community sector support and coordination for hoarding clients. It can be overwhelming for a resident when they are confronted with many directions and enforcement action from a range of Government agencies.

During 2018, the suggestion to seek an ongoing Budget appropriation for NGO Hoarding Advocacy Support Services (HASS) was not supported.

Therefore in February 2019, HPS put a paper to HCMG proposing options for future funding of HASS, including a cost-share option where HCMG member agencies would co-fund HASS. HCMG members did not commit to any of the options put forward, but affirmed the importance of HASS.

While unsuccessful in securing funds for ongoing support, sufficient funds were found within the Health Directorate for a three month trial of HASS. HPS has procured WCS to undertake the HASS trial for the three highest-risk hoarding cases managed by HCMG.

UNCLASSIFIED

WCS will soon report on the trial, which finishes at the end of June 2019. Anecdotal reports indicate that in the short time available, the trial has contributed to significant improvements in the two most severe hoarding cases that are managed by HCMG.

Ongoing issues for a Whole of Government approach to hoarding

HCMG talks about cases, but has no authority to coordinate actions.

While agencies work separately on the elements that fall under their responsibilities, the HCMG has encouraged some collaboration and information sharing. Several agencies now communicate with others on the actions they are taking. For some cases, multiple agencies now actively collaborate and respond to the case together. Some agencies work on their own and rarely share information with other agencies.

Ministerial correspondence

In December 2017, Gordon Ramsay MLA wrote to you and Shane Rattenbury MLA proposing the appointment of a senior public servant to take over coordination of the response to hoarding cases.

In March 2018, you wrote to Minister Ramsay agreeing that the ACT Government's response to hoarding could be improved. Your letter stated that, as the overwhelming majority of hoarding cases do not have public health implications, CMTEDD may be best placed to undertake this work. You advised that ACT Health could work with other Directorates toward a whole of government policy response to hoarding, including the appointment of a senior cross-government coordinator.

No further Ministerial correspondence has been received on this matter.

Noted / Please Discuss

.....

**Meegan Fitzharris MLA
Minister for Health and Wellbeing**

.../.../....

Signatory Name: Daniel Curtin
Action Officer: Vojkan Stefanovic

Phone: 49262
Phone: 49086

Pond, Aleks (Health)

From: Kelly, Chris (Health)
Sent: Thursday, 27 June 2019 10:34 AM
To: Cate Hale
Subject: RE: Update on HASS presentation

UNCLASSIFIED

Thanks for the kind words Cate. Rebecca has kept me updated on HASS progress. I'll read your handout and the report when I get some spare time. I hope [REDACTED]

Regards

Chris

From: Cate Hale <[REDACTED]>
Sent: Tuesday, 25 June 2019 4:57 PM
To: Kelly, Chris (Health) <Chris.Kelly@act.gov.au>
Subject: Update on HASS presentation

Chris,

I know you are no longer responsible for the HASS project but I wanted to thank you for all you did to pull it together and all the assistance you gave me in the beginning of the project.

I presented the findings and recommendations to the HCMG today. 3 very interesting cases to put through trial without interesting outcomes.

I am unsure if I can share it out of the committee but Rebecca Stones and Linda De Ridder have a copy of the handout and the presentation if you are interested.

Thanks again for your involvement and support,

Cate Hale

Hoarding Advocacy Support Service (HASS) Project,
 Mental Health and Wellbeing
 Woden Community Service | 26 Corinna St | Woden ACT 2606
 [REDACTED] www.wcs.org.au

The HASS (Hoarding, Advocacy Support Service) trial is an initiative of the ACT government Hoarding Case Management Working Group (HCMG), responsible for a whole-of-government approach to the management of complex hoarding and domestic squalor cases.

The key focus of the targeted HASS trial is working with, and advocating for, specific clients to improve their particular hoarding circumstance and to provide effective liaison between the individuals, government regulators, government support services and community support services.

Pond, Aleks (Health)

From: Stones, Rebecca (Health) on behalf of ACTHealth, EH Policy
Sent: Friday, 28 June 2019 10:49 AM
Subject: Hoarding Advocacy Support Service (HASS) Evaluation Survey

UNCLASSIFIED

Dear stakeholder,

As you are likely aware, the Hoarding Advocacy Support Service (HASS) trial ends on 30 June 2019. It would be greatly appreciated if you would complete a brief online survey to assist in the evaluation of the HASS trial.

The survey can be accessed [here](#) until **COB 12 July 2019**. Responses will be used to inform an evaluation report on the HASS trial. Individual responses will not be identified.

Your assistance in evaluating HASS is greatly appreciated.

Regards,

Public Health Regulation & Projects

Health Protection Service | Public Health Protection & Regulation Division | ACT Health
25 Mulley Street Holder ACT | Locked Bag 5005 Weston Creek ACT 2611
T 02 5124 9848 | E Rebecca.Stones@act.gov.au | [HPS Website](#)

Pond, Aleks (Health)

From: Stones, Rebecca (Health) on behalf of ACTHealth, EH Policy
Sent: Friday, 28 June 2019 4:42 PM
Subject: Hoarding Advocacy Support Service (HASS) Evaluation Survey

UNCLASSIFIED

Dear stakeholder,

As you are likely aware, the Hoarding Advocacy Support Service (HASS) trial ends on 30 June 2019. It would be greatly appreciated if you would complete a brief online survey to assist in the evaluation of the HASS trial.

The survey can be accessed [here](#) until **COB 12 July 2019**. Responses will be used to inform an evaluation report on the HASS trial. Individual responses will not be identified.

Your assistance in evaluating HASS is greatly appreciated.

Regards,

Public Health Regulation & Projects

Health Protection Service | Public Health Protection & Regulation Division | ACT Health
25 Mulley Street Holder ACT | Locked Bag 5005 Weston Creek ACT 2611
T 02 5124 9848 | E Rebecca.Stones@act.gov.au | [HPS Website](#)

Pond, Aleks (Health)

From: De Ridder, Linda (Health)
Sent: Thursday, 4 July 2019 5:06 PM
To: Cate Hale
Subject: email to HCMG members
Attachments: HASS - HCMG Handout 250619.pdf

UNCLASSIFIED

Hi Cate

Do you want me to send your HASS paper to HCMG members when I send out the Minutes?

I have added a "Committee-in-Confidence" label to the pdf version attached, in case I send it. But I wasn't sure if that was enough, so I thought I better check with you. Perhaps you don't want people to have it electronically.

I am not in the office tomorrow, but I will check my email for your response.

Cheers,
Linda

Linda de Ridder | Project Officer
Health Protection Service | Public Health, Protection and Regulation | ACT Health
PH 02 5124 9222 | FAX 02 5124 5554
25 Mulley Street, Holder ACT 2611 | Locked Bag 5005, Weston Creek ACT 2611
E linda.deridder@act.gov.au W health.act.gov.au

Pond, Aleks (Health)

From: De Ridder, Linda (Health) on behalf of ACTHealth, EH Policy
Sent: Tuesday, 9 July 2019 9:38 AM
To: Taylor, Alex; Barr, Conrad (Health); Bingham, Jaime (Health); SupportHPS; Green, Ben; Kanellopoulos, Maria; Mackey, Patricia; Meere, Patrick; Owens, Paul; Roberts, Rachael; Sloan, Sean; Stedman, Andrew (Health); Stefanovic, Vojkan (Health); Stones, Rebecca (Health); Ujdur, Steve
Cc: Kneipp, Jason (Health); Eppelstun, Krystal; Davis, Megan; Berry, Martin; O'Shea, Stephen; Collins, Ellen; Cate Hale; Jenny Kitchin
Subject: Minutes - Hoarding Case Management Group (HCMG)
Attachments: HCMG - Draft Minutes - 25 June 2019.pdf

UNCLASSIFIED Sensitive

Hello HCMG

For your information, I have attached the draft Minutes from the Hoarding Case Management Group meeting on 25 June.

If you want a copy of the paper that Cate Hale presented concerning the Hoarding Advocacy Support Service (HASS) trial, then please contact me to request a copy.

The next meeting will be on Tuesday 20 August.

Kind regards,
Linda

Linda de Ridder
Secretariat, Hoarding Case Management Group
Health Protection Service | Public Health, Protection and Regulation | ACT Health
PH 02 5124 9222 | FAX 02 5124 5554
25 Mulley Street, Holder ACT 2611 | Locked Bag 5005, Weston Creek ACT 2611
E EHPolicy@act.gov.au W health.act.gov.au



Hoarding Case Management Group (HCMG)

Meeting Minutes

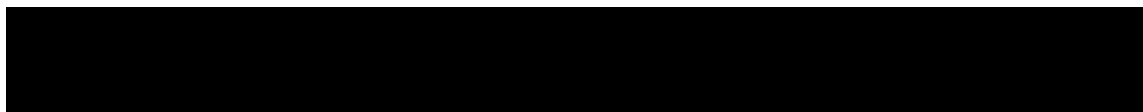
25 June 2019

Health Protection Service, 25 Mulley Street, Holder

1. Attendance and Apologies

Name	Work Area	Attended	Apology
Conrad Barr, Chair	Health Protection Service	✓	
Vojkan Stefanovic	Health Protection Service, Public Health Regulation & Projects (PHRaP)	✓	
Rebecca Stones	Health Protection Service, PHRaP	✓	
Andrew Stedman	Health Protection Service, Environmental Health	✓	
Ben Green	Access Canberra		✓
Krystal Eppelstun	Access Canberra	✓	
Megan Davis	ACT Ambulance Service	✓	
Patrick Meere	ACT Ambulance Service		✓
Wayne Shaw	ACT Fire & Rescue		✓
Paul Owens	ACT Fire & Rescue	✓	
Patricia Mackey	ACT Human Rights Commission		✓
Steve Ujdur	Housing ACT	✓	
Sean Sloan	Transport Canberra and City Services	✓	
Martin Berry	Transport Canberra and City Services	✓	
Steve O'Shea	Transport Canberra and City Services	✓	
Alex Taylor	Transport Canberra and City Services, Waste Regulation		✓
Ellen Collins	Transport Canberra and City Services, Waste Regulation	✓	
Cate Hale	Woden Community Service	✓	
Jenny Kitchin	Woden Community Service	✓	
Pam Boyer	Woden Community Service	✓	
Kate West	Woden Community Service	✓	Attended for Item 5.2
Jaime Bingham	Mental Health, Justice Health and Alcohol & Drug Services		
Secretariat	Work Area		
Linda de Ridder	Health Protection Service, PHRaP		

2. Conflicts of interest



3. Endorsement of meeting minutes from 16 April 2019

The Minutes from the meeting of 16 April 2019 were accepted.

Committee-In-Confidence

4. Actions arising from previous meeting

Progress of action items from the previous meeting was reviewed.

Action	Status update
[REDACTED]	Sean Sloan suggested that these actions be suspended. TCCS has presented a Bill to amend the <i>Litter Act 2004</i> , to enable better management of cases like this.
ACT Fire & Rescue will be invited to the next inspection by TCCS	
Further collaboration between AC and TCCS (AC, TCCS)	
[REDACTED]	Action on this property has slowed while TCCS awaits better enforcement tools.
Alex Taylor and Sean Sloan to discuss ways to progress with this case from a TCCS perspective (TCCS & TCCS Waste Regulation)	<i>Reassess the approach to this property in 6 months.</i>

5. New business**5.1 Use of resident names during meetings**

Conrad Barr explained that after the previous meeting, several agencies advised that they cannot follow the discussions in HCMG meetings because they only know clients by their full name and not by the address.

It was agreed that the names of clients should be referred to in the meeting as well as the property address, so that all members can know which case is being referred to. Client names will not be recorded and the Minutes will identify the property by location only.

5.2 Hoarding Advocacy Support Service (HASS) trial – update

Cate delivered a presentation and paper about the 3.5-month HASS trial that will soon finish.

The HASS trial has assisted communication between support services, clients and Government. The HASS officer has helped to engage cleaners and other supports under [REDACTED]

Where support was already in place, the HASS officer coordinated with, and supported, existing workers rather than trying to establish relationships directly with clients in the short timeframe of the trial.

HASS in [REDACTED]

Committee-In-Confidence

HASS in [REDACTED]

The client has long term [REDACTED] funding and many supports, but the services were not talking to each other (only the Mental Health Team and Housing ACT were communicating). Cate liaised with the various agencies, but not directly with the client.

HASS in [REDACTED]

Some findings from the trial

- There is great demand for HASS - Cate received more than 20 enquiries over three months, but the HASS trial did not allow for other cases to be taken on.
- Multi-disciplinary planning is essential.
- Funding for small purchases builds rapport with support workers and clients and can overcome barriers.
- The inability to share client history impacts communication between stakeholders.
- Having funding in place does not guarantee that services will be accessible.
- There is a need for training of stakeholders concerning language used around hoarding and squalor issues (e.g. [REDACTED]).
- There is a need for training, support and mentoring of staff working with hoarding.
- There are issues concerning confidentiality and information exchange between stakeholders assisting in hoarding cases. Information exchange was not a problem for Cate when liaising with HCMG members; but it was a problem when liaising with those outside the HCMG group.

WCS will send out a staff survey about HASS to those involved with the three clients.

Conrad said there was positive feedback from some of the neighbours. He thanked Cate for her involvement and for the update.

5.3 Litter Legislation Amendment Bill 2019

Transport Canberra and City Services discussed the Litter Legislation Amendment Bill 2019 and development of a hoarding code of practice, which will be a mandatory if the Bill is passed.

Sean explained that the Bill looks to change what triggers an offence and provide more tools for dealing with litter, including litter on private property if it affects the amenity of others.

Committee-In-Confidence

In the event of legal action, TCCS would be able to demonstrate to a court that the steps outlined in the code of practice have been undertaken.

The code of practice should use a balanced approach to hoarding, considering the impact on neighbours as well as the mental health needs of the resident. It should align with government policy and Ministerial expectations.

Martin Berry and Steve O'Shea will be drafting the code of practice under the Litter Act. Martin said that TCCS would appreciate input from HCMG in developing the code.

The code should be a step by step guide on how to progress through a case. Development of the code will need to consider the intent, preferred framework and who to involve. It would be hard to mandate that an external agency should take part. Every case is different, so the code will need to be high-level.

Action: Secretariat to assist TCCS to convene a small working group out-of-session to discuss content of the hoarding code of practice that will be required if the Litter Legislation Amendment Bill 2019 is passed.

6. Update on current hoarding incidents

6.1

[Redacted]

6.2

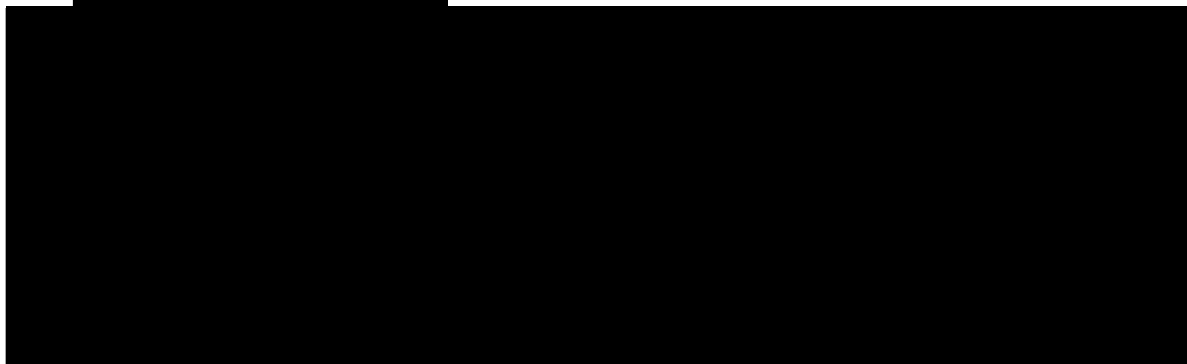
[Redacted]

6.3

[Redacted]

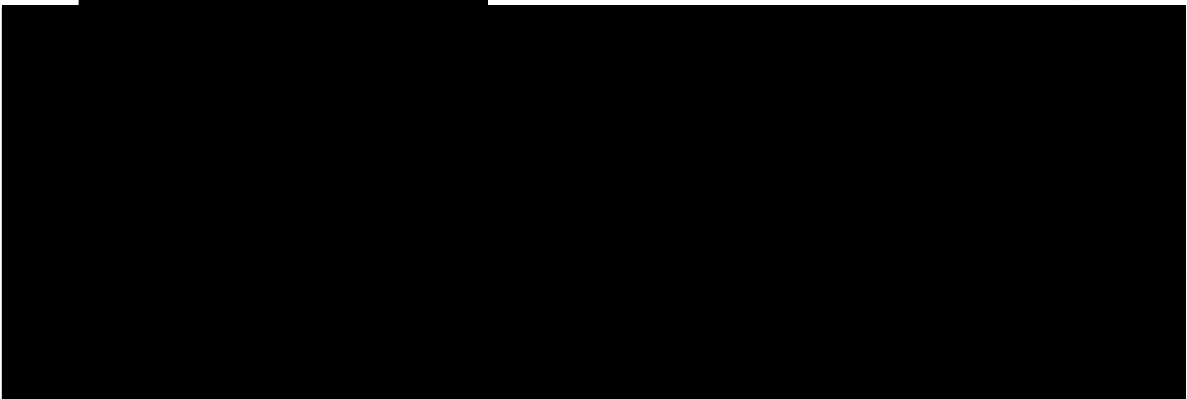
Committee-In-Confidence

6.4

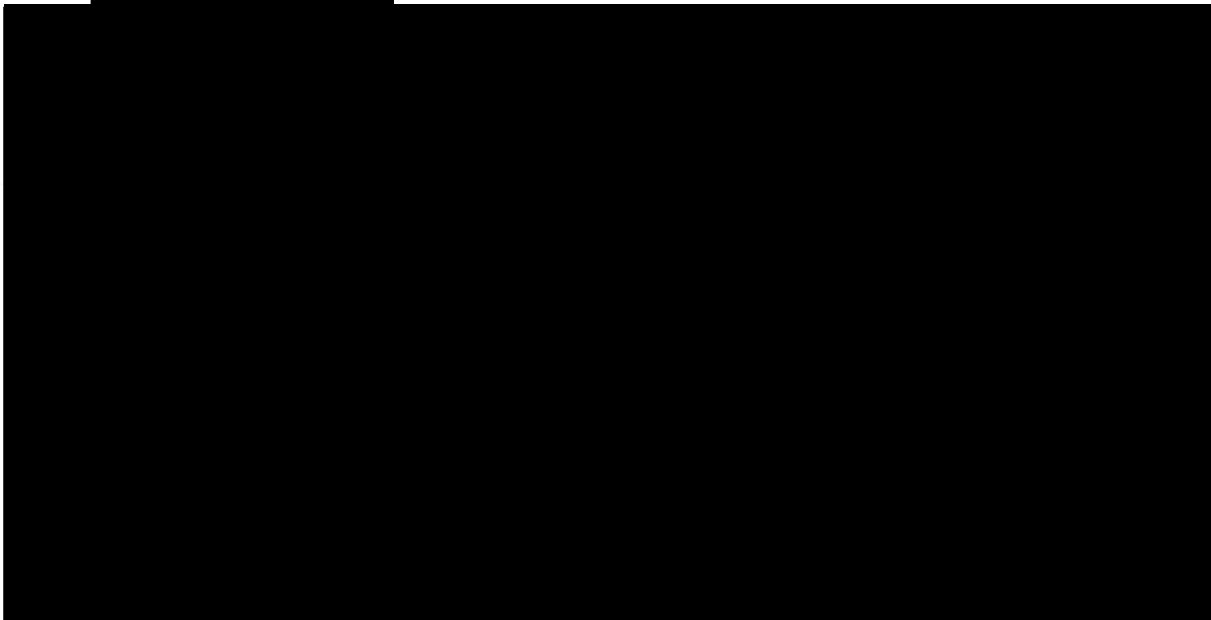


This property can probably be managed outside HCMG now. HCMG will reassess in 6 months to see if the property can be removed from HCMG list of cases.

6.5



6.6

**7. Other business**

Nil.

Committee-In-Confidence

8. Action Items

Action	Member/Agency Responsible
Convene a small working group out-of-session, to discuss content of the hoarding code of practice that will be required if the Litter Legislation Amendment Bill 2019 is passed.	TCCS and Secretariat
Reassess [REDACTED] in 6 months (December 2019), with a view to removing the property from the list of HCMG cases.	HCMG

9. Next Meeting and venue

Tuesday 20 August 2019, 2.30pm – 4.30pm
 Health Protection Service, 25 Mulley St Holder

Pond, Aleks (Health)

From: Clouten, Jody (Health)
Sent: Monday, 15 July 2019 3:44 PM
To: Cate Hale
Cc: Stones, Rebecca (Health)
Subject: RE: HASS Survey Monkey Draft

UNCLASSIFIED

Hi Cate,

You should be able to login with my username [REDACTED] and password [REDACTED] and see everything via the link <https://www.surveymonkey.com/> I've checked the settings and I can't see any restrictions on seeing the data. If you still can't see anything please let me know.

I've re-opened the survey and changed it to close 5pm Monday 22nd July as suggested.

Hopefully we get a few more responses.

Many thanks
Jody

From: Cate Hale [REDACTED]
Sent: Monday, 15 July 2019 3:00 PM
To: Clouten, Jody (Health) <Jody.Clouten@act.gov.au>
Subject: RE: HASS Survey Monkey Draft

Jody,

Can you resend the link. The one I have is only taking me to draft and I can't seem to access a section that show the responses.

Thanks,
Cate

From: Clouten, Jody (Health) <Jody.Clouten@act.gov.au>
Sent: Monday, 15 July 2019 1:50 PM
To: Cate Hale [REDACTED]
Subject: RE: HASS Survey Monkey Draft

UNCLASSIFIED

Hi Cate – let me consult with Bec and I'll come back to you.

Thanks
Jody

From: Cate Hale [REDACTED]
Sent: Monday, 15 July 2019 11:47 AM
To: Clouten, Jody (Health) <Jody.Clouten@act.gov.au>
Cc: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>
Subject: RE: HASS Survey Monkey Draft

That's disappointing. Can we extend it and send out a reminder. I know a lot of people are away with illness and school holidays.

I am pleased it is positive but it doesn't reflect well to have so few responses.

Cate

From: Clouten, Jody (Health) <Jody.Clouten@act.gov.au>
Sent: Monday, 15 July 2019 11:38 AM
To: Cate Hale <[REDACTED]>
Cc: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>
Subject: RE: HASS Survey Monkey Draft

UNCLASSIFIED

Hi Cate,

Looks like we only had two responses to the survey and it closed on Friday – for some reason Bec and I both thought there was another week or two to go.

If you log in you'll be able to see all the comments and responses which were overwhelmingly positive.

Let me know if you need anything else.

Many thanks
Jody

From: Cate Hale <[REDACTED]>
Sent: Monday, 15 July 2019 10:26 AM
To: Clouten, Jody (Health) <Jody.Clouten@act.gov.au>
Subject: FW: HASS Survey Monkey Draft

Hi Jody,

I was just wondering how the survey is going?

Interested to know if we are still getting an good response rate ?

Thanks, Cate

From: Cate Hale <[REDACTED]>
Sent: Friday, 28 June 2019 12:55 PM
To: Clouten, Jody (Health) <Jody.Clouten@act.gov.au>
Subject: Re: HASS Survey Monkey Draft

Fantastic. That was fast for responding.

I hope we get a high response rate as well.

Thanks
, Cate

Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: "Clouten, Jody (Health)" <Jody.Clouten@act.gov.au>
 Date: 28/6/19 12:39 pm (GMT+10:00)
 To: Cate Hale [REDACTED]
 Subject: RE: HASS Survey Monkey Draft

UNCLASSIFIED

Thanks Cate – survey has been released and we've already had one response :)

Have a good weekend,

Jody

From: Cate Hale [REDACTED]
Sent: Thursday, 27 June 2019 5:03 PM
To: Clouten, Jody (Health) <Jody.Clouten@act.gov.au>
Cc: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>
Subject: Re: HASS Survey Monkey Draft

Jody,

Feel free to extend the closing date by a week
 And the contact list I sent through this week is updated.

Thanks again,

Cate

Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: "Clouten, Jody (Health)" <Jody.Clouten@act.gov.au>
 Date: 27/6/19 2:30 pm (GMT+10:00)
 To: Cate Hale [REDACTED]
 Cc: "Stones, Rebecca (Health)" <Rebecca.Stones@act.gov.au>
 Subject: RE: HASS Survey Monkey Draft

UNCLASSIFIED

Hi Cate,

Thanks for that. We're all good to go now but just want to confirm the closing date for responses – do you still want 5 July? Also are you happy for us to now send it out to the mailing list you've provided?

Many thanks
 Jody

From: Cate Hale [REDACTED]
Sent: Thursday, 27 June 2019 1:23 PM
To: Clouten, Jody (Health) <Jody.Clouten@act.gov.au>

Cc: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>

Subject: RE: HASS Survey Monkey Draft

Perfect!!

Thank you so much. I'm very happy with that

Cate

From: Clouten, Jody (Health) <Jody.Clouten@act.gov.au>

Sent: Thursday, 27 June 2019 11:32 AM

To: Cate Hale [REDACTED]

Cc: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>

Subject: RE: HASS Survey Monkey Draft

UNCLASSIFIED

Hi Cate,

No problem – I haven't developed one of these before so it's a good opportunity for me.

I've added in the additional options for Q1 as suggested. With Q2 I've changed the format slightly to allow for the respondent to provide further detail, hopefully this will work for you.

I'll send it through to you again for you to comment. Let me know if you want any more changes.

Many thanks

Jody

From: Cate Hale [REDACTED]

Sent: Thursday, 27 June 2019 10:25 AM

To: Clouten, Jody (Health) <Jody.Clouten@act.gov.au>

Cc: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>

Subject: RE: HASS Survey Monkey Draft

Thanks so much for pulling that together, Jody.

I just have a few additions to add clarity. In the dropdown options for roles can you add the following options or something close to them - mental health support and Contractor or service provider (this is for the cleaners, gardeners, pest control). I am not sure if you have options to choose from or if you type in what you would like.

Also, is it possible to add the following - if they answer YES or NO to answer 2 can we follow up with the question – Please provide more detail. I am just trying to get an sense of what the workers perceived as the biggest difference (or not) in having this role to call on.

Please call me if you need to clarify anything at all and again, thanks for helping with this,

Cate Hale

Hoarding Advocacy Support Service (HASS)Project,

Mental Health and Wellbeing

Woden Community Service | 26 Corinna St | Woden ACT 2606

www.wcs.org.au

The HASS (Hoarding, Advocacy Support Service) trial is an initiative of the ACT government Hoarding Case Management Working Group (HCMG), responsible for a whole-of-government approach to the management of complex hoarding and domestic squalor cases.

The key focus of the targeted HASS trial is working with, and advocating for, specific clients to improve their particular hoarding circumstance and to provide effective liaison between the individuals, government regulators, government support services and community support services.

From: Clouten, Jody (Health) <Jody.Clouten@act.gov.au>
Sent: Wednesday, 26 June 2019 4:45 PM
To: Cate Hale <[REDACTED]>
Cc: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>
Subject: HASS Survey Monkey Draft

UNCLASSIFIED

Hi Cate,

Bec has asked me to develop a draft survey for the HASS trial through survey monkey. The draft is now complete and I'll send it through to you to check before I send it out to the group for comment.

Username is [REDACTED] and password is [REDACTED] when you get the link.

Let me know what you think once you've had a read through.

Many thanks

Jody Clouten | Project Officer
Phone: 02 5124 9232 | Email: Jody.Clouten@act.gov.au
Health Protection Service | Public Health, Regulation and Projects | ACT Health
25 Mulley Street, Holder ACT 2611 | Locked Bag 5005 Weston Creek ACT 2611

This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.

Pond, Aleks (Health)

From: Stones, Rebecca (Health)
Sent: Monday, 15 July 2019 4:14 PM
To: Cate Hale
Subject: RE: HASS update

UNCLASSIFIED

Hi Cate,

FYI there's no standard template for the report from us, so please use your format.

Glad you hear that you'll be continuing at WCS.

Rebecca Stones

Assistant Director | Public Health Regulation & Projects
 Health Protection Service | Public Health Protection & Regulation Division | ACT Health
 25 Mulley Street Holder ACT | Locked Bag 5005 Weston Creek ACT 2611
 T 02 5124 9848 | E Rebecca.Stones@act.gov.au | [HPS Website](#)

From: Cate Hale <[REDACTED]>
Sent: Monday, 15 July 2019 10:39 AM
To: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>
Subject: HASS update

Rebecca,

Just a quick update so you know how things are progressing.

I have predominately finished with the clients.

There are still a few issues around handover with both [REDACTED] due to staff changes.

[REDACTED] I have stepped out but Older Persons mental health staff are still away on sick leave so no official handover has occurred.

[REDACTED] the advocate at ADACAS has left the organisation and another has been assigned and is attempting to get across the complexity of the case. This, of course, means the rapport that was established has been impacted.

My primary focus now is the report. As I am writing, it occurred to me to check if you have a standard report structure that ACT Government follow at the completion of projects/ trials? If so, I am happy to follow that if you can send me through a template.

If not, I will follow a standard community sector format.

[REDACTED]

With thanks,

Cate Hale

Hoarding Advocacy Support Service (HASS) Project,
 Mental Health and Wellbeing
 Woden Community Service | 26 Corinna St | Woden ACT 2606
 [REDACTED] www.wcs.org.au

The HASS (Hoarding, Advocacy Support Service) trial is an initiative of the ACT government Hoarding Case Management Working Group (HCMG), responsible for a whole-of-government approach to the management of complex hoarding and domestic squalor cases.

The key focus of the targeted HASS trial is working with, and advocating for, specific clients to improve their particular hoarding circumstance and to provide effective liaison between the individuals, government regulators, government support services and community support services.

Pond, Aleks (Health)

From: Stones, Rebecca (Health) on behalf of ACTHealth, EH Policy
Sent: Tuesday, 16 July 2019 9:34 AM
Subject: Reminder: Hoarding Advocacy Support Service (HASS) Evaluation Survey

UNCLASSIFIED

Dear stakeholder,

The Hoarding Advocacy Support Service (HASS) survey is available for you to complete until **5pm Monday 22 July 2019**. You can access the survey [here](#).

Responses will be used to inform an evaluation report on the HASS trial. Individual responses will not be identified.

Your assistance in evaluating HASS is greatly appreciated. Thank you to those who have already done the survey.

Regards,

Public Health Regulation & Projects

Health Protection Service | Public Health Protection & Regulation Division | ACT Health
25 Mulley Street Holder ACT | Locked Bag 5005 Weston Creek ACT 2611
T 02 5124 9848 | E Rebecca.Stones@act.gov.au | [HPS Website](#)

Pond, Aleks (Health)

From: Cate Hale <[REDACTED]>
Sent: Tuesday, 23 July 2019 5:13 PM
To: Stones, Rebecca (Health); Clouten, Jody (Health)
Subject: FW: Link to HASS trial results from survey monkey

Hi Rebecca and Jody,

Thanks for all your help with the HASS survey. I have done a dashboard in survey monkey with the survey results (all 3 of them) so hopefully you can access them through the link. [REDACTED]
[REDACTED]

If not, Jody can definitely access it through her login

Thanks again, Cate

From: Cate Hale <[REDACTED]>
Sent: Tuesday, 23 July 2019 2:30 PM
To: Cate Hale [REDACTED]
Subject: [REDACTED]
[REDACTED]

Cate Hale

Hoarding Advocacy Support Service (HASS)Project,
Mental Health and Wellbeing
Woden Community Service | 26 Corinna St | Woden ACT 2606
[REDACTED] www.wcs.org.au

The HASS (Hoarding, Advocacy Support Service) trial is an initiative of the ACT government Hoarding Case Management Working Group (HCMG), responsible for a whole-of-government approach to the management of complex hoarding and domestic squalor cases.

The key focus of the targeted HASS trial is working with, and advocating for, specific clients to improve their particular hoarding circumstance and to provide effective liaison between the individuals, government regulators, government support services and community support services.

Pond, Aleks (Health)

From: Stones, Rebecca (Health)
Sent: Wednesday, 24 July 2019 10:10 AM
To: Stefanovic, Vojkan (Health)
Subject: FW: Request for HPS input into the HASS report

UNCLASSIFIED

Hi Vojkan,

I missed this one from Cate. All the inspectors are currently in the field, but the answer is complicated by the fact that there isn't one regulator...I'd probably need to put this to the HCMG to get their feedback, which would likely take some time...thoughts?

Cheers,

Rebecca Stones

Assistant Director | Public Health Regulation & Projects
 Health Protection Service | Public Health Protection & Regulation Division | ACT Health
 25 Mulley Street Holder ACT | Locked Bag 5005 Weston Creek ACT 2611
 T 02 5124 9848 | E Rebecca.Stones@act.gov.au | [HPS Website](#)

From: Cate Hale <[REDACTED]>
Sent: Thursday, 18 July 2019 4:28 PM
To: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>
Subject: Request for HPS input into the HASS report

Rebecca,

I am wondering if you are willing to provide information that I can put into the report on the highlighted sections below. The point I am trying to make is that evidence was gathered but not by HASS itself.

Evaluation of the HASS trail gathered evidence that the delivery of HASS has, on balance, directly or indirectly contributed to

- Increased client amenity, wellbeing and community engagement
- Decreased hoarding activity by the client (a measurable reduction in squalor, public health and public safety risks)
- Decreased interventions required by the regulator
- Decreased number of complaints received from the public

Due to the varying presentations of hoarding and squalor with these three clients, the reduction varies but it did occur at each property. However, in regards to engagement, each client did actively participate in assisting in the clearing of items from their properties and worked with the support workers to achieve stated goals.

The last two points are anecdotal in regards to HASS. However, the regulatory bodies involved in each case are better placed to comment on how it affected workloads for the regulators and the frequency of public complaints.

With thanks,

Cate Hale

Hoarding Advocacy Support Service (HASS) Project,
Mental Health and Wellbeing
Woden Community Service | 26 Corinna St | Woden ACT 2606
[REDACTED] www.wcs.org.au

The HASS (Hoarding, Advocacy Support Service) trial is an initiative of the ACT government Hoarding Case Management Working Group (HCMG), responsible for a whole-of-government approach to the management of complex hoarding and domestic squalor cases.

The key focus of the targeted HASS trial is working with, and advocating for, specific clients to improve their particular hoarding circumstance and to provide effective liaison between the individuals, government regulators, government support services and community support services.

Pond, Aleks (Health)

From: Cate Hale [REDACTED]
Sent: Thursday, 25 July 2019 12:13 PM
To: Stones, Rebecca (Health)
Subject: Follow Up meeting about the process of the HASS trial

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Rebecca,

Yesterday, we spoke about setting up a meeting with HPS (as secretariat of the HCMG and the HASS trail) and WCS staff to discuss what has worked with the process of collaboration between government and community sectors and delivery on joint projects. A chance to discuss the learnings for both sides of this type of project development and delivery.

Let's start with your schedules first – can you send through a few dates and times that might work and I will compare them to our 4 calendars (Pam, Kate, Jenny and I). It may be difficult to get all there at the same time so we can adapt once we know the options for meeting times.

Thanks,

Cate Hale

Hoarding Advocacy Support Service (HASS)Project,
 Mental Health and Wellbeing
 Woden Community Service | 26 Corinna St | Woden ACT 2606
 [REDACTED] www.wcs.org.au

The HASS (Hoarding, Advocacy Support Service) trial is an initiative of the ACT government Hoarding Case Management Working Group (HCMG), responsible for a whole-of-government approach to the management of complex hoarding and domestic squalor cases.

The key focus of the targeted HASS trial is working with, and advocating for, specific clients to improve their particular hoarding circumstance and to provide effective liaison between the individuals, government regulators, government support services and community support services.

Pond, Aleks (Health)

From: Stones, Rebecca (Health)
Sent: Thursday, 1 August 2019 4:07 PM
To: De Ridder, Linda (Health)
Cc: Kelly, Chris (Health)
Subject: FW: HASS trial final report
Attachments: WCS HASS trial final report July 2019.pdf

UNCLASSIFIED

Hi Linda,

Can you have a look at the attached and have a think/advise me on how we might approach taking this to Conrad and involving the HCMG? As discussed, I don't want this to become a big bit of work, would just appreciate your thoughts/advice.

Thanks,

Rebecca Stones

Assistant Director | Public Health Regulation & Projects
 Health Protection Service | Public Health Protection & Regulation Division | ACT Health
 25 Mulley Street Holder ACT | Locked Bag 5005 Weston Creek ACT 2611
 T 02 5124 9848 | E Rebecca.Stones@act.gov.au | [HPS Website](#)

From: Kate West [REDACTED]
Sent: Wednesday, 31 July 2019 4:51 PM
To: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>
Subject: HASS trial final report

Hi Rebecca,

Once again, thank you for the opportunity of being part of the HASS trial. Please find attached a final report detailing the outcomes of the trial. If you have any questions or would like to discuss further, please let me know.

Kind regards

Kate West

Director Service Development
 Woden Community Service | 26 Corinna St | Woden ACT 2606
 [REDACTED] | W: wcs.org.au



Woden Community Service acknowledges the Ngunnawal people as the traditional owners of this land and their continuing connection to land and community. We also acknowledge Aboriginal and Torres Strait Islander peoples who have come from other nations to live on Ngunnawal land. We pay our respects to their cultures, ancestors and elders past, present and future.



HOARDING ADVOCACY SUPPORT SERVICE TRIAL: FINAL REPORT

18 March 2019 – 30 June 2019

“Thoughtful coordination of services allows cross-pollination of information and ideas, as well as collegial support...evaluating the person and the hoarding through various professional lenses is the most likely to produce a successful response that takes into account the myriad challenges and opportunities in each case.”

The Hoarding Handbook: A guide for Human Service Professionals

By Christina Bratiotis, Cristina Sorrentino Schmalisch and Gail Steketee,

New York: Oxford University Press, Inc., 2011

Contents

Executive Summary.....	3
Background	4
HASS Service	4
Analysis of Service.....	9
Recommendations	10
Closing Remarks	11
Attachments.....	12
ATTACHMENT A: Hoarding Case Management Group (HCMG) Case Management Risk Assessment - March 2019.....	13
ATTACHMENT B: Client tables	14

Executive Summary

International research consistently shows that 2-5 % of any given population will exhibit hoarding behaviours and that potentially 1.2 million Australians could meet the DSM-5 criteria for hoarding disorder (article by Emma Nobel, abc.net.au based on research by Jessica R. Grisham and Melissa M. Norberg from the University of New South Wales). Unsupported hoarding cases place a significant burden on both the ACT government and community services, has wider financial impacts on the Canberra community and most importantly has personal impact experienced by the person, their family, friends and neighbours.

This issue of hoarding and squalor can be hidden behind closed doors for many years unacknowledged and unnoticed as an issue. Therefore, it is the extreme cases within a community that bring public notice to this issue.

In 2015, the Hoarding Case Management Group (HCMG) was formed to facilitate the management of hoarding and domestic squalor between appropriate government and non-government agencies. The HCMG encourages cross-government collaboration on complex cases of hoarding or squalor. The ACT Health Directorate's Health Protection Service provides the HCMG Chair and secretariat support. Membership of the HCMG includes Access Canberra, Transport Canberra and City Services, Housing ACT, ACT Fire and Rescue, ACT Ambulance Service, the Public Advocate, Public Trustee and Guardian, and Mental Health, Justice Health and Alcohol and Drug Services.

The HCMG decided to fund a short trial to test the effects of having a specialised community based service involved in these cases. Woden Community Service (WCS) was successful in securing the funding to deliver the HASS trial. There is a lot to be gained from basing this service with a community provider and not a government department. This clientele has often had a long and often combative relationship with government services and there is a heightened degree of mistrust by participants towards government authorities. As we will see in the report, the building of rapport is crucial to a successful engagement with the client and this imperative step is often difficult for government services. This is not due to the skills of the government employees but rather due to the clients previous experiences.

Hoarding and squalor can be daunting to service providers as it is a persistent issue with apparently no effective long term solution. This qualitative trial explored what, if any, impact occurred if best practice of both intensive case management and being a central point of contact to liaise between stakeholders were applied to the cases in front of the HCMG. A more in depth study with a longer timeframe would have been beneficial, however, by doing what was possible with the available resources and funding the HCMG has been able to test these theories.

The results yielded by the HASS trial highlighted the need for a coordinated service, the importance of experienced intensive case management, a consistent source of funding, and the use of multidisciplinary panels. All these components ensure the establishment of an effective support network for recovery for the client. In addition to this, support and training for any employees working with this clientele, ensures organizational knowledge is maintained and can continue building on the success, as seen in the HASS trial. When these components are central to the response then real sustainable change is possible.

"Effective treatments do exist however there are very few people in Australia who can provide them. We need a much more multi-disciplinary approach to the

management of hoarding in the community and we need to teach a range of professionals how to manage it effectively."

Professor Mike Kyrios, former Director of The Australian National University (ANU) Research School of Psychology; February 9, 2016 <https://www.anu.edu.au/news/all-news/australian-hoarders-falling-between-the-gaps>

Background

The Hoarding, Advocacy Support Service (HASS) trial is an initiative of the ACT government Hoarding Case Management Group (HCMG), responsible for a whole-of-government approach to the management of complex hoarding and domestic squalor cases.

The key focus of the targeted HASS case management is working with, and advocating for, clients to improve their particular hoarding circumstance and to provide effective liaison between the individuals, government regulators, government support services and community support services.

Initially, the intention of the HASS trial was to assist all the clients identified by the HCMG at the time of trial run. However, due to external circumstances, the six-month trial was reduced to three and a half months and adapted to provide intensive case management to three clients as determined by a risk matrix developed by the HCMG. (See Attachment A)

The three clients had differing circumstances and levels of regulatory involvement. Within this report, no names will be used and the clients will be identified by the suburbs they live in. [REDACTED]

[REDACTED] was a new case to the HCMG, had involvement with Housing ACT and assistance from ACT government [REDACTED]

[REDACTED] which impacts the assistance that can be provided. She has had involvement with RSPCA, Domestic Animal Services, Adult Mental Health Unit and Older Persons Mental Health, and is currently assisted by ADACAS and the Public Advocate.

HASS Service

As specified by HCMG, the focus for the HASS trial included, but was not limited to:

- Building relationships with severe hoarding clients,
- Acting as a case manager for severe hoarding clients managed by the HCMG (in collaboration with the lead government agency),
- Providing targeted rapport building and social and advocacy support to clients,
- Facilitating the provision of domestic services (such as sub-contracting cleaners or gardeners),

- Assisting the client to access and navigate supports, such as mental health teams and My Aged Care, and
- Providing primary day-to-day liaison between the hoarder and the regulator.

Due to the limited timeframe of the HASS trial, the HASS officer was conscious that superficial rapport could lead to increased trauma with this clientele. Consequently, she adapted the level of direct involvement for each case dependent on what was required to enhance service delivery without compromising the client's wellbeing.

In all three cases, service providers appreciated the assistance from HASS. They reported that staff working with clients experiencing hoarding, often don't understand the requirements of their role or how to support clients to achieve the best outcomes. The HASS Officer worked to increase the flow of communication and to remove obstacles, allowing services to be provided to the satisfaction of all involved – client, service provider and government and community agencies.

"For the client, the HASS Officer's advocacy and ability to build relationships with key stakeholders has been invaluable. Without HASS, the person's quality of life would be severely reduced on so many levels."

Stakeholder: Hoarding Advocacy Support Service, July 2019

In each case, the level of liaison varied. [REDACTED] required liaison support continually throughout the trial and communication was constant between Health Protection Service and the HASS officer. For [REDACTED] there was no significant or regular involvement from the regulators so, if required, updates through email correspondence were sufficient.

Summary of activity with each of the HASS clients.

(See Attachment B for more tables showing greater detail of activity)

[REDACTED]

The HASS Officer had a previous professional relationship with this client, however it was uncertain if this client would re-engage with supports. Rapport was re-established quickly and [REDACTED] accepted assistance and support and was keen to be involved in the trial. After discussion with the client, HASS focused on his goals for the next three months - [REDACTED]

It was identified early in the trial that additional assistance was required to support the service providers who attend the property as a requirement of the [REDACTED]. This would include:

- assistance requested and offered when attending the property,
- knowledge in hoarding and squalor, understanding the provisions of a court order and ACT government involvement,
- liaison between service providers and the client regarding dates, times and payment.

[REDACTED] The client appears reluctant to pay for services [REDACTED] feels are unnecessary and are forced on [REDACTED]. The HASS officer often discussed with [REDACTED]

the benefit of these services to his health and environment. The HASS officer is not certain [REDACTED]

Then the HASS trial started at this property, services had already been engaged to [REDACTED] therefore the focus was to support these service providers to encourage smooth services and effective relationships between them and the client. Case management was required to change and maintain cleaning and pest-control providers. The service providers were confused about the requirements of the [REDACTED] the ACT government and the community services, and who they were to report to and what reporting was required.

This client has been [REDACTED] although this is not yet awarded. In the meantime he has approval to use [REDACTED]

[REDACTED] This was in place before the HASS trial. As at April 2019, the [REDACTED] client was still 12 months from [REDACTED]

[REDACTED] A lack of service providers able to take on new client in this area adds obstacles and complexity to the situation..

At conclusion of trial: A handover from HASS to the ACT Older Persons Mental Health hoarding team means that this client will still receive intensive case management and support to assist [REDACTED] to [REDACTED] Time will be needed to build up a rapport with the new case manager. [REDACTED] still has outstanding payments with service providers and service provision is still at risk. [REDACTED] has self-referred and has upcoming meetings with [REDACTED]

[REDACTED]

After speaking with the client and [REDACTED] supports, the HASS officer decided to meet the client and view the property only once accompanied by [REDACTED] It was considered that the timeframe to build rapport was insufficient and strong rapport already existed with [REDACTED] clinical manager. Therefore, the HASS role for [REDACTED] was to create an overview of what existed and what needed to be added or adapted to benefit the client's living conditions and to provide ongoing assistance through those already engaged with the client.

The [REDACTED] client was well supported, had access to [REDACTED] and did not require assistance accessing services. Therefore, HASS looked at the existing services and the use of [REDACTED] funds, and then determined changes in capacity, frequency and approach to ensure the client was supported in establishing a sustainable system to maintain [REDACTED] property. HASS also convened a multidisciplinary panel so services could support this client as a combined network.

The disconnection between services under [REDACTED] and staff changes meant that [REDACTED] fortnightly cleaners were left to clean a squalid property without cleaning products or equipment. Once this issue was discovered, it was easily rectified by the HASS officer and the WCS [REDACTED] team. HASS funds purchased cleaning equipment to keep at the property and the NDIS support worker and HASS officer established a maintenance plan for keeping products at the property for future cleans. The cleaning service providers now have the direct contacts for the NDIS support coordinator if required.

At conclusion of trial: Coordination and communication between the key stakeholders means the client is better supported to maintain [REDACTED] living conditions. [REDACTED] case was closed, and the listing was removed from the HCMG active list.

[REDACTED]

This client [REDACTED]

[REDACTED] In early conversations with the agencies involved, it was clear [REDACTED] had a strong rapport with the ACT Disability Aged Carer Advocacy Service (ADACAS) advocate. HASS chose to not get directly involved with this client, instead supporting the ADACAS worker in her role. The client was aware of the HASS officer by name and the assistance on offer.

The HASS role was to assist the case management through the ADACAS advocate. Assistance was provided through guidance and mentoring, sourcing funds for service providers and exploring My Aged Care assessment and eligibility for funding. HASS liaised between the ADACAS advocate and the [REDACTED] to support the client through the [REDACTED]

A forensic clean was required at the [REDACTED] property before the occupant could move back into the home. ADACAS sourced an appropriate cleaner but neither ADACAS nor the client had the funds to engage the service. HASS funding covered the cost of the clean and a donation of personal protective equipment to the cleaning company as disposable equipment was being changed every few hours due to the state of the property.

At conclusion of trial: The ADACAS worker left her employment and rapport is being established with another advocate. The cleaning was almost complete but was ceased due to [REDACTED]

[REDACTED] In particular, as the clean was done over a few weeks to suit the client, the cleaners were [REDACTED] while the cleaning was taking place. [REDACTED]

[REDACTED]

Evaluation

The HASS was required to evaluate the direct or indirect contribution of the trial with each of the three clients on the following.

- Increased client amenity, wellbeing and community engagement
- Decreased hoarding activity by the client (a measurable reduction in squalor, public health and public safety risks)
- Decreased interventions by the regulator
- Decreased complaints from the public

Due to the timeframe and the small scope of the trial the focus was on engaging with stakeholders and clients to understand the issues and benefits rather than a rigorous or more formal qualitative process

Due to the varying presentations of hoarding and squalor with these three clients, the reduction differed but it did occur at each property. Each client assisted with clearing items from their properties and worked with the support workers to achieve their goals.

The last two points are anecdotal in regards to HASS. However, the regulatory bodies involved in each case are better placed to comment on how it affected workloads for the regulators and the frequency of public complaints. There is no consistent data collection or classification across agencies and departments and so therefore there is no qualitative data available on the impact of this issue.

The results are discussed with each individual case below.

The [REDACTED] client is maintaining community contact through participation in [REDACTED] and [REDACTED]. The front of property is maintained by the regular service visits, odour has decreased and can no longer be detected by those passing the property.

[REDACTED] it appears to have assisted [REDACTED] in maintaining the property and in passing the monthly inspections. It has lowered [REDACTED] stress levels before inspections and [REDACTED] is still able to maintain [REDACTED] outside interests and, therefore, lessen social isolation.

As the [REDACTED] client is [REDACTED] Neighbour complaints decreased and the neighbours also reported to the regulatory body that they had observed positive changes at the property while the HASS officer was involved.

The [REDACTED] client has always been amenable and happy to work alongside [REDACTED] support networks. [REDACTED] Progress has been made by [REDACTED] upskilling those working with the client and breaking any goal into smaller tasks. This has resulted in the client achieving some noticeable change each visit. [REDACTED] has transformed [REDACTED] lounge area and is maintaining the property with the regular assistance of the cleaners and [REDACTED] support worker.

This client has learnt strategies and is working closely with [REDACTED] supports. The HASS officer mentored [REDACTED] support worker through strategies to help the client feel more comfortable about decluttering [REDACTED] home while still protecting [REDACTED] belongings. Together they moved furniture at the client's request, which opened up the space, and then reorganised and sorted through [REDACTED] items in the keep, store and donate framework. [REDACTED] feels like [REDACTED] has choice and control with this method and they can adapt the amount of time to reflect [REDACTED] capacity that session.

This client has a strong support network across government and community providers. HASS cannot comment on complaint and interventions in this case as these were not a concern. The interventions will need to continue but only as a supportive response. The support network for this client is focused on engaging services on a regular basis and helping maintain the property condition in the long term.

During the HASS trial, the client accessed supports through ADACAS. slowly helped to clear the property, trusts cleaners and is happy to leave them unsupervised. However, they are reluctant to be engaged, especially without ongoing case management. has not accessed more assistance in the wider community but reported feeling happier in herself and supported.

There had been slow and steady progress at The property required forensic cleaners internally. A cleaner was located who was willing to do this slowly and with the client's assistance. Together, with a donation of personal protective equipment, they have worked on the property over weeks. has found this process both rewarding and challenging and, although it is not yet complete, has a lot of pride in her work and the difference to the property condition.

This client has had assistance from both community and ACT government-based advocacy agencies. Due to regulatory services have been kept informed through the HCMG and have not had direct contact with this client. No response has been required regarding with regular visits and checks by the community advocates.

Analysis of Service

During the course of the HASS trial WCS observed patterns emerging with regards to unmet needs and gaps in service concerning the support of clients experiencing hoarding behaviours. It also became evident what the requirements were for successful engagement and support of this cohort. These patterns became apparent despite the short timeframe and small cohort of clients for the trial. The have been listed below as Operational Challenges and Operational Successes.

Operational Challenges

- The time allocated for the HASS was insufficient to build rapport with clients and potentially traumatising. This was taken into account when planning engagement with each client.
- Barriers to progress were often easily identified once engagement was established with clients and/or stakeholders, but often the resources or pathways needed did not exist and needed to be created.
- Inconsistent service delivery creates particular difficulties with this cohort, where trust and rapport are critical. This is created by worker turnover and exacerbated by short-term funding contracts and lack of support case managing challenging clients.
- Staff working in this area are often isolated, inexperienced and unsupported.
- There are issues with funding through national services such as NDIS and My Aged Care. Approval for funding does not mean the service will be available. Service providers are often not available and/or inexperienced in this area of work. The demand for their services is also high so they can afford to say no to clients they deem challenging or difficult.

"I would like the funding to be more secure. The uncertainty of the future of the project creates unnecessary anxiety to the clients of the service who are some of our community's most marginalised people."

Stakeholder: Hoarding Advocacy Support Service, July 2019

- The inability of organisations to share a client history due to privacy impacts communication between key stakeholders and direct service delivery.
- Stakeholders are not comfortable around the language and issues associated with hoarding and squalor and therefore it is often overlooked during NDIS or MAC planning. This impacts appropriate funding being allocated.

Operational Successes

- **Intensive case management** is needed to establish strong rapport, engage the client in their own recovery and allow the time to understand the underlying cause of the hoarding or squalor. Through understanding the underlying cause of the behaviour, measures can be put in place to find effective solutions for the individual situation.
- **Multidisciplinary panels** are essential to provide clarity and support. The success of these panels in hoarding cases lies with each stakeholder having clarity around their, and others' roles and supporting each other in performing their roles.
- **Community organization** as the base for the service supports engagement by this client group and assists relationships by liaising with government agencies and the clients.
- **Funding for small purchases** is useful to build rapport with both workers and client by removing perceived blockages and assisting progress.

It is important to note that, of the three clients, [REDACTED] is the only one that had existing case management, established funding and a strong connection to supports and services. [REDACTED] is also the only client who was removed from the HCMG case list at the end of the trial once a formal connection between these services had been established through the multidisciplinary panel.

Recommendations

The Hoarding Advocacy Support Service (HASS) should be extended. Although this trial was only delivered for a short timeframe it was clear that intensive case management can make a significant difference for all stakeholders. The clients felt supported and saw that change was possible, even if it was incremental due to time restraints. Workers felt supported and collaboration between services rose, and the client, not the property, was at the centre of discussions and decisions.

"Prior to HASS it felt a lot like 'the blind leading the blind' regarding frontline work. With the introduction of the HASS worker, there has been more clarity around best practice, ACT stakeholders, much better collaboration between services and care planning."

Stakeholder: Hoarding Advocacy Support Service, July 2019

WCS recommends the following be considered for a future hoarding service:

- A HASS Project would work with clients and services to ensure consistent service delivery and therefore better outcomes for clients.
- For the HASS service to be in a community based organization to assist client engagement.
- A clear referral pathways into a HASS is needed to enhance effectiveness and timeliness of the work.
- Establishing and promoting a multidisciplinary panel is an essential part of the process in hoarding case management to help establish clarity between all stakeholders and the client.
- Access to a small brokerage fund for HASS, with eligibility guidelines for access, would help to remove obstacles and enable small wins for the worker and the client.
- There is a clear role for training, supporting and mentoring staff working in the hoarding area to:
 - enhance the quality of the work undertaken with clients,
 - make better use of resources,
 - broaden and strengthen the knowledge base around this area,
 - promote staff retention, and
 - address the stigma often associated with this work.

The HASS Project could encompass this role, including a focus on training, supporting and mentoring NDIS and My Aged Care providers in particular.

- A continued HASS Project could also seek out well-regarded service providers in this field in the Canberra region and assist to upskill these providers with training and mentorship. This would enhance the work with clients.
- Ongoing consideration is needed about the restrictions placed on this work due to confidentiality. This needs to be resolved for effective service delivery and consistency.

"Through the project being continued, more people can learn from the HASS Officer and ACT wide we can continue to provide evidence based support for people diagnosed with hoarding disorder and living in squalor."

Stakeholder: Hoarding Advocacy Support Service, July 2019

Closing Remarks

The HASS trial has highlighted the need for a service specialising in hoarding and squalor that can provide intensive case management and case coordination to ensure support for all involved and

continuing progress. The short trial period of three months has been of benefit to clients, the wider community, organisations and other key stakeholders.

A service is required that knows and maps the Canberra environment in the area of hoarding and squalor, communicating change and understanding and filling the gaps in service. Funding sources are often changing and providers are entering and leaving the space regularly so there is real benefit in a service that can monitor these changes and update all involved in this field.

In complex hoarding cases, there can often be numerous stakeholders. In the absence of a lead agency, it can be easy for the case to stall. Alternatively, through frustration, agencies and family can be tempted to push towards a quick solution, further traumatising the client and effectively stalling progress and exacerbating the situation.

Through a specialised service such as HASS, agencies can be supported, educated and motivated to continue to work towards best practice through a strengths-based, person-centred approach in this complex area. HASS can monitor and encourage action in cases that often stall due to complexity and the stakeholders' capacity to source or provide essential services. A specialised service can also bring accountability to the process.

Finally, a specialised service can encompass the educational role for Canberra, with a focus on training, supporting and mentoring the community, particularly NDIS and My Aged Care providers. HASS could establish strong, skilled service providers in Canberra that understand the complexities of these clients' requirements. By offering training and support to government and community organisations, HASS could aid with staff capacity and retention across these sectors.

Attachments

ATTACHMENT A: Hoarding Case Management Group (HCMG) Case Management Risk Assessment - March 2019

Risks	Minor	Moderate	Major
1.Evidence of occupants insight into hoarding condition (self-awareness)	Presence of reasonable or good insight	Presence of limited insight	Lack of insight
2. Occupant vulnerabilities: Physical health, disability, mental health, social disadvantage.	Generally sound physical health, and/or mental capacity. No or limited social disadvantage.	Moderate ill health, disability, mental ill health, some social disadvantage. Includes aged and frail.	Poor physical health and/or mental health, severe disability or high level social disadvantage
3.Property Structure – access and egress	Resident and visitors able to enter and leave property with relative ease	Resident and visitors able to enter and leave yard with relative ease but not inside the dwelling/ some doors or windows blocked	Resident and visitors not able to easily enter or leave property and dwelling/ most doors and windows blocked
4.Property function (usability/liveability)	Property usable and liveable with minor hoarding present All services functioning (water/power/gas) Generally able to access sanitary provisions - bathroom, toilet Able to access stove, refrigerator	Property has areas that are unusable due to level of hoarding and access to living areas	Property unusable due to level of hoarding and degradation or internal fittings and fixtures. Some or all services non-functioning or no longer connected.
5.Property health and safety (odour/vermin harbourage/amenity/fire)	Low fire risk	Medium fire risk	High fire risk due to high level of combustible materials in the property/high level of odour and/or putrefying food/ other properties at risk of fire
6.Safeguarding family (incl. children)	No children living at the property	No children living at the property but visit frequently	Children living at the property
7.Safeguarding animals and pets	Not present	Present and in low numbers and some loss of condition due to condition of the property	Large numbers or poor condition directly due to condition of property
8.Likelihood of relapse since last regulatory intervention	Low	Medium	High
9.Current impact on neighbours	Low number of complaints 0-2 per year	Med number of complaints 3-5 per year	High number of complaints 5+ per year
10.Political/organisational risk	Low	Medium	High

Table One: Criteria for assessing each case

		Consequence Level		
		1	2	3
Likelihood level	Descriptor	Minor	Moderate	Major
5	Almost Certain: Is expected to occur in most circumstances	M	H	H
4	Likely: Will probably occur	M	M	H
3	Possible: Might occur at some time in the future	L	M	H
2	Unlikely: Could occur but doubtful	L	L	M
1	Rare: May occur but only in exceptional circumstances	L	L	L

ATTACHMENT B: Client tables

[REDACTED]
<p>Stakeholders Health Protection Service; Older Persons Mental Health Hoarding Team [REDACTED]</p>
<p>Distinguishing points</p> <p>[REDACTED]</p> <p>Intensive case management has been shown to allow positive communication with ACT government and service providers</p>
<p>Barriers</p> <p>[REDACTED]</p> <p>[REDACTED] but it is difficult and sometimes impossible to find service providers available through these funding streams who have expertise in this field.</p>
<p>Achievements during the HASS Project</p> <p>[REDACTED]</p>
<p>Recommendations Intensive case management needs to be maintained to support engagement and progress Focus should be on progress and celebration of behavioural change Continued support is needed to liaise and attend with the service providers to keep moving forward and assist client to deliver on the requirements of [REDACTED]</p>

Stakeholders ADACAS; Public Advocate; [REDACTED]
Distinguishing Points [REDACTED]
Client responds well to respect and established rapport
Barriers [REDACTED]
Cost of hiring services to get [REDACTED] property back to habitable was prohibitive. Sourcing funds and finding a viable solution was time consuming and difficult Communication between stakeholders was sporadic
Achievements during the HASS Project Client has an excellent rapport with ADACAS worker which we have been able to maintain but is not sustainable Able to source empathetic and trained cleaning support to work with client at their pace while the property was cleaned. Used some of the HASS funds to support this clean and the [REDACTED] [REDACTED] My Aged Care (MAC) assessment arranged. HASS has sourced an assessor who had experience in hoarding and squalor and willing to support clients complex needs.
Recommendations [REDACTED] long term involvement is needed for this Maintain ADACAS involvement in some capacity and aim for a long term slow handover to other services to ensure rapport is well established. Maintain Cleaner involvement through [REDACTED] funding as they have established rapport and an appropriate Support Worker who has already established a relationship. . All new workers in this case need to be informed and educated as to the background and the triggers with this client, and need to be provided with supervision, debriefing and support when working with this client

<p>Stakeholders City Mental Health ACT (Clinical Manager, GP, Psychiatrist); Housing ACT Intensive team; Woden Community Service – (NDIS Support Coordinator, Support Worker); [REDACTED]</p>
<p>Distinguishing points Client has [REDACTED] Client is [REDACTED]</p>
<p>Cleaners already engaged with established rapport Intensive Team management through Housing ACT</p>
<p>Barriers Stakeholders and support services were not connected to each other with no regular meetings between stakeholders There was no clear understanding of roles for each of the stakeholders meaning both the client and stakeholders were confused Cleaners unable to access support and equipment as there was as no clarity around who to approach. Client is very amenable and with all stakeholders having large client loads it makes this client easy to overlook the additional emphasis that is needed to address the squalor and hoarding needs.</p>
<p>Achievements during the HASS Project Connecting the stakeholders with a MAP meeting to build understanding about roles, and a common understanding about the path forward Worked with the identified strengths for this case which was the already strong established supports. Cleaning equipment provided to assist the cleaners. Working with the [REDACTED] Support Coordinator on how the [REDACTED] can assist to fund stronger capacity building in the future.</p>
<p>Recommendations All stakeholders work together to gather supporting information for the [REDACTED] [REDACTED] Identify hoarding and squalor in the [REDACTED] so assistance can be appropriately funded. Developing a plan with the client that includes working closely with the Support Worker and cleaner to put the MAP recommendations in place Communication channels need to be kept open across all levels of service provision and include communication between Clinical Manager, NDIS Support Coordinator and HACT to respond when the client and property is ready for repairs to be done.</p>

Pond, Aleks (Health)

From: De Ridder, Linda (Health)
Sent: Friday, 2 August 2019 5:18 PM
To: Stones, Rebecca (Health)
Cc: Kelly, Chris (Health)
Subject: RE: HASS trial final report

UNCLASSIFIED

Hi Bec

I would recommend:

1. Provide HASS report to Conrad, with summary, and seek his approval to present it to HCMG (we can send it out with the agenda).
2. Encourage HCMG discussion/recommendations for HASS. Be clear with HCMG that we have no funding for HASS. See if HCMG has any recommendations about how to respond to the report. Consider whether we can progress those actions.

[Perhaps Conrad could hint that HPS cannot progress with HCMG coordination in the long term and will be seeking options for a different area to lead the Whole of Government response. But that approach might destabilise the group at the wrong time. We should see if we can arrange an alternative first. I wouldn't trust Access Canberra with it, as they don't show much commitment to the group and collaboration anyway.]

3. Brief the Minister on hoarding issues, the need for WoG coordination, no funding provided and Gordon Ramsay's suggestion from December 2017 for a Coordinator-General to oversee WoG response to hoarding. Suggest that the Minister:
 - recognise the difficulties of a small public health team being responsible for WoG coordination of hoarding cases; and
 - send letter to Minister Ramsay, reviving his idea and suggesting a way to progress it; or
 - agree for Health Directorate to convene a special meeting of Directorate heads to discuss a WoG approach to hoarding.

I am happy to draft something if Conrad wants to put up a brief.

4. If Conrad wants us to do something about HASS.... In a few months (so that it is separate timing to the WoG coordination issue) we could write a another brief to Minister about the success of the HASS trial and seeking agreement to develop a budget bid (more work) for ongoing HASS to be provided by a NGO. Although it would be better for a Coordinator General to progress that, if one is appointed, that could take ages. I assume you can put in a budget bid and then transfer the funds to another directorate when responsibilities shift?

If the Coordinator-General idea doesn't progress, we could ask agencies if any of them have the capacity to take on HCMG coordination/chair/secretariat, to share the load. HPS has been doing this role for 4 years – unfunded, taking resources from other priorities. As soon as we touch on funding or resource issues at HCMG, someone quickly changes the subject!

Have a think and we can chat about it next week.

Cheers,
Linda

Linda de Ridder | Project Officer
 Health Protection Service | Public Health, Protection and Regulation | ACT Health
 PH 02 5124 9222 | FAX 02 5124 5554
 25 Mulley Street, Holder ACT 2611 | Locked Bag 5005, Weston Creek ACT 2611
 E linda.deridder@act.gov.au W health.act.gov.au

From: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>
Sent: Thursday, 1 August 2019 4:07 PM
To: De Ridder, Linda (Health) <Linda.DeRidder@act.gov.au>
Cc: Kelly, Chris (Health) <Chris.Kelly@act.gov.au>
Subject: FW: HASS trial final report

UNCLASSIFIED

Hi Linda,

Can you have a look at the attached and have a think/advise me on how we might approach taking this to Conrad and involving the HCMG? As discussed, I don't want this to become a big bit of work, would just appreciate your thoughts/advice.

Thanks,

Rebecca Stones

Assistant Director | Public Health Regulation & Projects
 Health Protection Service | Public Health Protection & Regulation Division | ACT Health
 25 Mulley Street Holder ACT | Locked Bag 5005 Weston Creek ACT 2611
 T 02 5124 9848 | E Rebecca.Stones@act.gov.au | HPS Website

From: Kate West <[REDACTED]>
Sent: Wednesday, 31 July 2019 4:51 PM
To: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>
Subject: HASS trial final report

Hi Rebecca,

Once again, thank you for the opportunity of being part of the HASS trial. Please find attached a final report detailing the outcomes of the trial. If you have any questions or would like to discuss further, please let me know.

Kind regards

Kate West

Director Service Development

Woden Community Service | 26 Corinna St | Woden ACT 2606

[REDACTED] W: wcs.org.au



Woden Community Service acknowledges the Ngunnawal people as the traditional owners of this land and their continuing connection to land and community. We also acknowledge Aboriginal and Torres Strait Islander peoples who have come from other nations to live on Ngunnawal land. We pay our respects to their cultures, ancestors and elders past, present and future.

Pond, Aleks (Health)

From: Kelly, Chris (Health)
Sent: Wednesday, 7 August 2019 11:21 AM
To: HealthProcurement
Cc: Stones, Rebecca (Health) (Rebecca.Stones@act.gov.au)
Subject: FW: reference 2018 5418 - Procurement for Hoarding Advocacy Support Services for ACT Health Directorate - 2019 [SEC=UNCLASSIFIED]
Attachments: HASS Contract Signed 2019-03-18.pdf; ShortFormContract WCS Update 06022019.docx; Contracts-Register-Notification V2.docx

Follow Up Flag: Follow up
Flag Status: Completed

UNCLASSIFIED
For-Official-Use-Only

Hi Health Procurement,

The attached contracts register notification were provided in April and we can't find any reference to the related contract on the ACT Contracts Register @ <https://www.procurement.act.gov.au/registers/contracts-register>

Can you please confirm that this documentation was uploaded to the contract register and if not advise of remediation?

Regards

Chris
Chris Kelly | A/g Assistant Director
Public Health Regulation and Projects
Health Protection Service | Public Health Protection and Regulation | ACT Health
Ph: (02) 51249059
Mob: [REDACTED]
E: chris.kelly@act.gov.au

-----Original Message-----

From: Kelly, Chris (Health)
Sent: Monday, 1 April 2019 4:39 PM
To: HealthProcurement <HealthProcurement@act.gov.au>
Subject: RE: reference 2018 5418 - Procurement for Hoarding Advocacy Support Services for ACT Health Directorate - 2019 [SEC=UNCLASSIFIED]

Hi Louise,

Please find documents attached for the contracts register.

Regards

Chris

Chris Kelly | A/g Assistant Director
Public Health Regulation and Projects
Health Protection Service | Public Health Protection and Regulation | ACT Health

Ph: (02) 51249059
Mob: [REDACTED]
E: chris.kelly@act.gov.au

-----Original Message-----

From: McDonald, Louise (Health)
Sent: Thursday, 21 February 2019 9:11 AM
To: Kelly, Chris (Health) <Chris.Kelly@act.gov.au>
Subject: reference 2018 5418 - Procurement for Hoarding Advocacy Support Services for ACT Health Directorate - 2019

UNCLASSIFIED

Hello Chris

Please find attached the purchase order for the procurement with reference 2018 5418.

You can now send the purchase order with the contract to the supplier. Please note in the email to the supplier that the contract is not legally binding until both parties have signed.

Once the contract is signed by both parties, please ensure you send a copy to me with the attached notification form (completed) and a word version of the contract. I will then get it added to the contract register.

All invoices for this procurement must be endorsed by you to say the services have been received and then forwarded to ACT Health Supply to be paid against the purchase order number H1927048. They do not require financial delegate endorsement as this has been completed when preparing the purchase order. Supply will then arrange the payment of the invoice and receipt it against the purchase order. Please do not process any invoices for this procurement through your general invoicing process i.e. Converga.

If you would like to discuss this further don't hesitate to contact me.

Warm regards
Louise

Louise McDonald
A/g Procurement Coordinator, Strategic Procurement Corporate and Governance, Health Directorate Level 4, 2-6 Bowes Place, Woden
Tel: 02 51249771 | Mob: [REDACTED]
Email: louise.mcdonald@act.gov.au

-----Original Message-----

From: Baloski, Vele (Health)
Sent: Thursday, 21 February 2019 9:00 AM
To: McDonald, Louise (Health) <Louise.McDonald@act.gov.au>
Subject: RE: HPE Content Manager Correspondence : COR19/2144 : Procurement package B - reference 2018 5418 - Procurement for Hoarding Advocacy Support Services for ACT Health Directorate - 2019

Hi Louise

Done , the PO n : H1927046 I have cancelled in PICS and raised under new PO number H1927048 see attached
Thanks

Kind Regards

Vele Baloski | Purchasing & Invoicing processing officer

T: (02) 51243498 | vele.baloski@act.gov.au | Supply services | Clinical Support Services | Canberra Health Services | ACT Government Building 3,9 Sandford St, Mitchell, ACT 2911 | www.health.act.gov.au

-----Original Message-----

From: McDonald, Louise (Health)

Sent: Thursday, 21 February 2019 8:42 AM

To: Baloski, Vele (Health) <Vele.Baloski@act.gov.au>

Subject: FW: HPE Content Manager Correspondence : COR19/2144 : Procurement package B - reference 2018 5418 - Procurement for Hoarding Advocacy Support Services for ACT Health Directorate - 2019

UNCLASSIFIED

Hello Vele

Thank you for raising this purchase order.

I sent an update to this email yesterday, requesting that the amount change.

The budget changed and we are now only able to raise a purchase order for \$90,000 (Incl. GST).

Is it possible for you to change the amount of the purchase order accordingly?

Give me a call on the number below if you need to discuss.

Thank you

Louise

Louise McDonald

A/g Procurement Coordinator, Strategic Procurement Corporate and Governance, Health Directorate Level 4, 2-6 Bowes Place, Woden

Tel: 02 51249771 | Mob: [REDACTED]

Email: louise.mcdonald@act.gov.au

-----Original Message-----

From: Baloski, Vele (Health)

Sent: Thursday, 21 February 2019 8:34 AM

To: McDonald, Louise (Health) <Louise.McDonald@act.gov.au>

Subject: FW: HPE Content Manager Correspondence : COR19/2144 : Procurement package B - reference 2018 5418 - Procurement for Hoarding Advocacy Support Services for ACT Health Directorate - 2019

Good morning Louise

Po number was raised but not send to vendor, see attached copy Thank you

-----Original Message-----

From: McDonald, Louise (Health)

Sent: Thursday, 14 February 2019 10:01 AM
To: ACTHealthSupply <ACTHealthSupply@act.gov.au>
Cc: Kelly, Chris (Health) <Chris.Kelly@act.gov.au>
Subject: FW: HPE Content Manager Correspondence : COR19/2144 : Procurement package B - reference 2018 5418 - Procurement for Hoarding Advocacy Support Services for ACT Health Directorate - 2019

UNCLASSIFIED

Hello Supply

Please find attached approved procurement package and quote with reference 2018 5418.

Can you please raise a Bulk purchase order for this and send to me once done.

Please do not send this order to the supplier as we will be entering into contract negotiations once the order is raised.

If you would like to discuss this don't hesitate to contact me.

Warm regards
Louise

Louise McDonald
A/g Procurement Coordinator, Procurement and Asset Management Logistic Support - Business Support Services (BSS), ACT Health Level 4, 2-6 Bowes Place, Woden
Tel: 02 51249771 | Mob: [REDACTED]
Email: louise.mcdonald@act.gov.au

-----Original Message-----

From: ED-HPS-Support
Sent: Wednesday, 13 February 2019 3:04 PM
To: McDonald, Louise (Health) <Louise.McDonald@act.gov.au>
Cc: Stefanovic, Vojkan (Health) <Vojkan.Stefanovic@act.gov.au>; Kelly, Chris (Health) <Chris.Kelly@act.gov.au>
Subject: HPE Content Manager Correspondence : COR19/2144 : Procurement package B - reference 2018 5418 - Procurement for Hoarding Advocacy Support Services for ACT Health Directorate - 2019

UNCLASSIFIED

Hi Louise

In the renditions of TRIM is the scanned copy of this signed by Conrad Barr, Exec. Branch Manager HPS.
I am pretty sure I am supposed to send it back to you now ?

If not , please let me know and I'll find out what to do.

Thank you - Bec 😊

Rebecca Moroney | Personal Assistant to Executive Branch Manager Health Protection Service | Public Health, Protection and Regulation | ACT Health PH 5124 9252 | FAX 6205 1705
25 Mulley Street, HOLDER ACT 2611 | Locked Bag 5005, Weston Creek, ACT, 2611 E ED-HPS-Support@act.gov.au W health.act.gov.au

-----< HPE Content Manager record Information >-----

Record Number: COR19/2144

Title : Procurement package B - reference 2018 5418 - Procurement for Hoarding Advocacy Support Services for ACT Health Directorate - 2019

Pond, Aleks (Health)

From: De Ridder, Linda (Health)
Sent: Thursday, 8 August 2019 2:25 PM
To: Stones, Rebecca (Health)
Cc: Kelly, Chris (Health)
Subject: Summary of HASS final report
Attachments: Summary of HASS final report.docx

UNCLASSIFIED Sensitive

Hi Bec

I don't know if this is useful..... I have put together a summary of the HASS report. The report is best read as a whole, but this might be useful for those who don't have time to read the whole report. It is not as short as I had hoped, but my migraine medication is affecting brain efficiency today.

Cheers,
Linda

Summary of Hoarding Advocacy Support Service Trial: Final Report

Prepared by the Health Protection Service

The final report for the Hoarding Advocacy Support Service (HASS) trial has been prepared by Woden Community Service. A summary of the report is provided below, but it does not reflect the report in its entirety.

The focus of the trial was for the HASS Officer to provide:

- case management;
- advocate for clients;
- improve the hoarding circumstance of clients; and
- provide effective liaison between the clients, government regulators, government support services, community support services and businesses engaged to assist.


Due to funding limitations, the trial took place over three and a half months, focusing on just the three most severe cases being overseen by the Hoarding Case Management Group (HCMG).

It is important to manage contact carefully, to avoid additional trauma for hoarding clients. For this reason, the HASS trial officer did not work directly with two of the clients during the trial, but rather worked with support workers and government officers to provide case management and communication. If HASS was being provided over the long term, the HASS Officer would be able to form relationships with many of the clients and provide direct support.

Support that was provided by the HASS officer includes:

- established goals with a client;
- helped to source financial assistance;
- helped clients to find service providers;
- supported a client to meet court order requirements;
- helped service providers to understand provisions of a court order;
- support, mentoring and ongoing assistance for service providers and support workers;
- educated service providers about hoarding and squalor;
- arranged for a client to be assessed for a My Aged Care funding package;
- mapped existing services for a client and considered what needed to be added or adapted to improve the client's living conditions;
- established a multidisciplinary panel to support a client as a combined network;
- discovered that cleaners engaged under a funding package could not work without equipment on site (and purchased cleaning equipment for the property within HASS funding);
- ensured cleaning providers have contact numbers for funding coordinators;
- sourced funding for service providers; and
- negotiated a forensic cleaning arrangement and sourced personal protective equipment.

Some problems identified include:

- Clients may not know what services they need or how to access them.
- While a client might have a funding package in place, there might not be services available.
- 
- Service providers can be confused about government requirements relating to a client.

-- In confidence --

- Some service providers were unsure whether they should report to the client, non-government organisation, funding agency or ACT Government.
- [REDACTED]
- When a support worker leaves, it takes time for a new worker to build rapport with the client.
- Sadly, after so many advances during HASS, at the end of the trial one client's [REDACTED]. The HASS officer was unable to provide ongoing coordination to get things back on track, because the funded trial had ended.

Some outcomes from the trial:

- Clients showed pride as the condition of their property improved.
- For one property, neighbours reported positive changes.
- The HASS officer helped to build relationships between clients and service providers.
- Clients felt supported and saw that change was possible.
- Lowered stress levels for some hoarding residents.
- Reduced social isolation.
- Regular service visits scheduled for ongoing cleaning, pest control and maintenance.
- Reduction in odour from a property.
- One case progressed so well in the trial period that it was removed from the list of active cases overseen by the HCMG.

Some of the observations:

- All three clients assisted with clearing items for their properties and worked with support workers toward their goals.
- Workers felt supported; collaboration between services rose; and the client, not the property, was at the centre of discussions and decisions.
- Building of rapport is crucial to successful engagement with the clients. Experience has shown that most residents take time to build trust and rapport with support workers.
- Some residents do not cope well with changes, like sudden withdrawal of services or change of support worker.
- Support workers can guide the client and help them sort through their items, giving the client choice and control.
- Cleaners can be reluctant to remain engaged, unless they are offered ongoing case management.
- Barriers to progress were often easily identified once HASS engagement was established, but often the resources or pathways needed did not exist and had to be created.
- Staff working on hoarding cases are often isolated, inexperienced and unsupported.
- Having funding in place does not guarantee that services will be available.
- When support organisations cannot share client history due to privacy issues, it impacts on stakeholder communication and direct service delivery.
- When stakeholders are not aware of, or comfortable with, the language and issues associated with hoarding and squalor, these issues can be overlooked in NDIS or My Aged Care planning.
- The HASS officer received over 20 calls during the trial period, with support workers trying to refer hoarding cases. This flags the need for a clear referral mechanism if long-term HASS is established.

-- In confidence --

The report recommends that HASS should be extended, because intensive case management can make a significant difference for all stakeholders. A HASS project would work with clients and services to ensure consistent service delivery and better outcomes for clients.

Some recommendations from the report for a future hoarding support service are:

- HASS should be based in a community organisation, to assist client engagement.
- A clear referral pathway into HASS is needed to enhance effectiveness and timeliness of the work.
- Establishing and promoting a multidisciplinary panel for each case is essential to hoarding case management, to establish clarity between stakeholders and the client.
- Access to a brokerage fund for HASS, with eligibility guidelines for access, would help to remove obstacles and enable small wins for the worker and the client.
- There should be training, support and mentoring for staff working in the hoarding area, to enhance their work, make better use of resources, strengthen the knowledge base, promote staff retention and address the stigma often associated with hoarding work.
- There should be a focus on training, supporting and mentoring NDIS and My Aged Care providers.
- Ongoing consideration is needed about the restrictions placed on hoarding work due to confidentiality. This needs to be resolved for effective service delivery and consistency.

“A service is required that knows and maps the Canberra environment in the area of hoarding and squalor, communicating change and understanding and filling the gaps in service. Funding sources are often changing and providers are entering and leaving the space regularly so there is real benefit in a service that can monitor these changes and update all involved in this field.”

Hoarding Advocacy Support Service Trial: Final Report,
Woden Community Service

Pond, Aleks (Health)

From: Stones, Rebecca (Health)
Sent: Friday, 9 August 2019 2:06 PM
To: Kelly, Chris (Health); De Ridder, Linda (Health)
Subject: Re: HASS trial final report

Yeah, no dramas

Get [Outlook for iOS](#)

From: Kelly, Chris (Health) <Chris.Kelly@act.gov.au>
Sent: Friday, August 9, 2019 1:38:24 PM
To: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>; De Ridder, Linda (Health) <Linda.DeRidder@act.gov.au>
Subject: RE: HASS trial final report

UNCLASSIFIED

Linda went home unwell.

Assume this can wait to be sent next week?

C

From: Stones, Rebecca (Health) <Rebecca.Stones@act.gov.au>
Sent: Friday, 9 August 2019 12:37 PM
To: De Ridder, Linda (Health) <Linda.DeRidder@act.gov.au>
Cc: Kelly, Chris (Health) <Chris.Kelly@act.gov.au>
Subject: Fwd: HASS trial final report

Hi Linda,

Please see Conrad's email below.

Bec

Get [Outlook for iOS](#)

From: Barr, Conrad (Health) <Conrad.Barr@act.gov.au>
Sent: Friday, August 9, 2019 12:27 pm
To: Stones, Rebecca (Health); Kelly, Chris (Health)
Subject: Re: HASS trial final report

Hi Bec

Thanks for this. I am ok for this to go to HCMG for discussion, review etc at next meeting.

Cheers

Conrad